Reflections on doing, being and becoming*

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Occupation, and its relationship with health and well-being, is very complex. It can be described in many different ways by the profession within which it is so central that it provides its name. A simple way to talk about occupation that appears to appeal to a wide range of people is as a synthesis of doing, being and becoming. In the present paper I reflect on how a dynamic balance between doing and being is central to healthy living and wellness, and how becoming whatever a person, or a community, is best fitted to become is dependent on both. Doing is often used as a synonym for occupation within our profession and is so important that it is impossible to envisage the world of humans without it. Being encapsulates such notions as nature and essence, about being true to ourselves, to our individual capacities and in all that we do. Becoming adds to the idea of being a sense of future and holds the notions of transformation and self actualization. It is a concept that sits well with enabling occupation and with ideas about human development, growth and potential. Occupational therapists are in the business of helping people to transform their lives through enabling them to do and to be and through the process of becoming. In combination doing, being and becoming are integral to occupational therapy philosophy, process and outcomes, and some attention is given as to how we may best utilize these in self growth, professional practice, student teaching and learning, or towards social and global change for healthier lifestyles.

KEY WORDS balance, becoming, being, doing, occupation, potential.

INTRODUCTION

I describe myself as an occupational scientist as well as an occupational therapist. Over the past decade I have developed a view of the occupational nature of humans as a result of a historical inquiry into the relationship between occupation and health. During the same time, I immersed myself in notions of health from a public health perspective. The insights I gained of a very broad concept of health and occupational needs has led to a perspective of occupational dysfunction and occupational wellness that is not constrained by a medical view of disorder.

A medical view of disorder has had a very constraining influence on the growth of our profession. Like most other health professions, and the public at large, we talk, write and think about handicap, illness and dysfunction, as well as health and wellness, using the concepts and words of medical science. As a result of my research, I believe we should no longer do this because a medical science view masks the very strong relationship that exists between

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occupational and health; that occupation is the natural biological mechanism for health. In this vein, I welcome the opportunity to encourage you to break down the barriers that have constrained our understanding of the potential and importance of occupational therapy.

Occupational dysfunction can result from bodily disorder or mental disease, but as long as we are constrained by these categories we fail to see and work towards alleviating occupational dysfunction from social, political and ecological causes that are reaching epidemic proportions all over the world. These causes impact on our traditional client group, but we feel powerless to act in the larger struggle because we have not thought about ourselves as the profession with expertise about the occupational nature of people, but rather about serving the needs of a small group of people with occupational dysfunction of a medically determined nature. If we start to think and act from the perspective of people’s occupational nature, we will meet the needs of our traditional client group better and begin to address the occupational health of populations at large. In order to do this, we have to appreciate that our profession embraces a unique understanding of occupation that includes all the things that people do, the relationship of what they do with who they are as humans and that through occupation they are in a constant state of becoming different.

In the present paper I discuss doing, being and becoming and reflect on how a dynamic balance between doing and being is central to healthy living and how becoming whatever a person is best fitted to become is dependent on both. Becoming is a concept that sits well with enabling occupation, which has been so well described in the recent book of the same name, researched and written for the Canadian Association of Occupational Therapists (CAOT) and edited by Townsend (Canadian Association of Occupational Therapists, 1997). In combination, doing, being and becoming are integral to occupational therapy philosophy, process and outcomes because, together, they epitomise occupation.

In reflecting on what may appear to be very metaphilosophical concepts, I intend to do so in a way that attempts to satisfy the practical souls of most occupational therapists by addressing them in the simple, straightforward way that I have come to understand them. But first, I need to acknowledge a few of the many others who have gone before, particularly with regard to the notion of being. Philosophers, such as Aristotle, have pondered over the notion at least since the earliest written records of thought. ‘Being’ is a fundamental notion in ontology, metaphysics, idealism and existentialism (Norton, 1995). Heidegger, an existentialist, is worthy of special note because his ideas about being (Krell, 1993) are incorporated within ontological research approaches that are beginning to appeal more and more to occupational therapy researchers. Another of note, the psychologist Maslow, wrote his view in ‘Towards a Psychology of Being’ (1968) and within this and subsequent texts introduced the notion of self actualization and transcendence, which are a part of the notion of becoming. Fidler recognized the relationship between self actualization and doing in a paper entitled ‘Doing and becoming: Purposeful action and self actualisation’ (1978) and the geographer Rowles (1990) presents a view that occupational therapists should consider being as a central concept of the profession. My own views have been greatly influenced by Whiteford in our discussions over her research about ‘being and becoming culturally competent occupational therapists’ (G. Whiteford, pers. comm., 1995–98) and by a book called ‘Meditations for Women Who Do Too Much’ (Wilson Schaeff, 1990), both of which provide some key thoughts in the present paper.

As a result of my research, I believe that a very strong relationship exists between occupation and health, to the extent that occupation is the natural biological mechanism for health. To provide a light-hearted look at my public health view of the potential place of occupation in health care, I will share with you a fairy story I devised for the Hong Kong International Congress in 1997. I call it a piece of occupational science fiction.

Once upon a time there was a group of friends, Creatus, Dextrus, Mathus, Runna, Scolla and Singa. They all lived in a small village and were very happy because the villagers knew them as individuals and made them feel that each had ‘something special’ to contribute to community life.

One day they decided it was time to explore the world and develop their special talents further. They set off with high hopes for the Kingdom of Oz, which, they saw from the news on their television sets, was very rich and very go ahead. The ruler of Oz, King Oczomby, believed in equality for the people. He decreed that, according to age, virtually everyone should do the same things for the same length of time for the same rewards according to the economic growth of the country. In order to help him
achieve these goals he had three supervisors, Ocalianashan, Ocdeprevashan and Ocimbalans. They made sure that everyone obeyed and valued the rules.

There was one major problem in the Kingdom of Oz. People were always getting sick. The hospitals had long waiting lists and there were many ‘fat file’ patients who kept coming back. The doctors couldn’t offer an explanation. Creatus, Dextrus, Mathus, Runna, Scolla and Singa all got sick too. Creatus became hypertensive, Dextrus experienced stress-related allergies, Mathus suffered from anxiety attacks, Runna had a problem with obesity, Scolla became bored and depressed and Singa started to smoke and drink too much.

It was during the time that they were in hospital that King Oczomby decided he had to tackle this problem in a new way. He had heard that a new science was emerging called occupational science and that this was closely associated with occupational therapy. He knew very little about occupational therapists or scientists but decided to invite one of each of Oscie and Ottie to consult and advise at the hospital.

Oscie and Ottie talked to Creatus, Dextrus, Mathus, Runna, Scolla and Singa. They listened to the tales of their happy life in the village and of their dreams. They also talked to the King and to Ocalianashan, Ocdeprevashan and Ocimbalans about the values, rules and structures they had established in Oz. They helped all of them to understand that although people have many similar needs, everybody has unique potential and that health and well-being depend on all people having the chance to develop their potential. The rules and structures of the land have to encourage and enable occupation that has meaning and value to individuals and communities and health and well-being are more important than economic growth, but economic growth depends on the health, well-being and occupational satisfaction of the people. Steps were taken to change existing values and structures so that people were encouraged to aim towards their occupational potential. Gradually, the sick lists became smaller and the people were happier. The King was so impressed that he decreed the land would henceforth be known as the Kingdom of Op (the Land of Occupational Potential) and he presented Oscie and Ottie with the keys to the Kingdom.

At the end of this paper I will share an update of that fairy story with another piece of occupational science fiction that relates directly to a balance of doing, being and becoming.

I believe the concept of occupation is very complex and that it can and must be described in many different ways by the profession within which it is so central that it provides its name. A simple way to describe it that appears to appeal to a wide range of people is to talk about occupation as a synthesis of doing, being and becoming. Additionally, consideration of this synthesis points out some important issues for us to keep in mind and some directions for future practice. I will start the process by considering doing, being and becoming as individual concepts so that it is possible to appreciate the synthesis more clearly.

**DOING**

Doing is so important that it is impossible to envisage the humans without it.

‘People spend their lives almost constantly engaged in purposeful ‘doing’ even when free of obligation or necessity. They ‘do’ daily tasks including things they feel they must do, and others that they want to. Human evolution has been filled with ongoing and progressive ‘doings’, which, apart from enabling the species to survive, has stimulated, entertained and excited some people and bored, stressed, alienated or depressed others according to what was done’ (Wilcock, 1998).

In a case study about occupational change in early retirement by Kendall (1998), the subject was reported as saying:

‘You do get satisfaction, peace of mind, happiness and all those things from doing what you want to do or what you enjoy doing.’

and

‘I always wanted to do everything and get frustrated if I can’t.’

Doing or not doing are powerful determinants of well being or disease. Florence Nightingale provided an insight of this when, at the age of 26, she observed that some women have ‘... gone mad for lack of things to do’ (Woodham-Smith, 1952). Wilson Schaef (1990) points us in a similar direction. She says:

‘... just as nature needs balance, people need balance. We need time to be whole persons, and this means balance ...
A human being is multi dimensional. A human doing may be more like a drawn line than a faceted gem.

Doing ‘… provides the mechanism for social interaction, and societal development and growth, forming the foundation stone of community, local and national identity … to the extent of national government or to achieve international goals’ (Wilcock, 1998). Anthropologists describe this unique human trait as ‘culture’ and suggest:

‘Humans are different, not so much for what we do … but rather the fact that we can do more or less what we want. That is what having a highly developed culture really means’ (Leakey & Lewin, 1978).

Doing is a word that appears to be gaining popularity in our profession as one that is synonymous with occupation. Along with ‘do’, it appears in many definitions of occupation (Nelson, 1988; Clark et al., 1991; Canadian Association of Occupational Therapists, 1995; Christiansen et al., 1995; Kielhofner, 1995). As well as these definitions, McLaughlin Gray’s (1997) definition of the essence of occupation includes that it is perceived as ‘doing’ by those engaged in it. Despite thinking that it can give a less than complete idea of the broad concepts that occupation embraces, I too have used ‘doing’ to define occupation because it is a notion that is easy to assimilate. Under my direction, the Journal of Occupational Science: Australia marketed football guernseys with the slogan ‘Occupational scientists study doing, Occupational therapists enable doing, Together they help the world do better.’ And, I recall in the 1970s, the profession marketed T-shirts emblazoned with ‘Occupational therapists help make doing possible’. Such slogans and the professions’ literature tend to suggest that doing per se is good for health and, indeed, it is doing that exercises, maintains and develops physical and mental capacities on which health is dependent.

In addition, what people do creates and shapes the societies in which we live, for good or bad. Our profession though, optimists that we are, have scant research to date about how doing may be injurious to health and well-being, except with regard to work and employment hazards. One can wonder whether this is akin to the medical profession only researching and writing about what is good about the medicine they prescribe and ignoring the detrimental health effects. Surely we need to consider both if occupational therapists accept that we are concerned with enabling occupation wisely to promote health and well being.

In the present day there is an imbalance in the experience of doing, ‘… between the haves and the have nots; between the rich and the poor; between the informed and the illiterate; and between the employed and the unemployed’ (Wilcock, 1998). Within the employed population, for example, time for leisure occupations has decreased (Schor, 1991) and, in a 1995 article in The Weekend Australian newspaper, Gare presented evidence from several major postindustrial nations that suggests that many people in paid employment are now expected to do too much and that health breakdowns from this cause are increasing. Counter to this present trend, Wilson Schaef (1990) suggests that:

‘True passion and doing what is important to us does not require us to destroy ourselves in the process.’

However, people may be doing just that. Our occupational nature is not only driving us to ‘do too much’, it is leading us to embrace technology with a gay abandon that may destroy us and the planet unless we start to consider the consequences of our occupational natures and begin to recognize the need to be true to our nature as part of the natural world. With this in mind, I concur with the suggestion put forward by Christiansen and Baum (1997) that ‘… there is something beyond the active or doing process that defines occupation’. I think what is beyond the process is, at least partly, about self, which brings us to the notion of being.

**BEING**

In dictionaries, ‘being’ is described with words such as existing, living, nature and essence. Maslow (1968) describes it as the ‘… contemplation and enjoyment of the inner life’, which is a different kind of action, ‘… antithetical to action in the world’. It produces ‘… stillness and cessation of muscular activity’. ‘Being in a state of being needs no future because it is already there. Then, becoming ceases for a moment …’ as one is part of ‘… the peak experiences in which time disappears and hopes are fulfilled’. This view has some similarity to what Hegel, in the 19th century, described when discussing Buddhism as ‘insichsein’, of ‘being-within-self’, the essential character of which is ‘… nothing but thought itself’ in which human
beings can allow themselves to be absorbed and can find repose (Hodgeson, 1987).

‘Being’ is about being true to ourselves, to our nature, to our essence and to what is distinctive about us to bring to others as part of our relationships and to what we do. To ‘be’ in this sense requires that people have time to discover themselves, to think, to reflect and to simply exist. As Kendall’s (1998) subject said about occupational change in early retirement:

‘... you might never get a completely happy balance, but now I have the time and can think as well as do, I’m getting where I want to be.’

My thoughts about being have also grown from hypotheses that exist about the health experiences of people engaging in occupations based more on natural biological needs than those that are socioculturally derived. There is a large body of opinion throughout recorded history that asserts that, apart from the corrective benefits of recent medical science, people living in a state of nature were able to enjoy a greater sense of health and well being than at present and probably had more time to themselves than we do. One could ask whether people have changed so much that natural needs are no longer relevant, but this does not seem to be the case and many of today’s stress-related and degenerative diseases can be traced to a lack of understanding of our ‘being’ as well as our ‘doing’ needs.

Maslow (1968) prescribed a need to discover our essential biologically based inner nature, which is easily overcome by ‘... habit, cultural pressure and wrong attitudes’. Along the same lines Wilson Schaef (1990) asks:

‘Do we recognize that time for solitude is just as important to our work as keeping informed, preparing reports, or planning? ... We have to give ourselves time. We have to give our ideas time. If we don’t neither we nor they can ‘gently shine’ (Brenda Uleland), and we cannot hear the voice of our inner process speaking to us.’

She suggests:

‘Unfortunately, even when others do not demand perfection of us, we who do too much demand it of ourselves. We forget that when push comes to shove the only standard of perfection we have to meet is to be perfectly ourselves. Whenever we set up abstract, external standards and try to force ourselves to meet them, we destroy ourselves.’

Indeed, we tend to imbue the state of being with the notions of doing particularly when we use it to describe occupational roles as in being a parent, being a student, being a sportsperson or being an occupational therapist. While the notion of being is important to us in this way, the cultural drives to do better and better alters ways of being in particular roles and overwhelms with a huge range of beings in each of which we are expected to become perfect.

**BECOMING**

A dictionary meaning of ‘becoming’ as a noun is ‘... as a coming to be’ (Landau, 1984). This adds to the notion of being a sense of future, even though in many ways becoming is dependent on what people do and are in the present and on our history, in terms of cultural development.

‘Life is a process. We are a process. Everything that has happened in our lives ... is an integral part of our becoming’ (Wilson Schaef, 1990).

In Kielhofner’s *Health Through Occupation*, Fidler (1983) discusses three aspects of becoming: (i) becoming I; (ii) becoming competent; and (iii) becoming a social being. In all these scenarios, becoming holds the notions of potential and growth, of transformation and self actualization. Indeed, one dictionary defines potential as ‘... capable of being or becoming; ability or talent not yet in full use’ (Makins, 1996). Occupational therapists are in the business of helping people transform their lives by facilitating talents and abilities not yet in full use through enabling them to do and to be. We are part of their process of becoming and I believe that we should constantly bear in mind the importance of this task. To achieve well being, individual people or communities need to be enabled towards what they are best fitted and want to become.

This puts an onus on our profession not to accept, without thought, the imperatives put upon us by current economic-driven health care rationales. For occupational therapy to become what it has the potential to become, what it is best fitted to become, means that it has to be true to itself, to its essence, to its own nature, to the beliefs that it rests upon. As Wilson Schaef (1990) says:

‘Trying to be what others want us to be is a form of slow
torture and certain spiritual death. It is not possible to get all our definitions from outside and maintain our spiritual integrity. We cannot look to others to tell us who we are, give us our validity, give us our meaning, and still have any idea of who we are. When we look to others for our identity, we spend most of our time and energy trying to be who they want us to be.’

There is so much substance in the relationship between occupation and health that has not been considered or acted upon that there is no need for occupational therapists to look for our identity outside the very wide boundaries of our profession or the emerging science that can inform it. That is, we should not be restricted in our thinking by medical science, psychology, sociology or economists’ views of the world, nor by previous occupational therapy practice. We should be true to our beliefs, be prepared to test them, expand them and to articulate a distinctive view of any issue or situation, because becoming through doing and being is part of daily life for all people on earth not just those in hospital or health centre.

‘No one else has the capacity to know us as well as we can know ourselves. It is in the awareness of ourselves that our strengths lie. And awareness of every aspect of ourselves allows us to become who we are … Owning ourselves is probably the richest goldmine any of us will ever possess’ (Wilson Schaef, 1990).

DOING, BEING AND BECOMING

I suggest, then, that a synthesis of doing, being and becoming can help us to clarify important issues, both personally and as a profession.

At this point I would like to share with you a simple story that expresses the transformative nature of doing, being and becoming and that was probably very influential in my becoming an occupational therapist, although it started long before I knew of the existence of such a profession.

My father’s sister, my Aunt Maggie, was born with a disability. The cause is shrouded in history, but the story goes that, as an infant, she walked on her toes as a result of a congenital disorder, had surgery to correct the defect and became ‘a cripple’. That was the term used in those days. I grew up with it and did not associate it with anything discriminatory or stigmatizing, but for those around her and, indeed, for Maggie herself, her being was that of a cripple. Maggie, whose eyesight was also poor, had spent much of her childhood in and out of hospitals and had little chance to make friends, develop skills or for formal education. She was poor at reading and writing and spent most of her early to middle adult life with her mother, my grandmother.

Maggie walked with crutches or manipulated a self-propelled wheelchair, which I recall had a great bar on the back and on which two or three children (like me) could stand as Maggie sped down hills after Sunday school. We had many spills, but it was such fun for all of us. I think that was the time that she had fun in her life.

During the 1930s my parents married and, I am told, that my mother recognized that Maggie, her new sister-in-law, needed an interest outside preparing the vegetables, washing up or gossiping with Grandma’s friends. She taught her to knit. If my mother had known how, it could have been clog making for profit or book-keeping or any other occupation. By chance and the right intent, my mother enabled Maggie to engage in an occupation that provided meaning and purpose. When I knew her, Maggie knitted all the time. Mainly, she knitted for other people: for me or my brother, for my dolls, for other children, for relatives or socks for soldiers (her war effort). In doing this occupation, in which she developed great skill, her crippled being was subtly altered. She did for others. She became an occupational being, rather than an occupationally deprived being. She became a person in her own right. The imbalance between her doing and being had inhibited her becoming a contributing social being. Maggie had had too much time for being, being a cripple, and not enough for doing, especially for doing for others.

To provide some recent professional and personal reflections on doing, being and becoming, I asked a group of research Master’s students at the University of South Australia for their views. One, who works as a senior occupational therapist in aged care, said:

‘… my life is full of doing, days filled with … purpose and meaning … In part it is due to the circumstances of my life, family, work, friends and community involvements. It is also an attitude, … integral to my being, which has allowed me to embrace many experiences and opportunities which have taken me beyond where I have felt comfortable and secure. In so doing I have learnt so much more about what I can be and who I can become. Yet I often feel that I am not in control of my life as the doing
becomes all consuming of my time and energies ... ‘Being’ makes me think of the present ... For me it is a mental and spiritual experience of allowing myself to withdraw from engagement in activity, to mentally step back and allow myself to experience in a much fuller way, the present moment ... Maybe I need to be more aware of the being so that I can become more reflective of the doing and its impact on the becoming’ (V. Pols, pers. comm., 1998).

Some of the students found this process fascinating. I hope you, too, will reflect on doing, being and becoming in your own lives, as I have found this to be useful for myself and for considering the potential of the profession.

Indeed, in this way, I have reflected on the profession’s doing, being and becoming from its 20th century genesis and through my personal experience of it in the 40 years since I commenced as a student. My reflections led to the belief that we are in a rut, a valuable rut, but a rut for all that. We are not alone. Every other profession is in a rut too. The ruts are made of professional habits. They are well worn and comfortable. They do not necessarily follow beliefs, for if ruts are followed long enough, beliefs become hidden in the dust and are eventually lost, except to rhetoric. Professions are kept in their ruts by social expectations, by the media and, today especially, by the dominance of managerial and fiscal policies. For long-established professions this is, perhaps, acceptable but, for one as young as ours, still trying to explore its potential, the rut is inhibiting our becoming what we have the potential to become. In limiting our doing to what is expected and deemed as necessary by resource managers who have not undertaken a course of study towards the set of beliefs that we hold is to accept that their beliefs are more important than ours or that ours are not worth fighting for.

Many papers from around the world presented at the Montreal Congress of the World Federation of Occupational Therapists belie such a proposition. They are, instead, testament to the dedication of our profession to a set of beliefs that are distinctive to us. The papers also demonstrate that, in order to work according to our beliefs, persistence, ingenuity and adaptation is often required because the way we want to progress is blocked by policy, resources or the ideas of others.

So, let us consider our comfortable rut. Just as for other professions, our track gets worn and rutted along the lines that we take most often. Early in the piece we took a remedial and craft-orientated rut, then about half-way through our journey we made the transition to another rut on the track called activities of daily living (ADL). There are a few smaller ruts in which others travel. They are good ruts: all of them, even the crafty one, because they are all about one aspect or other of this very important concept of humans as occupational beings, which is so little understood in the modern world; what I believe to be our main track; our different and distinctive track; the track along which we can offer something of immense value to the world at large.

Imagine a track, the track to ‘becoming what we have the potential to become’. I suspect that no one reading this paper believes we have got there or even remotely near there. Too often the cry is heard ‘... people don’t know what we do’ or ‘... we must market the profession better’. To establish a notion of what the track looks like, I go back to the visions of the founders. I would like you to recall the objectives of the first National Society for the Promotion of Occupational Therapy in the USA drawn up in 1917. They were:

‘the advancement of occupation as a therapeutic measure;
the study of the effect of occupation upon the human being;
and the scientific dispensation of this knowledge’
(AOTA, 1967).

We got in a rut almost immediately, the rut called ‘the advancement of occupation as a therapeutic measure’, and I think that, over time, we have largely lost sight of the broad track. Many, such as Reilly and Yerxa, have called us back to it, and I know of therapists who are desperate to tread it, especially in recent years, but the rut is so deep now that it’s hard to get out of it. We know the way of our rut and others expect us to be in it. They don’t expect us to talk about what the track is about or where it is going. And we don’t. We talk about that part within our rut. I hear many more people talking about personal independence as our central belief (the deepest rut) than about occupation as an agent of health and well being (the main track). We will never reach our potential while we travel only in familiar time- and work-worn, albeit important, ruts. Without knowing where the track could lead we are doing without becoming what we have the potential to become. We are not being ourselves.

The objectives suggest that our founders saw the profession developing a unique or distinctive occupational
perspective that would follow a track that could be useful to all people, not just those in medical care. With this in mind, I would like to consider a broad track of health and occupation that incorporates the notions of doing well, well-being and becoming healthy through satisfying participation in occupation.

**DOING, BEING AND BECOMING IN TERMS OF ECOLOGICAL AND GLOBAL CONCERNS AND TOWARDS SOCIAL CHANGE FOR HEALTHIER LIFESTYLES**

An occupational view of health can encompass the relationship between doing well, well-being and becoming healthy at cellular to global, biological to socio-cultural and microscopic to macroscopic levels. This is so because doing, being and becoming affects health on an individual basis through the integrative systems of the organism, on a social level through shared activity, the continuous growth of occupational technology and socio-political activity and on a global level through occupational development affecting the natural resources and ecosystems. Any or all of these can have negative or positive effects on health and all are inextricably linked. This fits well with World Health Organization (WHO) views about health.

Many occupational therapists consider that their role extends to the promotion of optimal states of health in line with WHO philosophies, such as that of the 1986 Ottawa Charter for Health Promotion (WHO et al., 1986). This primary source of contemporary health directions argues for us to ‘... take care of each other, our communities and our natural environment’. It also recognizes the benefits of occupation. Health, it states, ‘... is created and lived by people within the settings of their everyday life; where they learn, work, play and love’ and that:

‘... to reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment’ (WHO et al., 1986).

Now is an opportunity for our profession to reassert its primary values loudly and widely. We are in tune with the espoused philosophies of the WHO, but I suspect they don’t know that because we haven’t told them or anyone else for that matter, at least not in those particular terms, and because we are in that RUT.

But what about the ecology? It seems a long way from our personal independence rut, but not, I think, from considering health from an occupational point of view. Indeed, Meyer (1922) talked about humans as active beings who maintain and balance themselves by living in harmony with their own nature and the nature about them. An ecological model of health, the ‘... promotion of healthy relationships between humans, other living organisms, their environments, habits, and modes of life’, is perhaps, the least understood and the most vital in terms of the long-term health of all. And consider, human occupation has been the primary force in ecological degradation. Experts in understanding the occupational nature of humans need, as soon as possible, to focus on how people can meet their creative potentials, their need to do, to be and to become without damaging the environment. Governments will require help to understand the importance of the human need for occupation in such a way that will maintain natural environments yet will provide sufficient challenge to people’s capacities and potential so that individuals and communities can flourish as an integrated part of the ecology. We don’t want people to say of us that:

‘We have reneged on our responsibility to this society and this planet. It is time that we courageously put our thoughts, ideas, and values out there and let them stand for themselves’ (Wilson Schaef, 1990).

Let us now consider in terms of current practice doing, being and becoming in occupational therapy philosophy, process and outcomes and education.

Despite much current rhetoric, I believe that many occupational therapists are still not acting on the concept of enabling occupation (doing, being and becoming) favouring, instead, techniques, splints and aids to daily living. While these can be valuable adjuncts to what we offer, by focusing on these we have failed to include in, or discard from, our professional repertoire much that is powerful in terms of people’s real lives, their health, their well-being and in terms of them becoming. That may seem somewhat harsh, but I have another tale.

This is about my mother. On top of two knee replacements, at 85, some 4½ years ago, she had a stroke. Because the damage was primarily in the left posterior occipital region, her major presenting feature was right homonymous hemianopia, with some visuospatial disorder and
dysphasia. She did not have hemiplegia and looked physically capable. During her rehabilitation, the occupational therapists assessed that she could take a shower independently. She refused to make a cup of tea if they were not going to share it with her and they did not pursue that assessment. This assessment did not uncover what was probably, in my evaluation, a gross ideational apraxia that, when coupled with her visual and dysphasic problems, resulted in her being a-occupational for approximately 2 years. She could not read nor make sense of television, could not put together an edible meal by herself, although she did try (her chocolate and mintie-flavoured casseroles were quite sensational), and she did not make a cup of tea by herself for years. My mother, quite simply, could not ‘do’ without someone doing with her, guiding and selecting according to what had meaning for her, except for sweeping and what I called ‘tissue tying’. This entailed tearing tissues into strips, tying them together into long bandages and binding up whatever part of her was feeling pain. It was an intricate and very time-consuming occupation that was very inward looking that was trying to stop the pain of not being what she had been. She had ceased to ‘be’ her. With her ‘doing’ gone, so had her ‘being’. She ‘became’ depressed.

After falling, she was hospitalized, thought she had been ‘put in a home’, gave up and came very close to death. The gerontologist thought she should not return to her home, but finally agreed to let us try with some help from a carer: 5 h/week to help her shower, get up and go back to bed. In line with the health care system in South Australia, the occupational therapist assessed her home and recommended rails in the bathroom and a raised toilet seat. Hygiene is more valued by the system than enabling occupation with meaning, other than personal independence. I visit every day and my mother spends each weekend with us but, as I have a pretty busy life, I decided we should pay her carer to come more often to help her ‘do’. The carer is a registered nurse. She spends an extra couple of hours each weekday working in the house or the garden with my mother, helping with her meals and sometimes taking her out. The carer does this so well that my mother thinks she is responsible for the immaculate garden, the clean and shining house, that she is totally independent and that the carer comes simply to spend time with her because she likes her and is her friend.

My mother’s repertoire of independent occupations has increased, including showing off her home to all and sundry with great pride. She no longer ties tissues. Her health and well being have improved to such an extent that, at 89, she is now once more a being at peace with her nature, she ‘does’ and she is still becoming.

There is a moral to this story that is illustrative of the rut I talked about earlier. I think that great skill is required to do the job the carer does with my mother. She enables my mother to be an occupational being in a way that no amount of being able to sit on the toilet independently will do. I am not implying that independent self care is not also important, but that we have not put up a good enough fight for the basic business of our profession, which surely is about that meaningful occupation: doing well, well being and becoming what people are best fitted to become is essential to health.

‘We can get so involved in a new technique that the technique itself becomes another monster in our lives and we become slaves to it’ (Wilson Schaefer, 1990).

There is, however, renewed interest in occupation as the basis of our profession and this has led some occupational therapists to engage in research from an occupational perspective. Cherie Archer, another Master’s student at the University of South Australia, who practises in neurological rehabilitation, is a case in point. She has just completed a study using focused ethnography to explore the occupational sequelae of apraxia. She took as one aspect of the conceptual framework of her study that ‘… it is through ‘doing’ that humans ‘become’ what they have the capacity to ‘be’” (Archer, 1998). Both her practice and assessment methods have changed as a result of her study.

From this and other studies along similar lines, I am left with the impression that evaluation of a client’s perceptions of their doing, being and becoming should become part of standard practice. Indeed, Kendall’s subject said of the in-depth interview process:

‘It has helped me to be able to express how I feel and what I am doing better I think. In actual fact, having these sorts of deep conversations I find really fascinating. I get quite a buzz out of it. I can think deep down and it all comes out’ (Kendall, 1998).

These reflections on graduate student research led to a brief mention of doing, being and becoming for student teaching and learning. During the past year I have found that students respond well to the concept of doing, being
and becoming as ingredients of occupation. The concept of occupation is complex, and these three words have helped first year students come to grips with many of the complexities in a deeper way than discussing work, rest or play has done in the past. Fourth year students embraced the notion so strongly that a group of them had T-shirts made emblazoned with ‘doing, being and becoming’ that they wore at the final year conference that marks their transition from student to professional. I, too, have such a T-shirt.

**CONCLUSIONS**

I love being an occupational therapist, but I would like our profession to not only work with people with stroke, hand injury, schizophrenia, developmental delay or cerebral palsy, for example, but also with those suffering from disorders of our time, such as occupational deprivation, occupational alienation, occupational imbalance and occupational injustice. I believe that such a profession would enable occupation for personal well being, for community development, to prevent illness and towards social justice and a sustainable ecology. In order for us to achieve this, we have to appreciate that our profession embraces a unique understanding of occupation that includes all the things that people do, the relationship of what they do with who they are as human beings and that through occupation they are in a constant state of becoming different.

To assist this process, in the present paper I have discussed doing, being and becoming and reflected on the need for a dynamic balance between them from an individual wellness to a professional growth perspective. I have suggested that, in combination, doing, being and becoming are integral to health and well being for everyone and to occupational therapy philosophy, process and outcomes, because together they epitomise occupation. With this trilogy in mind, I believe our profession could reach its potential to enable people in all walks of life, across the globe, to achieve health through occupation.

I will finish, as I promised, with a second piece of occupational science fiction, the central character being based on a graduate student.

Once upon a time, in the land of OP, there lived an occupational therapist called Ocimbalans. You will recall that he had once been a supervisor for King Oczomby, helping to make sure that all the people obeyed and valued the rules of the land according to the economic growth of the country. Ocimbalans had been so impressed by the health benefits facilitated by Oscie, an occupational scientist, and Ottie, an occupational therapist, that he determined to become an occupational therapist himself. So enamoured was he of his new calling that, apart from helping others to reach their occupational potential, he couldn’t stop trying to reach his own.

He was on the go, busily ‘doing’ all hours of the day and night. Ocimbalans sought personal meaning in his work for a pharmaceutical company, putting in many extra hours as he went from community to community demonstrating the value of the company’s products for people with occupational dysfunction. He took up graduate studies on top of his heavy work commitments, as well as office in the local occupational therapy association, to which he was very committed. He also tried to ensure that his social responsibilities were carried out with flair, so that any anniversary or special occasion was marked with a function, which of course he arranged bigger, brighter and different from any other. In his personal life, too, he had many interests, such as keeping up his health and fitness regimens and playing sport. This summer, on top of everything else, he and his wife built their own swimming pool.

Because he was so busy doing, Ocimbalans was always late for appointments, he missed some classes altogether and his assignments were submitted later and later. He always apologised though, on his mobile phone, as he raced from venue to venue, enthusiasm high, never saying no, always doing and always out of breath, but unable to stop. He never questioned his state of occupational well being, for hadn’t he learned that if his occupations had meaning his health and well-being would flourish?

As part of his graduate studies with Oscie, the occupational scientist, he began to be challenged about the place of ‘being’ in his life and in the lives of those he advised. ‘Being’ he learnt was about being true to himself, about having time to reflect, to simply exist as part of the natural world. He was asked how he tempered ‘doing’ with time for ‘being’. He began to understand that simply striving for a balance of doing between work, leisure and social occupations was not conducive to him becoming what he was best fitted to become. He needed to balance time for doing with time for being.

Ocimbalans, as you expect, adopted these new-found ideas with enthusiasm. Always one to do things bigger
and better than others, he set up a DBB Wellness Centre for the community and sought and obtained help from the King for resources. The results of the centre, and the research it carried out, was featured as stories and documentaries on all television stations in Op and Ocinballans became a ‘star’. His stardom influenced the young people of Op, who strove to change their own lives to his ‘cool’ concept of doing, being and becoming. Its popular image ensured that it became part of Op’s occupational policy towards health and wellness for all.

References


