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## 1991 MURIEL DRIVER LECTURE

# The environment: a focus for occupational therapy

### KEY WORDS

Client centred practice,  
occupational therapy  
Environmental design  
(social policy)  
Environment, physical  
Occupational therapy,  
profession of

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**ABSTRACT** Individuals in Canada with a disability encounter environmental constraints that limit their active participation in the daily life of our communities. Fundamental inequities in participation and integration continue to exist and there is a need for a concerted effort to eliminate these disabling environments. Several factors, including the built environment, societal production of space, classification of individuals based on norms, the perception of disability as deviance, the power of health disciplines and bureaucracy are examined to determine their contribution to the creation of these disabling environments. Recent modifications to occupational therapy theory and practice, while meaningful, have not fully explored ways in which disabling environments limit occupation. Prevailing ideas about occupation and the environment are examined for their contribution to solving these environmental problems. Principles which can assist occupational therapy intervention directed at changing disabling environments are described. The intent is to define methods of changing disabling environments, based on the desires and active participation of people with disabilities.

*"Speaking for myself, I too believe that humanity will win in the long run; I am only afraid that at the same time the world will have turned to one huge hospital where everybody is everybody else's humane nurse"* (Goethe, 1887, cited in Gliedman and Roth, 1980).

Increasingly, people are concerned about the lack of rights of people with disabilities and the problems inherent within our environment which cause significant difficulties for people who have a disability. Movement for change has been spearheaded by those in the Independent Living Movement, a self-help movement with its roots in civil rights and consumerism (DeJong, 1979). They see "the rehabilitation model as essentially a medical model designed for crisis intervention" (Carver & Rodda, 1978, p. 9), not suitable for changing the handicaps imposed by our environment. This approach has been well summarized by Jongbloed and Crichton (1990).

How can occupational therapists integrate environmental issues into theory and practice? Can we deal more effectively with environmental constraints? Can we develop a better understanding of environments which limit occupation? This paper will begin by discussing disabling environments and constraints which limit the participation of people with disabilities in the daily life of our communities. Prevailing ideas about occupation and the environment will be described and principles to help occupational therapists deal with environmental issues more effectively in occupational therapy intervention will be delineated.

## THE CREATION OF DISABLING ENVIRONMENTS

How has our society created environments which are so restrictive? Authors such as Foucault (1975;1977), Illich, Zola, McKnight, Caplan & Shaiken (1977), Hahn (1982; 1984), Zola (1982), DeJong (1979), and Gliedman and Roth (1980) have identified the following influences: the built environment, production of space, increased classification, the perception of disability as deviance, distribution of power and bureaucracy.

### Built Environment

The built environment includes structures such as buildings, houses, schools, playgrounds, streets or sidewalks that have been designed and constructed by people (Shalinsky, 1986). This environment has evolved over many years, influenced by societal values, economics, design and planning policy (Hahn, 1986; Hodge, 1989; Lynch, 1989). One factor which has seldom been considered in the construction of the built environment is the heterogeneity of individuals. According to Psomopoulos (1973), designs for the built environment invariably are conceived for "a fictitious model of the human being - exclusively for a man (not a woman) in the prime of life, and at a peak of his physical fitness. Statistically speaking, only a small minority of the population fit into this category, even among the fit. Naturally there is no thought for the handicapped."

People with disabilities spend more time in self-care and passive activities within their home environment than the non-disabled (Brown & Gordon, 1987; Carver & Rodda, 1978). There are significant constraints which prevent them from achieving a balance between self-care, productivity and leisure activities. As one example, architectural barriers continue to limit freedom of movement and integration for people with disabilities (Poirier, Goguen & Leslie, 1988). Changes to eliminate barriers are usually completed on an individual basis, not as a matter of right and architectural barriers are often regarded as "unfortunate but unavoidable" (Hahn, 1987, p.187).

### Production of Space

A broader issue to consider is societal production of space or the whole organization of our cities and towns, including work, households, shopping districts and transportation networks. Because of increased industrialization in the 19th century, production became centralized in the core of the city (public space) while homes (private space) moved decentrally to the suburbs (Franck & Paxson, 1989). This has led to greater travel distances, transportation difficulties and increased value and power associated with productive or economic activities (Mackenzie, 1989). The separation of private and public space, decreased political influence of the home and safety and accessibility difficulties combine to impede the integration of people with disabilities.

### Classification and Normalization

The study and classification of individuals in our society is another important determinant in the creation of disabling environments (Foucault, 1973; Foucault, 1975). Michel Foucault, a French genealogist, analyzed classification practices used for social restraint and how minority groups such as people with disabilities are restricted in their participation in communities (Fraser, 1981). He asserts that power and knowledge have been linked to develop a society and health care system which marginalizes those who are different from the "norm".

Foucault maintains that individuals have been treated as subjects for study and analysis since the 18th century (Foucault, 1973). The individual is seen as a victim and differentiated from the "norm" of society because of certain personal characteristics or inefficiencies. Differentiation is accomplished through spatial means (exclusion, isolation) and through the study of deviations using science. Quantitative statistics have played an increasingly important role in determining normal versus abnormal, with ethics assuming less importance.

At the same time, there was an increase in "disciplines" to study individuals and promote "health" (Foucault, 1977; Illich et al.1977). The primary focus of

health care was to “cure” disability by changing the individual.

### Disability as Deviance

The importance placed on the “normality” of each person has resulted in disability perceived as a defect in the individual (Hahn, 1987). Disability is a product of pathology, that is wrong and must be corrected (Gliedman & Roth, 1980). Society has been ambivalent about people with disabilities. We feel sorry for them, but also do not wish to become similar. As a result, it is often easier to ignore them. People with a disability experience rejection and isolation in the daily environment outside their homes, often in direct contrast to a nurturing environment in the home. Over time, they begin to regard themselves as abnormal and internalize society’s homogeneous values and ideas of the “norm”.

For example, children with disabilities are judged by their differences from the norm without considering that they may have their own pattern of “normal” development. People “take it for granted that theories constructed for able-bodied children can correctly interpret the developmental significance of the handicapped child’s behaviour” (Gliedman & Roth, 1980, p.58).

One developmental theory which may not be appropriate for children with disabilities is Kohlberg’s stages of moral development (Kohlberg, 1963). This typology assumes that moral development proceeds in an orderly pattern, that children learn through interactions with equals and that the child sees the rules of the world as essentially just. These assumptions are not valid for the child with a disability who experiences social injustice which is not based on moral principles (Gliedman & Roth, 1980). Such experiences affect the pattern of moral development. This argument is similar to feminist critiques which state that Kohlberg’s theory is flawed because it does not reflect the different moral development of women (Gilligan, 1982).

### Power

Changes in the power held by social disciplines and government since the 16th century have led to increased intervention to promote efficiency and order (Rabinow, 1984). As a result, governments have become concerned with the overall health of the people. Illich et al (1977) believes that this rise in disciplinary power has resulted in greater control by professionals and increased passivity and dependency of clientele or patients. Professionals are perceived to hold the truth about how to correct disability. People with disabilities have little political power and are expected to comply with treatment. We have ignored the psychological and social consequences of being a good patient (Gliedman & Roth, 1980).

### Bureaucracy

Bureaucracy refers to those structures and processes which are used to order human actions. Ferguson (1984) has argued cogently that the purpose of bureaucracy is to deal with technology, maintain social control, preserve domination of minority groups, and isolate people by judging using standard rules. Institutions that deliver health services have severely limited professionals’ and clients’ creativity through increased bureaucracy (Gliedman & Roth, 1980). Professionals are often rewarded for processing and controlling patients, not for helping them. Increasingly “occupational therapists are viewed as treatment machines and patients as products which can be displayed on a balance sheet” (Yerxa et al.1990, pg 2).

Through bureaucracy, institutions endeavour to limit the uncertainty of situations by centralizing controls and tasks. The emphasis within an organization is placed on efficiency and technology rather than on ethical principles (Gliedman & Roth, 1980). As a result, dialogue and debate are replaced by technical processes. The primary goal of a bureaucracy is to have rules which ensure conformity and stability. Rules become the ends rather than the means of action.

The hierarchical nature of bureaucracy leads to a diffusion of responsibility. Those who want to protest or refuse are met with impersonal language and are seen as a problem for human resources (Ferguson, 1984). If a client or a therapist wants to oppose actions, it is difficult to determine who you oppose and where you start. “Bureaucracies survive by boring people to death” (Ferguson, 1984, pg 78).

To summarize, society has created environments which severely constrain the daily activities and participation of people. The approach to disability has focused on the individual and the immediate environment. Problems in the built environment, our emphasis on normality, concentration of power and increased bureaucracy are identified as some important factors which have led to disabling environments.

How can occupational therapy address disabling environments? Two cornerstones to such an approach are rooted in our knowledge and ideas about occupation and environment.

## OCCUPATION

Occupation has been defined by Reed and Sanderson as those “activities or tasks which engage a person’s time and energy; specifically self-care, productivity and leisure”. (1983, p. 247) This includes activities or tasks which are felt by individuals to be necessary for their daily life, are initiated by them, and are directed to a specific goal. Occupation can be thought of as “chunks of activity” which are accomplished “in a stream of time” (Yerxa et al.1990, p. 5). Occupational

function refers to our overall daily performance of occupation (Canadian Association of Occupational Therapists (CAOT), 1991; Christiansen & Baum, 1991). It includes the whole constellation of daily activities including where they occur, with whom and in what environment.

## IDEAS ABOUT OCCUPATION

There are a number of ideas which occupational therapists believe are useful in understanding occupation and occupational function. First of all, occupation is performed within a context. That context includes societal rules, an individual's developmental stage and the environment in which an individual lives (Yerxa & Locker, 1990). We believe that *health is determined by an individual's purposeful engagement in occupation and by a balance of self-care, productivity and leisure*. Occupational function is also dependent on an individual's physical, mental, emotional and spiritual characteristics (CAOT, 1991).

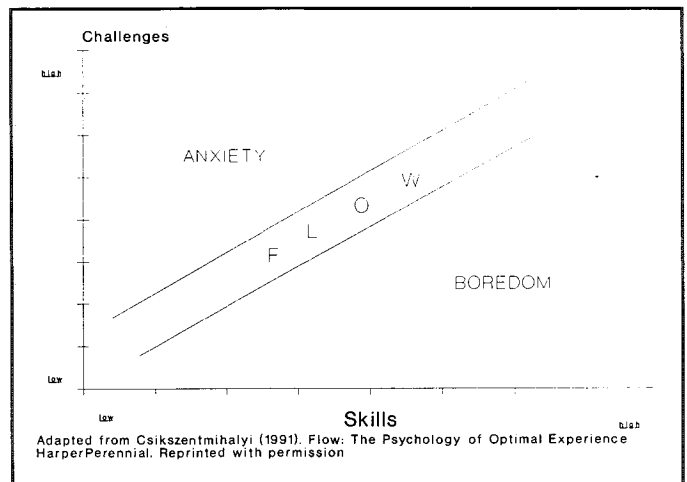
Secondly, the classification of a specific activity into the areas of self-care, productivity or leisure is dependent on the purpose of that activity and the context in which it is performed (Nelson, 1988). Yerxa and Locker (1990), in a study of time use by adults with spinal cord injuries, found that similar activities are often classified differently. For example, making a phone call could be considered as self-care, related to work, or leisure. They also noted that therapists and clients rarely agreed on the classification of an activity.

Thirdly, disability often leads to occupational dysfunction. Individuals can change dysfunction through the therapeutic use of purposeful activity (Kielhofner, 1985). The client is the means of change in the intervention process (Christiansen & Baum, 1991). Analysis of activity is a principal component of occupational therapy intervention.

## Concept of Time

Occupation occurs "in a stream of time" (Yerxa et al., 1990, p 5). Peloquin (1991), in an eloquent discussion of social and cultural perceptions of time, states that time is seen in Western culture as a commodity. It is a substance in which we invest energy and which needs to be managed by us. We equate quality with time, particularly speed and durability (eg. facsimile machines). "We are so convinced that we must make something of time that we rarely allow ourselves moments in which to become" (Peloquin, 1991, p 152). Use of time is related to life satisfaction. There are substantial differences in the use of time or activity patterns between individuals with a disability and those with no disability (Brown & Gordon, 1987; Kielhofner, 1979; Yerxa & Locker, 1990).

Figure 1  
Optimal Experience



## Satisfaction with Occupation

Occupational therapists need to learn about satisfactory engagement in occupation. Csikszentmihalyi (1990) has developed a theory of optimal experience or "flow" to describe the relationship between the challenges inherent in an activity and individual skills. Flow is defined as a state of consciousness achieved during participation in an activity which is intrinsically rewarding. It is the experience of losing yourself in an activity, such as reading, biking, talking or gardening. These experiences are flow experiences, and are inherently satisfying.

To achieve flow, there needs to be a balance between the situational challenges posed by an activity and personal skills. Any activity can lead to a flow experience but the duration of that experience will be short unless the challenges and the skills increase in complexity (see Figure 1). When an individual is first learning an activity, he or she performs best when the challenges are kept very low. If the initial challenge is too high, anxiety will result. As skill increases, the challenges also must increase or boredom will result. "Flow can happen anywhere, at any time, provided that the person's capacities and the opportunities for action in the environment are well matched" (Csikszentmihalyi & Csikszentmihalyi, 1988, p 85).

Through research, sampling the experiences of individuals during activities, Csikszentmihalyi (1990) has found that flow is a universal concept, not dependent on culture, age, gender, or social class. Flow experiences, while being the same across individuals, do not occur within the same activities for everyone. Individuals will achieve flow from different activities even though the characteristics of the experience are similar. The experience is dependent on environmental conditions and the balance between the challenge of the activity and the person's skills, not the activity itself

(Csikszentmihalyi & Csikszentmihalyi, 1988).

Flow is possible during every day events but is often limited by cultural factors, such as society's need for rationalization (Mitchell, 1988). Rationalization is indicated by our need to control nature, be efficient and predictable, our use of technical language and our differentiation of work and play. In other words, don't laugh at work, it is inefficient.

Activities which produce flow experiences are not done for an external reward. The primary goal in accomplishing those activities is the experience of doing them. These activities stem from autotelic motivation, that is doing something for its own sake.

The characteristics of flow activities include the following: obvious goals with quick, clear feedback; a balance between challenge and skill; capability to focus concentration, creating a merging of activity and awareness and a distorted sense of time; a perception that the activity outcome is challenging and under personal control; a perception of competence; and a perception that the activity is intrinsically rewarding (Csikszentmihalyi & Csikszentmihalyi, 1988). Flow is achieved in those activities by "getting caught up in what one is doing, controlling what is happening, and creating variety and stimulation so as to make activities novel and challenging enough to stay caught up in them" (Logan, 1988, p 172).

Flow experiences are easier to achieve in clearly structured activities such as games, sports and artistic performances. These activities are clearly delineated actions and provide quick feedback which makes it easier for people to achieve satisfaction. If an activity is to be meaningful, there must be a feeling of choice or control over the activity, a supportive environment to facilitate easy attention to the activity, a focus on the task and not the longterm consequences and a sense of challenge from the activity (Allison & Duncan, 1988). Time spent in flow activities during a person's daily life experience correlates significantly with overall quality of life.

For occupational therapists, evidence that satisfaction is based on the relationship between challenges and skills represents a confirmation of our approach to occupation. Increased knowledge about the characteristics of those experiences which promote satisfactory engagement in occupation can be used to aid the client in doing activities to increase flow experiences and life satisfaction. Therapists can work with clients to structure activities so a balance between challenges and skills is achieved and activities progress in a spiralling fashion towards increased complexity.

Therapists can structure environmental challenges to be strong enough to encourage adaptation but not so strong that they create anxiety. If challenges are overwhelming, all of a person's energies will go towards surviving a situation rather than experiencing it.

The theory of flow acknowledges the complexity of our experience with daily activities. Satisfaction is achieved when an individual's skills and the activity's challenges are in balance within supportive, non-threatening environments.

## ENVIRONMENT

Environments are defined as those contexts (situations) which occur outside individuals and elicit responses in them. The Greek origin of the word environment means "everyone's house" (Clarke, 1973, p 40). The study of environmental factors and their effect on occupation is complex. Environments can both help and hinder satisfactory occupation.

### Classification of Environments and Environmental Factors

Several taxonomies have been devised to assist the study of the interaction between individuals and the environment. In this paper, a matrix taxonomy for environment and settings, adapted from the work of Hancock and Duhl (1986), is used to indicate the broad range of environmental factors which can affect daily occupation. For example, for a child who is having difficulty in school, the problem may be at the school level, levels such as government and home, or in interactions between school, government and home (See Table 1). It is helpful to think of these environments as interlocking, as "a set of nested structures, each inside the next, like a set of Russian dolls" (Bronfenbrenner, 1979, p 22).

**Table 1**  
Classification of Environments

CLASSIFICATION OF ENVIRONMENTS				
	CULTURAL	ECONOMIC/ INSTITUTIONAL	PHYSICAL	SOCIAL
INDIVIDUAL			Equipment Severity	Gender
HOUSEHOLD	Ethnicity Roles	Work Patterns	Design	Attitudes Expectations Social Support
NEIGHBOURHOOD	Diversity	Resources	Size Design	School Integration
COMMUNITY	Cultural Norms	Continuum of Services	Transportation Location	Cohesion Interagency Cooperation
PROVINCE OR COUNTRY		Economic State	Legislation	Human Rights Legislation

## Environmental Settings

All environmental settings have forces which support or work against an individual's participation. Environmental press "refers to the combined influence of forces working in a setting to shape the behaviour and development of individuals in that setting" (Garbarino, 1985, p 125). There are expectations for certain behaviours in particular environmental settings. Barker (1978) investigated environments and their effects on children. He discovered that an environmental setting has a significant effect on behaviour. There are persistent behaviours that remain constant over years in particular settings. Because we learn these patterns of behaviour and activity through socialization, experience in a wide variety of environmental settings is essential.

## Environmental Risk and Assessment

It is helpful to think of environments in terms of environmental risk. For occupational therapy, this means the risk that certain environments will lead to dysfunction in occupation. To assess that risk, therapists need to consider people within environmental settings meaningful to them. To date, occupational therapy has not developed a common conceptual framework for such environmental assessment (Cooper, Cohen & Hasselkus, 1991). There are also potential problems with fixed environmental standards. Fixed standards effectively discount the experiences of people with disabilities who use these environments. One environmental solution may not be suitable for everyone.

## INTEGRATION OF ENVIRONMENTAL CONCERNS INTO OCCUPATIONAL THERAPY PRACTICE

How do occupational therapists integrate environmental concerns into clinical practice? In clinical practice, therapists tend to focus on the immediate environment of the client. The substantial effect that other environments have on occupational function is not fully understood. It is often believed that clients can control environmental influences through their actions, or by adapting to them. If, instead, clients' occupational function is considered in the context of their daily environment, a problem in occupational function would mean that the environment is inadequate. Changing occupational function would therefore result from environmental changes, rather than changes in clients.

This is a challenge to see disability in a new way. It represents an addition to the client-centred occupational therapy practice model. If environments foster dependency and poor resolution to the problems of disability, then solutions will exist predominately in intervention aimed at the modification of the environment. This does not mean the withdrawal of interven-

tion to change functional performance in a client. Rather, an improved balance in intervention focus is required. Environmental intervention has the potential to make a significant difference in the occupational function of our clients.

## PRINCIPLES FOR ENVIRONMENTAL INTERVENTION IN OCCUPATIONAL THERAPY

How do our core concepts about occupation and occupational function fit with this focus? What would characterize occupational therapy intervention to change disabling environments?

### Goals

The overriding goal of occupational therapy intervention to change disabling environments is to achieve equity through critique and change. Disability is seen as a collective problem, a problem caused by the inadequacies of the environments in which we live (Funk, 1987), not always to be ameliorated by changing the individual. Our goals will be our client's goals, based on their needs and values. Therapists will work with clients, under their guidance and direction, empowering them to achieve the self-reliance required to manage and change environmental conditions. Together we will seek meaningful occupation in a facilitating environment, not necessarily full independence accomplished only by the client without resources. The values and goals of the client, or group of clients, are the first step, followed if necessary by the technology for implementing those values.

### Definition of Need

The need for occupational therapy intervention will be based on the right of people with disabilities to engage in meaningful occupation. Our obligation is to provide services which are based on the values and vision of people with disabilities, not on which ward is closed for medical reasons or which programme is cheaper to mount. We will give considerable weight to people's ideas and experiences, through such mechanisms as talking to former clients to learn from their experiences with occupational therapy.

### Theoretical Approach

In the theoretical approach to occupational therapy intervention, a critical stance will be taken. We will recognize the ecological nature of disability, the interdependence between the individual and the environment. Our theories will explore environmental complexities, with a view to understanding them and changing environmental constraints.

The basis for environmental intervention will likely be rooted in theories which have social and political

dimensions, such as critical theory. The term critical theory is employed here in its broadest sense to refer to theories which are non-linear, emancipatory and focus on how knowledge and power are used to preserve the status quo (Sussman & Steinmetz, 1987; Kellner, 1979). The ideas behind the Independent Living Movement would fit this definition.

We will be discriminating about our current theories and their implicit assumptions. For example, although systems theory is the basis for some of the most recent occupational theories (eg. model of human occupation), it may not be the most appropriate theoretical context for changing disabling environments. Systems theory deals with human and environmental complexity through systems analysis, and has linear and causal characteristics (Friedmann, 1987). Systems are viewed as hierarchical, moving towards equilibrium. The emphasis is on structure and not on fundamental conflict or change. Activities and occupation are more dynamic, more minute and continuous than allowed for using systems theory.

### Context of Intervention

The context of occupational therapy intervention including the background, experiences and values of clients will be highlighted. Clients' meaningful occupation is based on their cultural, social, physical and economic environment. The dominant North American culture regards independence, competitiveness and economic production as very important (Krefting & Krefting, 1991). If clients do not meet these expectations, we will respect this diversity, resisting the temptation to define normality by our background.

### Built Environment

We will support communities which are built based on the right of full participation for all citizens. We will improve our methods to analyze the abilities of built environments to meet the occupation needs of our clients (Spivak, 1973). Locally, for an individual client, or more globally, through our professional associations, we will help shape social policy and community planning to ensure accessible public transportation and buildings, and improve our communities as safe and welcoming meeting places (Lynch, 1989).

### Participation and Power

Significant changes in power definition and distribution will occur. The ways in which our communication and language serves to maintain power relations will be recognized. "Power could be redefined as the ability to act with others to do things that could not be done by individuals alone" (Ferguson, 1984, p 206). To achieve this, we will decentralize the planning of our intervention programmes. Control will rest with clients and therapists, not with a bureaucracy.

Achieving changes in power and bureaucracy will involve ongoing daily resistance and an emphasis on increased participation of clients with therapists. For participation to be effective, the following will be required: early and ongoing client involvement, therapist's responsiveness, decreased hierarchy in decision-making, accessibility and information availability (DeSario & Langton, 1987). Questioning by clients, will not be regarded as non-compliance. People will be allowed to actively make choices. We will also learn how to deal ethically with those situations when a client makes a decision which we feel is wrong.

### Use of Technology

Occupational therapy to change disabling environments will make extensive use of technology, but only as the means to implement client values and goals. Environmentally sustainable solutions will be used.

### Intervention and Programme Planning

Programme planning for intervention will begin at the "grassroots" level. Coalition groups including clients, caregivers and therapists will form to discuss problems, receive ideas and suggest potential solutions. This planning process will emphasize undistorted communication and action, with clients and therapists working together to co-produce solutions (Nagel, 1987).

We will stress action, action to change those aspects of the environment which prevent participation of a client or clients in occupations meaningful to them. We will see occupational therapy intervention as an iterative process of change, whose goal is community-based, integrated living.

We will seek to understand our clients' subjective experience of their daily activities. Together, we will explore activities which are meaningful to the client, have a balance of environmental challenge and skill and enable them to experience flow.

We will not apologize for the fact that we use activities as intervention. Instead, we will articulate the benefit of participation in purposeful activity.

We will structure intervention environments to facilitate client control and mastery. Specific activities will be chosen by the client. Too many of our occupational therapy intervention activities hold little meaning for our clients.

We will facilitate client experience in a variety of environmental settings suitable for their daily life, and at levels of complexity appropriate for their skills.

We will move beyond a focus on individual activities, to work with people to explore and modify time use to achieve a balance across self-care, productivity and leisure.

We will improve our knowledge and use of client-centred and environmental assessment to assist our clients in changing environments which hinder their

participation. We will challenge policies, local and otherwise, which are destructive for clients.

We will develop new models of environmental intervention. For example, a home care programme may have therapists who do no individual intervention but rather work to change common environmental constraints in the community.

### Role of Occupational Therapist

The role of the occupational therapist will change. We will give up power, acknowledge the political nature of our role and work together with clients and others to resolve environmental problems. Skills in negotiation, communication and conflict resolution will be required to facilitate solutions which incorporate people's values and the appropriate use of technology.

### Research

In research, we will promote the "study of the human as an occupational being" (Yerxa et al. 1990, p 6). We will seek to determine the meaning, context and balance of daily occupation over the lifespan. We will improve the richness of our experimental research and the rigour of our naturalistic research to achieve a goodness of fit between these methods and the study of occupation.

### CONCLUSION

Experiences in a wide variety of supportive environments are necessary for optimal living. People with disabilities are not able to achieve these experiences because the environments in which they live have many constraints. This paper has reviewed ideas about occupation and the environment which are important in occupational therapy intervention to change disabling environments. Principles which characterize this intervention approach were described. These ideas represent significant challenges to occupational therapy, to society's perception of normality and to health care bureaucracy. The goal is to define new methods of enhancing occupation, based on the desires and active participation of people with disabilities. These changes will not occur easily, or without conflict. They do, however, represent an alternate vision for the future, a future in which people with disabilities are equal participants in the daily lives of our communities.

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## ACKNOWLEDGEMENT

The Muriel Driver Award is an honour given to only one individual each year. In reality, though, it reflects the collaboration and involvement of many colleagues. I am deeply grateful to all who have contributed to the challenge and pleasure I have experienced in my work. Thanks to Sue Baptiste and Nancy Pollock for their helpful comments and to Joanne Cooper, Donna Johnston and David LeClair for assistance with the audiovisual parts of the lecture. Most of all, I thank my family (Brian and Michael, Geoffrey and Andrew) for their love and laughter through the years.

# Abrégé

## L'Environnement: Un sujet d'intérêt pour l'ergothérapie

• MARY LAW

Notre société a créé des environnements qui imposent des restrictions aux personnes atteintes d'incapacités. L'environnement construit comporte des contraintes importantes qui empêchent les personnes atteintes d'incapacités de réaliser un équilibre entre les soins personnels, la productivité et les activités de loisirs (Brown et Gordon, 1987; Carver et Rodda, 1978; Gliedman et Roth, 1980). L'incapacité est perçue comme un défaut de la personne. La bureaucratie a restreint la créativité tant des professionnels que des clients (Ferguson, 1984).

La connaissance de la tâche et de l'environnement peut aider les ergothérapeutes à évaluer ces environnements sources d'incapacités.

### L'occupation

L'occupation est définie comme ces activités ou tâches qui requièrent temps et énergie d'une personne; elles englobent les activités destinées aux soins personnels, à la productivité et aux loisirs (Reed et Sanderson, 1983, p. 247). L'occupation est réalisée dans un contexte comprenant des règles de société, le stade de développement d'une personne et son environnement (Yerxa et Locker, 1990). Nous croyons que *la santé est fonction de l'engagement motivé d'une personne dans une occupation significative et de l'équilibre qui s'établit entre les soins personnels, la productivité et les loisirs.*

Csikszentmihalyi (1988) a élaboré une théorie du "courant" ou de l'expérience optimale. Le courant est défini comme un état de conscience réalisé au cours de la participation à une activité qui est satisfaisante par elle-même. Cette expérience consiste à se perdre soi-même dans l'activité, telle que, par exemple, la lecture, la bicyclette, la conversation ou le jardinage.

Pour réaliser le courant, il faut un équilibre entre les défis situationnels suscités par l'activité et les habiletés personnelles. Pour les ergothérapeutes, la certitude que la satisfaction repose sur la relation entre les défis et les habiletés, vient confirmer notre approche face à l'occupation.

### L'environnement

Les environnements sont définis comme ces contextes (situations) qui prennent place en dehors des personnes, suscitant de leur part des réactions. Tous les environnements comportent des forces qui se conjuguent avec la participation d'une personne ou qui vont à l'encontre de cette participation (Carver et Rodda, 1978).

L'intégration des préoccupations environnementales dans la pratique de l'ergothérapie.

Si les environnements sont sources de dépendance ou d'une piètre qualité face à la résolution de problèmes engendrés par l'incapacité, les solutions seront surtout apportées par l'intervention visant à modifier l'environnement. Ceci n'exclut pas, toutefois, l'intervention en vue de changer la performance fonctionnelle chez un client. Ce qu'il faut plutôt, c'est de rechercher un équilibre au niveau de l'intervention.

Le but primordial de l'intervention en ergothérapie dans le changement des environnements sources d'incapacité, est de trouver une solution équitable entre ce qui est reproché et ce qui peut être changé. Les ergothérapeutes travaillent avec les clients qui sont sous leurs soins et leur direction, de façon à leur donner le moyen d'atteindre l'autonomie requise pour contrôler et changer les conditions environnementales. Ensemble, nous allons rechercher l'occupation significative dans un environnement positif. Les valeurs et les buts du client ou du groupe de clients constituent la première étape, quitte à recourir ensuite à la technologie afin de les réaliser (Franklin, 1989).

Nous allons améliorer nos méthodes pour analyser et changer les environnements construits de façon à rencontrer les besoins de nos clients touchant leurs besoins occupationnels (Spivak, 1973). Nous allons décentraliser la planification de nos programmes d'intervention. Le contrôle sera entre les mains des clients et des thérapeutes et non des bureaucrates.

Nous allons chercher à comprendre l'expérience subjective vécue par nos clients dans leurs activités quotidiennes. Ensemble, nous allons explorer des activités dans différents contextes environnementaux significatifs pour les clients et qui représentent un équilibre entre le défi posé par l'environnement et les habiletés requises pour leur permettre de faire l'expérience du courant.

Nous dépasserons l'accent mis sur les activités individuelles pour explorer et modifier l'utilisation du temps afin de réaliser avec nos clients un équilibre entre les soins personnels, la productivité et les loisirs.

Nous améliorerons notre connaissance et l'utilisation de l'évaluation environnementale axée sur le client pour changer les environnements qui mettent un frein à sa participation. Nous développerons de nouveaux modèles d'intervention environnementale. En recherche, nous allons faire la promotion de "l'étude de l'humain en tant qu'être qui doit se réaliser par l'occupation" (Yerxa et al, 1990, p. 6).

Notre but en tant qu'ergothérapeutes est de définir de nouvelles méthodes de promotion de l'occupation et de changer les environnements sources d'incapacité. Ces changements ne se feront pas facilement ni sans entraîner de conflits. Ils représentent toutefois, une alternative pour l'avenir, un avenir où les personnes atteintes d'incapacité seront considérées comme des participants égaux dans la vie quotidienne de nos sociétés.