Belonging, occupation, and human well-being: An exploration

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Appartenance, occupation et bien-être humain : Une étude exploratoire

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Key words: Human occupation; Theory; Well-being.

Mots clés : occupation humaine; théorie; bien-être.

Abstract

Background. Researchers identify the importance of belonging to human well-being and provide evidence-based support for occupation as a medium for expressing and achieving a sense of belonging and connectedness. **Purpose.** The purpose of this article is to highlight the imperative for occupational therapy theory and practice to address occupations concerned with belonging needs. **Key issues.** Dominant occupational therapy models emphasise *doing* self-care, productive, and leisure occupations, thereby ignoring occupations undertaken to contribute to the well-being of others, occupations that foster connections to nature and ancestors, collaborative occupations, and those valued for their social context and potential to strengthen social roles. **Implications.** Belonging, connectedness, and interdependence are positively correlated with human well-being, are prioritized by the majority of the world's people, and inform the meanings attributed to and derived from the occupations of culturally diverse people. If occupational therapy is to address meaningful occupations, attention should be paid to occupations concerned with belonging, connecting, and contributing to others.

Abrégé

Description. Les chercheurs ont ciblé l'importance de l'appartenance pour le bien-être humain et ils présentent des données probantes sur l'occupation en tant que médium pour exprimer et éprouver un sentiment d'appartenance et de connexité. **But.** Mettre en relief l'importance d'aborder les occupations en lien avec le besoin d'appartenance dans la théorie et la pratique de l'ergothérapie. **Questions clés.** Les modèles dominants en ergothérapie mettent l'accent sur *la réalisation* des occupations liées aux soins personnels, à la productivité et aux loisirs, ignorant ainsi les occupations qui contribuent au bien-être des autres, les occupations qui favorisent les liens avec la nature et les ancêtres, les occupations fondées sur la collaboration et celles qui sont valorisées en raison de leur contexte social et de leur capacité éventuelle de raffermir les rôles sociaux. **Conséquences.** L'appartenance, la connexité et l'interdépendance sont en corrélation positive avec le bien-être humain; la majorité des gens à travers le monde leur accordent la priorité et elles éclairent les sens attribués aux occupations des gens de cultures diverses. Pour aborder les occupations significatives en ergothérapie, il faut accorder une attention particulière aux occupations en lien avec l'appartenance, la connexité et l'apport au bien-être des autres.

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Dominant occupational therapy models portray occupation as comprising three specific categories: activities of daily living, work, and play (Kielhofner, 2008) or self-care, productivity, and leisure (Polatajko, Townsend, & Craik, 2007), and it has been claimed that these three categories represent the "purposes" of occupation (Canadian Association of Occupational Therapists, 2002, p. 37). Such assertions have been challenged (Hammell, 2009a), with Pierce (2001), for example, claiming that these categories are "simplistic, value-laden, decontextualized, and insufficiently descriptive of subjective experience" (p. 252). Moreover, it remains unclear what evidence, if any, informed the division of occupation into three specific categories of "doing" (self-care/activities of daily living, productivity/work, and leisure/play) (Hammell, 2009b). Research evidence prompted Lauckner, Krupa, and Paterson (2011) to support the critiques of those who have questioned the profession's focus on productivity, self-care, and leisure and to contend that this long-held classification of occupations may be inadequate to encompass qualities of occupational engagement. Further, it has been noted that the decision to prioritize and promote these three categories of occupation "reflects a specific, minority-world doctrine of individualism that specifically excludes those activities motivated by love and concern for the well-being of others" (Hammell, 2009a, p. 10). This would seem to be a significant and ethnocentric omission in light of evidence that the human need to contribute to the well-being of others is a prime motivator of occupational engagement, not only for many in the global North but by African, Asian, Pacific Island, southern European, Indigenous, and Middle Eastern peoples (i.e., the majority of the global population; Hammell & Iwama, 2012).

For many years, critics have highlighted the problematic and culturally specific nature of dominant categorizations of occupation and have called for a fundamental rethinking of how occupations are conceptualized and understood (e.g., Erlandsson & Eklund, 2001; Hammell, 2004a; 2009a; 2009b; Jonsson, 2008). In an attempt to frame a different way of thinking about occupation—one not constrained within categories of doing—Wilcock (1998) noted that occupation is more than doing and might be regarded as a synthesis of doing, being, and becoming. Subsequently, Hammell (2004a) suggested that occupation should be understood through reference to the meanings people attribute to their occupations and occupational choices, not solely in terms of doing, being, and becoming but also in terms of *belonging*. The configuration of doing, being, becoming, and belonging is often named within the occupational therapy literature, but there has been little apparent effort to explore the intellectual origins, theoretical parameters, or practical relevance of these concepts to either occupational science or occupational therapy.

The aim of this paper is to explore the importance of *belonging* to occupational therapy theory and practice, and to do so through rigorous recourse to scholarly literature and research evidence. To this end, it traces the emergence of "belonging" within occupational therapy theory, the relevance of belonging to human well-being and health, and the experience and expression of belonging through the occupations of daily life.

Doing, Being, Becoming, and Belonging: A Brief Intellectual Archaeology

When Wilcock (1998) proposed that occupation might be regarded as a synthesis of doing, being, and becoming, this formulation entered the lexicon of occupational therapy with little attention to its intellectual origins and with few attempts to evaluate the evidence on which this assumption was based.

Many years before Wilcock (1998) postulated the importance of doing, being, and becoming for occupational therapists, these three domains had been delineated as part of psychology's field of concern (Maslow, 1987), and Parse (1992) had articulated a nursing theory of "human becoming" that identified health as a process through which people become who they want to be. Moreover, a sociologist and an anthropologist had proposed that universal values underlie human activity and had posited three variations, or expressions, of these values: being, being-in-becoming, and doing (Kluckhohn & Strodbeck, 1961). Accordingly, several occupational therapy theorists had toyed with these constructs prior to Wilcock, with Fidler and Fidler (1978) suggesting the relevance of doing and becoming for occupational therapists, and Renwick and colleagues (Renwick & Brown, 1996; Woodill, Renwick, Brown, & Raphael, 1994) proposing the relevance to rehabilitation not only of being and becoming but also of *belonging*, another concept that had been prioritized previously by Maslow (1968) on his hierarchy of human needs. Within the occupational therapy literature, Rebeiro and colleagues (Rebeiro, 2004; Rebeiro, Day, Semeniuk, O'Brien, & Wilson, 2001) identified and underscored the importance of being, becoming, *and belonging* in research evidence derived from people attending a community mental health programme.

The cultural relevance of ideas about occupation that emerged within specific Western contexts was explored by Iwama (2003), who observed that "*becoming, being*, and then *doing* may be a more understandable progression to the Japanese experience" (italics added; p. 586) than doing, being, and becoming. He also noted that although *doing* is portrayed within dominant occupational therapy as central importance to people in Western cultures (and was thus placed first in Wilcock's [1998] formulation), *belonging* is of greater importance to many collectivist Japanese people (Iwama, 2003).

An understanding that the need to belong and to contribute to others is an important dimension of quality of life and one that can be met through occupation has long been recognized within the occupational therapy literature (e.g., Laliberte-Rudman, Yu, Scott, & Pajouhandeh, 2000; Lyons, Orozovic, Davis, & Newman 2002), with Duncan (2004), for example, observing that "doing valued occupations with and for others fosters a sense of connectedness—a sense of belonging, purpose and meaning that affirms the worth of the individual" (p. 198).

Hammell (2004a) suggested that the concept of occupation might usefully be understood by focusing on the meanings that culturally diverse people attribute to their occupations—including the need to belong and connect—and formally

proposed an expansion to Wilcock's (1998) tripartite formulation to incorporate doing, being, *belonging*, and becoming. Hammell described "belonging" in terms of the contributions to life satisfaction and to occupational engagement: of social interaction and connections, mutual support and reciprocity, a sense of being valued and socially included, and the ability and opportunity to contribute to others. In a subsequent effort both to identify and ground occupational categories within the research literature and to focus more clearly on occupation (and less on concepts appropriated from psychology and sociology), Hammell (2009b) suggested that occupations might be conceptualized within four categories: restorative occupations, doing occupations, occupations reflecting life continuity and hope, and *occupations fostering belonging and contributing.*

Wilcock (2006, 2007) absorbed the dimension of belonging into her later work and proposed a model of occupation that asserted "doing + being, becoming and belonging = survival and health" (Wilcock, 2006, p. 220). Although this formulation is often cited within the occupational therapy literature, there has been little effort by occupational therapy researchers to determine the relevance of concepts originally named and framed within anthropology, sociology, and psychology either to occupation or occupational therapy or, indeed, to clients.

It is almost half a century since Driver (1968) advocated a critical appraisal of occupational therapy's body of knowledge, asserting that we need to carefully scrutinize its "flimsy" and "fuzzy claims" (p. 60). She claimed, for example, that "[occupational therapists] are bound around snuggly, comfortably with high sounding concepts, elaborate clichés, based all too frequently upon untested theory" (Driver, 1968, p. 59), and indeed, the cliché that doing, being, becoming, and belonging are of relevance to occupational science and to occupational therapy remains largely untested.

A Brief History of Theories About the Need to Belong

Within African philosophy the concept of *ubuntu*—translated from Zulu as "I am human because I belong, I participate, I share" (Murithi, 2007, p. 281)—is used to describe the preeminent cultural importance of belonging: of being enmeshed in reciprocal relationships with other people. Ubuntu reflects a belief in the interconnectedness and interdependence of all people and all things and in the importance of contributing to the well-being of others (Cornell & van Marle, 2005; Mji, Gcaza, Swartz, MacLachlan, & Hutton, 2011; Wanless, 2007). This is not a uniquely African concept. Traditional Japanese people, for example, believe one is less than fully human when deprived of one's social connections (Ng, Ho, Wong, & Smith, 2003).

In the West, psychologists such as Maslow (1968) and Bowlby (1969) identified the human need to belong and the importance of forming and maintaining connections to, and relationships with, others. Research evidence supports this hypothesis, with Keyes (2005) reporting that "a plethora of studies have indicated that interpersonal relationships that satisfy needs for belongingness and succor are instrumental to mental health" (p. 547) and Ng et al. (2003) noting that commitment, belonging, and strong connections to others serve as a "vaccine" against depression. Indeed, after three decades of research, evidence persuaded psychologists that the need to belong constituted a fundamental human motivation that—ideally—involved reciprocal care and mutual concern (Baumeister & Leary, 1995). Baumeister and Leary (1995) noted that the voluminous body of research addressing social support and health is relevant to the "belonging hypothesis." Of particular interest to occupational therapists is their observation that "the essential ingredient in client-centred therapy is not unconditional positive regard (i.e. appraisal) but unconditional social acceptance (i.e. belongingness)" (Baumeister & Leary, 1995, p. 510).

Researchers have accumulated substantial cross-cultural evidence demonstrating that social connections, the provision *and* receipt of social support, and volunteering (occupations that entail non-remunerated contributing) are causally related to positive mental and physical health and longevity, and they have identified a sense of belonging and of "mattering" to others as being integral to these equations (Gruenewald, Karlamangla, Greendale, Singer, & Seeman, 2007; Kumar, Calvo, Avendano, Sivaramakrishnan, & Berkman, 2012; Thoits, 2011).

Drawing from Western philosophy and psychology and from a wealth of medical and social science research, Ryff and Singer (1998) explored the contours of positive human health and concluded that human well-being requires "having purpose in life and quality connections to others" (p. 3). Economists, political scientists, and sociologists are among those who have recognized that a sense of belonging to a social fabric is a precondition for quality of life (Anthias, 2006).

When psychologists turned their attention to positive psychology and to the study of things that make life worth living, they identified the importance of "positive connections to others" (Dunn & Brody, 2008, p. 414), which includes reciprocity or "giving back" (Dunn & Brody, 2008, p. 420). These research findings have been translated into action on a grand scale. For several years, health promoters in the United Kingdom have employed a high-profile "five-a-day" campaign to encourage people to consume at least five portions of fruit and vegetables every day. More recently, this campaign has been expanded to advocate five daily ways to enhance mental well-being that derived from expert consensus and research evidence (Ilott, 2008). Two of these five elements—"connect" and "give"—refer to the contribution to positive mental health and well-being of fostering connections with others and of contributing to the well-being of others.

Hammell and Iwama (2012) outlined a definition of well-being for occupational therapists that included a sense of belonging. They indicated that this incorporated "the ability to contribute to others and to maintain valued roles and relationships" and suggested that this "may include a sense of belonging and of connectedness to the land and nature" (Hammell & Iwama, 2012, p. 387).

This brief glimpse at the wealth of scholarly endeavours that have identified the centrality of belonging to human well-being has highlighted two important and intersecting elements: belonging as connectedness and belonging as contributing to others. These themes will be discussed through reference to the research literature and with particular attention to their relevance to occupation.

Belonging as Connectedness

Connectedness has been defined as "the construction and successful maintenance of reciprocal interpersonal relationships" (Ware, Hopper, Tugenberg, Dickey, & Fisher, 2007). This definition pertains specifically to *interpersonal* connectedness, but other important dimensions of belonging and connectedness are discernible within the research literature, for example, to ancestors, cultures, and nature.

Connectedness to Others

Although dominant Western urban culture extols individualism and applauds independence, African, Asian, Pacific Island, southern European, Indigenous, and Middle Eastern peoples have traditionally perceived the interconnectedness of community and individual well-being and have shared an understanding that people are interdependent within families and communities (Awaad, 2003; Heigl, Kinébanian, & Josephsson, 2011; Mark & Lyons, 2010; McCubbin, 2006; Ohnuki-Tierney, 1984; Seto, Mokuau, & Tsark, 1998; Sherry, 2010). Bar-On (1999), for example, noted that in traditional African societies, "every member is an incumbent of a position with predetermined responsibilities towards every other member that are defined by his or her relation to these others" (p. 13). Similarly, Asaba (2008) explained that "the Japanese social context is organized around occupations that fundamentally promote a connection among individuals, placing them into relationships" (p. 6). Within cultures that share these values, occupations may be orchestrated to fulfil roles, duties, and obligations (Bar-On, 1999).

Suh and Koo (2008) explored subjective well-being across cultures and noted that affirmation of "the fundamental interconnectedness between the self and significant others" was an important predictor of happiness in the East (p. 417). Iwama (2006) explained that "collectively oriented people tend to place enormous value on the self embedded in relationships. There is greater value in 'belonging' and 'interdependence' than in unilateral agency and in individual determinism" (p. 155). Those who share this orientation perceive harmonious relationships with family, friends, and neighbours as important contributors to quality of life (Hampton & Qin-Hilliard, 2004) and experience family connectedness, reciprocity, and interdependence as integral to health (Jeffrey, 2005).

The Matsigenka people of the Peruvian Amazon are among those who define health and well-being not in terms of their biological state but in terms of their social functioning and the wellness of their families (Izquierdo, 2005). Thus, occupations that enable contributions to be made to the well-being of others are accorded highest value (Izquierdo, 2005).

In reality, cultures are not monolithic, and it is erroneous to portray simplistic essentialist dualisms, such as West/East or North/South, as if the world can be neatly divided into two categories of thought. Cultures are fluid—not static—and specific cultural beliefs, values, attitudes, practices, ways of interacting, and views on roles and relationships will be embraced in different ways by different members of a culture due to multiple interacting factors, such as age and generation, gender identity, social position, education, religious affiliation, and exposure to cultural diversity (Ohnuki-Tierney, 1984; Oyserman & Lee, 2008). In reality, cross-cultural research demonstrates that interdependence is not a specifically majority-world value but an integral dimension of being human (Reindal, 1999; Ryff & Singer, 1998). Indeed, Kitwood and Bredin (1992) observed, "Persons exist in relationships; interdependence is a necessary condition of being human. Perhaps everyday life would be more fulfilling, and each individual's existence both richer and more secure, if this were [sic] widely acknowledged" (p. 284).

Researchers who have explored relationships between occupational engagement and well-being have drawn attention to occupational choices that are motivated by the need to belong and to connect with others (Andonian & MacRae, 2011; Berger, 2011; Ekelman, Bazyk, & Bazyk, 2013; Piškur, Kinebanian, & Josephsson, 2002) and report that the ability and opportunity to engage in occupations that foster a sense of belonging are associated positively with experiences of being appreciated, valued, and respected (Argentzell, Håkansson, & Eklund, 2012; Häggström & Lund, 2008).

Grech (2011) noted that interdependence and mutual obligation are especially important in those contexts where individual well-being depends on the ability to tap into collective resources and cited evidence that people who are poor "are frequently born into and enveloped within networks of families, relatives, friends and neighbours, relying heavily on these for the exchange of food, money, labour and information" (p. 92). Well-being among people living with HIV infection, for example, was found to be dependent upon human connectedness, a sense of belonging, and sustaining meaningful and reciprocal relationships such that support was both given and received (Barroso & Powell-Cope, 2000). Recognition that social exclusion is a persisting problem among those seeking to rebuild their lives after the onset of mental illness (Ware et al., 2007) demonstrates the importance of interpersonal connectedness and a sense of belonging to recovery. The need to belong can provide a powerful motivator for engagement in specific occupations, with researchers noting, for example, that participation in religious communities may be motivated primarily by the need to achieve a sense of belonging and that this motivation may be particularly compelling for those who are socially isolated (Baumeister & Leary, 1995).

Participation and Belonging

The World Health Organization's (2001) International Classification of Functioning, Disability, and Health aspires to classify human functioning in terms of "participation," which it defines as involvement in life situations. Researchers who have sought to explore participation as it is experienced by people in their everyday lives report that this incorporates dimensions of belonging, contributing to others' well-being, supporting and doing things for others, engaging in meaningful and reciprocal relationships, social connections (doing things with others), and social engagement and inclusion (including contributing to one's community) (Borell, Asaba, Rosenberg, Schult, & Townsend, 2006; Häggström & Lund, 2008; Hammel et al., 2008; Heinemann et al., 2011; Iwarsson, 2013; Nicklasson & Jonsson, 2012; Ripat & Woodgate, 2012). Perceptions of "participation enfranchisement" are positively associated with a sense of feeling valued (Heinemann et al., 2011).

Levasseur, Richard, Gauvin, and Raymond (2010) explored the meaning of occupations that pertain to social participation and identified six categories of involvement of the individual with others: "1) doing an activity in preparation for connecting with others, 2) being with others, 3) interacting with others without doing a specific activity with them, 4) doing an activity with others, 5) helping others, and 6) contributing to society" (p. 2141). These research findings all suggest that participation is indivisible from both occupation and belonging.

Belonging and Doing *With* Others

It is apparent in the literature that occupations may be chosen in order to do *with* others as well as to do *for* others. The importance of "being with" others as one engages in "doing" occupations has been documented by researchers (see Lawlor, 2003; Reed, Hocking, & Smythe, 2010). Reed et al. (2010) noted that "occupation done with others gives a sense of connection and it is through the connection that occupation comes to have meaning" (p. 145). Moreover, people may elect to engage with others in occupations they neither like nor enjoy, solely to give pleasure to others or for the opportunity to spend time with others engaged in shared occupation.

In Japanese culture, where social hierarchies are valued, the meaning of doing is determined or ascribed through its social context (Iwama, 2009); thus many Asian people report different experiences of occupational engagement when collaborating with a friend or stranger (Suh & Koo, 2008). This suggests that the "with whom" factor is an important dimension of occupational meaning. Further, "the happiness of Asian Americans . . . is elevated after fulfilling goals that are directed to please or receive approval from significant others" (Suh &Koo, 2008, p. 417). Even in Western cultures, however, the meaning of occupational engagement may be substantially influenced by the presence of others or by collaboration with others (Nyman & Lund, 2007). For example, the experience of making music with others has been reported to generate a sense of community—of bonding, unity, harmony, and belonging (Roberts & Farrugia, 2013). Indeed, engaging in a collective occupation and working

as a team may be experienced as "enacting wholeness" wherein individuals feel they are as one and not separate from others (Tonneijck, Kinébanian, & Josephsson, 2008; Ware et al., 2007). Engagement in collective occupations may also reinforce social connections and cultural identities (Peralta-Catipon, 2012). Mason and Conneeley (2012) explored the meanings derived from the co-occupational engagement of fathers and their preschool children in a community garden, demonstrating that doing occupations with others may strengthen relationships and enhance well-being. Van Nes, Runge, and Jonsson (2009) explored the occupations of an older couple after a stroke. Their findings challenged an individualistic view of occupation, demonstrated the possible interdependency of everyday occupations, and suggested that the timing, balance, choice, and orchestration of occupations might sometimes be viewed as a co-occupational endeavour. Researchers have observed that people with mobility impairments might require the assistance of another person to engage in certain occupations but that this might be a positive experience: "Belonging, within a network of social support can underpin both the ability to do and contribute to the pleasure and meaningfulness of doing" (Hammell, 2004a, p. 302). Nagle, Cook, and Polatajko (2002) reported similar findings among people with severe and persistent mental illness who chose to engage in occupations with and for others and who identified the importance of not only what they did but whom they did it with.

McIntyre and Howie (2002) noted the importance "of sharing occupations with friends in older age and using occupations to establish and maintain social connections" (p. 59). Integral to the experience of the study's widowed participants was the link between doing and social connections (belonging). Further, research into the meaning of occupations for older adults with vision loss showed that the loss of "doing" a specific activity was not as distressing as the loss of participating in the activity *with* others (Berger, 2011).

Connectedness to Ancestors

There are many people for whom a sense of belonging includes an ongoing connectedness to ancestors, special friends, and family members who have died (Doane & Varcoe, 2005). Jeffrey (2005) notes, for example, that "Maori society includes people who have passed away as an integral part of current society" (p. 18). The desire to honour and remember loved ones may motivate people in many cultures to engage in specific occupations, such as lighting candles or incense, offering flowers, and continuing in activities that were taught by or shared with the loved ones, such as fishing, woodworking, knitting, or making tortillas. Some skilful occupations may be handed down from generation to generation such that a sense of connection to parents and grandparents is both integral to the experience of occupational engagement and the motivating factor for such engagement (Tzanidaki & Reynolds, 2011). Roberts and Farrugia (2013), for example, found that some members of Maltese bands began to play musical instruments "to express solidarity and respect to their late ancestors and

friends" (p. 97). Moreover, when a loved one dies before completing a project—such as a quilt, tapestry, or tractor restoration—other family members may be motivated to complete it solely as an act of respect and an expression of connection to the deceased (Tzanidaki & Reynolds, 2011). Indeed, people may freely choose to engage in occupations they do not like solely to honour the memory of loved ones and to sustain their connecting bonds.

Cultural Connectedness

The importance of cultural connectedness and belonging may be a motivating factor for engagement in specific occupations. For example, people may choose to learn the language of their ancestral heritage, teach their children and grandchildren traditional dances or musical instruments, and prepare specific, ritual dishes to celebrate religious festivals (Wright-St. Clair, Bunrayong, Vittayakorn, Rattakorn, & Hocking, 2004). For example, Roberts and Farrugia's (2013) exploration of the personal meaning of engagement in the collective occupation of Maltese music bands documented the sense of social and cultural connectedness experienced by the musicians that generated feelings of well-being and belonging.

Connectedness to Nature

Many of the world's people perceive an interconnectedness of all life, understanding humanity to be interconnected with, and belonging to, nature, the land, oceans, and sky (Iwama, 2006; Izquierdo, 2005; Jeffrey, 2005; Mark & Lyons, 2010; McCubbin, 2006) and discerning the health of the land as being integral to the health and well-being of its people (Mark & Lyons, 2010). Contrary to dominant occupational therapy models, which portray humans impacting and impacted by their physical environment (see Polatajko et al., 2007) or striving to achieve mastery over the environment (see Kielhofner, 2008), many Indigenous people perceive humans in "a seamless relationship with nature" (Jeffrey, 2005, p. 15). Ecological scientists provide evidence-based support for this worldview demonstrating that all life is interconnected, such that humans are inseparable from their physical environments (Suzuki, 2002). Māori people, for example, understand themselves to be "linked to the earth by a sense of belonging to the land, being part of the land and being bonded together with the land" (Mark & Lyons, 2010, p. 1760). This perspective is shared by many rural dwellers in Western societies, and this connection to the land may result in adverse psychological consequences in response to environmental degradation (Stain et al., 2011). Moreover, environmental change can adversely affect the occupational opportunities and consequent well-being of rural people (Stain et al., 2011).

A sense of connection to the land, nature, animals, and ocean can constitute an important motivator for occupation. For example, Aboriginal people in Australia reported that they participated in occupations that were specifically concerned with "caring for country." These included gathering natural medicines, protecting sacred areas, and burning annual grasses (Burgess et al., 2009). Participation in these culturally meaningful occupations was associated with significantly better health outcomes (Burgess et al., 2009), indicating that expressing a sense of connectedness to nature through one's occupations can be integral to achieving well-being. Similarly, a desire to care for bees, butterflies, birds, and other wildlife may motivate farmers to engage in their farming occupations in ways that do not include the use of toxic chemicals. Many organic farmers perceive a direct connection between the health of their families and the health of their land; thus engaging in specific occupations, such as ploughing down green crops to enrich the quality of the soil and feed and care for the land, are perceived simultaneously as occupations that feed and care for families and the global community.

Researchers within Western cultural contexts have noted the importance of specific occupations for fostering feelings of connection to nature. Wensley and Slade (2012), for example, found that regular walking as a leisure occupation was meaningful not only in terms of challenge and well-being but for social connectedness and for connection to nature. The importance and meaning of occupations undertaken in gardens and nature—simultaneously enjoying beauty and appreciating the natural world—have been identified by people facing challenging circumstances, such as high spinal cord injuries (Hammell, 2004b), and by those at the end of life (Park Lala & Kinsella, 2011).

Belonging as the Experience of "Safe Haven"

Rebeiro (2001) identified the importance to people with mental illness of having a safe place to belong, a place where they could feel part of an accepting, caring community. This safe place contributed to a sense of belonging through fostering reciprocal support. This support encouraged participation in occupations that enhanced feelings of competence, worth, and value (Rebeiro, 2001). And research among Slovenian people noted that engagement in family-oriented occupations contributed to a sense of well-being and of safety (Piškur et al., 2002). The importance of experiencing a sense of "safe haven" through occupational engagement can be an important dimension of collective participation in musical groups, such as choirs (Roberts & Farrugia, 2013; Tonneijck et al., 2008). Moreover, the importance to well-being of belonging within a safe and accepting environment resonates with principles of cultural safety (Hammell, 2013).

Belonging as Contributing to Others (Doing *for* Others)

Within Western cultures, research evidence shows that the ability to contribute to others is associated with increased feelings of belonging, a sense of both well-being and competence, a sense of having value and worth, lower levels of depression,

higher self-esteem, and fewer health problems (Hvalsøe & Josephsson, 2003; Piškur et al., 2002; Price, Stephenson, Krantz, & Ward, 2011; Stewart & Bhagwanjee, 1999) and that social connectedness, social participation, a sense of belonging, and the ability to contribute to others are integral to human well-being (Andonian & MacRae, 2011; Diener & Biswas-Diener, 2008) even at the end of life (Park Lala & Kinsella, 2011). Evidence supports the premise that community involvement, such as volunteering, contributes positively to physical and mental health, provides a sense of purpose and meaning in life, and enhances life satisfaction (Fothergill et al., 2011) in addition to making communities better places to live (Levasseur et al., 2010).

Occupational therapists frequently espouse an ambition to increase clients' independence as if this is a universally valued goal to which all people aspire irrespective of culture, role demands, or personal values (Hammell, 2006). However, critics contend that cultural scripts of independence may be relevant solely to well-educated, middle-class, able-bodied White men in Europe and North America (Ng et al., 2003) and that this Western ideology of independence reflects specific ableist and masculinist values, demeans those who are dependent, and discounts those who value interdependence and relationships (Bonikowsky, Musto, Suteu, MacKenzie, & Dennis, 2012; Hammell, 2006; Morris, 2001). Moreover, in some cultures, striving for independence is viewed as a sign of immaturity (Ng et al., 2003). Largely impervious to such critiques, dominant occupational therapy theories persist in portraying dependence on others as a state "requiring amelioration" (Iwama, 2005, p. 131). This pejorative and value-laden form of practice is manifest in those forms of standardized assessment wherein a higher score is accorded to the capacity to perform a task without physical assistance than when assistance is either required or chosen (Hammell, 2010).

Disabled women have complained that dominant feminists (i.e., well-educated, middle-class, middle-aged, able-bodied, White women) actively reinforced a masculinist ideology of independence by portraying the care of dependent children, and disabled and older people, as onerous and burdensome (Barry, 1995; Hammell, 2011; Morris, 1993). The premise that engaging in occupations that contribute to the care of others is onerous has been embraced unquestioningly by many (nondisabled) researchers, who have undertaken quantitative studies designed specifically to measure the "burden" of caring (Visser-Meily, Post, Riphagen, & Lindeman, 2004). More thoughtful research, however, has revealed a more complex picture, with many people reporting considerable satisfaction, purpose, and meaning from engaging in occupations that provide care to others (Haley et al., 2009; Mackenzie & Greenwood, 2012), even at the expense of their own physical health and social participation (Hammell, 2009a). Indeed, for some, engagement in occupations that address others' needs—or caring—is the "most deeply engaged experience of our lives" (Bunting, 2004, p. 322). Moreover, rigorous research reveals that depictions of care as one-sided are simplistic and misleading, with care often experienced as reciprocal. In reality, many disabled and elderly people are involved in providing care for others (Lloyd, 2001; Walmsley, 1993).

The perception that contributing to the well-being of others is onerous and burdensome is culturally specific, and in many cultural contexts, occupations undertaken to fulfil social obligations are more highly valued than occupations focused on the self (Ng et al., 2003). Among those cultures that affirm a prerogative to depend upon the benevolence of others (Iwama, 2009), communal and cooperative occupations may be chosen primarily because they afford opportunities for interdependence (Asaba, 2008). These people "provide and receive assistance without defining this situation as an infringement on their personal freedoms" (Ng et al., 2003, p. 353).

Many cultures emphasize interdependence: "an orientation to the paramount importance of social ties, groups, and normative obligations . . . [thus] interdependence means a focus on relationships" (Ng et al., 2003, p. 325). Dominant theories of occupation contend that occupations are chosen to satisfy self-oriented needs, but this is a culturally specific perspective (Hammell, 2009a). Research shows that disabled refugees, for example, may undertake occupations not to serve their individual interests but to preserve family stability and interpersonal connectedness (Mirza & Hammel, 2011). Similarly, Muslim Albanian immigrant men living in Switzerland reported that their daily occupations were primarily focused on doing things for their families. They expressed the meaningfulness of their menial and exhausting jobs in terms of contributing toward their children's futures (Heigl et al., 2011). Hampton and Qin-Hilliard (2004) explored perceived dimensions of quality of life among Chinese adults with spinal cord injuries and reported that the ability to contribute to family, community, and society was an important component, as were the mutual respect and support experienced in reciprocal relationships with friends and neighbours.

McIntyre and Howie (2002) explored the daily occupations of widows and noted the significance of doing things for other people in older age and widowhood, an important dimension of occupational meaning that had not previously been emphasized in the occupational therapy literature. A significant body of research has identified the importance to human well-being of engaging in occupations that contribute to others, noting that this fosters a sense of value, self-worth, and competence (Argentzell et al., 2012; Berger, 2011; Ekelman et al., 2013). Indeed, the desire to contribute to others and to be useful is cited as a powerful motivator for occupational engagement (Gruenewald et al., 2007).

Conclusion

Sampson (1977) observed that Western psychology played an important role in reinforcing an individualistic perspective of humans (a perspective he viewed as both unattainable and undesirable) while simultaneously downplaying the importance of interdependent values. More than three decades later, dominant occupational therapy theories continue to reinforce

an individualistic perspective of humans and their occupations and to downplay the interdependence between individuals and their social, cultural, and natural worlds (Dickie, Cutchin, & Humphry, 2006; Hammell & Iwama, 2012; Iwama, 2005; Izquierdo, 2005; Jeffrey, 2005; Mark & Lyons, 2010; McCubbin, 2006). If occupational therapy is to address adequately those occupations that hold important meaning for diverse client groups, attention must be paid to occupations motivated by the desire to do with and for others. And because occupational therapy practice is informed by theory, it is imperative to develop—and teach—theories that acknowledge and respect the fundamental human needs to belong, connect, and contribute through occupations.

Currently, dominant occupational therapy models emphasize *doing* within three categories of occupation—self-care/activities of daily living, productivity/work, and leisure/play—thus precluding consideration of the human need to belong, connect, and contribute to the well-being of others. Abundant evidence presented in this paper supports Beagan and Saunders's (2005) contention, "it is certainly clear that thinking about occupation as leisure, productivity and self-care . . . unnecessarily limits and constrains, leaving little room to examine those occupations whose sole or primary purpose may be about social belonging" (p. 168). Because the idea that belonging is of central importance to the experience of human well-being has not been rigorously interrogated by occupational therapy theorists, there has been little theoretical consideration of the ways in which interactions with others influence individuals' engagement in and experience of occupations (Hammell, 2009b; Nyman & Lund, 2007), of the importance to well-being and life's meaning of engaging in occupations that contribute to the well-being of others (Hammell, 2009a), of occupations that derive meaning from their social context and potential to strengthen social roles, or of shared occupations undertaken collectively, or in collaboration with others (Hammell & Iwama, 2012). Moreover, theories and models have been largely impervious to the importance of occupations that derive meaning from a sense of connection to ancestors, nature, or cultural traditions. Collectively, these are significant omissions, in light of abundant evidence linking "belonging" to both well-being and longevity. Indeed, the wealth of research evidence glimpsed in this paper supports the premise that occupational therapy requires theoretical models that are able to capture the essence of socially occupied beings who value doing things with others and for others (Lawlor, 2003).

Key Messages

- Dominant occupational therapy models emphasize *doing* self-care, productive, and leisure occupations and disregard occupations undertaken to contribute to the well-being of others, occupations that foster connections to nature and ancestors, collaborative occupations, and those valued for their social context and potential to strengthen social roles.

- Belonging (connecting and contributing) is positively correlated with human well-being, is valued by the majority of the world's people, and informs the meanings attributed to and derived from the occupations of culturally diverse people. These are important considerations for both the theory and practice of occupational therapy.

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Book Review

Mitchell Sheiman, optometrist, professor, lecturer, and author, wrote this book specifically for occupational therapists interested in learning more about vision and vision deficits. Working closely with occupational therapists in his professional practice, he recognized the growing interest and need for collaboration between the two professions in assessing and treating vision-related difficulties in clients. The goal of the book is to bring the two professions closer together.

A detailed overview of the anatomy, physiology, and development of the visual system is provided in the initial chapters. In addition, several chapters are devoted to visual integrity, visual efficiency, and visual information processing. These chapters are thorough and complex and have detailed diagrams and charts to help synthesize the information. I found these chapters to be an excellent education on the visual system and the functional use of vision. Symptom questionnaires, screening activities, and information regarding optometric treatment methods, such as prisms, specialty lenses, occlusion, and vision therapy, are also found in these chapters.

The remaining chapters discuss intervention strategies for visual information processing disorders, visual-motor skills, and vision therapy, as well as how occupational therapists can support strategies recommended by an optometrist. The author addresses, in detail, common vision problems and accompanying intervention strategies for children with developmental delays and special needs, adults and children who have experienced traumatic brain injury, children with learning disabilities, and low-vision populations.

This book is a thorough and practical resource for occupational therapists interested in this topic. Therapists will find assessment and intervention strategies to use with their clients, in addition to a more comprehensive understanding of the visual system and optometric interventions. I believe the goal of this book has been achieved and closer partnership between occupational therapy and eye care professionals will be achieved by those who read this book, in addition to better treatment strategies and outcomes for our clients.

Kim Marion