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Occupational Therapists’ Views of Nussbaum’s Practical Reason and Affiliation Capabilities

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People with mental illness typically experience challenges which can be related to Nussbaum’s Central Human Functional Capabilities. This study explores occupational therapists’ views about their role in enhancing their clients’ capabilities related to Practical Reason and Affiliation. Semi-structured interviews were conducted with 14 occupational therapists in Vancouver, Canada. Interviews were recorded, transcribed, and analyzed thematically. Results indicated that occupational therapists see themselves as playing a role in enhancing the capabilities of people with mental illness with respect to Practical Reason and Affiliation Capabilities. This information suggests a role for Nussbaum’s framework in practice.

KEYWORDS central human functional capabilities, practical reason capability, affiliation capability

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INTRODUCTION

There is a growing debate in the literature about the place of human rights in occupational therapy practice, particularly within the context of “occupational rights” (Galvin, Wilding, & Whiteford, 2012; Kronenberg & Pollard, 2005; Pollard, Alsop, & Kronenberg, 2005; Townsend & Wilcock, 2004; Wilcock & Townsend, 2000). Townsend and Wilcock (2004) define occupational rights as the right of an individual “to experience meaning and enrichment in one's occupations: to participate in a range of occupations for health and social inclusion; to make choices and share decision-making power in daily life; and to receive equal privileges for diverse participation in occupations” (p. 80). Wilcock noted that occupational rights ought to be considered as part of one's basic needs, and, that human beings as occupational beings need and want to engage in doing, being, and becoming (Wilcock, 1998, 2006). It has been argued that occupational therapists do indeed consider human rights issues in their practices (Galvin et al., 2012; Wilcock, 2006; World Federation of Occupational Therapists, 2006). Galvin et al. (2012) recommended that occupational therapists should pay more attention to human rights issues and engage more actively in such discussion.

LITERATURE REVIEW

Capabilities Approach

One approach related to addressing patients' rights that may provide a meaningful basis for conceptualizing the rights of people with disabilities is the Capability or Capabilities Approach\(^1\), otherwise known as the Human Development Approach (Nussbaum, 2007). This approach, developed by Sen\(^2\) in the 1980s and extended by Nussbaum\(^3\) has been recognized as an important theory for analyzing “women's human rights, the rights of people who are poor and, more recently, the rights of people with disabilities” (Nussbaum, 2007, p. 21). The Capabilities Approach has been included in the annual Human Development Reports of the United Nations Development Program and has been reported by over 500 national human development reports since 1990 (Nussbaum, 2007; Robeyns, 2006).

The idea of capability is central to understanding human rights (Nussbaum, 2000; Sen, 2005). Capability means “the opportunity to achieve valuable combinations of human functionings - what a person is able to do or be” (Sen, 2005, p. 153). Human rights can be seen as claims to certain basic capabilities or as entitlements to capabilities (Nussbaum, 2000, 2006; Sen, 1999, 2005).

Central Human Functional Capabilities

Nussbaum attempted to detail fundamental Central Human Functional Capabilities (CHFCs) with the intention of providing a basis for constitutional...
principles of respect for human dignity that must be valued by all the countries in the world. Nussbaum’s description of 10 CHFCs was an effort to review the empirical findings of a comprehensive cross-cultural research (Nussbaum, 2000, p. 5). She advocated that the list which resulted should be considered as one of the most important items that should be secured to all citizens (p. 75). Nussbaum’s CHFCs include: Life; Bodily Health; Bodily Integrity; Senses, Imagination, and Thought; Emotions; Practical Reason; Affiliation; Other Species; Play; and, Control over One’s Environment (pp. 78–80).

Nussbaum (2000) believes that the CHFCs categories is a list of distinct elements. According to her, although we cannot prioritize one capability over the other, Practical Reason and Affiliation capabilities “stand out as of special importance, since they both organize and suffuse all the others, making their pursuit truly human” (p. 81).

She defines Practical Reason Capability as “Being able to form a conception of the good and to engage in critical reflection about the planning of one’s life,” and Affiliation Capability as

A. Being able to live with and toward others, to recognize and show concern for other human beings, to engage in various forms of social interaction; to be able to imagine the situation of another and to have compassion for that situation; to have the capability for both justice and friendship. B. Having the social bases of self-respect and non-humiliation; being able to be treated as a dignified being whose worth is equal to that of others. (Nussbaum, 2000, p. 79)

We describe the findings from a thematic analysis of semi-structured interviews discussed below with respect to the following research questions: What are occupational therapists’ understandings of the Practical Reason and Affiliation Capabilities? and, How may these capabilities be relevant to contemporary practices of occupational therapists?

**METHODS**

We used an interpretive description approach, consisting of semi-structured interviews. Developed by Thorne, Kirkham, and MacDonald-Emes (1997), interpretive description methodology refers to generic qualitative research approaches that focus on the understandings and perceptions of the participants (Thorne, 2008). The interpretive description approach employed in this study enabled us to address the research questions in a way that was not addressed by the five commonly reported qualitative traditions; to examine the viewpoints of occupational therapists by identifying the shared realities of their experiences; and, to integrate the themes that emerged with the collective knowledge underpinning occupational therapy.
PARTICIPANTS

Ethical approval was obtained from the University of British Columbia Research Ethics Board. At the initial meeting, the consent form was reviewed with each participant, and then the participant was asked to sign the form. Prior to each interview, the participants were informed about the study and its requirements and informed that they were free to discontinue the interview or refuse to answer any question. On meeting with each participant, permission to record the interview was obtained. Informed consent was reviewed, assuring participants that their participation was voluntary and their responses would be confidential.

Purposive sampling was used to select 14 occupational therapists in British Columbia, specifically those who could best assist in enhancing the understanding of the meaning, relevance, and applicability of CHFCs to occupational therapy practice. Selecting a purposeful group of participants helped to obtain a range of perspectives based on the participants’ diverse experiences, educationally and professionally (Minichiello, Sullivan, Greenwood, & Axford, 2004; Patton, 2002).

To ensure that the sample was as varied as possible, the primary investigator recruited occupational therapists from a range of settings and professional roles including practice, educators, faculty members, and administrators. The description of the 14 participants appears in Table 1.

At the same time, consideration was given to recruiting participants from a range of years of experience and practice settings. The researcher attempted, unsuccessfully, to recruit men as participants in the study. Eleven occupational therapists were educated in Canada. The ages of participants ranged from 27 to 64 years. Participants graduated from occupational therapy educational programs between 1967 and 2010. They had worked as occupational therapists from 2 to 34 years. Although the participants reported having worked in multiple settings, six currently worked in hospitals, five primarily in clients’ homes or community settings, two in hospitals and communities, and two at a university.

Seven days before each scheduled interview, the participant received an email from the primary investigator who served as the interviewer, with a description of the study and the structure of the scheduled interview. In addition, the email included Nussbaum’s descriptions of the Practical Reason and Affiliation Capabilities (Nussbaum, 2000, p. 79) that would be the focus of the questions in the interview. This gave participants an opportunity to reflect on these descriptions prior to discussing them.

DATA COLLECTION

Data were collected through one-on-one, face-to-face, open-ended, semi-structured interviews. Pilot interviews with two occupational therapists
were conducted to generate feedback about the interview guide used by the primary investigator during the interviews. Fourteen occupational therapists agreed to be interviewed for the study.

The interviews were audio recorded and transcribed verbatim from digital recordings. Interview recordings were transcribed by a professional transcription service with an agreement of confidentiality and removal of information identifying the participants.

Interviews were conducted between February 10, 2012 and March 20, 2012. Each interview lasted approximately 60 minutes. The interviewer wrote reflective notes or memos while conducting the interviews, while listening to the audio recordings of the interviews and while reading the transcripts; notes were compared to guide data analysis and as a way to ensure credibility and trustworthiness of the meanings derived from the data (Kodish & Gittelsohn, 2011).

**DATA ANALYSIS**

A nine-step process was used to inductively develop themes based on the guidelines of Braun and Clarke (2006) and Boyatzis (1998). Data analysis

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<table>
<thead>
<tr>
<th>N</th>
<th>Employer type</th>
<th>Clinical experience years</th>
<th>Position</th>
<th>Clients population</th>
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<td>1-Kim</td>
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<td>Adult</td>
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<td>Children</td>
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<td>4-Tina</td>
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<td>9</td>
<td>Direct service provider</td>
<td>Adult</td>
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<tr>
<td>10-Kelly</td>
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<td>Faculty member; Researcher</td>
<td>Adult</td>
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<tr>
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<td>Adult</td>
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</table>
consisted of: (1) familiarization, (2) reducing the raw information, (3) generating initial codes (first cycle coding), (4) reviewing themes, (5) identifying themes within subsamples, (6) comparing themes, (7) creating themes, (8) ensuring the credibility, and (9) producing the report.

For presentation of the findings, three strategies were thought to be most relevant to ensuring the credibility of the data set, namely, thick description, clarifying researcher bias, and triangulation. “Thick description” is a method for enhancing the quality of research by quoting the participants’ exact words in considerable depth (Creswell, 1998, p. 203). Clarifying researcher bias is indicated because the researcher is the key instrument of the data collection, and her biases may threaten the credibility of data (Creswell, 2003; Patton, 2002). Writing about her background, identifying her assumptions in carrying out this research, articulating what shaped her reflections about the work, and interpretation of the results helped with clarifying researcher bias. Triangulation with respect to both the data and primary investigator were used to ensure rigor and credibility (Plano Clark & Creswell, 2008, p. 21). In this study, triangulating data from various sources (occupational therapists who work in the area of mental health and occupational therapists who work in pediatrics) and their varying perspectives (occupational therapy practitioners, educators, faculty members, and administrators) enabled us to view and interpret the results through a wide lens.

FINDINGS

This study explored the views of occupational therapists related to Nussbaum’s Practical Reason and Affiliation Capabilities and their understanding and perceived relevance, with respect to professional practices. Three themes emerged from the analysis of the occupational therapists’ views on the Practical Reason Capability. These were: (1) making personal decisions; (2) a client-centered perspective; and (3) providing educational and supportive strategies. Six themes emerged from the analysis of the occupational therapists’ views on the Affiliation Capability. These were: (1) basic needs and rights; (2) social relations; (3) helping clients to identify their interests; (4) developing friendships, social network, and social skills; (5) advocating for their clients; and (6) working with clients with mental illness. Each theme is presented below with examples of select quotes that best represent the essence underlying the theme.

Practical Reason Capability

This section describes the analysis of the semi-structured interviews with respect to the two research questions.
QUESTION I—WHAT ARE OCCUPATIONAL THERAPISTS’ UNDERSTANDINGS OF PRACTICAL REASON CAPABILITY?

Making personal decisions. Some participants understood the Practical Reason Capability as the ability to make decisions and to make good choices. For example, Lisa noted “I guess my understanding is just sort of making good choices and using the idea of reflection to impact future choices that you’ll make.” Similarly, Ann mentioned “… so I guess it’s around choice to make good decisions that fit for you…”

Both described this capability as a type of reasoning and autonomy to control one’s environment.

QUESTION II—HOW MAY THE PRACTICAL REASON CAPABILITY BE RELEVANT TO OCCUPATIONAL THERAPY PRACTICE?

A client-centered perspective. Some participants asserted that because occupational therapy is a client-centered practice, the Practical Reason Capability is highly applicable to occupational therapy practice: “…as a concept, it’s something that maybe underlines client-centred care.” (Lora)

A number of participants stated that occupational therapists respect the client’s autonomy and their independence, and assist them with both what they want to do and are able to do:

OT [occupational therapy] is highly involved in that. We have a client-centered practice and so our whole operation is about how that client is going to achieve the goals they want, have the spiritual development they want, engage with occupation that they want, and having a meaningful life and that’s kind of our bottom line. (Kelly)

Tiff noted that in client-centered practice, occupational therapists are regarded as facilitators who only assist their clients to make decisions and give them opportunities to control their environment as much as possible to achieve their goals and independence. Nicki reported that despite client-centered practice being valued as the preferred approach in occupational therapy, ambiguity remains regarding the extent to which the therapist’s power and assumptions guide the client-centered process. Nicki also mentioned that there are barriers affecting people’s ability to plan for themselves including social, political, and economic problems, and factors related to disability, gender, culture, and age.

Some participants stated that the Practical Reason Capability is relevant to occupational therapy practice from an outpatient perspective: “…but in general, when somebody’s more coming in from an outpatient point of view, yes I think it’s relevant.” (Kim)

A few participants asserted that the ability to exercise autonomy and planning of one’s life depend on a person’s health condition. For example, Nell noted that persons with physical disabilities are capable of making
decisions about their lives. Abby also reported that people who are living with a chronic long-term health issue may have serious problems that affect their ability to plan for themselves. Or, people with severe mental health issues, and cognitive impairments may be less capable of reflecting on their lives and making effective decisions.

*Providing educational and supportive strategies.* A few participants noted that the Practical Reason Capability is relevant to occupational therapy practice from an educational perspective: “More I saw it as relevant to education and that part of my job . . . . So more from an education point of view.” (Lisa)

Nell asserted that occupational therapists need to be able to offer options to the clients at their level of ability, and need to be aware of clients’ problems and have realistic expectations. For example, Lora mentioned that people with mental illnesses may be less able to make critical decisions and their capacity for practical reasoning may be deficient. Nonetheless, they may be capable of making simple decisions in daily life. She noted that occupational therapists can work at a basic level to improve the Practical Reason Capability of a client by providing opportunities and strategies. Nell reported that occupational therapists enable their clients to develop the Practical Reason Capability to identify barriers and to achieve what they want to do:

I think OTs [occupational therapists] could do a lot more with enabling people to reach their own goals by helping them figure out what those goals are and helping them shape it, and helping them, enabling, and finding out what the barriers are now.

Tina asserted that occupational therapists provide educational and supportive strategies not only for their clients, but for their caregivers as well. Kelly mentioned that occupational therapists develop some strategies to better ensure that families have the opportunity to plan their care: “… in my area of practice, I would say it’s about supporting the family and the baby to have the opportunity to plan their life.”

**Affiliation Capability**

This section describes the occupational therapists’ views about the Affiliation Capability with respect to the two research questions.

**Question 1—What are occupational therapists’ understandings of affiliation capability?**

*Basic needs and rights.* One of the perspectives from which a number of participants described the Affiliation Capability was to see it as “basic needs and
rights.” Here, basic rights and needs means being treated with dignity, being considered equal to others, being able to have compassion for situations, having friendships, being able to meet freely and speak freely with respect to politics, and being able to work with people in a mutually respectful way: “[It is] talking about self-worth and dignity to some extent that individuals of all different variations have the basic, same basic needs and rights.” (Lora)

According to some participants, there were two types of comments about basic human rights and needs: those referring to basic rights, such as being treated with dignity, and those referring to basic needs, such as the sense of belonging. For example, Kelly described the Affiliation Capability as an important aspect of being treated with dignity. She explained it in terms of equality and rights: “That’s right, and we’re super involved politically with equal rights for those who are disabled.”

Nicki defined the Affiliation Capability as a sense of belonging in terms of its being a basic need: “Again it goes back to that sense of belonging, possibly as a basic kind of human need.”

_Social relations._ The second perspective from which some participants described the Affiliation Capability was to see it as “social relations”: “I mean this is key to living, I think and so being able to engage and being involved in, being in a social group really, and being able to live with others in a way that’s effective.” (Ann)

Abby described it as seeking out positive social support that is a key component of healthy living. Nicki stated that the Affiliation Capability is critical for maintaining relationships and achieving their needs as human beings who are social beings: “Affiliation, it’s really talking about being part of a social group . . . . I think that’s a really important part.”

Vic also asserted that this capability is about one’s social network and having relationships that are mutually respectful. Some participants mentioned that the Affiliation Capability means belonging and how people belong. It was noted as being about seeking social support through healthy attachments and pursuing social support through others: “…so it’s about belonging, so that’s friendship, social interactions. It gives us some ideas I think about how we can be, how people belong, so belonging maybe in relation to having compassion for others or for a situation.” (Kim)

**QUESTION II—HOW MAY AFFILIATION CAPABILITY BE RELEVANT TO OCCUPATIONAL THERAPY PRACTICE?**

_Helping clients to identify their interests._ Some participants noted that the Affiliation Capability is relevant to occupational therapy from a client-centered perspective. They asserted again that occupational therapy should be client-centered practice, so occupational therapists need to identify their clients’ values and interests, and respect what their clients want to do:
And the intervention with those individuals who have some interest is really helping people to identify interest, to participate in experiences that may, that may nurture them, that may give them possibility for future, so OTs are heavily involved in that. (Mary)

Similarly, Abby mentioned “And they should be in the driver’s seat; not us. They determine what they’re ready for, what would be useful for them.” Nell noted that occupational therapists help people with what they want to do by identifying goals and the barriers:

I could do a whole lot of different things, depending on what this person wants to do;...as an OT [occupational therapist], I’m trained to help identify what goals are, what are barriers, what are facilitators, and I don’t have to know a lot of content in area to start, I just need to get going on that. (Nell)

Ann asserted that occupational therapists are responsible for reintegrating their clients back into society after an event or an illness. She stated that occupational therapists help their clients to identify their interests, and help them redefine what their new roles are after trauma or disability.

Developing friendships, social network, and social skills. Some participants noted that occupational therapists promote the Affiliation Capability through supporting the notion of social networks and friendships. They mentioned that social relationships and friendships have effects on both mental and physical health: “That social relations are important for general health and function and so, looking at that, is something that I think is really important for occupational therapy.” (Abby)

Tina asserted that many people with disabilities lack the opportunity to interact with others to develop social relationships. Lisa noted that occupational therapists are responsible for promoting social support systems for their clients which include friendships and fostering social skills: “And I think some of our kids [who] really need a lot of practice with social interaction.”

Tina reported that one occupational therapy intervention for fostering social skills and friendship is educating the client’s family members as well as the client. Tina stated that occupational therapists promote the Affiliation Capability by providing support for caregivers (e.g., shared information and education):

I think affiliation is a huge part…a lot of the families I saw, particularly, the poorly educated, to have a severely disabled child, to have a child with a mental health or cognitive challenges; they were so sheltered from the community…(Tina)

Lora reported that occupational therapists facilitate the Affiliation Capability by providing assistive technology and giving devices to their
clients to provide opportunity to do things they want to do: “Certainly with
the work that I do, a big part of what we’re trying to do is allow or facilitate
the skills and the tools to allow them to interact with others, as they wish.”

Lora also stressed that para-mobility devices empower the clients to
do what everybody else does. Assistive technology gives them support
to express their feelings, promote their mobility and the opportunity to
communicate. Para-mobility can provide opportunities for freedom and
independence, provide opportunities for making independent decisions,
and provide opportunities for inclusion and social relationships. Para-mobility
empowers individuals to be able to do what they want to do. She mentioned that
occupational therapists also educate others to treat them with respect.

A few participants stated that occupational therapists help clients to
learn skills to develop and maintain friendships through an educational pro-
cess for both client and their social networks. Amy claimed that occupational
therapists not only help their clients to develop relationships with others, but
also help others to interact in appropriate ways. Amy also mentioned an
example of how occupational therapists helped others to interact with a child
who was severely burned and was having difficulty forming friendships:

The other area where I know of OTs getting specifically involved is, it
was the OTs and the social workers at the burn unit, have produced a
video, for parents to take to a school so that a child who has been badly
burnt, especially if they have facial scarring, they have a video to take to
introduce a classroom, and the other students and the teachers and what
to expect, to answer a lot of the questions so that the kids are not terrified
when they see this Johnny coming back looking like an alien and
that makes a huge difference to a child being able to function in that
environment and being able to maintain friendships. (Amy)

According to some participants, developing the Affiliation Capability
needs to be based on meaningful relationships and mutual respect. Abby
noted that occupational therapists help their clients to rebuild their social
networks during recovery. She stated that occupational therapists try to
provide opportunities to build social relationships and friendships in
new ways.

Advocating for their clients. Some participants asserted that improving
Affiliation as “having the social bases of self-respect and non-humiliation”
is relevant to occupational therapy as an advocacy role piece. Vic reported
that occupational therapists advocate for their clients and refer them to
available resources to make sure that their clients are not being discriminated
against.

According to some participants, self-respect and non-humiliation are
important issues in people with disabilities. One participant highlighted the
fact that many people with disabilities do not feel that they are treated equally. She asserted that occupational therapists can develop the Affiliation Capability by serving as advocates for their clients in various ways.

Kelly noted that occupational therapists are involved politically, for example to help ensure people with disabilities have equal rights. She mentioned that occupational therapists advocate for treatment for their clients, and help caregivers advocate for their children to access services: “We are advocates and/or help the parents advocate for their own children with respect to receiving services that their children might need as a result of being born early or with a disability of some sort.”

Lora reported that some occupational therapists are involved in advocating at a societal level, and an institutional policy level to advocate for their clients in a respectful, inclusive way: “And I know of other therapists that do that on a more of societal level, more on an institutional level, where they’re going in and looking at policy changes.”

Working with clients with mental illness. The majority of participants agreed that the Affiliation Capability is relevant occupational therapy practice in mental health: “This would be something you would see a lot more in mental health and there’s a lot of OTs who work strongly in mental health... In mental health I think this is very, very strong.” (Amy)

Ann stated that occupational therapists who work with people with mental health issues work to reintegrate their clients into society through the development of social skills.

Mary noted that people with mental health issues lack the Affiliation Capability. She also mentioned that occupational therapists provide services that help people engage in healthy social relationships and activities, (e.g., embedded in self-respect and non-humiliation).

DISCUSSION

This section describes the views of occupational therapists about the Practical Reason and Affiliation capabilities with reference to Nussbaum’s description.

Occupational Therapists’ Views of Practical Reason Capability

Nussbaum argued that the Practical Reason Capability is a key factor to human flourishing, and pervades all aspects of human life. This capability seems to be conducive to living fully as a human being (Nussbaum, 2006, p. 398). Similarities are seen between Nussbaum’s descriptions of the CHFCs and the participants’ views. In addition, the participants mentioned factors that influence one’s reasoning to make decisions.
The majority of our study participants described the Practical Reason Capability as being relevant to practice with respect to helping clients make personal decisions. According to them, occupational therapists try to identify meaningful activities for their clients to improve Practical Reason through reflection. For them, reflection is an important part of occupational therapy practice as a means of enabling clients to plan their lives.

This study supported the view that the Practical Reason Capability is relevant to occupational therapy practice from a client-centered perspective. The majority of participants mentioned that in client-centered practice, occupational therapists are regarded as facilitators who assist their clients to control their environment as much as possible. They suggested occupational therapists provide clients with the information needed to make their own decisions. According to them, occupational therapists respect the client’s autonomy and independence, and try to assist with what the person wants to do and is able to do. Although client-centered practice is the preferred approach in occupational therapy practice, a few participants identified ambiguities and barriers that can affect a client’s ability to exercise the autonomy and planning necessary to make life plans.

Some participants indicated that the Practical Reason Capability was particularly relevant to outpatient care. They indicated that the capacity to plan life depends on one’s health condition. For example, people who are physically disabled are capable of making decisions in their lives, while people with critical health conditions, mental illnesses, and children are less or unable to make decisions (Nell).

On the other hand, some participants viewed the Practical Reason Capability as a basic skill that is relevant to occupational therapy practice across settings. They stated that occupational therapists improve the Practical Reason Capability by providing opportunities and strategies to make decisions, even simple choices, for all clients seen by occupational therapists. For example, Lora noted that although people with severe disabilities are less or incapable of reflecting on their lives, they may be capable of making simple decisions about daily life with support:

They’re not maybe able to make those big life decisions, but they’re able to make decisions around a very concrete activity… So I’m going to give them the opportunity to decide. We give them the strategies; the tools to use… (Lora)

Some participants in this study suggested that occupational therapists believe they improve the Practical Reason Capability by providing educational strategies. They mentioned that occupational therapists offer options and choices when working with their clients at their levels of ability.

A few participants noted that the ability to exercise autonomy is more related to persons with physical disabilities as they are capable of making
decisions about their lives. But most people with disabilities regardless their mental or physical disabilities require some level of support with decision-making. For example, coping with loss as a result of diabetes or visual impairment is usually not an easy process and needs some supported decision-making.

The participants in this study also noted that the Practical Reason Capability is relevant to occupational therapy practice with respect to providing educational and supportive strategies for caregivers. Supportive strategies for caregivers must include opportunities for actual choices, as Nussbaum stated that good support for this capability would be open approaches for a real decision to care for people with disabilities (Nussbaum, 2006, pp. 170–171).

Occupational Therapists’ Views of Affiliation Capability

The participants’ views are consistent with Nussbaum’s claim that the Affiliation Capability stands out as of “special importance” (Nussbaum, 2000, p. 82). This study identified two themes regarding this capability: “social relation” and “basic needs and rights.” The first theme from which the majority of participants stated the Affiliation Capability was to see it as “social relations.” They argued that this capability is “key to living,” so it’s sort of “you give and you get.” They suggested the Affiliation Capability is essential to living healthily, and it is critical for maintaining relationships and achieving needs.

The participants in this study suggested that the Affiliation Capability is about belonging and how people belong. In other words, “it is kind of seeking social support through attachment and pursuing social support through others” (Ann). A number of participants spoke of the importance of belonging, and social interactions. Some participants noted that the Affiliation Capability is about belonging and how people belong through attachment and social support with others, and it is fundamental to social relations as well.

According to many participants, the Affiliation Capability is relevant to occupational therapy practice with respect to advocating for their clients. Furthermore, they acknowledged that the Affiliation Capability is relevant to occupational therapy practice with respect to developing friendships, social networks, and social skills.

The second theme that emerged from participants’ views regarding the Affiliation Capability was consistent with the notion of “basic needs and rights.” According to them, basic rights and needs described as meaning being treated with dignity, being considered equal to others, being able to meet freely and speak freely with respect to politics, and being able to work with people in a mutually respectful way. They described it as being critical for health and function as well. For them, the Affiliation Capability means being treated with dignity, and having a sense of belonging. This finding revealed that there were two types of remarks about basic human rights
and needs: those referring to the basic rights, such as being treated with dignity and equality. For example, Kelly said:

This is about being treated with dignity, being considered equal to others. . . . We are very much involved in our clients and their relationships with other people and seeing them as having their own rights to engage the life they want to have and being treated with respect and with equality. That’s right, and we’re super involved politically with equal rights for those who are disabled. (Kelly)

And those were referring to basic needs, such as the sense of belonging. For example, Nicki claimed: “Again it goes back to that sense of belonging, possibly as a basic kind of human need”.

The Affiliation Capability was also described as being relevant to occupational therapy practice with respect to helping clients identify their interests. The participants described the Affiliation Capability as being particularly relevant to occupational therapy practice in the mental health area. A number of participants indicated that people with mental illnesses have deficiencies in the Affiliation Capability. Nussbaum mentioned that similar to other individuals, people with mental disabilities need to have opportunities to achieve the 10 CHFGs (2006, p. 169). So, people with mental illness, like other citizens, require support to improve Affiliation Capability. According to Nussbaum (2006), social justice must acknowledge the equal citizenship of people with mental impairments (p. 98). In the light of the capabilities approach, a human being is considered as a social animal; therefore this approach presents a more acceptable notion of the equal citizenship of people with physical and mental disabilities (Nussbaum, 2006, p. 99).

In summary, occupational therapists can contribute to promoting Affiliation Capability through helping clients identify their interests and needs; developing friendships, social network and relationships; advocating for their clients; educating family members and others; and providing assistive technology as needed. From their perspectives, occupational therapists help to reintegrate clients into society through developing social skills. According to them, occupational therapists foster the Affiliation Capability in their clients through the development of meaningful relationships based on mutual respect. These themes have particular relevance to occupational therapists practicing in mental health, or augment clients' mental health in general.

Strengths and Limitations

The strengths of this study center on its novelty in that it has not been done previously. First, this study explained the meaning, relevance, and applicability of the Practical Reason and Affiliation capabilities to the contemporary practices of occupational therapists. The findings could enable occupational
therapists to better understand and consider their roles in maximizing these capabilities of people with disabilities. Second, purposefully selecting a cohort of participants helped to maximize the chance of acquiring a range of perspectives based on participants’ diverse experiences, educationally and professionally. Third, using thematic analysis and in vivo coding allowed clear identification of prominent themes. Fourth, the participants had experience working in diverse settings and areas of practice with various clients. The majority had over 20 years of experience as occupational therapists. As they had a higher level of skills and knowledge, their views and thoughts were informed from a broader range of factors.

In addition, there were some limitations and delimitations of this study. The primary limitation is related to validity and reliability. As the interview was the only method for collecting data, there are potential validity issues, specifically those associated with self-reported information. A second notable limitation is related to investigator bias. As the primary investigator was the key instrument of the data collection, her opinions may have influenced the collection, analysis, and interpretation of the data. Steps were taken to establish rigor of the study and to identify the personal biases of the researcher and minimize them. There are varying views about how rigor can be achieved in qualitative research. A third limitation is related to the sample, which was homogeneous and was not a full representative of the entire population. The notable limitation of this work is related to the sample size of 14 occupational therapists. Although one could argue this is a small number, we took measures to ensure saturation was reached in establishing this number. Also, all participants were recruited from British Columbia. These limitations restrict the generalizability of the results. A fourth limitation is the sample was not a full representative of the entire population. Although the participants had experience working in diverse settings, they were not working in some areas such as physical medicine or gerontology. Despite this limitation, no significant differences were found between the different practice areas. One of the stages for the thematic analysis of the data in this research was identifying themes within subsamples. For example, the two samples of occupational therapists (those who work in the area of mental health and those who work in pediatrics) were selected to identify themes within these practice areas. No differences were found between the two subsamples. The identification of these limitations supports the credibility and rigor of this study.

SUMMARY

There is a call for research to address human rights and social justice in occupational therapy practice (Galvin et al., 2012; Wilcock, 2006; World Federation of Occupational Therapists, 2006). Nussbaum’s CHFCs can be
considered an expression of basic human needs and rights. Among these capabilities, Practical Reason and Affiliation are of “special importance.” The participants of this study have highlighted the importance of considering these capabilities in the design, planning, and delivery of occupational therapy services. According to them, people with mental illness usually lack support for developing these capabilities. The participants noted occupational therapists can play significant roles in enhancing Practical Reason and Affiliation capabilities of their clients through building basic skills, helping clients identify their interests and needs, advocating for their clients, assisting clients to access resources, giving clients necessary tools, providing educational and supportive strategies, identifying barriers, and adapting to their environments. Finally, this study extends our understanding about occupational therapists’ views on human rights and social justice issues.

NOTES

1. Sen typically uses the term Capability Approach, but Nussbaum uses the term Capabilities Approach.

2. Amartya Sen (1933–), an Indian economist and philosopher, who was winner of the 1998 Nobel Prize in Economics. He is Lamont University Professor and Professor of Economics and Philosophy at Harvard University.

3. Martha Nussbaum (1947–), an American philosopher, with a particular interest in ancient philosophy, law, and ethics. During the 1980s, Nussbaum began collaboration with economist Amartya Sen on issues of development and ethics. With Sen, she promoted the “capability approach” to development. She is currently Ernst Freund Distinguished Service Professor of Law and Ethics at the University of Chicago.

REFERENCES


