



Original research article

Czech occupational therapists' perspective on dark side occupations

Zuzana Rodová^{1,2*}, Petra Hospodková³, Kateřina Vondrová^{1,4}, Olga Nováková¹,
Vladimír Rogalewicz¹, Yvona Angerová¹¹ Charles University and General University Hospital in Prague, First Faculty of Medicine, Department of Rehabilitation Medicine, Prague, Czech Republic² Charles University and General University Hospital in Prague, First Faculty of Medicine, Department of Addictology, Prague, Czech Republic³ Czech Technical University in Prague, Faculty of Biomedical Engineering, Department of Biomedical Technology, Kladno, Czech Republic⁴ Charles University and Motol University Hospital, Second Medical Faculty, Department of Rehabilitation and Sports Medicine, Prague, Czech Republic

Abstract

Background: Occupational therapists (OTs) mainly focus on productive and positive occupations leading to good health. Not all activities are healthy and productive, but can provide a sense of well-being when their meaning and significance (relaxation, celebrations, entertainment) are important for the client. Dark side occupations (those socially disapproved, legally questionable, or potentially harmful to health) include e.g., drinking alcohol, smoking, using addictive substances or excessive use of social networks.

Aim: To explore the use of dark side occupations in the practice of Czech occupational therapists.

Methods: A web-based questionnaire with 15 questions was distributed through emails and social media to Czech OTs. Applying the snowball method, 86 fully completed questionnaires were collected and analysed by descriptive statistics.

Results: The survey showed that most therapists have topics they don't want to bring up in treatment, such as sex (64%), overusing medications, or using addictive substances (44.2%). Only 15.1% are open to all topics, while 23.3% never address dark side occupations as a target for therapy, 66.3% occasionally, 6% often, and 5% routinely.

Conclusion: This survey shows that dark side occupations are an important but ethically sensitive topic. Most Czech OTs have difficulty talking with their clients about dark side activities or choose such topics for the goal of their clients' therapy. Therapists need to understand dark side occupations and accept that their clients perform them.

Keywords: Czech survey; Dark side occupation; Occupational therapy; Therapist opinion

Introduction

Occupational therapy is traditionally perceived as a profession that promotes health, well-being, and participation through meaningful activities – as reflected in key conceptual texts in the field (Jacobs and MacRae, 2024; Wilcock, 2006). Central to its philosophical foundation is the belief that engagement in occupations supports both individual and community development, and that such occupations are inherently positive, health-promoting, and socially acceptable. This optimistic view is deeply embedded both in practice and education. However, recent theoretical developments have called for a more critical and inclusive understanding of occupations that encompasses not only “light” but also “dark” or non-sanctioned occupational engagements. Rebecca Twinley (2012, 2013) introduced the concept of the “dark side of occupation” to describe activities that are meaningful, but socially disapproved, legally questionable, or potentially harmful to health. Twinley

(2021) concludes that these occupations must be explored not only as clinical challenges, but as an integral part of the human occupational experience.

Dark occupations include, for example, drinking alcohol, smoking, using addictive substances, being a member of a gang/party, excessive exercise, hoarding things, gambling, eating disorders, workaholism, and many others. For many activities, it is not just the activity itself that matters, but also its frequency, duration, or how extended it is. Some activities are healthy when done in moderation (like eating, exercise, or sex), but if their frequency or intensity changes, they can become dark side occupations. The line between healthy and dark occupations is very thin. We also include activities that may not be harmful but are difficult to talk about for both the therapist and the client – such as sex.

The concept of the dark side in occupational therapy is expansive rather than dismissive – it does not seek to discredit the profession, but rather to strengthen it through critical reflexivity (Twinley, 2021). It offers a critical mirror that reveals

* **Corresponding author:** Zuzana Rodová, Charles University and General University Hospital in Prague, First Faculty of Medicine, Department of Rehabilitation Medicine, Albertov 2049/7, 128 00 Prague 2, Czech Republic; e-mail: zuzana.rodova@lf1.cuni.cz
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less visible yet deeply embedded dynamics of power, control, dependency, or professionalised normalisation of behaviour. From the perspective of ethics and professional identity, this may include phenomena such as therapeutic superiority, manipulative promotion of a “healthy” lifestyle without regard for clients’ subjective values, or the unconscious maintenance of structural disadvantage under the guise of care (Bushby et al., 2015; Sy et al., 2020, 2021). From a system-level perspective, this relates to consequences of standardised care, performance-based models, or economic policy pressure on efficiency (Kramer, 2022; Twinley, 2021).

In this article, we understand the “dark side” as an analytical framework that allows us to uncover hidden, silenced, or difficult aspects of therapeutic practice – not only in terms of clients’ occupations, but also in professional activities of occupational therapists themselves. In the Czech context, this theme is receiving increasing attention, particularly among professionals, who reflect on the boundaries of professionalism, the ambivalence of therapeutic relationships, or ethical dilemmas associated with client goals that are not “clinically ideal” but have existential significance (Rodová et al., 2024).

Reflecting on the dark side can bring several significant benefits to occupational therapy. First, it enhances ethical vigilance and critical thinking among practicing OTs – for instance, in considering when an intervention ceases to be supportive and becomes coercive. Second, it creates space for self-reflection on power and responsibility, which are inseparably linked to the professional role. Finally, it fosters greater inclusivity and diversity in the therapeutic discourse, by taking seriously even the “undesirable” or “non-ideal” occupations as valid components of human experience (Twinley, 2013).

Although the concept of the dark side is developing in international literature – and theory, research, practice, and education are described in the book by Twinley (2021) – it remains underexplored in the national context. An analysis of Czech academic publications reveals a predominance of positivist narratives presenting occupational therapy as a profession without internal contradictions, emphasising intervention and functionality (Rodová et al., 2021; Sadlo et al., 2023). Reflexive or critical texts that address, for example, power dynamics, ethical dilemmas, or unethical practices in everyday settings are missing in the Czech Republic.

The survey presented in this article focused on how frequently therapists address such topics, which issues are intentionally or unintentionally avoided, and how the therapists react if a client chooses a “dark” activity for his/her therapeutic goal. Its objective is to help fill this gap and stimulate discussion around the “uncomfortable truths” within occupational therapy.

Materials and methods

The study focused on opinions of OTs working in the Czech Republic. The questionnaire was created and pilot testing took place with three OTs. The questions were then modified to achieve better comprehensibility. An anonymous online questionnaire created in Google Forms consisted of 15 questions. Eleven questions were closed and four were open collecting free text information. The first six questions asked about basic demographic data (age, gender, education in OT, type of workplace, type of clients they work with, age of clients). The other questions explored how often, during the initial assessment or during therapy questions, respondents asked clients about particular areas of occupational performance: structure

of their day, occupational balance, partnerships, care of pets, using mobile phone and computer, sleeping, sex, drinking coffee and alcohol, smoking, substance abuse, non-substance addictions like gambling, driving a car or motorbike despite a temporary driving ban, politics, overuse of medications, overuse of social networks, overuse of computer or mobile phone, excessive eating, shopping, or watching TV, accumulation of things, or insufficient hygiene. The respondents were also asked to specify what activities they do not discuss with clients and how they react if their client wishes to choose a dark activity as a goal for the therapy. They were then asked who they consulted within their team regarding dark activities. Finally, the last question was about the respondent’s own dark activities. The questionnaire (translated into English for better understanding in the international community) is available from <https://tinyurl.com/dark-side-occ>.

The online questionnaire in Google Forms was distributed in various ways. First, it was sent via email to 320 addresses of all members of the Czech Association of Occupational Therapists. A link to the survey was also released on the Association website. Moreover, the link to the survey was published on the following Facebook groups: *Occupational therapists from the Czech Republic* (1,293 people) and *Occupational Therapy 1*. LF UK (i.e., at the First Faculty of Medicine of Charles University, 273 people) to reach out to non-members of the Czech Association of OTs. All recipients were invited to share the survey with OTs they knew (the snowball method). We believe that this allowed the questionnaire to reach most occupational therapists working in Czechia. The questionnaire was distributed during September and October 2023, and the emails repeated three times.

The answers to closed questions were analysed by descriptive and inductive statistics using MS Excel, and the results were shown in a tabular and graphic way. Open-ended responses were analysed using a manual qualitative content analysis approach. Initial familiarisation with the data was followed by inductive coding, where recurring themes and patterns were identified without the use of specialised software. Codes were grouped into categories based on conceptual similarity, adhering to established qualitative research practices (Bryson, 2004; Elo and Kyngäs, 2008; Graneheim and Lundman, 2004). This analytical process allowed for a systematic interpretation of respondents’ insights while maintaining contextual nuance.

Results

The questionnaire was fully completed by 86 Czech OTs. The age of the respondents was as follows: 20–24 years in 11 cases (12.8%), 25–34 years in 36 cases (41.9%), 35–44 years in 23 cases (26.7%), 45–54 years in 15 cases (17.4%), and one respondent was over 55 years old. This is coherent with the age distribution of Czech OTs in a study about the profile of the profession (Rodová et al., 2021).

The high share of participating women (97.7%) corresponds to the actual percentage of women among OTs in Czechia. Only two respondents were men. The highest level of education attained in occupational therapy was a bachelor’s degree (69.8%) and master’s degree (23.3%). Only 6.9% of respondents had lower than bachelor’s education (secondary school in occupational therapy in one respondent, and higher professional school in the field of occupational therapy in five cases).

In terms of workplace (more answers were possible), 44.2% of respondents work in outpatient care, 40.7% in hos-

pitals, 12.8% in rehabilitation facilities, 12.8% in elementary or secondary schools, 9.3% in community-based rehabilitation services, and 9.3% in a private practice. The rest work in a mixture of spas and social services. Just 8.1% of respondents work in psychiatric hospitals and none in services for addicted persons. OTs reported working with adults (84.9%), seniors (69.8%), adolescents (32.6%), and children (27.9%). Most OTs (94.2%) do not work with addicted clients or with anybody using addictive substances.

During the entrance examination of a client, most OTs ask common questions about personal activities of daily living (pADL) and instrumental activities of daily living (iADL), about work/school, leisure time activities, day structure, relationships, and sleeping. They do not speak so much about occupational balance, although this is a part of the OT's job in western countries. In Chart 1, the occupations on the right side of the graph show that OTs tend to not talk about dark side occupations like drinking alcohol, smoking, using addictive substances, non-substance addictions, or sex.

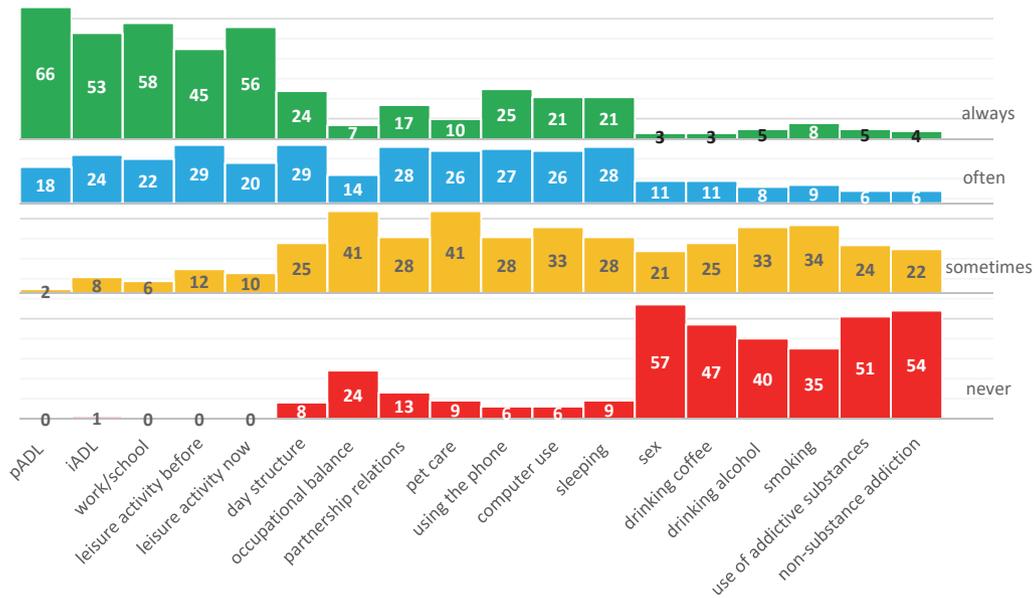


Chart 1. Frequency of occupational therapists' questions to clients regarding selected activities during the initial examination

Chart 2 shows topics that OTs regularly open during the treatment. Most OTs talk about pADL, iADL, work/school, leisure activities, day structure, sleeping (placed on the left side of the graph). On the opposite side, the dark side occupations

are mostly red (never) or yellow (sometimes). For most therapists, this is not an issue they would talk about. Some OTs talk about insufficient hygiene or driving when the client is prohibited from doing so.

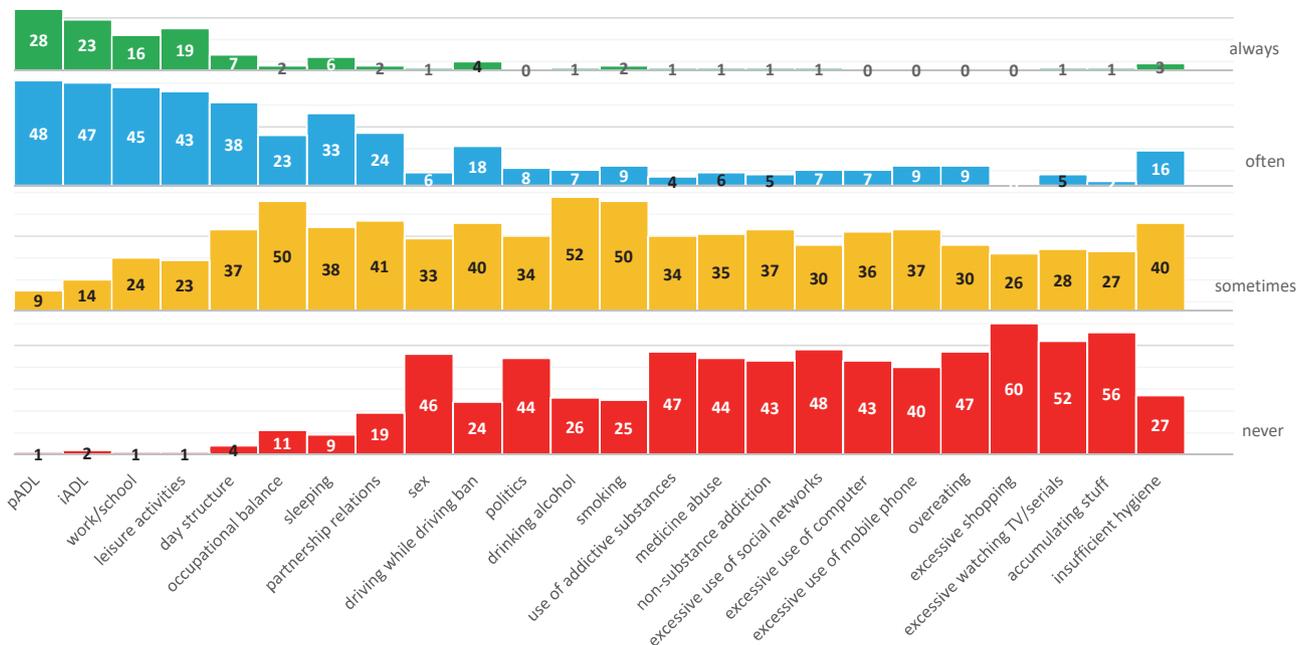


Chart 2. Frequency of occupational therapists' questions to clients regarding selected activities during the regular (later) sessions

As a follow-up to the preceding closed questions on socially undesirable or sensitive activities of clients, respondents were asked to express their views in an open question: "What other dark activities do you discuss with clients?" A total of 34 narrative responses were collected. Ten participants reported that no additional topics were discussed beyond those previously listed, or that such conversations were not initiated at all. Two respondents indicated uncertainty or inability to recall specific instances. Three participants mentioned issues such as illegal employment, criminal acts, or use of vulgar expressions. Two responses described maladaptive financial behaviour, including impulsive spending on sweets or trivial items, and patterns of repeated borrowing. Five respondents addressed topics related to interpersonal difficulties, past psychological trauma, or persistent negative thought patterns. Another five referred to behaviour involving physical inactivity, excessive movement, or unhealthy dietary habits, particularly overconsumption of sweets. One participant noted that while she does not proactively raise such issues, she is open to

exploring them in the context of a well-established, long-term relationship with a client.

The next two questions asked about occupations that the respondent directly or indirectly avoids with clients (or which activities he/she does not talk about with them). First, the respondents chose from a list (Chart 3). Most OTs (64%) stated that they do not talk about sex, although it is not clearly a dark side occupation. The graph continues with responses to addiction to substances – alcohol (25.6%), smoking (20.9%), substance abuse (44.2%), and medicines abuse (44.2%). The next part of the question was about non-substance addictions: behavioural non-substance addictions – gaming, workaholism, betting (41.9%), excessive use of social networks (36%), excessive use of computer (29.1%), excessive use of mobile phone (27.9%), overeating (44.2%), excessive shopping (46.5%), excessive watching TV/serials (41.9%), accumulating stuff (41.9%), insufficient hygiene (22.1%), all options mentioned above (15.1%).

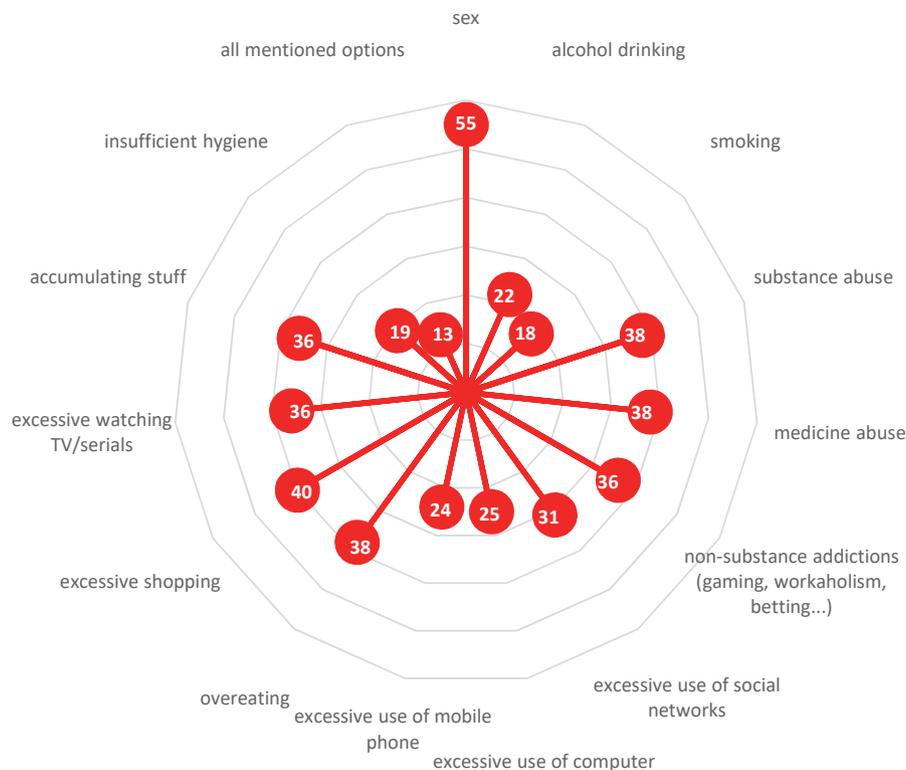


Chart 3. Topics that occupational therapists avoid when speaking with clients

The answer to the previous question was supplemented with an open question that brought 26 answers: "What other occupation do you avoid?" Ten participants indicated that they do not avoid any topic, or that they have not opened such topics, but if a client mentions them they are open to speak about them. Six participants avoid talking about politics, and one also added religion. Three OTs avoid discussing criminal activities, e.g., driving when the client is prohibited from doing so. Four would not speak about topics such as death, suicide, and other sensitive areas, or those that might cause pain. Two respondents mentioned insufficient personal hygiene, one also menstruation, defecation, pornography, homosexuality, or sexual orientation.

A typical answer is the one given by OT11: "I have no problem talking about these topics. But they are definitely not my number one choice in the conversation, I have to get to know the patient first..." This shows that even if the OT has no problem talking about these topics, he/she will not open them if the client does not start. This is similar to the response of OT56: "I don't think that I would absolutely avoid something if the patient wanted to talk about it, but it is not always necessary to discuss everything and open up all topics, so sometimes I don't actively ask questions."

Concerning the question of choosing a dark side occupation as a treatment goal, 23.3% of participants answered that they would never use dark side occupations as the goal, while

66.3% use it sometimes, only five respondents use it often, and four declared that they use it always.

Chart 4 relays how often the respondents consult dark occupations of their clients with a medical doctor, psycholo-

gist, addiction scientist, psychiatrist, or another occupational therapist. Participants indicated they most often consult with other OTs and almost never with addiction scientists.

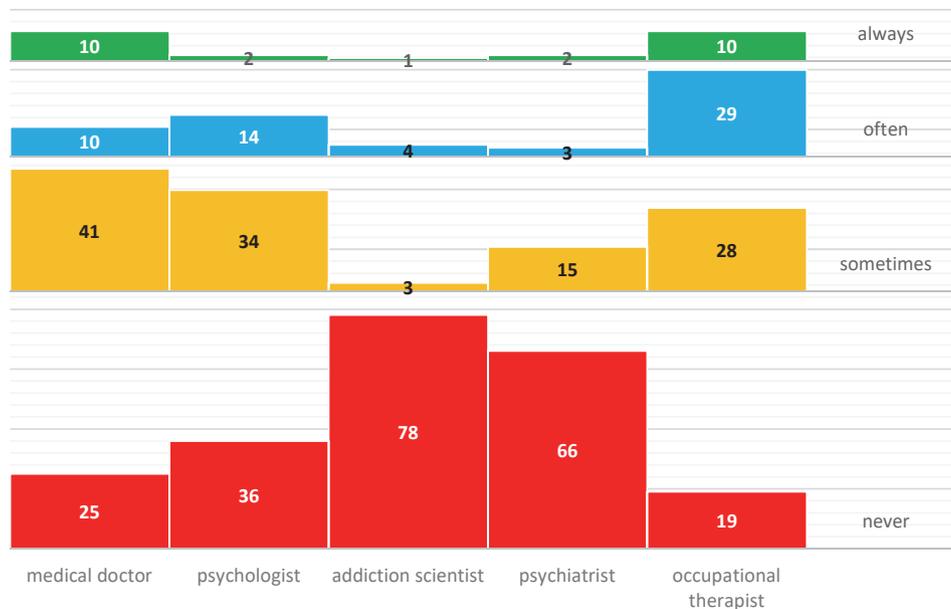


Chart 4. Frequencies showing how often the respondents consult with other healthcare specialists

Discussion

The analysis of 86 questionnaires completed by Czech occupational therapists provides valuable insight into how dark side occupations are perceived and addressed in contemporary occupational therapy practice. While most OTs routinely explore conventional and health-promoting occupations during initial assessments and ongoing therapy, only a minority regularly engage with occupations that may be socially disapproved, morally contested, or potentially harmful to health. According to the results, only 15% of respondents consistently address such topics, while the remainder either consciously or unconsciously avoid them.

Consultation patterns further reflect this hesitancy: OTs most frequently discuss clients' dark side occupations with colleagues from within the profession, while consultation with specialists such as addiction scientists – despite their relevant expertise – is rare. This finding suggests a potential professional boundary or comfort zone that may limit interdisciplinary collaboration when addressing complex occupational issues (Kiepek, 2016; Sy et al., 2018).

The findings highlight the variability in how dark occupations are conceptualised and integrated into therapeutic frameworks. As Twinley (2012, 2013) and Kramer (2022) argue, dark occupations are an inherent part of human occupational engagement and should not be excluded from professional discourse simply because they challenge prevailing norms of health and function. In contrast, addiction science often frames these same activities through a diagnostic and risk-oriented lens, emphasising behavioural control and harm reduction. This epistemological divergence may lead to tension or inconsistency in treatment goals and approaches.

Such contrasts raise several critical questions: To what extent should therapists accommodate, tolerate, or even incorporate dark side occupations into therapeutic planning? How can therapists differentiate between activities that are meaningful for the client and those that perpetuate harm, stigma, or social exclusion? These questions resonate with broader debates about occupational justice, ethics, and the limits of professional authority (Bushby et al., 2015; Sy et al., 2018). Respondents' perspectives in this study ranged from unconditional support of client-defined goals – even if socially problematic – to firm ethical rejection. These divergent attitudes underscore the importance of professional reflexivity and context-sensitive practice.

This study has several limitations. The response rate was modest, and the sample was skewed toward younger professionals: 81.4% of respondents were under 45 years of age. This demographic imbalance may have influenced the interpretation of findings. Research suggests that professional experience affects ethical decision-making and confidence in addressing non-standard or controversial client needs (Elo and Kyngäs, 2008; Graneheim and Lundman, 2004). Less experienced OTs may feel less secure in broaching taboo topics or supporting therapeutic goals that fall outside the mainstream. Moreover, the exclusive use of the online questionnaire limited the depth and nuance of responses – particularly to open-ended questions. While anonymity likely encouraged greater openness and candour, future studies may benefit from combining surveys with in-depth interviews or focus groups.

Gender dynamics may also play a role. Occupational therapy is a predominantly female profession, and this may influence client comfort, especially for male clients discussing sensitive or stigmatised issues. Although speculative, this hypothesis suggests the need for more research into how thera-

pist-client gender configurations affect therapeutic communication and disclosure.

What seems important is preparedness of OTs from their education. OT18 mentioned this directly: “I haven’t had too much support in any kind of education or among colleagues,” while OT30 said: “... it is very important and many people are afraid to talk about the dark side, not only clients, but also therapists.” The topic is quite new in the Czech Republic; it was first discussed at the professional conference of the Czech Association of OTs in 2023 (Rodová et al., 2023), where the discussion revealed this topic is missing from the bachelor’s degree curriculum. In the master’s degree program, it is part of the Occupational Balance and Occupational Science module, but even there, the time allocation is limited. The questionnaire itself helped open the topic, which is supported by the quote from OT69: “The questionnaire made me think. In the future, I will try to neglect ‘dark occupations’ less as part of OT.”

These perspectives, embedded in a broader context of the “dark side occupation” concept, enable critical reflections on occupational therapy practice and aim to expand the current understanding of therapeutic interventions and professional dialogues. The article contributes to a deeper understanding of how occupational therapy deals with topics that deviate from the traditional framework of health promotion and the challenges they pose in terms of ethics, professionalism, and the therapeutic relationship.

Overall, the findings reveal an unresolved tension within the profession: between maintaining therapeutic neutrality and promoting socially sanctioned behaviours. Rather than being dismissed or pathologised, dark side occupations should be recognised as a legitimate domain of therapeutic reflection – one that requires nuanced ethical judgment, interdisciplinary dialogue, and critical self-awareness.

Conclusion

This survey shows that dark side occupations are an important, but also ethically sensitive topic. Most Czech OTs have difficulty talking with their clients about dark side activities, or choose such topics for the goal of their client’s therapy. They most often consult with other OTs and almost never with addiction scientists. Responses to open-ended questions emphasized the importance of better preparing OTs during their training so that they were equipped to work with people who engage in activities that they may not approve of based on their personal beliefs. Show them how to understand these activities, and help them accept that clients perform them.

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Ethical aspects and conflict of interest

The authors have no conflict of interest to declare.

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