Occupation: The Keystone of a Curriculum for a Self-Defined Profession

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The idea of occupation is proposed as the basis for constructing a curricular renaissance for occupational therapy in preparation for a new millennium. Implementing an occupation-centered curriculum could create a more integrated profession in which practice, ideas, scholarship, and education nurture and support one another, increasing the autonomy of both the occupational therapy profession and recipients of its services. A practice-oriented rationale for curricular design includes explication of the idea of occupation, a view of the person as an occupational being embedded in that concept, and the thought process of occupational therapy. Recommendations are provided to create an integrated curriculum that will contribute to future-oriented practice and a self-defined profession.

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It is not the truth that makes you free. It is your possession of the power to discover the truth. (Lewontin, 1997, p. 32)

It is the year 2050. Which of the following scenarios is more likely to occur?

- Occupational therapy no longer exists as a separate, distinct profession. A hybrid group of “rehabilitation therapists,” bachelor of science graduates in “allied health,” receive most of their training on the job. They provide physical “rehabilitation” in large centers owned by megacorporations. Patients are given “therapy” by technicians and computer-operated machines. A formula specifies the number and extent of treatments according to reimbursement criteria for diagnostic categories. Burgeoning populations of people with chronic impairments cannot find a place in their culture. They become the invisible, throw-away people of the 21st century. The public, viewing disablement as a “tragedy,” supports euthanasia for persons with chronic conditions (Proctor, 1988).

- Occupational therapists are in high demand as autonomous professionals who are advocates for and allies with persons who have chronic impairments as well as others who seek a healthy, satisfying life through engagement in occupation. Occupational therapists provide a broad range of individually tailored services to enable persons to achieve self-organization and mastery of their environments through their own actions. Recipients of occupational therapy modify their unique nervous systems (Calvin, 1996), learn competence, experience efficacy, achieve “equality of capability” (Bickenbach, 1993), contribute to their culture, and find satisfaction in their daily rounds of activity. Health is re-conceptualized as possession of a repertoire of skills that enables persons to achieve their vital goals (Pörn, 1993). Recipients of occupational therapy not only survive but develop skills, respond to challenges, organize their time, and manage their own environments regardless of impairment. Because such persons are visible, participating members of society, public attitudes toward disability change. Impairment is no longer viewed as rendering a life “not worth living” (Proctor, 1988) but as a special class of challenge, one among many facing human beings. The strength of the occupational therapy profession is connected with the power of those it serves through knowledge of occupation.
We cannot know which of these scenarios is more likely to occur. However, the probabilities are strongly loaded by the curriculum we design today. The curriculum creates the future through its ability to influence the way graduates perceive ideas, themselves, the persons they serve, and environments of practice. It may foster an integrated, strong profession that serves important human needs or, if it emphasizes technique over ideas, it may lead to fragmentation, formulas, trivialization, and vulnerability to obsolescence.

The seminal idea of occupation needs to become the central organizing framework of a future-oriented curriculum to create an integrated profession in which practice, ideas, research, and education support and nurture one another for the benefit of society. An occupation-centered course of study would enable graduates to "possess the power" (Lewontin, 1997) to discover fresh ideas essential for developing new models of practice appropriate for tomorrow's complex and unpredictable world. The curriculum is a powerful force for professional self-identification, intellectual freedom, and autonomy.

The content and process of a curriculum create a "pair of glasses" through which occupational therapists view the needs of those they serve. A curriculum influences what graduates notice and address about people, their occupations, and their environments. It also conveys an understanding of graduates' responsibility for learning and their profession's potential contribution to society.

A curriculum creates a tool in the minds of students and teachers (Bruner, 1996). As a means for aiding and abetting a learner, it is not a single, "finished" entity (the curriculum) but more like an "animated conversation" (p. 116) on a topic that can never be fully defined. Such a dialogue is honest, alive, and ultimately seductive, a work in progress fueled by the need to know.

The curriculum for occupational therapy is created by faculty members who select content from relevant disciplines to create the tools of thought appropriate for the puzzles and dilemmas of the field. The content is explored in sufficient depth and breadth to provide a way of thinking appropriate for innovative practice and a foundation for the unknown future. Ideas are organized into a conceptual framework so that students and their teachers may integrate them while maintaining a welcoming attitude toward new, emerging knowledge.

The values, beliefs, and traditions of the field are transmitted through the curriculum. Themes are woven together to form a fabric of understanding. Skills are developed through learning experiences that require innovation and develop habits of self-responsibility. For example, students might learn to be more independent thinkers by "learning through discussion" (Hill, 1969). They might acquire good rules of scholarship by writing papers addressing concepts central to occupation, applying their new understanding to the "clinical irritations" arising in practice.

I will explore a practice-oriented rationale for curriculum design including the idea of occupation, view of the person as an occupational being, and thought process of occupational therapy. This will be followed by the promise of knowledge as a source of power. I will conclude with some recommendations for an integrated curriculum leading to a self-defined profession.

A Practice-Oriented Rationale for Curricular Content

In creating a curriculum for the future, faculty members and their communities of scholars need to ask, "What is the essential quality or uniqueness of occupational therapy practice as we conceptualize it?" (Reilly, 1969). Embedded in this question is another one: How is such a practice different in its emphases, values, and tasks from those of other professions and disciplines such as medicine, physical therapy, or psychology? Consequent curricular choices will then center upon these essential ideas and critical parameters (Reilly, 1969). The ideal curriculum transmits relevant content and an appropriate thought process and creates an openness to ideas leading to new models of practice based on sound scholarship.

The Idea of Occupation

A philosophical rationale that differentiates occupational therapy from other professions and disciplines resides in the rich, complex idea of occupation. The concept of occupation offers unlimited resources for scholarly exploration (generative theory) (Gergen, 1982), connects with the values and traditions of the profession, and refines occupational therapy's commitment to improving life opportunities for persons with chronic conditions.

Occupation may be organized into a view of the human as a multileveled, open system acting upon and responding to the environment over a developmental trajectory, from birth to death. At the cultural level occupation refers to the units of organized activity within the ongoing stream of human behavior that are named and classified by a society according to the purposes they serve; for example, "fishing" or "sewing" or, at a more abstract level, "playing" or "working." These everyday pursuits are self-initiated, goal-directed (purposeful), and socially recognized. Occupations, constituted of adaptive skills, are organized to achieve human intentions. Engagement in occupations may be personally satisfying and may serve an extrinsic purpose. Occupation enables people to contribute to society and thereby find a place in their culture (Yerxa et al., 1989). Engagement in occupations influ...
ences health (Reilly, 1962, 1966; Yerxa, in press).

People are not instinctively or otherwise programmed to move through an itinerary of daily occupations (Yerxa et al., 1989). Rather, they make choices (Yerxa, 1967), consciously deciding what they will and will not do. They sequence their choices in time so that, on each day, a round of activities is orchestrated into a sort of routine (Beisser, 1989). The net effect is engagement in a daily blend of occupations, each of which may be experienced and classified, for example, as work, rest, play, leisure, self-care, or other cultural categories.

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The word occupation is derived from the Latin root *occupacio* meaning “to seize or take possession,” conveying action (Engelhardt, 1977). Occupation is both organized and acts as an organizer. People are seized by their occupations (Csikszentmihalyi, 1975). To engage in occupation is to take control. The human seems to be the only organism that adapts to its environment by acting on it or by creating a new environment that is habitable through occupation. As Reilly (1966) observed, occupation that enables humans to become self-sufficient and productive has an economic function. Fulfillment of an occupational role helps connect individuals to their culture.

Because of the complexity of both occupation and occupational therapy practice, a new synthesis of interdisciplinary knowledge is needed to support the curriculum. Reilly (1969) urged the profession to think about what knowledge was “necessary and sufficient” (p. 302) to construct our own theoretical framework.

In contrast to medicine's roots in the natural sciences, the scientific foundation of occupational therapy requires a synthesis of interdisciplinary knowledge organized in a nonreductionistic, systems framework. Some scholars in our field have called this synthesis “occupational science” (Yerxa et al., 1989), emphasizing that occupation is a universal phenomenon worthy of serious study.

I do not expect to discovers relevant knowledge in the physical and natural sciences that support medicine and physical therapy. Rather, salient knowledge is emanating from evolutionary biology (at the macro level of whole organisms), human growth and development, interdisciplinary brain science, social psychology, anthropology (including the culture of disability), philosophy, sociology, and even management theory. This emerging knowledge may be organized into different configurations depending upon the scholarly interests and skills of particular faculty members and their communities of scholars.

**View of the Person as an Occupational Being**

Occupation requires that persons have interests, intentions, and the skills to follow them to achieve their purposes. People, in all their marvelous complexity and diversity, engage in occupation “through the use of their hands as energized by mind and will” (Reilly, 1962, p. 2). Therefore, occupation cannot be explained by reducing it to a level of understanding below that of the person, for example, to the level of organs such as muscle and joints. Persons, not synapses or muscles or cognitions, engage in occupation.

Reductionistic thinking is the belief that it is scientifically efficient to reduce all fields of knowledge to one science whose principles apply to all phenomena (Angeles, 1981). For example, it might propose that all human behavior is “nothing but” neurophysiology. Though practicing occupational therapists rarely view people this way, a reductionistic curriculum may erase both occupation and the occupational human from how we explain and develop our practice. Midgley (1995), a philosopher, observed that “...in medicine and especially psychiatry there is often a choice between viewing patients as physical organisms [reductive] or as conscious agents [nonreductive]” (p. 40) [terms in brackets added]. This choice can have a profound impact on treatment; in fact, it might decide the patient’s entire fate. If reductionistic thinking cannot explain occupation, what sort of thinking can?

In contrast, systems thinking is appropriate for understanding complex, living systems. (Our patients are alive, and they are certainly complex!) Systems thinking enables us to preserve that most important human attribute, the capacity to organize or reorganize oneself (Donald, 1991). We laugh about it, saying, “Tomorrow I’ll get organized!” But as Simon (1969), the Nobel Laureate observed, organic systems have the capacity to reorganize themselves without having to restructure themselves molecule by molecule, fragment by fragment. When occupational therapists work with people's interests and purposes, we are tapping into the human system's capacity to organize itself, for example, when we ask, “What are your goals?” Even the patient with the most serious disability possesses this inherent human capacity for reorganization, and our task is to create the “just right environmental challenge” (Robinson, 1977) to activate it.

Another characteristic of this fantastically self-organizing human system is that people exchange information with their environments. They take in food, ideas, symbols, and expectations, and transmute these into output, a portion of which we call occupation. The environ-
ment is not only that which currently surrounds the person but also includes the past, embedded in memory as history, and the future, as projected in imagination (Fraser, 1982). The occupational human is contextualized.

And what of the person? If we cannot reduce the person to neurophysiology and say that we are concerned with a person and occupation, how might we look at an occupational being? We can do what all good occupational therapists do. We can see that a person is simultaneously a biological organism carrying the organic wisdom of evolution; a conscious agent of the most remarkable complexity with an individualized mind (Fraser, 1982); a social being who is a family member; a member of a community and a culture that transmits habits and traditions (Young, 1988); a symbolizer who endows value and meaning to all experience including occupation (Bruner, 1990; Fraser, 1982); and finally a spirit, which itself seeks a place in the universe (Campbell, 1988).

People accomplish complex purposes through their occupations and are simultaneously biological, psychological, social, cultural, symbolic, and spiritual. This is what is meant by viewing people hierarchically. Lower levels, such as the biological, are nested in higher levels such as the symbolic. Higher levels depend on the lower for continuity and lower levels are directed by the higher ones (Feibleman, 1969). But occupation cannot be reduced to "nothing but" a lower level and still be occupation.

Systems thinking enables occupational therapists to capture the complexity and uniqueness of occupation as the fulfillment of human purposefulness by preserving and employing multiple levels of explanation. This way of thinking appears to be on the cutting edge of scientific thought as the limitations of reductionism become increasingly apparent (Calvin, 1996; Donald, 1991).

Thought Process of Occupational Therapy

In Sweden I gained new insight about occupational therapists' thinking. Occupational therapy students had been assigned case studies to complete. The faculty members were disappointed with the students' reports because they seemed as though they had been written by medical students, not occupational therapy students. The cases contained comprehensive content on diagnosis and pathology but virtually nothing about the interests, capacities, or the daily occupations of the subjects. The students were emulating the thought processes of the primary faculty at that point in their education, who were physicians. These learners had not yet seen role models using the tools of thought of occupational therapy or been educated to use these tools.

Traditional medicine uses diagnostic thinking. Its purpose is to discover and treat pathology. The basic science of medicine is derived from natural science, consisting of physics, chemistry, and microbiology, and is applied to cells and specialized organ systems.

Occupational therapy has a very different objective and thought process. Its goal is to discover and foster the inherent adaptive capacities of people in order that the individual may meet environmental challenges by engaging in occupation that is satisfying to self and contributory to society. Occupational therapists' thinking emphasizes not the diagnosis and treatment of pathology but the development of skill that enables persons to achieve their purposes and connect with the routines of their culture. Pathology may reverberate through all levels of the human system increasing the degree of challenge to the individual's adaptation. Similarly, certain environments such as the Arctic Circle have required people to develop extraordinary skills for survival. But the real task of occupational therapists is to discover the strengths and potential of individuals, regardless of the amount and degree of impairment, and enable these to be used to achieve mastery (White, 1974). Thus occupational therapists need to understand pathology, not primarily in a diagnostic or acute, curative sense, but as one source of incapacity that may interfere with the achievement of personal goals or fulfillment of social expectations and, in this sense, impair health.

The occupational therapy thought process attends to the orchestration of occupations in time and space. The person is not decontextualized, but embarks upon a developmental trajectory in multiple environments. Thus, his or her history provides clues to current strengths. Again, disability may create extraordinary challenges to such organization. But one's use of time and the timing of occupations make essential contributions to the ability to manage one's environment and the quality of daily life experienced.

Occupational therapists ask a vital question: What now? How can this life be one that is truly worth living to the human being who is left with incapacity? To answer this question we look at one of the most fundamental characteristics of the human, his or her occupational nature. We view the health and life quality of the person in the context of his or her capacities as an occupational being, as homo faber, man the fabricator (Arendt, 1958). Our knowledge represents continuity with universal knowledge about humankind that emanates from a broad array of sources, including not only science but the humanities and the arts. It is pluralistic and liberal.

Complexity of Occupational Therapy

No wonder we have difficulty explaining occupational therapy. It is, at least, a three-part challenge. First, al-
though occupation is something every person engages in, like the goldfish dependent upon water for survival, most persons are not conscious of their occupational natures. If they think of occupation at all it is in a limited way, synonymous with a job or vocation. Secondly, although occupational therapy may be provided in the medical system, that system employs a different way of thinking about patients and their needs. And thirdly, occupation is a complex phenomenon that involves all levels of the open, living human system in interaction with the environment over a developmental continuum. It cannot be reduced to simple cause-effect dyads.

If that were not sufficient as a reason for our challenge, the therapy part of occupational therapy is performed by, rather than being done to or for, the patient. The therapy consists of the therapist doing whatever is necessary in the environment so that the patient-agent can produce an adaptive response, accomplishing vital purposes. The adaptive response often consists of learning new skills.

Knowledge as a Source of Power

Lewontin (1997) believed that the power to discover the truth would set us free. I propose that such discovery is the source of power for which we have been searching, for our patient-agents and ourselves. Those we serve need the power to achieve their vital goals, walk the pathways of independence, and derive a sense of efficacy from their own efforts. We, as occupational therapists, need the power to achieve our potential contribution to society, defining our own knowledge and scope of practice.

We need a deeper understanding of occupation to support the practice of occupational therapy. We already know a great deal about human activities of daily living, but this knowledge needs to be broadened beyond self-care and organized into a systems framework. And, our knowledge needs to be refreshed with new ideas from relevant disciplines. I propose not only that occupational therapists need to learn much more about occupation but also that we are the ones to lead the way to that understanding through our own scholarship that contributes to the curriculum.

Recommendations

I offer the following suggestions to tap into the richness of occupation as a source of power for an integrated curriculum and self-defined profession. Some of these already are being implemented.

Our educational programs need to initiate a curricu-

1I use this term to highlight our ethical responsibility to help transmute patients into agents.
for research and scholarship that contribute new ideas and promote the dissemination of knowledge across disciplines within the university and global communities.

In promoting an occupation-centered curriculum to support a more integrated profession, each component of the profession needs to have specific responsibilities that are understood and respected by all. For example, practitioners would offer their rich clinical experiences to the process of curriculum development while engaging in scholarly dialogue and exploring relevant literature with faculty and student colleagues. They might assume primary responsibility for overseeing the clinical phases of education, helping students to develop thought-based skills in the real environments of practice while raising questions ("clinical irritations") requiring new knowledge.

The most gifted conceptual thinkers in the community would act as leaders in the development of the curricular conceptual framework through regular scholarly seminars. For example, Reilly (1969) and colleagues selected the play–work developmental continuum that they called “occupational behavior,” basing this conceptual framework upon knowledge from social psychology. All participants would read relevant literature and discuss its implications for the curriculum and their scholarship. Faculty members would integrate their research and scholarly work with the developing conceptual framework (always a “work in progress”) (Bruner, 1996). Students would review the conceptual framework with faculty on a regular basis so that they could understand how both their educational experiences and faculty scholarship contribute to the totality. Instead of completing a statistical study for a master’s thesis, students might write a scholarly monograph that explicates a relevant concept and applies this knowledge to practice issues, for example, in the development of a new assessment consistent with the idea of occupation. Such monographs could lead to publications and resources for the center for the study of occupation. Some members of the community would participate in the development and evaluation of new models of practice based on the curricular conceptual framework, to be implemented in a variety of environments including home and community.

Because the concept of occupation is so rich and open-ended, unique curricular perspectives and research programs need to be developed at different schools. Such diversity, already under way, would enrich the knowledge base of the profession, leading to innovative scholarship and fresh ideas for practice.

Educational experiences need to be designed to develop maximum student autonomy and independence in learning. Faculty members will expect students to learn independently by raising questions, solving problems, and locating resources. A profession that fosters self-initiated, self-directed occupation needs to require its students to demonstrate such skills. Graduates, rather than viewing themselves as technically proficient and “finished,” would see themselves as independent, resourceful thinkers and problem solvers. They would be able not only to tolerate uncertainty but also to use it as an impetus for learning. Students would be infected with the need to know, as Reilly suggested in a faculty seminar in 1989.

In the occupation-centered curriculum, students would examine the rich history, traditions, and values of occupational therapy, using primary sources whenever possible. Courses might be structured to examine key concepts explored at different levels of the open human system (Bertalanffy, 1968; Calvin, 1996). For example, crucial ideas might include, but not be limited to, work, play, rest, and sleep; temporality; skill, rules, and habits; competence; adaptation; interests; motivation; mastery; balances; environmental demands; resources and their management; self-organization and activity analysis (at all levels of the human system). These concepts would be grounded in the history of the profession so that students would become excited about its philosophical assumptions and values, especially its optimistic view of people. Discovering and enhancing people’s resources and potential would be emphasized (Montgomery, 1984; Wright & Fletcher, 1982). Learning how to assess people’s current ability in order to pose a “just right challenge” or “zone of proximal development” (Vygotsky, 1978) would be stressed.

As independent, self-directed, enthusiastic scholars, students would learn to engage in creative problem solving as members of peer study groups. For example, they might be expected to develop knowledge-based occupational therapy programs in new environments or community agencies. Implementing these programs might subsequently stimulate agencies to offer these occupational therapy programs, broadening the scope of practice. Students would gain confidence in their ability to create new forms of practice, breaking out of the traditional medical model by using their knowledge of occupation. Such learning experiences would help prepare them to meet the unknown challenges of the future.

Conclusion

The curriculum for a new millennium needs to revitalize the centrality of the idea of occupation. Such a complex, potentially fruitful idea promises to be a new source of power for an integrated, autonomous profession that defines its own scope of knowledge and practice. The idea of occupation as explicated by the curriculum would enable patient–agents and others to receive essential services relevant to important human issues such as survival, contri-
bution, competence, health, and the quality of daily life experiences. Learning self-organization and mastery through responding to appropriate environmental challenges will allow persons with chronic conditions to join the mainstream of society, enabling them to be viewed as healthy, efficacious, and having the right to equality of capability (Bickenbach, 1993). More persons will achieve their vital goals, exercise choices in their lives, and be active participants in the expected and valued routines of their culture because occupational therapists will understand much more about increasing human capability.

The occupational therapy profession will exert a stronger and more positive impact on society as a whole. A major issue of the next century will be how persons develop competence and learn to organize their lives in an overwhelmingly complex world (Toffler, 1981). The study of occupation as related to life organization has limitless potential to cast new light on this question.

A curriculum centered on occupation will better describe occupational therapy and differentiate it from other professions, enhancing our communication with the public. By articulating and further developing our scholarship, occupational therapy could develop new and mutually beneficial collaborative relations with disciplines sharing our humanistic values (Yerxa, 1993). Finally, a curriculum focused on occupation will prepare our students to take their vision, enthusiasm, and infectious need to know into the unknown opportunities and demands of the world of the 21st century.

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References


Yerxa, E. J. (in press). Health and the human spirit for occupa-


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