Pragmatism and Structuralism in Occupational Therapy: The Long Conversation

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The history of occupational therapy may be understood as a continual transaction between two cultural discourses: pragmatism and structuralism. Pragmatism is a way of thinking that presupposes humans are agentic by nature and knowledge is tentative and created within particular contexts. Structuralism is a way of thinking that assumes humans are composites of recurring general frameworks and that knowledge is objective and can be generalized to multiple contexts. Early in the field's history, both pragmatist and structuralist assumptions about the human and knowledge produced different readings, or interpretations, of what constituted the appropriate tools, methods, and outcomes for occupational therapy. Consequently, occupational therapy adopted an interesting mix of pragmatist language regarding the human and structuralist approaches to knowledge, resulting in professional identity problems still experienced today. However, recent developments offer an opportunity for occupational therapists to correct old identity problems through critically evaluating incompatible assumptions and carefully reading the prevailing cultural ethos.

purpose is to develop implications of this analysis for the profession’s future. Our first consideration addresses the historical background of pragmatist and structuralist discourse and their guiding assumptions about the human and about knowledge. We targeted these assumptions because they represent the core intellectual commitments of a professional discourse (Kielhofner & Barrett, 1998; Tinning, 1991); consequently, they have been used in occupational therapy to show how pretheoretical assumptions influence clinical reasoning (Hooper, 1997), in occupational science to construct an occupational theory of health (Wilcock, 1998), and in philosophy as elements of theories of human nature (Stevenson & Haberman, 1998). Our second consideration pertains to how each discourse “reads” occupational therapy. As used here, reading refers to the interpretations or meanings that people attach to things. We propose that pragmatism engenders a particular reading of practice largely discordant with that of structuralism; that is, the two discourses highlight different phenomena as well as relegate different phenomena to the background of concern or edit them out altogether. Our analysis then proceeds to how these discourses have been negotiated and shaped, not as dichotomies, but as ratios and conjoined assumptions. Lastly, we pose ways in which this long conversation offers guidance to the future.

The method for this analysis included both historical and discourse analysis. Discourse analysis seeks to reveal the realities individuals or groups have forged, and continue to forge, through language and practice (Denzin & Lincoln, 2000). Accordingly, original historical texts of early and contemporary pragmatists were coded for theories of human nature (Stevenson & Haberman, 1998). After these theories were constructed, we used them as conceptual grids for analyzing language patterns in occupational therapy texts. Our emphasis throughout is on prominent works, as for analyzing language patterns in occupational therapy. As used here, reading refers to the interpretations or meanings that people attach to things. We propose that pragmatism engenders a particular reading of practice largely discordant with that of structuralism; that is, the two discourses highlight different phenomena as well as relegate different phenomena to the background of concern or edit them out altogether. Our analysis then proceeds to how these discourses have been negotiated and shaped, not as dichotomies, but as ratios and conjoined assumptions. Lastly, we pose ways in which this long conversation offers guidance to the future.

The philosophy of pragmatism promoted particular assumptions about human beings that these disciplines embodied. Fundamentally, the pragmatist view of the human was holistic given its rejection of anything that sublimated people to anything less than their total experiences. Early pragmatists thus rejected dichotomies like mind–body, thought–action, rational–practical, and function–structure that presumed people could be divided into parts (Dewey, 1908/1995; Leys, 1990). Additionally, because people were seen as agentic and in possession of potentials to cultivate their environs (Emerson, 1883/1995), the individual occupied the foreground of pragmatic discourse. Thus did Dewey (1915/1944) write that children are endowed with “native tendencies to explore, to manipulate tools and materials, to construct, to give expression to joyous emotion” (p. 195). Also conveying pragmatism’s celebration of human agency, James (1907/1995a) observed that because every department of life bears the stamp of human power and imagination, “the trail of the human serpent is thus over everything” (p. 60).

Early pragmatists also delimited human agency in three ways having to do with other qualities of being human. First, humans were seen as teleological, meaning that they envisioned desired futures and directed action toward realizing those futures (Leys, 1990). Hence, part of human nature is to apply tools, technology, art, and knowledge toward a telos or vision of “the good.” Yet because human activity also could be confined by what was seen as desirable, one “telos” could occlude views of other equally desirable or beneficial futures. Second, inextricable ties with biology, the physical environment, and society were seen to delimit human agency (Dewey, 1930; James, 1892/1985, 1907/1995a). Humans were seen as so interwoven into the fabric of their social and physical environs that Dewey (1939/1973) described this connection as “intercourse with our surroundings” (p. 571). Biology, environment, and society thus worked in tandem to both direct and constrain human activity in particular ways. Third, human agency was delimited by the sensory-reliant nature of people. Human understandings of the world (i.e., opinions, ideas, conjectures, and conceptions) occur here on a local sensory-reliant basis. These human understandings of the world were grounded in the sensory-reliant human experience.

Pragmatism: Historical and Conceptual Overview

In the late 19th century, America faced an intellectual crisis due to the impact of new scientific discoveries, Darwinism, new biblical criticism, and the emergence of the social sciences. Taken-for-granted religious explanations of knowledge, human nature, and reality were being vigorously debated, with pragmatism posed as one alternative to traditional religious views (Hodge, 1872/1997; Peirce, 1878/1995; Sumner, 1881/1997; Ward, 1884/1997). As a dominant intellectual discourse in the early 20th century, pragmatist tenets were adopted by many disciplines, such as law (Holmes, 1920/1997), anthropology (Mead, 1928/1997), sociology (Ward, 1884/1997), and business (Lippman, 1914). Core intellectual commitments of occupational therapy were likewise being constructed from a pragmatist perspective at that time (Breines, 1986; Serrett, 1985).

Pragmatist Views of the Human

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conceptions of “fact”) were seen as molded from direct sensory experiences that shaped particular habits of mind and, in turn, guided future perceptions and actions (James, 1892/1985). Experiences that were novel to established habits of mind were thus difficult to assimilate and often ignored, even when potentially positive.

**Pragmatist Views of Knowledge**

The pragmatist view of the human not only is congruent with, but also informs and is informed by its view of knowledge. Because pragmatists believed that experiences undertaken with forethought and intentionality were needed to reveal the fluid truths of phenomena, they were skeptical of discourses that presumed absolutes and certainty in knowledge. Pragmatists instead promoted a view of knowledge as flexible, fallible, and contingent (Cherryholmes, 1999). Knowledge was flexible because it was determined in the making and doing of direct experience and, therefore, could not be “found” or become fixed. Knowledge was fallible because it was always being overturned by better ways of explaining or understanding things. As Emerson (1883/1995) expressed, “There is not a piece of science but that its flank may be turned tomorrow” (p. 28). Knowledge was likewise contingent because it issued from an iterative process between action and particular contexts. As Dewey (1908/1995) noted, “All knowledge issues in some action which changes things to some extent” (p. 82). Given these suppositions, pragmatic method was experimental in nature on the basis of critical inquiry into practical consequences. Emerson (1883/1995) captured this spirit of inquiry by proclaiming, “No facts are to me sacred; none are profane; I simply experiment, an endless seeker” (p. 31). James (1907/1995b) later stipulated that the key to pragmatic inquiry was its dedication to ascertaining, “What difference would it practically make to anyone if this notion rather than that notion were true?” (p. 54).

The pragmatist view of knowledge has mistakenly been interpreted as doing what works. Yet pragmatism stresses active inquiry far beyond mere expediency. Such inquiry scrutinizes not only the practicality of an action and its main or intended consequence, but also all of its effects (Dewey, 1939/1964; Peirce, 1878/1995). Knowledge is seen as continually being made through habits of reflection and inquiry regarding the consequences of chosen actions in light of a coveted future. Thus, pragmatist discourse recently has been associated with a nonfoundational approach to knowledge, the aim of which is to “arrive temporarily at warranted assertions” via continual engagement in a rich critical inquiry (Cherryholmes, 1999, p. 34). Such inquiry presumes that because ideas and theories (and other human creations) are socially embedded in the present and products of past discourses, they cannot be held to be theoretically neutral, timeless, or independent of particular historical or political contexts.

**Pragmatist Readings of Occupational Therapy**

One of the primary routes by which occupational therapy inherited its pragmatist discourse was from John Dewey and William James via their friend and colleague Adolf Meyer (Serrett, 1985). James’s and Dewey’s pragmatism played a large role in shaping Meyer’s practice of psychobiology. This practice highlighted pragmatist themes by stressing the indispensability of understanding people in context of their environs, life histories, and ways of acting in the world (Leys, 1990; Meyer, 1933/1948; Muncie, 1939/1985). Meyer (1922) relied heavily on his psychobiology in writing *The Philosophy of Occupation Therapy*, possibly the most cited work in occupational therapy literature ever. The following classic quote from this work reveals how Meyer’s view of the human accentuated certain clinical problems as critical, certain therapeutic tools as most helpful, and certain outcomes as most desirable:

“Our body is not so many pounds of flesh and bone figuring as a machine with an abstract mind or soul added to it. It is throughout a living organism pulsating with its rhythm of rest and activity, beating time (as we might say) in ever so many ways, most readily intelligible and in the full bloom of its nature when it feels itself as one of those great self-guiding energy-transformers which constitute the real world of living beings. Our conception of man is that of an organism that maintains and balances itself in the world of reality and actuality by being in active life and active use, i.e., using and living and acting its time in harmony with its own nature and the nature about it. (p. 5)

Meyer’s (1922) reading of occupational therapy may be one of the field’s cleanest examples of pragmatic discourse. His reading highlighted problems related to the suppression of natural experiences in total life contexts and to disturbances in self-efficacy and natural rhythms of time; it elaborated on tools of practice that dealt with the particularities of each case, such as providing opportunities to plan, do, and create according to patients’ skills and interests; and it elaborated on outcomes that restored temporal rhythms and natural connections among work and play, ambition and satisfaction, and desires and performance. Conversely, Meyer’s reading edited out clinical problems that were not problems of action, clinical tools that were generic or prescriptive, and clinical outcomes that did less than empower “the individual to face his or her own deficiencies and deploy his or her own resources” (Leys, 1990, p. 50). Also edited out were ideas that did not situate people in their environs or that divided them into physical–psychological or function–structure dichotomies.
Yerxa's 1966 Eleanor Clarke Slagle lecture, another frequently cited work, points out the agreement between occupational therapy and existential thinkers who see humans as agents involved in the process of becoming more authentically their true selves (Yerxa, 1967). Congruent with this view of the human, Yerxa (1967) used strong pragmatist themes to depict how occupational therapists help people become more authentic. That is, because occupational therapy clients needed to act in the world of reality as their own agents, her reading of practice highlighted problems of action, methods that supported patients’ self-initiation, and outcomes pertaining to patients’ self-actualization and realistic perceptions of themselves and their environs. This reading also highlighted knowledge as being constructed from within professional experience and supported by continuous inquiry. More recently, Clark’s 1993 Slagle lecture promoted a pragmatist reading by emphasizing the individual case over general principles and the importance of nurturing “the human spirit to act” by empowering persons to define and solve their problems through a healing process of occupational storytelling and storymaking (Clark, 1993, p. 1076).

Pragmatic discourse regarding the human has more than endured in occupational therapy across the 20th century, but perhaps pragmatic discourse regarding knowledge has—not—a situation that we traced to the field’s earliest educational practices. Although herself educated in England, Wilcock (1998) characterized occupational therapy’s educational practices in the late 1950s and early 1960s as “didactic and authoritarian” (p. 4). She further posed that such educational practices did not prepare practitioners to “defend the value of occupation to health when medicine adopted an increasingly reductionistic, scientific and technological stance from the late 1960s onward” (p. 4). Similarly, Reilly (1962) and West (1992) vehemently argued, 30 years apart from one another, that occupational therapists needed to develop far greater comfort and capacity for critical analysis if the field was to evolve into legitimate professionalism. Ultimately, the degree to which pragmatist views both of the human and of knowledge were adopted may have been thwarted by the early challenge of structuralism (Serrett, 1985), another powerful discourse with views of the human and knowledge that are largely discordant to those of pragmatism.

Structuralism: Historical and Conceptual Overview

Like pragmatism, structuralism was an interdisciplinary movement that sought new ways to establish truth following the rise of science and the secularization of society. Structuralists shared pragmatists’ concerns with meaningful connections and, thus, rejected the disconnected and atomistic ideas produced by radical empirical science (Merquior, 1986; Sturrock, 1986). But unlike pragmatism, structuralism rejected Enlightenment liberal–rational values that privileged nature, natural experiences, and the rational individual over society (Harland, 1987). Guided by linguistics, structuralism instead treated underlying structures as ultimate. Thus, the analogy of a kaleidoscope has been used to describe the structuralist perspective. Although a kaleidoscope seems to consist of many different forms, it is actually only “a matrix composed of just a few recurring elements” (Merquior, 1986, p. 191). Likewise, how the structure of a whole building can be explained by its parts was seen as analogous to the anatomical, psychological, and social structures of people (Dosse, 1997). Given its explanatory power, structuralism was adopted by most social sciences by the mid 20th century and went on to produce “a veritable revolution” held akin to a powerful “scientific baptism” (Dosse, 1997, p. xxii).

Structuralist Views of the Human

As suggested by the analogy of the kaleidoscope, a structuralist perspective was one in which humans were viewed as composites of recurring general frameworks, thus placing emphasis on static parts rather than on dynamically assembled action that is contextual, volitional, and self-transforming. Structuralism, consequently, was far less preoccupied with human agency than pragmatism (Sturrock, 1986). Rather, the quality of being human derived from general frameworks that precede experience and to which experience conformed (Andi, 1999; Harland, 1987). Structuralist discourse thus downplayed the agentic and holistic individual, stressing instead general systems in which people act, general structures common to all people, and general internal systems of all people.

Structuralist Views of Knowledge

As in pragmatism, the structuralist view of the human both informed and was informed by its view of knowledge. Hence, structuralist discourse minimized the relevance of context, subjectivity, or case-specific particulars to the development of knowledge. Instead, knowledge was seen as being composed of various timeless, universal, and objectively verifiable structures and mechanisms, be they biological, sociological, or anthropological (among other possibilities) in nature (Harland, 1987). Moreover, because such structures and mechanisms were divorced from experience, they could be applied to most episodes of human behavior; likewise, their deliberate manipulation or unmasking was precisely what generated new knowledge. This allure of scientificty attracted numerous social sci-
ences to structuralism in the 20th century (Dosse, 1997). Accordingly, structuralist discourse has been viewed as being consistent with a foundational approach to knowledge. This foundational approach presumes that various phenomena possess independent essences that can be objectively secured (Cherryholmes, 1999). Assuming that knowledge is foundational, structuralist inquiry seeks to represent a phenomenon as it “truly” is according to its fixed essence. Deciphering whether something represents a particular phenomenon is then accomplished by referring to that phenomenon’s “objectively” established structure.

Structuralist Readings of Occupational Therapy

Because structuralism conveys very different intellectual commitments about the human and knowledge than does pragmatism, its produces very different readings of practice. The following quote from Fiorentino's 1974 Slagle lecture reflects a rather pure structuralist reading of practice; significantly, it also manifests a developmental model that has dominated pediatric practice in occupational therapy for many years (Coster, 1998):

In the areas of gross and fine motor development, we cannot accept, as a goal of treatment functional use of the hands without first attaining stability of everything to which the hand is attached. Development is cephalo-caudal, proximal-distal, medial-lateral, gross to fine. This is how treatment should progress if we are to give children their maximal functional potential. Also, we should place our emphasis on normal developmental sequences of CNS [central nervous system] development: for example, learning on a subcortical basis, followed by cortical, voluntary learning, finally reaching the stage of spontaneous automatic movements. (Fiorentino, 1975, p. 20)

Fiorentino’s (1975) reading of practice relegated to the background of clinical consideration concern with the historical particularities of each case as well as with persons' subjective experiences and whole performances of doing. Conversely, highlighted were clinical problems related to disturbances in structures underlying performance, clinical tools that sequentially applied universal procedures, and clinical outcomes that could verify that children with disabilities were developing “on time” with and in the same ways and sequences as their peers without disabilities. Fiorentino's view of the human focused on internal systems that were presumed to be universal; likewise, she understood knowledge to derive from general and timeless principles of human development.

Similar themes in other structuralist readings of practice include using decontextualized clinical techniques as prerequisites for doing things “naturally” in ordinary rhythms of time and applying general cases to individuals. For example, Reed traced in her 1986 Slagle lecture the evolution of crafts as clinical media in occupational therapy. Reed’s (1986) research suggested that practitioners gradually shifted from seeing bilateral sanding blocks as woodworking tools to seeing them as tools for facilitating upper-extremity integration and strength. Once a “therapist-reader” brought the motion of sanding out in the foreground, the next step was easy to have patients sand “without sand paper on an incline plane made of Formica” (p. 602) as a prerequisite to complex occupational engagement. This clinical strategy is rooted in a historic reliance on a priori, fixed knowledge of human movement in an ideal general case. Licht (1957), a mid-century physician and influential writer in occupational therapy, detailed a kinesiologic approach to craft analysis that was predicated on how a skilled crafter would work, including exact types of muscle contraction, amounts of joint movement, and total energy used by each joint. Paisley (1929), an early occupational therapist, similarly executed very tight control over how children with cerebral palsy did craftwork, assuming that they ought to strive for “normal” movement as determined by the standard of children without disabilities.

Because a structuralist reading of practice views client problems as problems of underlying structures or mechanisms, such as muscle strength, muscle tone, or developmental age, it elaborates on clinical tools that address such structures and mechanisms as progressive resistive exercise, neurodevelopmental techniques, or linear sequences of developmental tasks. Although such a reading of practice can use activity as a therapeutic tool, it presumes that activity “works” by changing underlying structures and processes. Thus, a structuralist reading places into its background of concern persons' subjective experiences as they do things, their unique ways of doing things, and contextual influences on what they do and how.

Foundations of the Pragmatist–Structuralist Conversation

If both pragmatist and structuralist readings of practice have coexisted throughout occupational therapy's history, then on what bases have these discourses been negotiated and shaped? To answer this question, we examined the pragmatist–structuralist conversation in two ways that we believe shed some light on the field's persistent struggles over professional identity: (a) parallels in the shifting discourses of occupational therapy and the culture at large and (b) an internal incongruence between a pragmatist view of the human and a structuralist view of knowledge.

The Larger Cultural Ethos

Whereas pragmatism was a widely recognized and valued discourse in American society in the early 20th century,
structuralism asserted its dominance by mid-century. Today, however, scholars argue that a revival of pragmatism and a shift to a poststructural discourse has occurred in the culture at large (Merrill, 1986; Putnam, 1990/1995; Rorty, 1992/1995). Therefore, nonfoundational knowledge, a critical stance toward language and power, and inquiries into the efficacy of actions to produce desired futures are once again prevalent in contemporary society (Cherryholmes, 1999; Kloppenberg, 1996). These reciprocating shifts in the culture at large have their parallel shift within occupational therapy, not in discrete phases, but in alternating ratios. Configuring the discourses as a ratio suggests that both remain present but in alternating proportions of dominance and influence.

The early 20th century conversation. Attesting to the early influence of pragmatism on occupational therapy, Slagle and Robinson (1941) described the field as a service that sought to “arouse interest, courage, and confidence; to exercise body and mind in healthful activity; to overcome disability; and to re-establish capacity for industrial and social usefulness” (p. 5). Habit training, a specific practice endorsed by Slagle, was described in words borrowed directly from James’s work on habits: “There is no general habit, no general memory, that is common to all mankind. It is individual habit and memory. Everyone builds his or her own” (p. 33). The use of such pragmatist discourse that highlighted, like Meyer (1922), the human capacity to restore oneself to usefulness and health through occupation was pervasive in the field’s literature from about 1900 to 1940 (Kielhofner & Burke, 1983). Yet, on closer inspection of how some early practitioners actually provided services, structuralist approaches to clinical problems and methods are evident. Indeed, Slagle’s habit training program consisted of a highly prescriptive regime of daily activity that a group of patients, after having been assigned to the program by a physician, were meticulously made to follow from the time they rose until just before bedtime (Slagle & Robinson, 1941). Thus, though described in bold pragmatist terms and certainly built around a balance of activity and rest at its core, the program concurrently evidenced structuralist themes of generalized procedures, standardization, and uniformity. Although infrequent, these structuralist themes and the idea that therapy “worked” by changing presumably universal internal structures or processes are evident in how other early occupational therapists provided services to other clinical populations in the 1920s and 1930s (e.g., Hurt, 1934; McNary, 1934; Paisley, 1929).

The mid-century conversation. By mid-century, this ratio of pragmatist-to-structuralist discourses in occupational therapy was well under way to reversing itself along with the larger cultural shift toward structuralism. Thus, by the 1960s and 1970s, practitioners had mostly come to represent their profession and to base their methods on a view of humans that highlighted the ultimate importance of internal neurologic, psychic, or kinesiologic workings (Kielhofner & Burke, 1983; see also Ayres, 1963; Huss, 1977; Moore, 1976). Nevertheless, some strong pragmatist readings of practice were evident, such as Yerxa’s (1967) as already noted. Additionally, pragmatist themes kept repeatedly “popping up” in what were otherwise strong structuralist readings of practice. For example, Rood’s 1958 Slagle lecture promoted the structuralist practice of applying a priori knowledge of presumably universal developmental patterns to all persons’ “emotional, intellectual, and professional development as well as physical growth” (Rood, 1958, p. 328). Yet, by titling her lecture, “Every One Counts,” and by stressing that people, whether patients or occupational therapists or their students, ought to be supported in setting their own goals, Rood (1958) simultaneously showed that she, like the pragmatists, valued human agency.

The late 20th century conversation. By century’s end and, again, consistent with the general culture, the ratio of pragmatist-to-structuralist discourses in occupational therapy was reversing itself once again, and pragmatist readings of practice were ascending in dominance. Contemporary constructs of lifestyle redesign, conditional and narrative reasoning, and client-centered practice advanced a view of the human as agentic, teleological, and socially interdependent (Jackson, Carlson, Mandel, Zemke, & Clark, 1998; Law, 1998; Mattingly & Fleming, 1994). Likewise, new assessments urge continual evaluation of whether or how therapy helps persons do what they want and need to do given the particular circumstances of their lives, thus advancing a view of knowledge as flexible, fallible, and contingent (e.g., Coster, 1998; Law, 1998). Moreover, not only Clark’s (1993), but also every other Eleanor Clarke Slagle lecture of the 1990s has placed pragmatist themes in the foreground: how resilience and a unique inner life can “transform...traumas into varying degrees of triumph” (Fine, 1991, p. 493); why “meaningfulness and purposefulness are key therapeutic qualities of occupation” (Trombly, 1995, p. 960); why “occupation...is so basic to human health yet so flexible” (Nelson, 1997, p. 11); how occupation enables “people to seize, take possession of, or occupy the spaces, time, and roles of their lives” (Fisher, 1998, p. 509); or how occupation is “the principal means through which people develop and express their personal identities” (Christiansen, 1999, p. 547). Perhaps Grady’s 1994 Slagle lecture is the most telling of the field’s shifting discourses given her correction of her own past practice theory for wrongly emphasizing “ways therapists could influence the child’s
development rather than ways in which the environment could be prepared to accommodate the child’s function” (Grady, 1995, p. 305).

Even as pragmatist discourse is again being loudly spoken in occupational therapy, structuralist discourse is far from mute. At times, the conversation between the two has been loud and impassioned. For example, the American Occupational Therapy Association’s (AOTA’s) 1991 debate over practitioners’ use of physical agent modalities manifested a heated clash between pragmatist and structuralist readings of practice, unfolding just as a renewed pragmatist discourse was ascending in the field and eclipsing some of the esteem once reflexively attributed to structuralist practices (e.g., Ahlswede, 1992; West & Wiemer, 1991). At other times in the conversation, structuralism has remained the louder voice of the two, especially when practitioners work within a biomedical culture. It was within this culture that Mattingly and Fleming (1994) found that practitioners straddle two discourses: one that concentrated on restoring persons to satisfying lives and another that concentrated on fixing body parts. Of considerable significance, many practitioners in their study experienced “an unease at the heart of their practice” as related to the field’s self-portrayal in the everyday world went “underground” (p. 296), meaning that practitioners did not speak too loudly of these values, if at all, during formal professional communications. Rather, to gain credibility in a culture that saw patients, their problems, and treatments in biomedical terms, the chart-talk, body-as-biomechanical-machine language of medicine predominated.

A Pragmatist View of the Human but a Structuralist Approach to Knowledge

With the parallels between cultural and professional discourses duly noted, the pragmatist–structuralist conversation within occupational therapy did not, however, unfold in such equal exchanges. Indeed, a pragmatist view of the human was promoted early on in the field, but in tandem with a structuralist view of knowledge as objectively fixed, theoretically neutral, context free, universal, and derived from external authority. Hence, occupational therapy started cultivating at its inception a basic and problematic incompatibility between its oft-stated pragmatist view of the human and its structuralist approach toward knowledge.

The evolution of discordant assumptions. We date these incompatible views of the human and knowledge at least to the start of World War I when early occupational therapists had a moral philosophy and a moral imperative to train more practitioners but no knowledge base of their own with which to educate them or much of any status or expertise with which to argue for particular educational practices. This vacuum was largely filled by deference to medical authorities. As Presseller (1984) noted in a historical study of the field’s educational practices and policies, emergency war courses taught anatomy and kinesiology as core subjects to prepare reconstruction aides for their work with wounded soldiers. Also under the strong influence of physicians, basic medical sciences and applied medical lectures occupied more and more of the field’s core curricula over ensuing decades. Of more significance than this core content per se (which is significant in and of itself), early pedagogical practices simultaneously embodied structuralist views of knowledge.

The effects of discordant assumptions. Specifically, in approaching knowledge of the human body and disease as “core” professional knowledge received from medical authorities, occupational therapists were socialized early on into passively accepting knowledge as objectively “true” and inviolable. One cannot help but note the irony that as Meyer and Dewey were actively promoting richly experiential, self-exploratory, critically evaluative, and process-oriented pedagogic approaches for medical students and young children alike (Dewey, 1915; Muncie, 1939/1985), occupational therapy was being built on an educational foundation that all but forbade challenging medical authority and made virtually no room for critical inquiry (e.g., Quiroga, 1999; Serrett, 1985). This foundation presumed—contrary to the pragmatic method but in accord with the role of women at the time—that because male physicians would tightly control the work of female occupational therapists, the latter did not need to learn to evaluate and question received content for its coherence, implied actions, or the varying consequences of those actions across different life contexts. Hence, according to Presseller (1984), medical sciences, theory, and techniques were taught as subjects disconnected from one another and from their applications to practice in early educational programs. This lack of integration furthermore promulgated an immediate rupture between theory and clinical methods. Presseller blamed this rupture for many of the profession’s identity issues and, therefore, for why practitioners could express “a commitment to activity” but could not connect theory to practice and would “use whatever technique was at hand” (p. iv). In our view, long-standing disconnections among basic academic content, theory, and techniques coupled with pedagogic methods that discouraged critical inquiry allowed a view of the human as a decontextualized biological system of presumably universal structures and functions to take root in occupational therapy and later thrive.
Beyond formal educational practices, structuralist approaches to knowledge are also evident in various clinical tools and ways of describing practice. In the 1930s and 1940s, occupational therapy faced increasing pressure to house its holistic conception of occupation in a container that could satisfy medicine’s questions of efficacy and scientificity according to medical epistemology (Rogers, 1982). Licht’s (1957) approach to activity analysis, a core clinical tool throughout the field’s history, responded to and promoted this pressure by its kinesiologic formula of how movement ought ideally occur. As noted previously, by the 1960s and 1970s, practitioners commonly appropriated the language of kinesiology, neurology, and psychoanalysis to describe their methods and outcomes. In all cases, the structuralist analogy of a kaleidoscope as a matrix of a few recurring parts was advanced; that is, occupational behavior, a seemingly complex phenomenon, consisted “truly” of relatively few parts and mechanisms that could be fully enumerated.

Structuralist assumptions about how complex behavior is conceptualized continue to be evident today. Uniform Terminology, an influential document in practice and education, dates to 1979 when the field made an effort to define its domain of concern, clinical methods, and outcomes in standardized and theoretically neutral terms that captured “typical” practices irrespective of context (AOTA, 1979). By emphasizing performance components, all editions of the document have analogized, however tacitly, occupational performance to the structuralist kaleidoscope (AOTA, 1979, 1989, 1994). Moreover, although theory and context are acknowledged in the most recent edition, practice and occupational performance are still depicted with relatively few uniformly defined constructs that are presumably theoretically “neutral.” It is furthermore presumed that these concepts can be readily interrelated using a preestablished grid with little regard to how various contingencies might influence or possibly even contradict implied relationships.

The Conversation Continues: Guideposts for the Future

Viewed as a whole, the intellectual history of occupational therapy may, in some important respects, be understood as a long conversation between pragmatist and structuralist discourses: Pragmatist readings of practice were first privileged over but did not silence structuralist readings, then the ratio of that privileging reversed itself, then reversed itself again, all in accord with the most compelling cultural ethos at hand. Moreover, this conversation has been characterized by numerous tensions, many of which remain unreconciled partly because of dynamics that took root early on and remain viable today. Specifically, a pragmatist view of the human was being spoken and clinically applied even as a structuralist approach to knowledge was instantiated in the earliest educational programs to legitimize the fledgling field. This incompatibility laid the groundwork, albeit not alone, for structuralist readings of practice to rise into eventual dominance. Structuralist views of knowledge as foundational, universal, and objectively securable contributed to an unease over critical evaluation of discordant professional practices. These dynamics speak to the profession’s identity conundrum that has persisted for almost 100 years. Although its practitioners have portrayed their work as dedicated to treating patients holistically in accord with their personal interests and goals, they have struggled greatly in how best to realize and to match their clinical approaches to that portrayal.

If our interpretation of the profession’s evolution is reasonably sound, then guideposts for navigating onward are suggested. These guideposts resonate with the more recent shift toward pragmatism in the larger culture: a state of affairs that we think is conducive to occupational therapy’s best interests and offers practitioners great opportunities to author the profession’s future. To exploit these opportunities, we propose that two new forms of literacy be cultivated.

Reading and Speaking the Language of Assumptions

One form of literacy concerns occupational therapists’ capacities to apprehend the assumptions about humans and knowledge embodied in their readings of practice and, hence, how they interpret clinical problems, select media and methods, and conceive outcomes. With direct implications for the profession’s internal and public identity, this form of literacy would allow occupational therapists to examine how the view of humans embedded in our shared language—“treating the whole person,” “functional,” or “meaningful occupation”—aligns with the view of humans embedded in actual professional methods. In complementary fashion, the capacity to examine assumptions about knowledge would raise occupational therapists’ consciousness about what knowledge claims and whose knowledge claims inhabit their practice and on what bases they habitually grant legitimacy to claims of what is “core” or “truth” or “fact” in their practice. This consciousness would stimulate occupational therapists to adopt an appropriate skepticism toward categorical assertions about media and methods until the multifold consequences of those media or methods on persons’ lives were credibly traced.

In effect, we are arguing on behalf of occupational therapists developing disciplined habits of mind that will spur their own conversations with themselves, ones that recur-
rently ask such questions as: What assumptions about the human are embedded in my therapy? What assumptions about knowledge dominate the criteria I use to legitimate my practice? On what evidence, on whose evidence, do I decide that my therapy actually helps persons do what they want and need to do given the particular hopes and challenges of their lives? Finally, do my clinical actions consequentially carry my patients to results that support the viability of occupational therapy?

**Reading, Entering, and Shaping the Cultural Discourse**

The second form of literacy has to do with cultural literacy. We refer specifically to occupational therapists’ abilities to read the cultural ethos in which their practices (clinical, educational, research) are situated with respect to what values and ways of doing things are most privileged therein. Such cultural literacy would allow occupational therapists to discern when a particular ethos is in accord with the profession’s best interests (as we believe is now the case with the pragmatist discourse) or significantly foil those interests (as we believe occurred during structuralism’s dominance). Discernment of such matches and mismatches will be necessary to avoid passive absorption of cultural discourses and, instead, to decide proactively which forces to join, which to support or try to influence, and which to reject and resist outright.

These two forms of literacy would allow for the possibility of rich conversations not just within individual occupational therapists, but also among occupational therapists and the entire profession. Such literacy would help occupational therapists ensure that both disciplinary and interdisciplinary discourses are critically examined according to their capacity to deliver a particular coveted future: one that has transcended occupational therapy’s identity confusions even as its eclectic array of media and methods have at times scattered in a helter-skelter of directions. We speak of the profession’s dedication to helping people do what they want and need to do each day in ways that maximize their occupational capacities and health: key domains of the contemporary interdisciplinary construct of quality of life to which we believe occupational therapists can contribute enormously (Albert & Logsdon, 2000; Wilson & Cleary, 1995). In calling for these conversations, we stand in agreement with Kloppenberg (1996), a contemporary pragmatist, and Dewey who each regarded critical inquiry in social communication as the indispensable medium for clarifying and resolving disputes and instilling cooperation.

We were occupational therapists individually and collectively to resume a conversation started by Meyer and his pragmatist colleagues in which discordant views of humans and knowledge are understood to engender fundamentally different calls to action and ends, we believe that a number of desired outcomes would be facilitated. Consistent with the philosophy of pragmatism, a multiplicity of theories, viewpoints, and practices would be not only tolerated, but also generated by the communal process of anticipating how specific ideas and actions help usher in occupational therapy’s particular coveted future: helping people do what they want and need to do each day in ways that maximize quality of life. Uncritical, unreflective, and uninformed practices would be explicitly eschewed because occupational therapists would skillfully draw crucial distinctions among divergent theories, assumptions, and practices with respect to whether and how well each serves this coveted future. Also with respect to this future, incompatibilities among a wide array of professional practices would be carefully scrutinized to ferret out those that were obstructive and to advance those that were progressive. Likewise, discussion and debate would be deliberately carried forward so that questions of great consequence to the profession’s identity, and hence distinctive service to society, could be clarified and resolved. Three such questions in our view are these: What academic content and pedagogical practices best empower occupational therapists to ascertain discourses and their corresponding claims about human nature and knowledge that shape professional practices? How do educators avoid the historical reliance on foundational knowledge and instead design curricula consistent with nonfoundational approaches to knowledge? What research questions and methods are relevant and conducive to a future where occupational therapists expertly address the occupational capacities of people and societies? If occupational therapists were to engage passionately and astutely in critical inquiry of present professional practices, and if they were to develop the kinds of literacy needed to identify influential discourses, the profession may begin to resolve its identity issues internally and within the culture at large and thrive as an autonomous academic profession whose value to society is both clear and great.

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