Reclaiming the Vision of 
Reaching for Heart as Well as Hands

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• philosophy
• professional practice
• professional–patient relations

Although infrequently discussed in the professional literature, visionary language and visual imagery are identifiable elements within occupational therapy’s culture. They seem part of the profession’s desire to characterize, affirm, and renew itself. One early vision of practice, that of reaching for heart as well as hands, is the subject of this inquiry that extends a prior discussion of visions in occupational therapy. Central to the inquiry are the early vision’s (a) origin, exemplification, and clarity of meaning within one autobiographical text and (b) merits for the profession’s characterization, affirmation, and renewal. The early vision of reaching for heart as well as hands may benefit the profession today by characterizing the ethos of occupational therapy as integrative, affirming its practice as occupational, and inspiring its practitioners to renew a commitment to caring.


Whether personal, professional, or corporate in their origins, plans for action often include visions of performance carried through lofty statements, clever phrases, and guiding metaphors. Visions commonly draw from artistic, literary, and spiritual realms to describe central functions, affirm desired values, and prompt the realization of some ideal. Such visions are identifiable components of occupational therapy’s culture and the subject of this discussion.

Dictionaries yield a range of definitions of the term vision that include mental image and keen foresight (Merriam Webster’s Collegiate Dictionary, 2001). At one end of this range of meaning, visions are mental representations that reveal significant features of a reality. In this sense, a vision is a mental image or metaphor that allows one to better “see” a reality. At the other end of the range, images are more visionary and evocative, presenting a reality as it could be in an idealized state. Although not frequently discussed in the occupational therapy literature, visions seem part of the profession’s desire to characterize, affirm, and renew itself.

The purpose of this article is to examine an early vision that appeared in the autobiography of an occupational therapist titled The Healing Heart (Carlova & Ruggles, 1946) and to discuss the meaning and merits of that vision for the profession today. The early vision is that of a practitioner reaching for heart as well as hands. The inquiry into the vision presented here includes discussion of its (a) origin, exemplification, and clarity of meaning in the autobiography of Ora Ruggles and (b) merits for the profession’s characterization, affirmation, and renewal. Use of this early vision today promises to benefit the profession by characterizing the ethos of occupational therapy as integrative, affirming its aims as occupational, and inspiring its practitioners to renew a commitment to caring.

This work extends prior inquiry into another vision, that of the patient–therapist relationship embedded in the editions of Willard & Spackman’s Occupational Therapy published from 1947 through 1983 (Peloquin, 1990). Two characterizing images of relationship nested within a wealth of textual material were (a) being
in the 1940s (Fay & March, 1947) and (b) being personal-professional in the 1980s (Purtito, 1978). A summation of that inquiry is this: The vision of the therapeutic relationship that emerges from the Willard and Spackman text, despite a fragmented and sparse presentation of themes threading through numerous chapters, is a blend of competence and caring. Shifting emphasis over the years on one or another of these two actions shows the profession’s response to professional aims and societal trends (Peloquin, 1990, 1993a, 1993b).

This same inquiry into the profession’s vision of the therapeutic relationship included a discussion of stories of occupational therapy told by patients because such stories reveal how the profession’s vision was reflected in the images that patients held of their therapists. Three distinct images that patients derived from their interactions with their practitioners were those of technician, parent, and covenanting partner or friend. Each image was a distinct blend of competent and caring behaviors, and each evoked a different patient response. Within this slice of time in our profession’s history, the visions that we held of how we should be in relation to those whom we helped both characterized and shaped our behaviors and in turn influenced the ways in which we were perceived by patients.

Diverse Visions in Occupational Therapy’s Literature

Other visions have graced occupational therapy’s history, often woven into anecdotal narratives or inspiring works. These visions offer a broader context within which further discussion of visions can occur. The sampling presented here is not exhaustive so much as it is representative, with emphasis placed on those visions emerging in our first 10 years and in our past 20. The search for these visions entailed a review of historical resources for early visions and a review of literature thought to hold insight and foresight, such as the Eleanor Clarke Slagle lectureships and the Nationally Speaking and The Issue Is sections of The American Journal of Occupational Therapy (AJOT).

Not surprisingly, many early visions associate with the profession’s founders, whose aims were to characterize, affirm, and advance a new therapy. Barton (1920), a nurse who established Consolation House for his work in occupational therapy, used the image of a phoenix rising from flames to help his patients see themselves as also rising above disabling conditions. In an early paper, he described occupational therapy as inoculation with the “bacillus of work” (Dunton, 1967). Licht (1967) said that Barton also liked the acronym for the Society for the Promotion of Occupational Therapy (SPOT) because it conjured up an image of the ever-ready-to-help “Johnnie on the Spot” (p. 272). Tracy (1921), also a nurse, called occupational therapy a “healing force,” while personifying it as a wise woman walking hospital wards, holding a basket with “something interesting for each person” to do (p. 398). Dunton (1919) likened occupation to a nourishing good “as necessary to life as food and drink” (p. 17). Kidner (1929) saw the kindness, humanity, decency, honor, and good faith of occupational therapy as life-making. Collectively, these visions target human occupation, the practice of therapy, or the profession’s responsibilities. Some visions may be said to characterize, as in the case of Dunton’s image of occupation as a life-nourishing good. Others may be said to inspire, such as Kidner’s vision of humane practice as life-making.

One sees in these combined visions an amalgam of enduring themes from the profession’s early years: the strength of the human spirit, the primacy and agency of occupation, the occupational link with health and healing, the nobility of service, the need to personalize and individualize therapy. Ambrosi and Schwartz (1995) examined images of occupational therapy as represented by both the media and the profession between 1917 and 1925. They concluded that “overall, the image expressed by the media was quite similar to that depicted by the profession” (p. 831). The image was that of a small, but growing profession with great potential for the rehabilitation of persons (Ambrosi & Schwartz, 1995).

More recent visions also have characterized and inspired occupational therapy. Several have focused on human occupation. Brunyate (1958) saw powerful levers in the little common things of occupation. Reilly’s (1962) now-famous hypothesis, “That man [sic], through the use of his hands, as they are energized by mind and will, can influence the state of his own health” (p. 8), is one of the profession’s best-known visionary statements. Other visions have included Bing’s (1985) view of occupation as a sustainer and prolonger of life and Grady’s (1992) of occupation as itself a vision of human possibility and engagement. Hoping to convey the spiritual depth of occupation, I suggested that we see it as a making of worlds and lives (Peloquin, 1997). Within a historical allegory, Wood (1998) personified a figure named Occupatio, an inspired genius who “enlives life-giving and life-renewing actions from within” (p. 320). Most recently, Christiansen (1999) envisioned occupation as the key to personal identity.

Visions of occupational therapy practice and its functions also have been numerous. Huss (1977) proposed a vision of touching with care. Several leaders affirmed this long-standing value by promoting a climate of caring in an issue of AJOT (Viseltear, 1980). Englehardt (1983) saw us in a paradoxical light as technologists and custodians of


These more recent visions of occupation, practice, and the profession capture some of the enduring themes of earlier visions while adding others: occupation as a creative, meaningful, and spiritual force; occupational links with identity and productivity; the mind–body agency in occupation; the profession’s need for reflection, reasoning, and science; the power of caring and relationship; the profession’s paradoxical valuation of art and science, ethics and efficacy, service and business, autonomy and social responsibility. Our use of visions has persisted over the years, reflecting our professional culture and the presence of larger societal trends to which that culture responds.

The profession’s promotion builds on such visions. Many organizations adapt, excerpt, or encapsulate their visions so as to characterize themselves, promote their unique aims, and motivate their members. Excellent businesses, according to Peters and Waterman (1982), have strong cultures conveyed through rich networks of stories and images. Savvy marketers publicize these. Individuals made familiar with media messages can state a number of encapsulated visions. A few come to mind: Avis car rental tries harder; the U.S. Army helps youth be the best that they can be; Kodak helps us share moments. We grasp some of a group’s essence and aims from such phrases. Similarly, individuals draw conclusions about occupational therapy from visions promoted through the American Occupational Therapy Association (AOTA).

During the presidency of Robert K. Bing, from 1983 to 1986, the AOTA Executive Board adopted as a characterizing slogan, Occupational therapy: Vital link to productive living; that slogan was used in professional correspondence (R. K. Bing, personal communication, August 2, 2001). In a presidential address, Bing (1985) argued that the Association must “present the essence of occupational therapy clearly” and “develop an image that has meaning and relevance to the people we serve” (p. 773). In current media messages, we identify occupational therapy with skills for the job of living. This phrase is the literal and figurative “bottom line” of recent advertisements. The most current articulation of the Association’s vision statement, on the organization’s Web site, is that “the contributions of occupational therapy to health, wellness, productivity, and the quality of life are widely used, understood, and valued by society” (AOTA, 2001). Skills for the job of living captures a part of this statement in a clever way. I turn later in this discussion to that which this phrase omits.

Whether in historical or promotional contexts, visionary language and visual imagery appear in the culture of occupational therapy to describe functions, clarify values, and inspire patient confidence or practitioner performance. Because such visions convey beliefs about our character and future, they warrant consideration. I propose that one early vision in the occupational therapy literature stands out from other visions in terms of its merits—that of reaching for heart as well as hands (Carlova & Ruggles, 1946). I believe that this vision, more than any other, simultaneously conveys the integrative ethos of occupational therapy, affirms its practice as occupational, and inspires practitioners to keep caring vital.

In discussing professional images, May (1983) noted their worth as compressed stories that clarify desired functions while setting behavioral standards. I turn now to the early vision to examine more critically my claims about its merits within the context of May’s criteria. In a literal sense, this vision compresses a larger story, so turning to the vision means first discussing its story of origin.

Reaching for Heart as Well as Hands: Origins and Exemplar Practice Stories

The vision of a practitioner who reaches for heart and hands appeared in the autobiography of Ora Ruggles, an early occupational therapy practitioner who worked first as a reconstruction aide during World War I and then assumed the title occupational therapist when it emerged (Carlova & Ruggles, 1946). The phrase “reaching for heart as well as hands” appeared early in the autobiography and reappeared at its end. On the first occasion, the visionary statement...
structured one of many practice stories that make the book compelling. Here is the story: During World War I, early in her career, Ruggles was unusually quiet as she entered the army barracks at Fort McPherson. Her friends asked what she was thinking. She said that she had made a discovery, one that she could not get over because it was so simple yet so effective. When pressed to share the discovery, she said, “It is not enough to give a patient something to do with his hands. You must reach for the heart as well as the hands. It’s the heart that really does the healing” (Carlova & Ruggles, 1946, p. 69). After several silent moments, a colleague said, “That is a tremendous discovery, Ruggie. I think we’ll all benefit from it” (p. 69).

The vision reappeared within a later story about Ruggles’s retirement after a lifetime of practice. When asked by a writer from the Los Angeles Times to name the most important element of her life’s work, Ruggles paused, thinking it would be impossible to distill the essence of her work. Then she remembered her vision and thought it “still held good” (Carlova & Ruggles, 1946, p. 249). She repeated her early discovery at Fort McPherson. A life’s work had affirmed her vision of reaching for heart as well as hands. In neither of these instances did Ruggles define heart or hands, nor did she report being asked to do so. One assumes that she thought she would be understood. Instead of elaborating the vision directly in the autobiography, Ruggles told 40 distinct stories of her practice, some vignettes and some more well-developed.

Two especially well-developed stories of Ruggles’s work at Fort McPherson exemplify her practice; they offer complementary views of physical and mental health interventions. I have noted earlier that the stories also portray the unique features of empathy as it occurs in occupational therapy (Peloquin, 1995). One story is about a soldier named Hap, and the other introduces us to Kilgore.

Hap had lost both legs, and one of his arms was severed below the elbow due to war injuries. When Ruggles started a basket-making class for 20 men on the hospital ward, Hap could only pass reeds to the other men. Ruggles and the other men noted Hap’s silence as his incapacity became clear. When the captain saw Hap’s difficulty and suggested to Ruggles that he be moved to another ward, she protested, arguing that it was her aim to help him reclaim a sounder self. She saw that aim as “the whole meaning of reconstruction” (Carlova & Ruggles, 1946, p. 61).

Ruggles spent much time thinking about what Hap could do to participate in the basket-making process. She went to the artificial limb shop. She described and then sketched what she wanted: a device that Hap could place on his stump and from which a clamp would protrude. She approached Hap with the device, cautioning him against too much optimism as he slipped the leather breeching over his stump and secured a brush in the clamp so that he could decorate baskets after they were made. As Hap painted tentative lines onto the rim of a basket, he “let loose his glee in a whoop” and looked at Ruggles, his sparkling self again. “Say, don’t tell the fellas! Lemme practice for a few days. I’m gonna be the best basket-painter who ever lived” (Carlova & Ruggles, 1946, p. 61). The men responded with delight and rough affection. Unexpectedly emotional, Ruggles slipped away from the group into a closet and let her tears flow. Later, Hap told her, “Just because I’m deformed, it doesn’t mean the whole world is deformed. Life still looks good to me” (p. 71).

On the same ward, another soldier named Kilgore worried Ruggles. During her class, a soldier suggested that Kilgore’s refusal to try basket weaving came from his knowledge that he would fail. Challenged, Kilgore waved furiously with his huge hands. When someone said that his basket did not look bad, Kilgore drove his fist down on it repeatedly in anger. Ruggles asked the physician about Kilgore’s behavior and learned that Kilgore had been a cowboy whose violence during the war was so repugnant to him that rage now consumed him. Ruggles consulted with the foreman of the blacksmith shop on the base and then went looking for Kilgore. She showed him a design for spurs and asked him to help her start a metalwork class. Within the hour he was in the shop, where he mastered the work easily, wielding a sledgehammer and operating a forge. His violent outbursts, drinking, and gambling stopped. After discharge, he started an ironwork plant that grew to be the largest in the Southwest. Years later, he wrote Ruggles:

I’ve been doing a lot of thinking lately, Ruggie. It started last week when some of the boys around town asked me to run for mayor…. It makes me realize again, Ruggie, just how much I owe you. I wonder what the boys who asked me to run for mayor would think if they knew an army doctor once scribbled in my medical record, “This man is a menace to society!” (Carlova & Ruggles, 1946, p. 91)

These stories stand linked in the autobiography in terms of their chronology, population, and setting. They represent Ruggles’s practice at its inception and under the direction of a physician in the military. Removed from what readers today might consider either best, cutting-edge, or evidence-based practice, the stories nonetheless elicit spontaneously positive comments from those who read them.

The Early Vision as a Compressed Story That Clarifies Practice Functions

The medical humanities field offers rationale and methodology for exploring the visionary language and visual
imagery that are presented in occupational therapy (Peloquin, 1989). Fictional literature, the visual arts, personal narratives, historical events, and streams of thought are prime subjects of inquiry within the medical humanities (Barnard, 1994; Kaylor, 1984). Jones (1987) characterized the discipline of *literature and medicine* as a humanities endeavor in medical education. She identified two approaches to reading that support their inclusion in education related to health care: the aesthetic and the moral. These approaches continue to characterize practice in literature and medicine (Hawkins & McEntyre, 2000).

Trautmann (1978) described the aesthetic approach to reading as being the effort “to read, in the fullest sense” (p. 36). Rosenblatt (1978) elaborated aesthetic reading as a transaccional activity, a coming together of a reader and a text, an experience of a sort, as compared with a more *effertent* form of reading that occurs when one skims the newspaper over coffee or reads a recipe while cooking. Coles (1979), a physician, described a second approach to reading literature as the moral approach. He said that the point of reading literature for purposes of education is “ethical reflection” (p. 445). Coles believed that there is a continuing tension between idealism and life’s demands. Literature, he said, can move a reader to scrutinize assumptions, expectations, and values and to reflect on life either as it is being lived or as one hopes to live it. Literature can likewise move a reader to scrutinize and reflect critically on central visions proposed within its text.

To supplement my grasp of the vision of *reaching for heart as well as hands* and to determine whether the vision clearly conveys the functions of occupational therapy practice, I engaged in a literary interpretation modeled by Holland (1975) in *5 Readers Reading*. I invited three undergraduate students who had expressed interest in a literary project related to the autobiography of Ruggles to read its 40 embedded practice stories. I asked the readers to share their interpretations of “reaching for hands” and “reaching for heart” as seen in each story. They thus read “in the fuller sense” by reflecting on the author’s vision as they saw or did not see it portrayed in her stories. They also read “in the moral sense” by reflecting on Ruggles’s practice as it compared with her ideal.

As part of a course assignment 1 year prior, each student had read a textbook chapter in which I had mentioned Ruggles’s vision without discussing its meaning (Peloquin, 1998). In that same chapter, they had read an interpretation of 7 stories from Ruggles’s biography as these portrayed features of empathy. With that chapter as background, they read the 40 stories, independently selecting and then describing, in writing, any “story parts” indicative of reaching for hands and reaching for heart. I reviewed all their responses and transcribed them into one table, paraphrasing lengthier statements while retaining verbatim their terms and descriptors. The tabular format permitted comparisons of their responses. This comparative analysis was instructive in that it revealed a remarkable similarity of themes across the readers, a thematic consensus that paralleled my own understanding of the vision.

**Meanings Drawn From Two Exemplary Stories**

Because the stories of Hap and Kilgore are so well-developed in terms of having a beginning, middle, and end within the autobiography, they offer a good place to start in reporting each reader’s grasp of reaching for hands and reaching for heart. To enhance my fidelity to reader comments about these two stories, I use here their *verbatim* responses rather than my tabulated notations.

First, consider student responses to the story of Hap. The readers saw Ruggles’s reaching for hands as the crafting of a physical and functional device (Reader 1), the painting process that engaged the hands (Reader 2), and the use of an artificial device that permitted painting in the face of a disability that prevented basket making (Reader 3). In the story about Kilgore, they saw reaching for hands as offering physical and masculine work and the idea of blacksmithing (Reader 1); engaging his hands in physical activity that helped hammer out his aggression (Reader 2); and introducing metalwork that challenged him and allowed him to vent anger while he produced useful products (Reader 3).

Within the same two stories the readers also saw reaching for heart. In the story of Hap, they identified this action as understanding of the vision. That Hap was becoming depressed and giving him an opportunity to show his worth (Reader 1); letting Hap feel pride in his work; giving him an opportunity to fully participate in a peer group (Reader 2); and recognizing his unhappiness and allowing him to follow through on his desire to do this work and gain a sense of excitement and accomplishment as he mastered use of the limb (Reader 3). In the story of Kilgore, they saw reaching for heart as offering him a project that allowed him to feel “in his element” as a cowboy while letting him work the pain and anger out of his heart; asking him to help Ora (Reader 1); seeing his trouble coping with emotions and giving him a way to handle them; giving him a purpose, a chance for constructive expression, a sense of pride, and a vocation for later (Reader 2); turning self-destructive into constructive behavior; helping him deal with his emotional battle with anger; and helping to restore his self-control and his faith in himself (Reader 3).

In both stories, all three readers found reaching for...
both hands and heart as I had, suggesting (a) the clarity of the dual metaphors constituting the vision and (b) the capacity of a modern-day reader to move from an intuitive grasp of the vision to a clear explanation related to practice. Thematic analysis revealed distinctions perceived between the constructs of hands and heart as used in the vision. Readers associated reaching for hands with dimensions of practice that may be described as the physical or cognitive characteristics of the occupation or its requisite materials and tools; the patient’s physical status and the occupation’s engagement of the body; and the occupation’s link with therapeutic purpose, outcome, or utility. They linked reaching for heart with the psychosocial and interpersonal characteristics of the occupation or its required processes; the patient’s affective status and the occupation’s engagement of will, courage, energy, or spirit; and the occupation’s link with interest, personal growth, purpose, or opportunity.

Interestingly, mention of the purpose of the intervention occurred sometimes with readers’ descriptions of reaching for hands and sometimes with reaching for heart. This overlap was not surprising to me. Students had just reviewed the profession’s position papers on purposeful activity and occupation within which there is some conflation of the terms purpose and meaning (AOTA, 1994, 1995). Within these documents are statements suggesting that (a) purposeful activity refers to the determination of purpose by the individual patient, by the therapist, or both and (b) human occupation, if richer than purposeful activity in its added meaningfulness, also includes intentionality (AOTA, 1994, 1995). Readers thus understood and used the term purpose at some times to indicate the therapist’s intent and at other times to indicate the occupation’s relevance to the patient. They understood purpose as some times as a matter of hands (the occupation’s therapeutic aim) and others as a matter of heart (the occupation’s meaning to the patient).

The readers’ understanding of the stories, as read through the two metaphors of the vision and in a full and moral sense, can be retrieved by noting their responses across both components of the vision. It seems clear that all readers found complementary functions in Ruggles’s practice, as I had earlier when I described these more summatively and abstractly as a doing with (reaching for hands) combined with a being with (reaching for heart) (Peloquin, 1995).

Nearly 6 decades after this autobiography was published, readers grasped the integrative meaning of Ruggles’s vision as portrayed in her stories of events. They clearly identified distinct heart and hand functions in practice stories. Table 1 illustrates the complementary actions that readers found within 8 additional stories selected from the total, bringing the number of stories presented here to 10.

The Early Vision as a Compressed Story That Sets Standards

At the end of her career and years after her first utterance of the visionary statement, Ruggles judged that “it still held good” (Carlova & Ruggles, 1946, p. 249). Her judgment seems valid when one considers that three readers grasped her meaning in 2000. And, philosophically, the vision of occupational therapy practitioners reaching for heart as well as hands holds true to the profession’s character and holds much good for us to consider. The vision warrants reclamation because it evokes philosophical and moral principles, both fundamental and familiar, that have guided the profession’s development since its inception. It captures, in cameo fashion, many other visions presented in our history. The vision (a) characterizes occupational therapy’s ethos as integrative, (b) affirms and promotes its aims as occupational, and (c) prompts practitioners to make a future in which caring for others stays vital. I will elaborate on each assertion.

Characterization of the Profession as Integrative

One benefit of reclaiming the early vision relates to that function of visions said to characterize an entity in a fundamental way. The vision of reaching for heart as well as hands conveys occupational therapy’s integrative ethos. The original vision statement takes the form of an exhortation for integration: “It is not enough to give a patient something to do with his hands. You must reach for the heart as well as the hands. It’s the heart that really does the healing.” Characterizations of occupational therapy over the years have described an integrative ethos that shapes its processes: a healing of sick minds, bodies, and souls (Dunton, 1919); a “spiritual vision of the end problem” (Slagle, 1927, p. 126); an art and a science (AOTA, 1972); an evolving blend of competence and caring (Peloquin, 1990); a synthesis of therapeutic purpose and personal meaning (AOTA, 1994, 1995); preparatory education that shapes cognitive, affective, and psychomotor learning (Jantzen, 1974); and practice built on scholarship and research drawn from knowledge, skills, and attitudes (Abreu, Peloquin, & Ottenbacher, 1998). Each characterization presents affective elements alongside cognitive and experiential ones, establishing the profession’s long-standing commitment to confluent values and integrative processes (Peloquin, 2001).

The vision of a practitioner reaching for heart as well as hands clarifies and concretizes the meaning of integrative processes because of the metaphorical distinctions between hand and heart functions. As readers saw practice functions
hands AND heart

Table 1. Integrative Features Found in Practice Stories: A Sampling

<table>
<thead>
<tr>
<th>Story</th>
<th>Reader 1</th>
<th>Reader 2</th>
<th>Reader 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ben and the hooked rugs that earned money</td>
<td>Strengthened him through a productive task AND nonjudgmental response and extra attention</td>
<td>Improved his physical condition AND found something he was good at; saw his worth</td>
<td>Strengthened his arms and upper body; gave him a sense of mastery AND proved his worth to his wife; restored his role as a husband</td>
</tr>
<tr>
<td>Paul, the former pianist, as a reading teacher</td>
<td>Tested Paul's ability to teach AND gave him confidence in his capacity while opening up a new world</td>
<td>Helped him with a future job AND developed confidence in himself and the future</td>
<td>Provided a purpose for Paul AND helped him feel good about his experience with helping</td>
</tr>
<tr>
<td>The scientist and the switch to block printing</td>
<td>Gave him a variety of physical and cognitive activities AND challenged him by making the task more difficult and meaningful</td>
<td>Gave him a way to use his hands and his mind AND saw that he needed more than simple activities, so she gave him a challenge</td>
<td>Gave him a challenging task of block printing that let him concentrate on the task instead of on the voices AND gave him challenge and reward</td>
</tr>
<tr>
<td>The men and their painting the rocks in the TB camp</td>
<td>The men were actively involved in painting AND the white rocks lifted the spirits of everyone while enhancing the appearance of the camp</td>
<td>The men had a purpose in working together painting the rocks that lined the lanes AND their pride in seeing their community improve strengthened their spirits and gave them confidence</td>
<td>The men used their hands and ideas AND they gave the place they were forced to call home a personal touch that meant something to them</td>
</tr>
<tr>
<td>Mike and the huge landscape roller</td>
<td>Gave Mike heavy manual labor AND simulated his previous work and gave him pride</td>
<td>Mike pushed the roller to rid himself of excess energy AND driving the roller instilled his confidence to drive a truck again</td>
<td>The physical activity engaged his entire body and channeled his energy AND knowledge that he did something others found too difficult gave him pride</td>
</tr>
<tr>
<td>Maynard and the pet turtle</td>
<td>Gave him an important gift AND in giving him the joy of having a pet, encouraged him</td>
<td>Taking care of and play acting with the turtle kept his mind and body healthy AND knowing his love for pets at home, she had snuck the turtle in against rules</td>
<td>Had him touch and interact with a small animal AND in supporting his love for the turtle brought life back to him while keeping his focus away from himself</td>
</tr>
<tr>
<td>Shut-ins and paperwork</td>
<td>Gave the activity of making animals, which used hands and motor skills AND created events to brighten their worlds and use their imaginations</td>
<td>Children created items to show each other AND each was able to impart knowledge to a peer; they were entertained and introduced to a world they could not visit in reality</td>
<td>Found a way to let children make semi-animated figures, a productive craft AND they experienced the outside world through their imagination</td>
</tr>
<tr>
<td>Edith and the doll clothes</td>
<td>Offered adaptations that allowed Edith to do her work AND stood up to the supervisor in a way that showed that she cared</td>
<td>Provided a mirror and table so Edith could use her hands AND found a way to market Edith's work that put worry behind her and let her heal</td>
<td>Knew that Edith could still do skilled work despite confinement to bed AND helped Edith sell the special clothes that gave her a productive and full life again.</td>
</tr>
</tbody>
</table>

through the vision, they found complementary interventions in 40 stories, suggesting their grasp of an integrative ethos. The vivid images of reaching for heart and reaching for hands boldly depict distinctions among actions needed in practice while presenting their confluent enactment (Peloquin, 2001).

The early vision thus uses current advice to “embrace the genius of the AND” (Collins & Porras, 1994, p. 43). Occupational therapy is not about balancing at some mid-point between two dimensions of practice, with either heart or hands getting about half of a practitioner’s attention; it is about reaching for both. As Collins and Porras (1994) noted, a highly visionary organization will “not want to blend yin and yang into a gray, indistinguishable circle that is neither highly yin nor highly yang; it aims to be distinctly yin AND distinctly yang—both at the same time, all the time” (p. 45). The genius of the AND is also the genius of occupational therapy. We can readily extend the genius of the AND to the integration of other paradoxical constructs found within our collection of visions: art and science, ethics and efficacy, service and business, advocacy and entrepreneurship, technology and meaning, life-making and productivity. The next two benefits of reclaiming the vision are corollary to this integrative view.
Affirmation of Practice as Occupational

A second benefit of reclaiming the early vision relates to that function of visions said to affirm a group’s aim, especially within a promotional context. The vision of reaching for heart as well as hands depicts our engagement of others in meaningful occupation; that depiction can enhance our promotional efforts. If the early vision were added to the bottom line of the AOTA’s media messages, for example, one would see the following:

Occupational therapy.
Skills for the job of living.

We reach for heart as well as hands.

The addition could elaborate our occupational focus and promote our occupational processes.

First, consider our occupational focus, ever in need of clarification and elaboration in the public realm. To add the words heart and hands to the profession’s promotional mix is to elaborate the occupational meaning of the phrase the job of living. Common use of the terms heart and hands should cue most to their meaning. The heuristic seems clear enough. To envision heart is to see the life-giving organ; the emotional, soulful, or moral aspects of selves; the love, affection, courage, passion, ardent, and innermost character of persons; and the essential and life-renewing core of occupation. To envision hands is to see bodily parts that touch, grasp, control, feel, manipulate, and execute tasks. To see hands that have been reached is to see the doing, the job, the skilled performance. To see hearts engaged is to see personal actualization, an occupational link with identity, a making of meaning. The depiction transcends more limited visions of activity or productivity and allows us to see individuals occupying their lives.

To add a vision of heart and hands to the current promotional mix is to also vitalize the image of what is now called the job of living. Sadly, the dynamic process of living, when placed within a modifying phrase as it is in AOTA’s bottom line, is made secondary to its job-like nature. If living is a challenging job, it also can be energized, by persons’ occupational natures, into a sustaining adventure, a making of worlds and lives, a poetry of the commonplace. Adding the early vision brings to the foreground the idea of living well (Bing, 1985).

Next, consider our occupational processes, at their best more self-directed and lively than those of many other therapies. The current visionary excerpt, skills for the job of living, no doubt sprang from a focus on functional outcomes and their attendant skill development. The addition of the early vision to this phrase further distinguishes our aim as an occupational engagement that shapes outcomes and develops skills. Our connections with our patients through collaborative, encouraging, and caring exchanges around meaningful occupation (heart) and our expert, knowledge-based, and purposeful engagement with them (hands) are unique. A distinct benefit to those who seek our services is that we do consider the processes—ours of making connections and theirs of engaging personally—as much as we do the occupational outcome. Effective marketing should promote such a benefit (Gilkeson, 1997).

Renewal of the Commitment to Care

A third benefit of reclaiming the early vision relates to that function of visions said to inspire a group’s members to see and implement the future as it could be. Such inspiration can be discussed from the perspectives of management and direct care.

First, consider the managerial perspective. In a classic work on management, Leavitt (1978) noted that excellent management is an interactive flow of rational decision making, intuitive and aesthetic path finding, and interpersonal implementation processes. Rational decision making, he said, is the analytical aspect of management, with a focus on numbers, outcomes, and results (the analytical factor). Path finding is the aesthetic, intuitive, and visionary aspect of management (the art factor); implementation is the interpersonal aspect of management, the process of working with and for other people (the people factor). Peters and Waterman (1982) argued that the rational view of management is incomplete in its prime focus on cost, efficiency, and productivity. Artistry and humanity must be equally valued.

The reclamation of reaching for heart as well as hands in occupational therapy’s current practice contexts would infuse path finding (the art factor) and interpersonal implementation processes (the people factor) into management functions. The path to which the vision points is that of an integrative ethos, and the interpersonal implementation processes to which it refers are those of encouragement, advocacy, and collaboration. Patients who increasingly criticize practices that are depersonalized seek more personal health care (Peloquin, 1993a). To openly promote holistic actions and personalized processes is to offer patients a “product” that meets their expressed needs (Jacobs & Logigian, 1999).

Next, consider the early vision’s inspirational potential from the perspective of direct care. Most who consider the early vision will “see” a vivid affirmation of the caring that has characterized practice from a time when Kidner (1929) argued that loss of our humanity would be a greater defeat than death itself. The phrase reaching for hearts depicts at least a practitioner’s striving to care. Images of the heart are so commonly used as icons in contemporary art, media messages, and greeting cards to denote love and caring that
their meaning is certain. Many students exposed to the phrase reaching for heart use it themselves as a quick cue or inspirational prompt. For example, Hopkins (2000), possessed of strong ideals in her senior year as an occupational therapy student, published an exhortative newsletter piece entitled “Project Inspiration.” She asked this question, perhaps a bit impatiently: “When was the last time you felt inspired… the last time you reached for your clients’ hearts, not just their hands?” (p. 10). Her question, if restated as a gentle reminder of the vision, might renew a resolve to care.

The Early Vision’s Goodness-of-Fit

Many visions, some historical and some promotional, have graced occupational therapy’s culture. Throughout this analysis, I have noted that other visions often are captured within the more encompassing vision of reaching for heart as well as hands. In my view, no other single vision found in this review seems as good a fit for the profession today as does the early vision. The goodness-of-fit rests on the vision’s simultaneous possession of several traits: its emergence from stories about practice; its clarity of meaning; its fidelity to the unique nature of occupational therapy; its characterization and affirmation of essential aspects of human occupation, practice, and professional responsibilities; and its genius in advocating the AND.

Although primarily targeting direct care, the vision generalizes easily to both education and knowledge development. One can see education that reaches for heart as well as hands as a process that transcends the mere teaching of subject matter to that of leading students to embrace effective and caring practices (Peloquin, 2001). One also can see knowledge development that is concerned with both heart and hands as a process that transcends a narrow focus.

Yerxa (1995) argued that we need to be the keepers of our knowledge and our practice. I believe that her argument extends to our keeping visions that will best shape future practice. Three constructs deeply rooted in our profession’s culture and integral to its central character are well-presented in the early vision: integration, occupation, and caring. There is much merit in reclaiming the vision of reaching for heart as well as hands as we formulate plans to advance direct care, education, and knowledge development. ▲

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