What Constitutes Core Values in Occupational Therapy Practice?

As a group of occupational therapists committed to developing culturally safe occupational therapy practice in New Zealand, we wish to express our deep concerns about the American Occupational Therapy Association's recently published statement of Core Values and Attitudes of Occupational Therapy Practice (AJO T, 47, December 1993, pp. 1085-1086). While applauding the Association's intent in developing this statement, we cannot accept the values and attitudes described as representing good occupational therapy practice.

Our contention is that these statements reflect the predominantly Positivist orientation of Western society; that is, that a single, objective reality exists that provides the context for all human experience and understanding. Contrary to this, we believe that occupational therapy must be founded on a worldview which acknowledges that there are multiple realities. This worldview can only be achieved by taking an ecological view, which recognizes each individual's unique historical, cultural, and social context and the ethical, moral, and spiritual elements of people's realities. Only then can we provide meaningful occupational therapy.

From a viewpoint of multiple realities, several of the core concepts presented need to be reframed and broadened. For example, freedom is a concept that is idealized in Western societies as an unequivocal right of every individual. It is enacted through individual choice, independence, initiative, and self-direction (p. 1085). Individual freedom, however, is not a meaningful concept for those cultural groups in which identity is not individually derived but is collectively determined through relationships to kin, the larger sociocultural group, and to the land itself. Indeed, a focus on individualism is eschewed by some societies as being an impediment to the common good, or attainment of collective goals.

Similarly, prudence, as described, echoes a Western dualist paradigm that celebrates the supremacy of the intellect. Inherent in the statements made is a rejection of the affective domain of existence along with a denial of very human qualities such as irrationality and confusion. To deny people the right to engage in spontaneous self-expression is to deny them the opportunity to embrace their humanity. Such an orientation, in which censorship and repression are implicit, is counter to the earliest philosophical roots of occupational therapy in which human potential was highly valued.

Again, holding truth and justice as values beg the questions "Whose truth?" and "Whose justice?" Different people, even within the same cultural group, perceive facts and reality differently. What, then, are we to take as the truth? If valuing justice means upholding moral principles, whose moral code is different from our own? Further, if justice requires us to abide by the law, then what are we to do when we believe that the law does not achieve justice? Recently in New Zealand, a professional health care worker stepped outside the law when he believed that its protection of an individual's privacy was contrary to the public good. Subsequently, his actions were vindicated and the law was changed. To equate justice with the law seems naive at best and is contrary to our professional responsibility to work to achieve change when we perceive that justice is not done for our clients. We suggest that, rather than blindly valuing justice, occupational therapy should be guided by decision making based on sound ethical reasoning.

Valuing equality, we believe, is also naive. As identified, equality denotes equal rights and opportunities that are enacted through equal and uniform treatment for every individual. We suggest that, exactly as stated, this value requires only that we keep in mind that some people are different from ourselves. A stronger response is demanded if we embrace the fact that equality does not exist in Western societies. Rather than act equally toward all people, we argue, occupational therapists need to acknowledge inequities and address them through affirmative action. Not to do so is to deny the impact of inequality, racism, and difference.

Finally, we also wish to dispel the two other values presented, but from a different perspective. Altruism, as presented, is challenged as being centered in occupational therapists, rather than the practice of occupational therapy. Although working as an occupational therapist may be motivated by altruistic feelings, it must also be acknowledged that altruism connotes a power relationship of doing unto and doing for the recipient of the altruistic act. Surely the central value of occupational therapy is doing with! In place of altruism we suggest the concepts of empowerment and enablement.

Similarly, human dignity is described in terms of what occupational therapists value. In the statement that "dignity is nurtured and grows from the sense of competence and self-worth that is integrally linked to the person’s ability to perform valued and relevant activities" (p. 1086), dignity is equated with efficacy. On the contrary, we argue that dignity is a birthright inherent to all people, regardless of their occupational performance.

As Kanny identified, our challenge is to know our values. Although we have no expectation that American occupational therapists will wholly endorse our values, we hope that these views will stimulate debate and assist all occupational therapists in clearly knowing their professional values.

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Author's Response

Thank you for your comments on the Core Values and Attitudes of Occupational Therapy Practice document. I thought that it would be helpful for you to have some background information about the process that was used to develop the document and its purpose.

This statement was written as a supplement to a larger American Occupational Therapy Association (AOTA) project, the Professional and Technical Role Analysis (PATRA). The focus of that project was to identify knowledge, skills, and attitudes that are essential for the beginning practitioner at both levels. The Commission on Standards and Ethics (SEC) was directed to respond to the portion on attitudes. We were asked to write a statement containing the primary values and attitudes of entry-level practice using an outline and format.