The Profession of Occupational Therapy is Being Subjected to Serious Questioning from Within: The Questions Are Directed Toward the Heart of the Profession's Philosophy. It is Generally Agreed That Philosophical Debate Can Be Subsumed Under the Three Broad Categories of (a) Ontology (What is Real?), (b) Epistemology (What is True?), and (c) Axiology (What is Good?). In Other Words, the Major Philosophical Questions Can Be Distilled to Some Form of (a) Being/Reality, (b) Knowledge Claim, or (c) Values (Morris & Pai, 1976).

In this paper I attempt to analyze the profession's internal questioning and propose the thesis that the primary concern of the 1980s is the profession's epistemology and that, as a result, the road ahead will be paved by those willing to invest in the substantiation of knowledge claims. Furthermore, I advocate a pragmatic approach because it will best serve occupational therapy's needs.

Occupational Therapy Values

The pragmatic approach does not require the separation of values from actions. West (1984) provided a chronological account of the profession's most important values, which are characterized by the belief in the worth of the individual and the value of meaningful doing: activity as the essence of living, life as purposeful occupation, purposefulness of behavior, activity that gives life order, the effect of behavior and activity on pathology, competency through skills and the use of one's hands, interaction with the environment, and the activity theory of aging. These ideas are based on occupational therapy's roots in humane treatment.

The Limits of Deductive Methods

Historically, knowledge claims have been based on deductive analysis. Deductive logic is one way of proving a fact. It assumes a priori truth, proposes a thesis to be true, and proceeds with analysis. The thesis is assumed to contain its own truth. This approach starts with truths that are self-evident. As an example, it is self-evident that occupational therapy is of great value. Good people (axiology) have been carrying out a role (ontology) with little need to prove the truth (epistemology) of their claims.

This perception of occupational therapy as being of great value is being challenged today. Much of the current questioning is related to this specific concern: Are our knowledge claims well founded, and if so, by whose standards? Without an epistemic move toward pragmatism/experimentalism, the profession risks dogmatism. Occupational therapy can no longer survive on a belief system alone. Good intentions are not enough. Knowledge claims must be substantiated. Values and historical reality have provided a solid start, but they cannot carry the profession through the twentieth century, not even the 1980s.

The Merits of Inductive Methods

Although deductive logic has merit, it limits our thinking. I do not advocate the abandonment of provable insights, but instead the addition of a major step to inquiry. A shift to inductive, a posteriori methods is needed to substantiate knowledge claims.

According to Morris and Pai (1976), reality involves the dynamic relationship between the knowing human being and his or her world. Through inductive methods the "connectedness between things" (Morris & Pai, p. 147) is of primary concern (e.g., a client's diagnosis, behavior, support system, ethnic background, response to a particular therapeutic approach, etc.) rather than some underlying idea. Reality involves this in-

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The Challenge: Substantiating Knowledge Claims

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Disabled persons cannot easily achieve a life style that incorporates the values outlined above. Occupational therapy came into being because of the human needs of these people. Through this profession, human needs are met. The profession's values and being/reality are solidly founded. As described, occupational therapy has substantial ontological foundations and a humane value system. However, Yerxa and Sharrott (1986) stressed that occupational therapy, although solidly founded, is in a crisis in the Kuhnian sense. They voiced concern regarding the lack of agreement of a knowledge base.

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teractive relationship. The pragmatic person addresses himself or herself to the problems of everyday life in this messy world (Kaplan, 1961). This is a role historically assumed by the occupational therapist (that of a problem-solver or mess reducer). Yet the world in which such services are delivered is rapidly changing.

**New Issues and New Strategies**

Social expectations for health care are changing, being/realty is influenced by legislation, escalating costs, the mass media, and a new public awareness (Gorovitz, 1982). The public must cope with new standards for what is considered adequate health care (Hunt & Arras, 1977). New norms are in the making. All health professionals must cope with the diagnostic-related group (DRG) system and its impact on the delivery of health care (i.e., shorter hospital stays, more acutely ill patients in rehabilitation centers, and increases in health maintenance organizations and home health). Industry has entered the health care arena. The role of the occupational therapist in the public schools is growing, but it is still vulnerable (Hightower-Vandamm, 1985).

These health care issues are calling for new strategies. Baum (1985) encouraged us to see the changes brought about by the industrialization of health care as opportunities for the field. To do so, we must direct our growth. Jaffe (1985) advocated membership interest and involvement in planned change, stating, "A larger percentage of therapists must adopt more analytical approaches to the techniques, procedures, and performance measurements of service to insure efficacy in occupational therapy practices" (p. 434).

**The Role of Research**

Ottenbacher, Barris, and Van Deusen (1986) proposed going from technical research literature to theory and from theory to practice. This sequence is advocated to best meet the purpose of occupational therapy research, which is to enhance the knowledge base of occupational therapy practice so that consumers receive the best available treatment.

An attempt to link research with appropriate theory is also an attempt to find a balance between doing and thinking. Solutions to problems are sought in theoretical terms rather than through stark empirical evidence (Ottenbacher, Barris, & Van Deusen, 1986). Not only our profession, but Western Civilization has emphasized and valued doing over thinking. A balance of analytical (a priori) and synthetic (a posteriori) truth seeking is possible. Authenticity will be found as doing is balanced with the thinking. As used by Reed (1984), a theory is defined as "a set of interrelated assumptions, concepts, and definitions that presents a systematic view of phenomena by specifying relationships among variables, with the purpose of explaining and predicting the phenomena" (p. 677). In other words, a theory provides meaning by putting phenomena into a context. "A difference that makes no difference is no difference," according to James (as cited by Kaplan, 1961, p. 23).

Viewing empirical research as having little relevance to the practicing therapist is a superficial understanding of the research process (Ottenbacher, Barris, & Van Deusen, 1986). Pragmatism has brought philosophy out of the academy and into the laboratory (KneHler, 1984).

**The Pragmatic Approach**

The pragmatic scientist, when making a discovery, believes that a new way to understand certain phenomena has been found: New ideas will serve as truth until something better comes along (Morris & Pai, 1976). One comes to view knowing as an activity rather than a state of being. This has been stated succinctly by Gilfoyle (1984): "In the science of occupation no concept or belief can be considered final; concepts have been made and will be remade with new ideas becoming part of a broader understanding. Thus, the science of occupational therapy becomes an endless process of analysis" (p. 578).

According to Kneller (1984), truth acquires human significance only if it is conceived as progress along the road rather than as a destination never to be reached. Occupational therapists are now traveling that road, but at times find the path rocky.

The majority of us who have chosen to become occupational therapists are by nature care givers. The science of occupational therapy is no less important. According to Gilfoyle (1980), "research and caring are inherent techniques of two distinct but interrelated domains that are of crucial importance to occupational therapy" (p. 517). Yetxa (1964) (as cited by Gilfoyle, 1980), expressed this need: "The development of the research attitude in every student and every clinician is the beginning of the development of professionalism in occupational therapy. Once critical thinking becomes a habit, research activity inevitably follows. To sustain clinical practice upon knowledge rather than assumptions is the future's greatest challenge to the clinician" (p. 17).

Baum (1985) also looked to the future as she challenged the curricula to produce true professionals who are skilled in inventing, inferring, and analyzing collaborative research. The American Occupational Therapy Association continues to take a leadership role in providing encouragement and means for research, establishing research as a top priority of the profession. During the first half of 1987 occupational therapy leaders have formulated challenging ideas on the topic of research in a special series on research published in the *American Journal of Occupational Therapy* (Baum, 1987; Christiansen, 1987; Gilfoyle & Christiansen, 1987; Grady, 1987; Ottenbacher, 1987). The American Occupational Therapy Foundation provides research grants, scholarships, doctoral and post doctoral fellowships to aid in the validation of our profession through research. These endeavors are dedicated to the production of knowledge to measure the effectiveness of service and also to add to society's expanding understanding of human occupation.

**Conclusion**

Self-questioning is widespread within the profession of occupational therapy. It appears the profession is accepting the challenge of its leaders and the challenge of the medicaliza.
tion of American society (Ladd, 1982). As stated by Johnson (1981), "our traditional values, when supplemented and supported by knowledge, offer us the potential to become a powerful presence in our society..." (p. 598). Occupational therapy's foundational base, that is, its concern with human needs and emphasis on the values of humane treatment and the worth of the individual, provide a solid ground from which the quest for truth can be conducted. "The present is the past rolled up for action. The past is the present unrolled for understanding" (Unknown author, as cited by West, 1979).

References


