Does Occupational Therapy Belong in the University?

Peter E. Tanguay

Occupational therapy, I am told, is the only profession to have been directly created by God (1). This event took place in the Garden of Eden, when God said to Adam, “Go forth to till the ground.” In spite of what some doomsayers would have us believe, this was not done in a spirit of wrathful vengeance; rather it was intended as a therapy for Adam’s depression, which had been brought on by his sudden downward change in life-style following an encounter with an apple tree. Be that as it may, occupational therapy does have a long and respected history (2). The beneficial effects of work are mentioned in early Egyptian and Greek literature. Work therapy was prescribed for the treatment of the mentally ill in the Middle Ages, and it was promulgated by proponents of “moral treatment” in the 19th century. Initially, the modern occupational therapist was the nurse or doctor (e.g., Susan E. Tracy, Adolf Meyer, or William Rush Dunton) working within the credo that “sick minds, sick bodies, and sick souls may be healed through occupation” (2).

During the first half of this century, the emphasis remained on occupation. Beginning in the 1960s, however, the interests of occupational therapists expanded far beyond the former borders of the profession. I have known therapists who are keenly interested in sensory and motor development, in children’s play, and in applying the ideas of Jean Piaget to understanding and treating developmental failure in childhood. I find that at the UCLA clinic where I work the occupational therapists are the professionals most likely to know how to do the type of Piagetian assessment that I consider extremely valuable in understanding the symptoms of some of our children. I have also known occupational therapists who, inspired by the work of Jean Ayres, have become proponents of some ingenious theories about the role of sensory motor activity in the emotional, social, and cognitive development of children. I have noted the degree to which many of the interests and skills of occupational therapists are eagerly adopted by other professionals, particularly those in rehabilitation medicine, physical therapy, and the new schools of kinesiology, which appear to incorporate many of the interests of occupational therapy in sensory motor development. Recently I had an opportunity in Japan to observe in some detail the work of Yasayuki Koseki, a professor of social work engaged in his own brand of sensory motor therapy of autistic and other developmentally disabled children. Koseki believes that therapists, teachers, and parents can develop social bonds with mute, autistic children by engaging them in games, songs, and rhythmic exercises. Koseki’s premise is not exactly that of Ayres, but it is similar. The important point is not that others borrow from occupational therapy, but that occupational therapy may be failing to develop and exploit its own ideas. If this is true, we are faced with a very serious professional dilemma, which may relate to what has been called an identity crisis (3) in the profession.

A Profession or an Academic Discipline?

In her book Occupational Therapy: Configuration of a Profession Mosey (4) asks whether occupational therapy is a profession or an academic discipline. A profession concerns itself primarily with the application of knowledge. It provides services that society is willing to buy to maintain the well-being of its members. In contrast, an academic discipline is primarily concerned with the creation of knowledge. It provides services that society is willing to buy to maintain the well-being of its members. In contrast, an academic discipline is primarily concerned with the creation of knowledge, knowledge that may or may not be immediately useful to the world. The two are not only distinguished on the basis of what each one does but also on the basis of...
If occupational therapy remains solely a profession, with little emphasis on academic matters, it is in great danger of disappearing as a serious discipline.

how they train their practitioners. The budding professional learns about the profession's theoretical foundations and the beliefs and facts on which its services are based, and he or she receives a thorough practical hands-on training for carrying out the profession's services. The young academician learns instead the methods of statistics and scientific inquiry necessary to address the important questions in the field.

I think most occupational therapists would agree that occupational therapy is a profession. However, I am not sure how many would agree with this second statement: If occupational therapy remains solely a profession, with little emphasis on academic matters, it is in great danger of disappearing as a serious discipline. That is not to say that disciplines that have declined to expose their theories to academic scrutiny must die, astrology, for example, lives—but only as a cult.

A profession that neglects its academic base is in grave danger for several reasons. Unless you are constantly proving the worth of your new ideas or of the effectiveness of your services and unless you are creating substantially new theoretical approaches to enliven your profession, the world will pass you by. I say this as a child psychiatrist and a member of another profession undergoing a similar identity crisis.

Psychiatry grew out of neurology and out of a sense by some neurologists that the illness of the mental patients traditionally assigned to them by society needed treatments that neurologists could not provide. As the new profession of neuropsychiatry was evolving, there arose, in a sudden burst of creativity and genius, a new form of therapy that swept through the medical profession of psychiatry and led to a revolution in its methods of treatment. I am referring, of course, to psychoanalysis. Psychoanalysis has always been an almost pure profession. There has been little academic discipline about psychoanalysis, even though its institutes may have hoped to function as universities and many professors of psychiatry have been psychoanalysts. Psychoanalysis has not trained any of its practitioners in the methods of scientific inquiry. Nor has it welcomed scientific study of its beliefs. Psychoanalysis has suffered greatly because of this. While there is interest in it as a profession, its impact on the field of mental health has been decreasing for at least 15 years.

Child psychiatry has also suffered; born during an era when psychoanalysis was king, child psychiatry in the past two decades has had to scramble to find new treatments, many of which (e.g., behavioral therapy and family therapy) were borrowed from other fields (chiefly psychology). In the 1960s, psychotherapy was still the mainstay of child psychiatry. However, many others claim to be able to do psychotherapy as well. This group includes educators, psychologists, social workers, nurse practitioners, and most recently, in California at least, armies of marital, family and child counselors, all of whom are enthusiastic, newly trained, and hungry. Child psychiatrists are physicians, but very few of the treatments that they administer are biological in nature. Why, then, do we need physicians delivering services in the field of child mental health? I believe that there is a great need for understanding the biological aspects of developmental disorders, of psychosis, of language, and of learning handicaps. [Many of us in child psychiatry have come to recognize the cost we have paid for ignoring the academic side of our profession and for the lack of research in our profession's early development.] Project Future, the task force developed by the American Academy of Child Psychiatry to prepare for the next decade (5), has called for a shift into academic pursuits by child psychiatrists. I believe that without such a shift our profession faces a bleak future.

A vibrant and successful profession must move forward, it must have a group of academic leaders in addition to respected providers of service. It must have a substantial data base to be mastered by its students. It must not steal the knowledge accumulated by other professions.

The Benefits of the Academic Approach

Where are the leaders of tomorrow in occupational therapy, the Freuds, the Skinners, the Watsons, and the Creaks? When students of occupational therapy wish to become academicians they must turn to other disciplines (some of which
It seems to me that disciplines such as kinesiology and public health would be far better suited as homes for occupational therapy doctoral students than neurobiochemistry or genetics.

...seem wholly inappropriate) to pursue higher studies. It seems to me that disciplines such as kinesiology and public health would be far better suited as homes for occupational therapy doctoral students than neurobiochemistry or genetics. What is needed, of course, is for occupational therapy to control its own doctoral programs in university-based schools of occupational therapy. Unfortunately, until this is achieved, the discipline will always be in a precarious position. Without academic role models, promising and talented students who might want to become academically oriented occupational therapists will go elsewhere or will choose a service role in the field.

There are many benefits to be gained from pursuing academic work in occupational therapy. The first is that the stage is set for an expansion and scientific endorsement of the techniques of the profession. Many ideas that have arisen from occupational therapy have been lost as therapeutic tools because they have not been tested scientifically. Dance therapy, music therapy, and art therapy are three approaches to treatment and rehabilitation that appear to have remained on the fringes of accepted practice. Who knows where they might be if someone had subjected them to a rigorous scientific appraisal and development.

A second benefit of a more academic approach would be the development of an expanded occupational therapy faculty to teach students. Presently, the entry point into occupational therapy is at the bachelor level. Most of the other professions competing with occupational therapy (e.g., psychology, social work, and physical therapy) set the entry point at the master's level or higher. The trend in both nursing and teaching is to demand higher qualifications than the bachelor's degree. Whatever the pros and cons of raising entry-level qualifications, occupational therapy risks becoming a second-class discipline if it chooses to ignore the direction in which others are going. If a lack of occupational therapy faculty members holding higher degrees is the reason for not raising the entry level, the field clearly needs to place greater emphasis on occupational therapy as an academic discipline.

A third benefit of a greater presence in academia would be the ease with which occupational therapists could compete for research funds. My experience as a grant reviewer and site visitor for federal agencies and private foundations has taught me that the reason why one person gets a grant and another does not begins and ends with excellence: A candidate with a keen and inquiring mind, top training, and solid expertise in the proposed techniques has the best chances. It is people from the biggest programs, the programs with the most expertise, the best teaching record, and the most money, who, time and time again, end up at the top of the fundable range.

Conclusion

Occupational therapy does belong in the university but it must do what every other serious discipline has done, that is, hold itself academically accountable and be ready to subject its assumptions, therapies, and beliefs to the test. Led by its national organization and by those occupational therapists already in academia, occupational therapy must prescribe an additional responsibility for itself, namely, that of research investigator and scholar. It is a treatment that should work wonders on the profession's health and well-being.

ACKNOWLEDGMENTS

This paper is based on a presentation at the conference entitled A Time of Transition: Pathways to Excellence in Occupational Therapy, which was organized by the International Center for the Study of Sensory Integrative Dysfunction, Los Angeles, CA, Sept 28-29, 1984.

REFERENCES