Living Forward,
Understanding
Backwards, Part II

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In Part I of this article, which appeared in last month’s AJOT, AOTA President Robert K. Bing examined the founding principles of occupational therapy developed and published in 1925, and offered comments from some pioneering occupational therapists that helped determine how the principles were enacted in practice.

This month in Part II Bing continues with more comments from the profession’s pioneers, and he advances some thoughts on the principles for contemporary practice and future endeavors.

Occupational Therapy as Education
Beliefs were expressed during the formative years of our profession that occupational therapy and education held much in common, not only in terms of how patients were instructed in activities, but also in the outcomes of that instruction, through changes in behavior and performance of a more complex nature.

The distinguished therapist, Harriet Robeson, addressed a group of social workers in 1926 and affirmed some of the founding principles. She stated: “Many think of occupational therapy as only handwork. It is far more than that. Occupational Therapy is a program . . . of work, play, and medicine to meet the mental, physical and social needs of each patient. It is re-educational.” (1, p 279) She elaborated by explaining that the re-educative process follows the same pathways as normal education. “. . . a gradual growth through progressive development . . . We must teach [the patient] to creep and to creep in the right direction.” (1, p 281)

Robeson forthrightly faced the challenge of crafts being central to practice. She declared: “Handicrafts are only some of the tools with which we work, not primarily with the idea that patients will earn a future livelihood . . . but because since Adam people have found expression through work with their hands. A primitive outlet, creative, educative, constructive.” (1, pp 279-280) She advanced the concept of physical and emotional function and adaptation: “Crafts may also be adapted to meet nearly all needs in mental and physical adjustments. Movements required in physical restoration of function can be found in . . . various crafts. These same techniques can produce definite results in mental cases in substituting purposeful occupation for scattered and destructive activity . . . and ideational deterioration. Furthermore, crafts can meet all degrees of scholastic background and intelligence.” (1, p 280)

Irene O’Brock, director of occupational therapy at the University Hospitals, Oklahoma City, declared in 1932: “In a children’s hospital or school occupational therapy is not merely doing something to take the patient’s mind off self or for corrective exercises; it has additional value, a deeper more intangible significance: . . . the (natural tendencies) of life, play, companionship.” (2, p 203) She based her treatment program on five “lines of activity readiness: (1) . . . to construct things; (2) to communicate things; (3) to find out things; (4) to compete in things; (5) to excel in things.” (2, p 204)

The first line of readiness, to construct things, included a workshop with tools and materials, such as wood, metal, textiles, clay, paper, yarn, leather, and the like. Books and magazines were also in considerable evidence. The second line of readiness, to communicate things, involved “. . . stories, music, dramatization, songs and pictures . . . (even) making musical instruments for the orchestra or attending picture shows . . . ” (2, p 204) The third line of readiness, to find out things, involved “. . . occupations and natural phenomena of community life, such as the building of a dog house for their pet dog or the digging of a cave for the gang to meet in. Too, gardening is of very great importance in the developing of a community spirit.” (2, p 205)
To compete in things, the fourth line of readiness, involved “... a playground and gymnasium equipped with indoor and outdoor games. Competition does much to teach good sportsmanship. We occasionally have afternoons of play. The children always help to plan these days, usually in the nature of a party, prizes are given for them excelling in games.” (2, p 205)

For the final line of readiness, the excelling of things, O’Brock cautioned: “In providing this form of stimuli great care must be taken not to cramp the child ... to help to such an extent that there is danger of destroying all initiative that (the child) may have had in the beginning. We know that creative ability is the foundation of learning. ... We feel it is of much value to teach ... the underlying principles of basketry and to allow (the child) to express himself ... The joy derived from the creating and expressing of self is of much more importance than perfect workmanship.” (2, pp 205-206)

Educative processes played an important role in what was once known as “fieldwork,” treating patients who were homebound. In 1926 therapist Martha Emig related an experience she had with a homebound man who was 31 years of age and born with cerebral palsy. He was confined to a small alcove between the dining room and kitchen. His mother exhibited a great deal of concern and love, but she explained that “... I would only be wasting my time as the young man was helpless and had no mind.” (3, p 129)

According to Emig: “During my visit I found he was alert mentally and he became interested in a few ... articles I had with me, pointing to the baskets and saying, ‘I like that’... He complained that his hands were stiff, that he could hold nothing, that his mother always fed him. I had him flex and extend his fingers, which he did slowly and with difficulty, so I told him how by using his hands, they would become stronger.” (3, p 129)

In time, his skill and speed in basketry increased to such a point that the therapist was delivering additional materials almost on a daily basis. He found an outlet for his finished product and made enough from his sales to purchase his own materials. “I helped him keep his accounts. He seldom made a mistake in calculating.” (3, p 130) The patient went on to learn to read and indulge in other studies with the family’s help. Emig reported: “The home atmosphere changed, the family are all interested and help him.” (3, p 130)

Qualities of the Practitioner
One of the founding principles stated that the essential qualities of the therapist and aide were at least of equal value to any instruction or procedures used in applied occupations.

One of the first papers by an occupational therapy student published in Occupational Therapy and Rehabilitation, the official journal of the AOTA, appeared in 1930. She was Nelda McKee from the University of Minnesota. Her topic, “Ethics for the Occupational Therapist,” dealt with “… the ideals, customs and habits which members of the profession are ... accumulating around the name and character of the trained ... therapist.” (4, p 357) “In dealing with patients, honesty, frankness and wisdom are essential attributes.” (4, p 358)

McKee showed she was an insightful student when she stated: “A therapist should endeavor to develop a symmetrical life. We all have a physical, mental, spiritual and social side to our make-up which needs care and cultivation. The (person) is under personal obligation to keep herself from growing narrow. ... above all, (she) must keep the quality of being “teachable.” Then she will never stop developing the possibilities which she possesses.” (4, p 359) McKee ends her ethical statements with: “… the ideal ... therapist never forgets that our ambitions are all directed towards one common end. We are working together for the advancement of understanding and the enlargement of human life.” (4, p 360)

The personal characteristics and mission of therapists were eloquently described by Joseph C. Doane, MD, who later became president of AOTA, in an impromptu address to the conference of the 1928 AOTA annual meeting:
I have ... a great deal of respect ... for that brisk-stepping ... business-like person whom we designate by the term “occupational therapist.” She seems to be going somewhere; she seems to know what she is going to do when she gets there. She creates the confidence that here is one person, at least, who has the time and inclination and ability to listen [sic] somewhat the dreary atmosphere of sickness ... I feel relieved when I see this person, ... because I know, at the end of her journey, somebody will be at least mentally, if not physically helped. (5, p 11)

Later in his impromptu remarks, Doane makes a clear dis-
The distinction between two kinds of workers, the occupationalist and the therapist: "I regret to say that the occupationalists include not a few physicians and many laymen." (5, p 13) They believe "... that occupational therapy is a very interesting and very useful plaything which begins and stops there; they see the product, rather than the patient; they comment on the beautiful colors and difficult weaves and the grace of the pieces of pottery; they see nothing beyond the mere physical thing which has resulted from the activity." (5, p 13)

"Then," Doane states, "there is the other party—the therapists. The therapist looks on the yarn and raffia, not as materials to be used... but as the implements or tools to be employed in the handling of much more difficult material, the disposition of the persons who are ill, a most varying and a most uncertain commodity." (5, p 14) For Doane, the critical importance is for the therapist "... to know what sick people do and think and why dispositions, when mixed with sickness, behave as they do—much more important than to know how to make (something)."

(5, p 14)

The Value of History
What does all this mean today? Why unearth from our professional diggings 15 founding principles that are nearly 60 years old? Why relate what might be considered as quaint anecdotes or historical trivia?

We are a troubled generation of practitioners. There is a prevalent dissatisfaction with what we do and, therefore, with what we are. Mother Necessity is breathing down our collective necks, and we are in the clutch of altered circumstances. In a truer sense than we realize, we are at an institutional fault, a 98th meridian, which is largely of our own making. It is not a matter of which institution or geographic area we will next find ourselves migrating toward; rather we are faced with the question of which way to turn, or indeed whether we should turn at all or proceed with hope that conditions will improve.

Allurements and temptations abound. "Raise the entry-level educational requirements," declare some. "Abandon generalism and take up specialism," urge others. "Discard crafts, the arts, and especially leisure activities; they have little use these days and certainly are a source of acute embarrassment." Still others say, "Ah, licensing, that's the way to turn; that will assuredly distinguish us from all others and will keep out undesirable aliens." Others argue, "Let us clearly delineate the roles and extents or responsibility of the assistant and the therapist; that will solve a lot of problems." "No," others assert, "let's look around and see what others are doing that is more acceptable, reimbursable, effective, and trendy; then quietly adapt (after all, we're really quite good at that), and surely improved social and financial status will result.

These solutions to our ills have at least one thing in common: They are structural in nature. We think if we can just define the thing, if we can just build a structure around the problem, the puzzle will be solved. Unfortunately, this is not true. All of us know better; we just don't practice what we know. First must come a rational description of the function; then structure will become evident.

There is still more trouble. There are some in search of a new habitat altogether. The grand plan is a paradigm borrowed from science that will surely result in a house of many mansions. Arguments among the corps of architects erupt; some are accused of reductionism, others are viewed with suspicion that what really is going on is the ultimate emergence of an untestable cult, not a new habitat. So much of what we are doing in the name of professional activity these days seems as purposeful and productive as weaving without any warp in the loom.

There are important reasons for invoking the lessons of history. The most practical is that our profession's history can offer a "more certain sense of where we are going by helping us understand the road we took in getting where we are." (6, p vii) Just as any generation, we have an obligation to view our history from the perspective of our experience. At a time when we are redefining directions, facing problems, and changing premises, we must examine history as part of our overall assessment.

William James, the American philosopher, is reported to have declared: "We live forward, we understand backwards." (7, p 18) For those of us who have not lived long enough or taken archeological trips to the occupational therapy archives, we should know that on almost any path we choose to take, someone has already tried. Others have done most things we might elect to do and, as Richard Evans has observed, "... we can look to the
principles that have been proved and the results that have been realized in the lives that others have lived . . . We ought to be smart enough, realistic enough, observant and alert enough to know this, forward as well as backwards.” (8, p 19)

**Function of Occupation**

As one considers the emphasis of occupation as a therapeutic approach in the early decades of this century, one immediately senses the zealous pursuit of the principles of work and leisure as the central focus of the human life, even when ill or handicapped. The founding principles of occupational therapy were infused with a description of function and meaning rather than structural definition. Ideas about and styles of practice were based on the biological, sociological, and even architectural beliefs that “structure is frozen function” or “form follows function.”

In 1925, the patient was defined as “...a non-productive unit of society, an economic burden.” (8, p 277) The object of treatment was to “...hasen his return to a productive basis.” (8, p 277) The aims included “concentration of attention, to replace morbid ideas with healthy ones, to train in regular habits, to teach both mental and motor coordination of movement, and to increase morale.” (8, p 278)

Contrast the functions of occupational therapy in 1925 with the functions of work described by the eminent psychiatrist Robert Coles in 1973 and reiterated by James O’Toole, a professor of management, University of Southern California, in 1981. They stated: “When it is said that work should be ‘meaningful,’ what is meant is that it should contribute to self-esteem, to the sense of fulfillment through the mastering of one’s self and one’s environment, and to the sense that one is valued by society. The fundamental question the individual worker asks is ‘What am I doing that really matters?’” (9, p 15)

Sounds suspiciously like a rational and reasoned description of functions of occupational therapy today.

**The Properties of Occupation**

Within recent decades many of us have turned our backs on the value and properties of occupation, and, in doing so, we have altered markedly the original assertion stated in the Certificate of Incorporation of the National Society for the Promotion of Occupational Therapy: “The impact of occupation upon human beings.” (10) This change has taken place in an atmosphere of our wishing to become more highly visible and acceptable to our neighbors who own and occupy adjacent property and at the expense of our uniqueness.

We have so sufficiently blended into the neighborhood of tract houses that we look and behave pretty much the way everyone else does. Few persons now drive by and joyously exclaim, “Look, there is where the occupational therapy people live!” Does our way of life now center on what Adolf Meyer considered a philosophy of reality: “... the larger rhythms of night and day, of sleep and waking hours ... the big four—work and play and rest and sleep which our organism must be able to balance even under difficulty ...”? (11, p 641)

A few years ago, the psychiatrist Bockhoven offered us his belief that occupational therapists have an “...inborn respect for the realities of life, for the real tasks of living, and for the time the individual takes to develop his modes of coping with his tasks ...” (12, p 225) He also asserted: “... occupational therapy is almost the only remaining discipline that has more respect for people in actual situations than for fanciful pet ideas about human behavior.” (12, p 225) One has the right to query: “To what degree is all of this true today?”

Recently, Fidler alerted us to the fact that descriptions of meanings and use of activity are missing in our literature. She surmises: “This seems to reflect the limited degree to which activities are perceived as credible modalities in occupational therapy. A cycle of no investigation—no description—no information—little understanding creates a lack of incentive for their use. What one does not know or understand, one cannot use.” (13, p 569)

One recommendation for remedying this serious turn of events is for some of us to attend to the properties of occupation, to conduct a re-examination of what therapists, assistants, and their associates of decades past did and learned in their employment of purposeful and meaningful activity. A re-codification of those and more contemporary engagements in occupation, as they relate to the present human’s condition, is critically needed; that is, a continuum of one’s expressive involvement in work, leisure, rest, and even sleep. This could well signal the beginning of a return to the Meyerian philosophy of reality, which is where twentieth
Conclusion
This expedition to our past may offer some aid and encouragement to those of us who believe that the founding principles and the inherent beliefs of the occupational therapy pioneers were valid then and, with some alterations in emphasis and language, should remain in the cornerstones of our contemporary endeavors. Those timeless principles dealt with purposeful occupation, the conjointness of the mind and body, doing and learning, and the therapeutic use of oneself. From such an affirmation, we should be able to make significant headway to a resolution of our conflicts rationally and reasonably, whether they are within ourselves or in practice.

We should keep a wary eye on what we understand about what has come before. If more people cared about the values of the past, we might see our present concerns in a far more favorable light. To live forward and to understand backwards is the approach to our future way of life.

REFERENCES
1. Robeson HA: How can occupational therapy help the social service worker. Occup Ther Rehab 5(4): August 1926