THE FOUNDATION

A Vision of Society in the 21st Century

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Early in 1999, the American Occupational Therapy Foundation (AOTF) began one of its periodic reviews of its mission and purposes on behalf of occupational therapy. In so doing, the Board of Directors asked the Foundation’s Research Development Committee (RDC) to provide a vision for the future, one that would guide the development of new programs in the 21st century. The RDC has long been the Foundation’s think tank with regard to research and scholarship. Originally conceived of and chaired by Professor Elizabeth Yerxa (1982) and led by others of equal prestige in the occupational therapy community (Ann Grady, Gary Kielhofner, Winnie Dunn, among others), the RDC seemed especially well qualified to reflect on the future of those activities that AOTF might want to support through its programs.

In October 1999, the RDC met in conjunction with the regular meeting of the Research Advisory Council (RAC) and projected a vision of the future that was then examined in collaboration with the RAC. (A list of contributors to these discussions appears at the end of the article.)

The result of these deliberations was a vision that helped to stimulate the concept of an Institute for the Study of Occupation and Health. This vision statement is published here in support of the Institute [see AJOT, 55(6):693–694] and as an invitation to practitioners, scholars, and educators in the profession who want to contribute to a society in which occupation is viewed as a means of ensuring health for all citizens.

A Society That Values Occupation

In beginning its work, the group projected the following five concepts that describe the society it hopes occupational therapists will help to build:

1. There will be societal consciousness around the role that participation in life activities plays in: health and well-being (or alternatively, disease and despair); creating and defining fundamental personal, familial, and societal identity and lived experience (doing, becoming, and being); and an understanding of the ecological network of participation patterns among individuals. Educated women with careers can afford day care for their children; in turn, some overburdened grandmothers may be relieved of child care responsibilities.

2. There will be equality of opportunity across a global society for access to resources needed for full societal participation, that is, equalized access across and within nations, through reduced poverty; stabilized population; a healthy,
sustainable natural environment; educated and occupation-empowered women; and an extension of this last option not only to women, but also to different ethnicity groups, disability groups, and so forth.

3. There will be integrated (inclusive) societal participation of individuals and groups, that is, participation not demarcated or segregated by age, gender, disease, or disability; all members of the society will have equality in terms of the options available to them.

4. There will be a forward-looking preventive perspective and action to address potential problems before they actualize, that is, to create contexts, reduce inequalities, and optimize resources before situations become problems for individuals and society.

5. The use of technology will be easily integrated into human life, fully accessible, and facilitating rather than alienating with regard to full societal participation.

In this society, occupational therapists will:

1. Assess, intervene, and achieve outcomes that are focused at the societal participation level. The top–down approach occurs at both assessment and intervention levels (occupation-based practice). Although there are documented benefits to bodily function and structure that are derived from participation-level intervention, improvement in bodily function and structure (the reduction of impairment) is not the goal of intervention. Rather, the goal is focused at the societal participation level. This focus does not preclude recognizing the need to address bodily function and structure attributes that may help or hinder the achievement of participation goals. However, the primary medium of achieving successful occupational performance is occupation rather than bodily function and structure interventions.

2. Focus on the orchestration and constellation of occupation across time rather than on fixing decontextualized and detemporalized activity performances. In this contextualized, temporalized approach, the therapist understands and practices in relation to the historicity of the individual as it plays itself out in current and projected future participation. The therapist understands how action and activity patterns in distal and proximal time periods predict and influence current and future occupation.

3. Have a practice paradigm that is predicated on the transactional relationship among person, occupation, and environment. There is no person–environment dichotomy, just as there is no mind–body dichotomy. The therapist and clinical researchers have a new language and new methods for collecting, analyzing, and interpreting data about the person-occupation-environment relationship.

4. Have as an internalized mandate of occupational therapy the promotion of equal opportunity for access to resources needed for full societal participation and the promotion of inclusion of all individuals in participation. The therapist perceives the reduction of poverty; the stabilization of the population; the achievement of a sustainable, natural environment; and the empowerment of women as problems that fall within the practice domain of occupational therapy insofar as these problems relate to the domain of societal health. The therapist is a reformer and policymaker who creates changes in these areas.

5. Be available to clients at multiple points of access (“storefront practice”). The therapist may receive or give referrals to address social participation factors. The therapist is not an “allied” health provider but, rather, a primary provider.

6. Will provide fluid, preventive, and responsive service delivery that occurs across multiple domains (individuals, families, institutions, societies), methods (hands-on, consultation, coaching, teaching, facilitating), contexts (homes, service-based institutions, schools, industry, community), and time periods and durations (long, short, as needed, on-call).

Occupational therapy is noninstitutional and nondiagnostic and focuses on distilling the key transactions that are helping or hindering individuals. The occupational therapist is an educator and facilitator who assists clients to construct and design and redesign their action in time and space. The therapist is “on call,” serving as a consultant over time based on client need, and as such, he or she flows in and out of people’s lives. The therapist provides client-centered care with astute critical analysis and reasoning skills, using a variety of tools and theories and having broad knowledge for generalization of practice.