Dreams, Dilemmas, and Decisions for Occupational Therapy Practice in a New Millennium: An American Perspective

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This article presents the assumption that the 21st century will have characteristics that are important to occupational therapists and the persons they serve. These characteristics include increases in chronicity, knowledge of human purpose, complexity of living, emphasis on personal power, awareness of demands from the environments where persons live and work, and a new conceptualization of health as persons’ capacities to achieve goals through a repertoire of skills. The 21st century can lead into the millennium because occupational therapists can help persons become their own agents of competency, remove social barriers to their self-definition, and thrive in their environments.

Assumptions

As I enter this debate I bring a set of assumptions. The 21st century will possess characteristics that are of great importance to occupational therapists and the persons we serve.

First, the next century will begin an era of chronicity beyond that which the world has ever known. The population of persons with impairments will increase markedly, as will the number of persons at risk. This era of chronicity will result from the successes of medical technology, the aging of the populace, and the preservation of biological life on an unprecedented scale (Robinson, 1988).

Second, new knowledge emanating from the sciences, philosophy, literature, and the arts will affirm the significance of the uniqueness, individuality and wholeness of each person (Edelman, 1992; Thelen, 1990). This new knowledge will enlighten scientists about life span development and the evolution of our species. Research, at last, will emphasize human purpose, action, goal-directedness, interests, curiosity, and consciousness, as well as the joy, despair, or boredom that persons experience when they engage in their daily rounds of activity (Csikszentmihalyi, 1975).

Third, daily life will increase in complexity (Toffler, 1981). Successful accomplishment of the activities of daily living will be much more challenging because of increased urbanization, the diversity of cultures interacting, the multiplicity of social role expectations, high technology, and the difficulty of educating children for competency in an instantaneously changing environment.

Fourth, the future will bring an increased emphasis on personal power, autonomy, self-direction, and self-responsibility, with a decrease in the influence of traditional paternalistic political and social systems. Persons will demand to control their own destinies and to participate in the decisions that affect them.

Fifth, the 21st century will see a new conceptualization of health, a shift away from the old idea that health means the absence of disease, pathology, or impairment. The new idea of health is reflected, for example, in Pörn’s (in press) philosophy. He defined health as persons’ capacities to achieve their goals and purposes through possession of a repertoire of skills.

Sixth, the new era will bring an increased awareness...
of attending to the demands of the environments in which persons actually live and work. Persons will learn such skills as mathematical computation, not by classroom drills and tests divorced from the pulsating rhythms of life, but in the real world of the supermarket, office, and shopping mall.

Research has demonstrated not only that transferring skills from the academic environment to the real world is difficult but that the skills learned are different (Lave, 1988). Thus learning a skill in a classroom might develop competency for schoolwork but not for the challenges of daily life.

Dreams
Within this context of the future, being an optimist and an occupational therapist (and the two characteristics usually do go together), I have a dream. My most audacious dream is that the 21st century will begin the millennium of occupation. Occupation, as engagement in self-initiated, self-directed, adaptive, purposeful, culturally relevant, organized activity, speaks to my assumptions about the future in compelling ways. The era of chronicity requires that some profession recognize and reclaim the potential of persons with chronic conditions or at risk of developing them, so that these persons can achieve their purposes and so that social barriers to their self-definition will be removed. I nominate occupational therapy as that profession.

The new understanding emanating from the sciences about individuality and wholeness needs to be synthesized with the 70 years of knowledge about human activity, development, learning, and evolution that are embedded in the rich history of occupational therapy. We knew it all the time! For example, we knew that infants are driven by their unique curiosity to explore the world, learn from their experiences, and thus shape their nervous systems (Reilly, 1974). Engagement in occupation cannot be divorced from the meaning it possesses for the person.

The increased complexity of daily life for all persons demands a profession that knows a great deal about daily routines and how persons manage and thrive in their environments. My global travels have shown that occupational therapists everywhere focus on engagement in daily life, regardless of other differences in practice. Alvin Toffler (1981), the futurologist, proposed that all persons, not just those with impairments, will need “life organizers” (p. 377) to help them deal with the complexity of daily life in the 21st century. I nominate occupational therapists to be tomorrow’s life organizers, using our knowledge of activities of daily living to help persons get their lives together in a complex world.

As for the increased emphasis on autonomy and personal responsibility, occupational therapists have always involved patients or other participants in formulating and carrying out their programs. In fact, authentic occupational therapy cannot take place unless the patient becomes his or her own agent of competency via occupation. Many other health care professionals do not know how to help the patient do this because they are trained in an old paternalistic model of acute care. In his book, Medicine at the Crossroads, Konner recommended that physicians adopt a “new model” of the physician-patient bond called the “patient as colleague” (1993, p. 14) model, in which the physician and patient exchange views and plan treatment or prevention together. Occupational therapists who have used a similar approach for decades can catalyze change in the entire health care system through their skill and example. In this way more persons will take responsibility for their own health.

A vision of health as the possession of a repertoire of skills to achieve one’s own purposes fits with occupational therapy’s traditional emphasis on skill, mastery, and competence that can be attained regardless of pathology or impairment. It also suggests that occupation that develops skills can prevent illness and influence health by developing competency and making life worth living. This view of health is compatible with Reilly’s (1962) great hypothesis that human beings, through the use of their hands as energized by mind and will, can influence the state of their own health. Such a perspective on health implies that every human being has resources that can be reclaimed through occupational therapy (Montgomery, 1984).

Research demonstrating that persons need to learn skills in the environments in which their skills will be used supports occupational therapists who create a “just right challenge” (p. 251) from the environment so that the person can make an adaptive response (Robinson, 1977). It also supports the importance of providing occupational therapy in the home, community, supermarket, shopping mall, workplace, or school, not in artificial environments such as clinics or hospitals. I opened my eyes to the importance of the real life environment when I provided occupational therapy to children with cerebral palsy in a home program after 2 years of similar work in a hospital. Not only was it easier for children to learn skills when the skills did not have to be transferred to a different environment (as was necessary in the hospital), but as an occupational therapist, I could experience the challenges of their daily lives and employ them in increments that assured both a just-right challenge and a high probability of success (Burke, 1977).

Biological evolution, in all creatures, advances in relation to real environmental challenges, not before such challenges occur (Jordan, 1991). Nature does not plan ahead; only when an organism is faced with a real environmental challenge can it adapt. Occupational therapists who provide service in real life environments are not only practical but are employing the most sophisticated form of intervention supported by neurobiology, evolutionary
biology, and anthropology

Decisions and Dilemmas

What implications do these perspectives of the future hold for occupational therapy practice? Arnold Beisser (1988), a physician who became almost totally paralyzed as a result of poliomyelitis, described his experience as follows:

More important than the physical helplessness was being separated from so many of the elemental routines that occupy people. I no longer felt connected with the familiar roles I had known in family, work, sports. My place in the culture was gone. (pp. 166–167) [Italics added]

Occupational therapists will need to establish their priorities for practice in the millennium of occupation. I recommend a decision in favor of the vital, fundamental issues that are most important to the person and society: survival, work, contribution, participation, delight in one's own actions. Focus on these will influence health through development of a repertoire of skills that reconnects persons to the elemental routines of their culture, restoring their place in the world. The dilemma is that the organization of the U.S. health care system provides most of its resources for acute care, modalities, and techniques in an artificial environment that values short-term, measurable, physical changes and is not prepared to address these fundamental issues. As a result, the experiences recorded by articulate persons with disabilities—Lewis Puller (1991), Robert Murphy (1990), Arnold Beisser (1988), and Andre Dubus (1991)—as well as our research on persons with disabilities living in the community (Buxton & Yerxa, 1980) show major unmet needs for help in dealing with such elemental issues as skills for living in the community, being part of one's culture, and having something satisfying to do. These authors and our research subjects did not mention occupational therapy in connection with their difficulties in daily living or their need to develop a new repertoire of skills at home or at work. If occupational therapy was mentioned at all it was as a minor aspect of acute care in the hospital.

The era of chronicity cries out for practice founded on an optimistic view of persons, their resources and potential; one that emphasizes what is right, such as intrinsic motivation, rather than what is wrong, such as organ impairment. In spite of the Americans With Disabilities Act of 1990 (Public Law 101–336), persons with disabilities are too often stigmatized as second-class citizens or disposable persons. Unfortunately, this social attitude is so pervasive that persons with disabilities may be denied many social opportunities or internalize the stigma themselves, leading to depression and denial. This is a major dilemma. In the future world of genetic engineering and probable euthanasia, persons with disabilities are at risk of being eliminated as they were in Nazi Germany. Through new knowledge of occupation practiced by occupational therapists, these persons will be able to achieve their own purposes and to contribute to the variety and richness of society. Occupational therapists who are allies and advocates for persons with disabilities will help change society's attitudes from "those people are inferior" to "these people are fundamentally human, just like the rest of us." Through occupation this profession will reaffirm its commitment to persons with chronic conditions, a commitment initially made by Adolph Meyer (1922) and Eleanor Clarke Slagle (1922).

A final implication is that occupational therapy practice will be enriched and broadened by new interdisciplinary knowledge of occupation, which some of us have named occupational science. Tomorrow's world needs a profession that views persons as both unique and whole, who create themselves through engagement in activity as driven by their interests and curiosity. Thus occupation, rather than being trivial, will be seen as the essential connector between the developing human organism and its environment, a creator of unique neural networks, motor patterns, and life-affirming mastery.

Science and philosophy's new interest in the wholeness of human beings belies the specialization that has permeated society and medicine. Persons have been divided into minds and bodies to fit into specialists' categories of mental health and physical disabilities. One of the greatest strengths of occupational therapy education has been its insistence on preparing students to look at persons as having not only muscles and joints but feelings, perceptions, families, communities, and unique patterns of daily activity. Ours is one of the few health professions that is educated to think this way, whose practitioners can serve anyone who needs to develop skills in the presence of a challenge labeled physical, psychiatric, developmental, or environmental. Our science and clinical experiences will help reconnect the human mind and body. Strengthening our generalist outlook with new knowledge will make our profession much more adaptable to the changing conditions of tomorrow's world environment. Evolutionary biology has taught us that specialists such as dinosaurs perished when their environment changes, whereas generalists such as cockroaches and human beings survive and prosper (Jordan, 1991).

A dilemma is created by the U.S. health care system's low priority on providing resources for those labeled mentally ill and the resulting attrition in the numbers of occupational therapists adopting such practice. New knowledge of occupation that relates to skill, adaptation to changing circumstances, temporality, management and organization of the environment, and obtaining satisfaction through one's own action has a great deal to offer persons who are given psychiatric diagnostic labels. The millennium of occupation will reaffirm the commitment to improving the life opportunities of all persons regardless of diagnostic labels, because it is the right thing to do in a compassionate society and because occupational
therapists have the knowledge and skill to make it happen. In the millennium of occupation, occupational therapists will enable human beings as whole persons to be reconnected with their culture through skills. Persons with disabilities will no longer be endangered or be isolated on islands of abnormality, but will perceive themselves as skilled, competent, and capable of mastery. The era of chronicity will be answered by the millennium of occupation. Health will ultimately be perceived not as the absence of impairment but as possession of a repertoire of skills to achieve one's own purposes. Robert Murphy (1990), an anthropologist paralyzed by a spinal cord tumor, at the end of his "journey into the world of the disabled," said that

the essence of the well-lived life is the defiance of negativity, inertia and death. Life has a liturgy that must be continually celebrated and renewed; it is a feast whose sacrament is consummated in the paraplegic's breaking out from his prison of flesh and bone, and in his quest for autonomy. (p. 230)

Occupational therapists, in the new millennium of occupation, can provide a key to the prison and tools for the quest for autonomy.

References