The Issue Is

Occupational Therapy as Art and Science: Should the Older Definition Be Reclaimed?

Occupational therapists stand on the brink of health care reform where definitions matter. The definition of any entity is generally understood to be an expression of its nature, meaning, distinctions, limits, and character (Webster's New Collegiate Dictionary, 1983). As the health care system changes, therapists will reexamine the elements that define their practice as they make decisions about future directions. It thus seems apt to examine the characterization of occupational therapy found in the official definition in light of its usefulness to therapists on the brink of change.

Occupational therapy is the use of purposeful activity with individuals who are limited by physical injury or illness, psychosocial dysfunction, developmental or learning disabilities, poverty and cultural differences or the aging process in order to maximize independence, prevent disability, and maintain health. The practice encompasses evaluation, treatment, and consultation. Specific occupational therapy services include: teaching daily living skills; developing perceptual-motor skills and sensory integrative functioning; developing play skills and prevocational and leisure capacities; designing and fabricating or applying selected orthotic and prosthetic devices or selective adaptive equipment; using specifically defined crafts and exercises to enhance functional performance; administering and interpreting tests such as manual muscle or range of motion tests; and adapting environments for the handicapped. These services are provided individually, in groups, or through social systems. (American Occupational Therapy Association [AOTA], 1981, p. 798)

This statement meets the seven criteria that, according to Reed and Sanderson (1983), constitute a modern definition of a profession: (a) a brief account of the unique feature of a profession, (b) the goals or purposes of the profession, (c) the populations served, (d) the service programs offered, (e) the process model used, (f) the means through which results are achieved, and (g) the use of succinctness in stating the first six criteria. The modern definition of occupational therapy serves the profession well in delimiting and distinguishing its purposes and activities, but falls short of expressing its character. The character of any entity captures its moral excellence while explaining its nature and suggests its ethos while identifying its distinctions. Some may argue that the profession's philosophy and ethical code assert the profession's character, but neither of these documents does so. The profession's philosophy (AOTA, 1979) argues its beliefs about the adaptive nature of persons and the therapeutic value of activity. The Code of Ethics (AOTA, 1988) describes the principles that should guide the conduct of practitioners. Neither characterizes the profession.

An older definition served the profession well in identifying its character as that of an "art and science." In 1972, AOTA's Council on Standards defined the profession thus:

Occupational therapy is the art and science of directing man's [sic] participation in selected tasks to restore, reinforce, and enhance performance, facilitate learning of those skills and functions essential for adaptation and productivity, diminish or correct pathology, and to promote and maintain health. Its fundamental concern is the capacity, throughout the life span, to perform with satisfaction to self and others those tasks and roles essential to productive living and to mastery of self and the environment. (p. 204)

The Older Definition: An Affirmation of Character and Excellence

The descriptive phrase "art and science" affirmed a blend of practice epistemologies and functions that derive from older practices; in doing so it suggested its ethos and moral excellence. Mosey (1981) described the art of occupational therapy as the capacity to establish rapport, to empathize, and to guide others to make use of their potential. She described its science as the gathering of data to develop, verify, or refine new theories. More recent research on clinical reasoning has affirmed and elaborated on this older characterization of practice with the newer language of interactive, conditional, and procedural reasoning (Fleming, 1991). Seen as an art and science, occupational therapy enacts the excellences of each older practice while endorsing yet another excellence that characterizes its coexistence.

Art and science are kindred and complementary, and occupational therapy moves fluidly between them. Any characterization that calls a profession both art and science implies that if the practices of art and science are dual and distinct, they are not dichotomous. In fact, much within the general literature on art and science argues their common features; that literature resonates strongly with occupational therapy practice. Koestler (1964) saw the fundamental link between art and science as the
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