At the 1991 American Occupational Therapy Association (AOTA) Annual Conference, we had an opportunity to focus on directions for the future of occupational therapy, including potential effects of environmental change on occupational therapy practice. At that time, I suggested that looking into the future was like viewing the world through a kaleidoscope. Like the turn of the kaleidoscope, any significant turn of events in the world meant that everything we take for granted in occupational therapy practice could be reconfigured into new patterns and relationships. I would like to refer to the kaleidoscope again, but this time encourage you to see it as a symbol of our internal development as a profession. If the pieces in the kaleidoscope represent the foundation of our profession, including our philosophy, values and principles, and systems and practice, then although the pieces may have been configured differently over time or in different situations, all the pieces remain within the kaleidoscope and become symbols of both stability and change. Therefore, every practice within our profession should contain the pieces or core philosophy articulated by our founders and their followers, even though the model of practice may look different from program to program or from decade to decade. On this 75th anniversary of our profession, it seems appropriate to revisit the concepts in the kaleidoscope and reaffirm the visions held by our founders. We can reaffirm the idea that being meaningfully occupied provides direction for individuals and that successful engagement in the activity leads to individual satisfaction and promotes health and well-being.

Occupation encompasses ideas about life roles. We frequently envision ourselves doing something that is often related to our role or a role we aspire to assume. As children we tried on many roles, playing the part and eventually choosing one of those roles to pursue. As children we tended to see ourselves as being something like a fireman or physician or parent or teacher but thought less about the process of becoming something or someone. As we got older, seeing ourselves engaged in a role or activity began to take on new meaning. We could not only see ourselves as being something or someone, but we also visualized ourselves actually engaged in the process of becoming or doing. Our vision of ourselves actively involved in occupation included consideration of physical, social, and psychological aspects of the process. A young woman who dreams of being a ballet dancer sees herself performing the dance, moving gracefully from one position to another. She sees the outcome of the performance as well as the components required for the performance. She may even experience a sense of movement, including the velocity and range of movement as part of the vision. Movement, sequence, continuity, and order are organized in her mind as a sense of enjoyment and accomplishment in her potential role as a dancer.

Visions of engagement in occupation provide preparation and practice of performance components required to succeed as well as images of successful attainment of goals. Dr. Elizabeth Yerxa reflected on occupation as both a human process of engagement and an outcome (1992). According to Yerxa (1992), “every human being possesses potential that can be achieved through engagement in occupation” (p. 82). Perhaps visions of engagement play a powerful role in realizing that potential, especially among persons who have lost or failed to develop the ability to perform life roles. How does vision and ability to visualize oneself engaged in activity have the potential for affecting the outcome of actual performance?

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But above all, vision means seeing possibilities. Occupational therapists play a unique role in helping people see possibilities and develop the skills required to translate possibility into reality. Seeing possibilities may indeed be the foundation for health and well-being.

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• Vision generates excitement. Like going on any trip, an idea about what to expect at the end of the journey motivates us to continue and mentally and physically prepare for being there.
• Vision creates order. Seeing oneself in a role and achieving a goal gives structure and organization to the process.
• Vision creates clarity, because looking ahead and anticipating the end means that we can more clearly see important steps to achieving this goal and eliminate those actions not central to the goal.
• Vision provides criteria for success, because knowing a desired outcome becomes our internal measure of achievement.

But above all, vision means seeing possibilities. Occupational therapists play a unique role in helping people see possibilities and develop the skills required to translate possibility into reality. Seeing possibilities may indeed be the foundation for health and well-being. Having the road map with its alternatives for life changes of illness or disability, means that even under difficult circumstances, particularly when faced with devastating life changes of illness or disability, a person can still see choices and make them. Choosing meaningful ways to spend time, choosing one's own direction, and choosing to determine the outcome of one's own action all constitute seeing possibilities in ways that produce health despite presence of disease or disability.

I am sure you know persons as I do who are dealing with devastating circumstances, particularly life-threatening illness, but who manage to find purposeful, meaningful ways to spend their time and goals that are achievable in their lifetime. In her Eleanor Clarke Slagle lecture, Susan Fine gave countless examples of persons who were adapting successfully to adversity in their lives because they could see possibilities (Fine, 1991). A woman I know with terminal cancer decided she wanted to write letters to her children, which they would read at milestones in their lives. She saw possibilities for creating a legacy, and that goal provided purpose and organization for the way she spent her time as well a sense of completion when she died. She would tell you that she enjoyed health and well-being despite the fact that others saw disease and death.

Some of you may remember Johnny Wilder, who performed at last year's opening ceremony. Johnny was a successful performer until an auto accident left him with quadriplegia. The only meaningful occupation for him was music. An occupational therapist saw possibilities for him to perform again at least for his own enjoyment and shared his vision by providing him with an adapted tape recorder and a small room to begin performing. As he returned more fully to his music, he discovered that sophisticated computer technology could take him back into composing and recording, but he still wanted to perform on stage. He visualized every detail of stage performance, including hitting the high notes despite respiratory limitation. When he appeared on stage last year, it was the first time since his accident that he had been on a stage that size with such sophisticated audio equipment and such a large audience. But he was prepared because he had seen himself in that role and rehearsed literally and figuratively for the moment. Even when some equipment failed, he adapted because he had alternatives and choices to call forth. Perhaps you remember the expression on his face when he successfully hit the high notes and the audience responded with a wave of applause. He achieved his goal, and the satisfaction and enjoyment were obvious. His response supports an important concept put forth by our founders. They stressed enjoyment in doing and achieving as an important component of meaningfulness. Enjoyment comes when we gain personal control as a result of the experience, accomplish the unexpected, and stretch previous ideas about limits (Csikszentmihalyi, 1990). Is there still enjoyment in occupational therapy, or have we become so controlled with the realities of productivity, reimbursement, and modalities that we are failing to see the process as part of the outcome and therefore measurable, reimbursable, and valuable?

Individuals’ visions of themselves meaningfully occupied, achieving their goals, and succeeding in roles are closely connected to visions our founders held for a new profession. Occupational therapy was founded on a visionary ideal that human beings need and are nurtured by their activity (Yerxa, 1992). The vision for our profession began with the same values we hold for individuals and was based on the same principles as those contained in an individual’s pursuit of meaningful engagement in occupation. Ideas for the profession of occupational therapy emerged from proposals for educational reform that focused on the value of an individual and the right of self-determination. John Dewey (1910) believed that engagement in occupation was fundamental to learning, because learning was enhanced by simultaneously applying information to completion of an activity. Each stage of activity naturally prepared for the next stage. Dewey proposed that for occupation to be meaningful, it must be of interest, be worthwhile intrinsically, and present problems that awaken curiosity and lead to development. Dewey set the stage for development of the idea that meaning is rooted in the occupation’s intrinsic value to people, the potential to engage them, and the possibility for changing their ability.

The other day we heard a woman with quadriplegia describe her experiences in rehabilitation shortly after her injury 20 years ago. She was a teenager and unable to move. But twice a week, she went to occupational therapy and painted small pictures with a mouth stick. She then sent the pictures to her friends and family. She said it was the only time day or night all week that she did anything herself and she could never overestimate the importance of doing something independently. Her work also resulted in something that could be shared and admired by others close to her, thus connecting her socially with the world. Her small beginning with painting restored confidence and led her to see possibilities for other ways to learn and function in the world. Her occupational therapist provided the tools for an enjoyable activity and helped create a vision, or a road map, for ways life might be lived satisfactorily despite significant changes in expectations. Besides experiencing immediate satisfaction from the activity of painting and...
seeing possibilities for the conceivable future, she learned skills that transferred later to the inconceivable future of electronic technology and began to use a computer with her mouth stick.

Adolph Meyer saw occupation as applicable to situations outside of the traditional education setting and began to speak about occupation and health. He said, "A new step was to rise from a freer concept of work, from a concept of free and pleasant and profitable occupation—including any form of helpful enjoyment as the leading principle" (Meyer, 1977, p. 639). He emphasized the following:

1. A proper sense of occupation must be broad and encompassing, stressing pleasure and fulfillment in activity.
2. Such human activity is always structured by the duration of time and the rhythms of life.
3. Occupational therapy helps humans adapt within their circumstances through activities that promote the enjoyment of life.

Was not it interesting to hear Thomas Sutherland describe his life as a hostage? Whether alone or with a fellow hostage, he set up a routine for his daily life, addressing first daily needs and then ways to occupy his time. Using any scraps of material available, they made Scrabble and Monopoly games. They exercised within limits, engaged in social discourse, and read or wrote when possible. They have a need to structure time, create order, and engage in both physical and mental activity. They created a familiar life-style where nothing remotely familiar existed. Their need to be meaningfully occupied led them to adapt to circumstances with as much enjoyment as possible. Except for some physical trauma, most of the hostages seemed to emerge from their experience in a healthy state. Meyer (1977) concurred when he stated that "man learns to organize time and he does it in terms of doing things, and one of the many good things he does between eating, drinking and wholesome nutrition generally, and the flights of fancy and aspiration, we call work and occupation" (p. 642). In more contemporary times, Kegan (1982) said that the most fundamental thing we do with what happens to us is organize it.

William Dunton (1931) agreed with the value of occupation by saying that "no matter what may be the environment, occupation of some sort is a necessity for men, women and children. It is our duty, therefore, in caring for the sick to provide occupations which will be to their benefit and will aid in recovery. Choice to some degree is best left to the patient because it is desirable to engage his interest in the work he is doing" (p. 121). Other founders applied concepts of occupation to define the profession that was emerging from their vision. Tracy (1918) wrote, "By occupational I mean a mode of activity on the part of the child which reproduces or runs parallel to some form of work carried on in social life. The fundamental point in the psychology of an occupation is that it maintains a balance between the intellectual and the practical phases of experience" (p. 13). Hall (1923) noted that occupational therapy promotes concentration and perseverance. He said, "At a time when for obvious reasons a patient could not undertake in even a small way the details of his customary work, he may through occupational therapy be able to make an effort equal to that which will later be needed in his life outside the hospital" (p. 15).

Eleanor Clark Slagle thought some principle aims of occupational therapy in mental health were to promote motivation, habit training, and grading of occupational effort with goals of returning patients to community life or enhancing life in the hospital if continued hospitalization was necessary. According to Slagle (1924), patients readjust both socially and industrially through organized occupation. Johnson (1920) included the idea that "treatment by occupation [is] ... a training in adaptation under new and difficult conditions" (p. 69). An annual report from the Children's Hospital in Denver, Colorado, some time in the late 1930s or early 1940s contained the following description of adaptation to new situations:

The scope of occupational therapy is wide. Diversional therapy comprises simple, prescribed activities, including recreation, which serve to reduce rest, to control general exercise, to prevent neuroses and to sustain morale. Many of our youths are away from home for the first time. It is hard for them to adjust to new surroundings and new and strange faces. It is very gratifying to see a shy, homesick child blossom out into a happy personality when he is given an interest through creative and self expression. The adjustment does not take place only in the workshop but, through the confidence gained and social contacts made with other children in a more normal atmosphere in the workshop, the child makes a better patient when in his ward. It is hard for a child with a rheumatic condition to maintain the bed rest necessary to aid in his recovery. If he is given a light, guided activity his rest is gained more readily and his restlessness eased than if he were left on his own with nothing to center his interest upon. Functional therapy comprises prescribed activities planned to assist in the restoration of articular and muscular function. (Amesse, 1947)

From our founders and early practitioners we heard words like work, organize, order, adapt, engagement, purpose, concentration, perseverance, enjoyment, rest, and social interaction.

A clear vision of a profession emerges. In the vision, the new profession addresses a person in context, considers the mind-body relationship, and depends on broad-based, integrated knowledge across many fields of study. Meyer (1977) organized the vision into statements of values and principles. Values help to focus the map and are intricately connected with vision. Meyer's values included time, work, activity, reality, actuality, and performance. Principles emerge from values to state fundamental truths and provide guidance in organizing the systems for practice and the practice itself.

Meyer's (1977) principles included the following:

- Active interaction with the environment maintains and balances the individual.
- The mind and body work in unison, and this link must be studied and appreciated.
- Natural rhythms have a positive effect on well-being and human performance.
- There is a need for balance in all spheres of occupation.

It must be clear to you as it is to me that a very rich heritage has made occupational therapy strong and has sustained it through many decades of change. The core of our profession has not changed; only the environments in which we apply the principles, methods, media, and modalities have
changed. We need to be constantly vigilant to build rather than divide our core base of practice. We need to make decisions that support our core values about meaningful activity and active involvement by persons themselves rather than expend undue concern espousing those things we do to people through the overuse of therapeutic technology. Technology in occupational therapy has always been meant to enable people to do things themselves and not used for doing something to someone.

Although we have been focusing on our past, the domain of leaders is the future. The leader’s unique legacy is the creation of valued institutions that survive over time (Kouzes & Posner, 1987). In the past, I spoke about developing leadership in pursuit of our external relationships or in response to our environment and even as a means for empowering consumers. Today, I call upon us to provide the leadership needed to continue developing knowledge based on our founders’ vision and to find a myriad of ways to apply that knowledge to the challenges of practice in the 21st century. Meyer (1977) said, “It takes rare gifts and talents and rare personalities to be real pathfinders in this work. There are no royal roads; it is all a problem of being true to one’s own nature and opportunities and of teaching others to do the same with themselves” (p. 641). In recent times, Kotter (1985) noted that “beyond the yellow brick road of naiveté and the mugger’s lane of cynicism, there is a narrow path, poorly lit, hard to find and even harder to stay on once found. People who have the skill and perseverance to take that path serve us in countless ways. We need more of these people. Many more.”

(Preface)

We have explored the visions of our founders—they are familiar, comfortable, and insightful. But they are also new and exciting because we are considering these visions in light of new environments and complex challenges. In his poem Little Gidding, T. S. Eliot said, “We shall not cease from exploration and the end of all our exploring will be to arrive where we started and to know the place for the first time” (Barlett, 1980, p. 808).

During my presidency, we pursued several visions:

- We anticipated change and explored the future in order to prepare for the events that have been predicted.
- We focused on leadership for a new century and prepared to develop new leaders and new leadership skills.
- We confirmed the idea expressed by DePree (1989) that leadership is more an art, a belief, and a condition of the heart than a set of things to do. The process of becoming a leader is much the same as the process of developing as an integrated human being. The visible signs of artful leadership are ultimately expressed in its practice. Leadership practice that makes doing possible for others is much like the practice of occupational therapy at its best.
- We responded to current environmental changes, particularly the technology explosion, and reaffirmed assistive technology as central to occupational therapy practice and living for persons with differing abilities.
- We pursued and reaffirmed our philosophy of responding to priorities and choices of consumers, recognizing that our philosophy of persons doing for themselves and being actively involved in the process is now on the forefront of a rapidly growing consumer movement.
- Finally, we espoused collaboration with our colleagues and our communities, which led to new relationships and new realities. We know that we have experienced only the beginning of seeing possibilities for collaborative relationships in the future.

Some of you have asked what I will do with all my time when I leave the presidency. I want to dispel any doubt that I will not be meaningfully occupied. Upon returning to Colorado, I plan to go to the mountains and relax. Because I know that enjoyment comes from engaging in a novel experience, I expect to enjoy myself enormously. I hope to catch enough snow for a mind–body experience of cross-country skiing. And as the snow melts, I will sit back and reflect on three very incredible years as President of AOTA, for which I am profoundly grateful to you, the members.

Acknowledgment

This presidential address is dedicated to Susan C. Grady (1959–1991).

References


