Human beings engage in many activities during their lives, but their engagement depends on a variety of conditions. One condition is that the activity must be meaningful in some way. When people attempt to interact with or influence their surroundings, whether for themselves or for others, they need to see results that allow them to perceive themselves as effective. Causal intent is a direct precipitant of action; purpose, action, and occupation are inextricable. The will to 'make a difference' pervades human beings. People feel that they must influence their world. This compelling feature of human behavior permeates human occupation. Making a difference is a way of describing the influence a person has on the concrete and social worlds. This influence can be described in terms of development or evolution (Darwin, 1914; Dewey, 1916).

Human development and occupation replicate their ancestral origins in their sequence of growth and acquisition. Development and occupation are innately and acquisitionally dedicated to the survival of the individual and the species (Freud, 1918/1946). People are motivated by their inherent nature and the demands of their world to act on their own behalf and on behalf of their kin or society. The need to make a difference remains as evolution and development proceed; only the level of involvement alters. The continuation of the developmental and developmental genetic process depends on the feedback received. Whether feedback is described in terms of proprioception (Tromby, 1982a, 1982b), feelings of efficacy (Fidler, 1981; Fidler & Fidler, 1978; White, 1963), or group dynamics, people act on the assumption that the action they take will make a difference for themselves or others.

An environmental response is sought and must be perceived, for without response, there is no connection between the person and the world. Making a difference refers to a person's involvement, response, and occupation in the sense of occupying or taking one's place in the world (Breines, 1986; Mead, 1932). In other words, human performance is restricted and enhanced by the forces and influences of the person's surroundings; therefore, human action can be understood only in terms of the relationships it generates with the world. Whether the action is devoted to solving problems of the self or problems of society, it is directed at making things happen. The simple expectation that action results in reaction is the factor that steams the engine of performance. Without such an expectation, a person's motivation to act disappears, leaving individual or societal needs unmet.

I believe this is the principle upon which occupational therapy is built, the foundational concept for our profession's principles of occupation. Human beings need to be active and, by that action, to contribute to their own well-being and the well-being of others. When a person is unable to act, it is the therapist's role to facilitate performance, enabling that person to function without intervention, and by functioning, to make a contribution to the world. People must make a difference for themselves or others in order to function and continue to grow. This is the rationale for our philosophy, our science, our art, and our practice.

The synthesis of automatic performance with purpose leads to active occupation, which is directed at creating change and altering experience throughout life. By virtue of both nature and nurture, our evolution, our development, and our history provide a foundation of automatic performance phenomena. These automatic elements of performance enable deliberate, purposeful activity to meet human needs. Active occupation is possible because of the synchrony of its automatic and deliberate elements.

This interaction of automation and intention occurs throughout life at many levels of performance; the actions themselves span a development-
tal continuum. Initial action is primarily egocentric; subsequent action is influenced by the environment of space and objects, and mature action is influenced by the social environment (achieved through consensus with other people) while retaining aspects of all that has gone before (Breines, 1986). This sequence is repeated every time a new skill is acquired. The person interacts with the environment, ultimately using newly acquired skills to meet society's needs. This sequence is pertinent to (a) the development of humankind, (b) individual lifelong development, and (c) the development of contributory skills within each phase of life. It is also pertinent to the reeducation of skills. For example, the infant, with its instinctive rooting reflex, searches and suckles; the child, unbound by primitive reflexes, runs and climbs and plays. All of these activities prepare children for the adult roles of hunter/gatherer, farmer, industrialist, computer technologist, or parent, as history and environment require. When these skills are restricted by circumstance, they must be relearned. In essence, the themes of evolution and development are repeated throughout life, as observed in the actions people make not only on their own behalf, but also on behalf of society.

Viewing the developmental and relational aspects of active occupation, one can begin to ascertain the significance of these concepts in terms of health. A person who perceives or comprehends his or her own actions in relation to the environment remains engaged with that environment, which results in further involvement. Were one's action or one's ability to perceive the relationship between actions to be impaired, function and development would be diminished or even cease. Occupational therapy addresses the implications of this phenomenon. One must demonstrate skill on preliminary levels of performance to be able to act purposefully upon one's surroundings, that is, one must walk before one can hunt. Furthermore, this interaction between the self and the environment occurs at all levels of body action, self-care, skill building, social interaction, work, and leisure. When learning the skills of life, human beings must anticipate reactions, gain control, and achieve rewards in the form of success, or they will not continue to strive. It is this condition of continued striving to make a contribution, to make a difference, that occupational therapists help patients to achieve. This, in fact, is a measure of health, for the person and for society. I believe it is also the principle for which occupational therapy stands.

This treatment philosophy has many implications. If the purpose of one's engagement in active occupation is to be healthful, then the activity must be perceived as contributory. The arguments about the usefulness of crafts, exercise, or biofeedback (Breines, 1984; Fidler, 1981; Huss, 1981; and Trombly, 1982a) are secondary to the patient's view of the meaningfulness of the involvement. If patients view their activities as contributory to themselves, their families, or society, they will continue their involvement. If they perceive tasks as meaningless, they are apt to disengage and can be expected to decline in function. Therefore, competent therapists will identify tasks and occupations that patients view as meaningful, using creative adaptation to further enhance skill levels. If patients do not view their actions as making a difference, the goal of health through active occupation (Addams, 1910; Addams, 1935; Cohen, 1983; Meyer, 1922), upon which occupational therapy is built, will not be met.

Active occupation as a tool for health has a broad evolutionary and developmental perspective. To engage in activities at any level of development, humans need to see their actions as meaningful. Therapists should keep this principle in mind when guiding patients in the selection of tasks that will contribute to their continued development and health.

References