Some Implications of Occupational Therapy’s History for Its Epistemology, Values, and Relation to Medicine

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Occupational therapy’s history is explored to identify some implications for its directions in the 21st century. The profession was founded upon visionary ideas about the nature of human beings and their vital need for activity. Occupational therapy will make a significant contribution to society if it (a) seeks and applies an epistemology consistent with studying human purposes, (b) fosters its optimistic view of human nature, and (c) clarifies its relationship to medicine and other disciplines.

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The Idea of Occupation

The concept that a person’s engagement in activity is important for health was proposed by Reilly (1962) as occupational therapy’s great hypothesis: “That man through the use of his hands as energized by mind and will can influence the state of his own health” (p. 2). This hypothesis presents a particular view of the nature of human beings and their activity.

The person is active, capable, free, self-directed, integrated, purposeful, and an agent who is the author of health-influencing activity. The activity, occupation, also has implicit qualities. It is significant, organized, involving, intentional, goal-directed, autotelic, and adaptive. Occupation is both a human process (the engagement) and an outcome, for example, health through increased skill, competency, or efficacy. Occupational therapy is concerned with the person and his or her occupation, which takes place in an environment. The roots of the profession are grounded in a complex, rich soil that has provided both its strength and special dilemmas.

Need to Become Scientific

Schwartz (1992) observes in this issue that many of occupational therapy’s founders urged the profession to develop a scientific foundation for practice. It is often assumed that science means a unitary way of knowing...
Based on methods adopted by the physical sciences (Rorty, 1988). This model is one in which concepts are reduced to measurable entities in order to establish causal laws (Kaplan, 1964). Such a positivistic view of science was adopted by medicine when it endorsed the Flexner report (Flexner, 1910) as the foundation for medical education (Starr, 1982).

In contrast, other scientists and philosophers argue that science, rather than being unitary, may employ a variety of approaches to knowing. They posit that the physical science model may be inappropriate and misleading for some areas of investigation, for example, those involving time, complexity, human purposes, or self-organizing living systems (Coveney & Highfield, 1990; Gergen, 1982; von Bertalanffy, 1968).

Schwartz’s (1992) comparison of the ideas of the progressives in education with the development of occupational therapy reveals that John Dewey and his colleagues used the term occupation to describe the primary activity of the child at the center of learning and schooling. The desirable qualities of an occupation — “of interest, worthwhile intrinsically, present[ing] problems that awaken curiosity and lead to development” (p. 13) — seem compatible with occupational therapy’s view of the nature of occupation.

Schwartz (1992) revealed that the progressives also sought scientific research for the validation of their pedagogical methods. However, their definition of the educational experience was so broad and multifaceted that it “would be difficult to reduce it into parts that might be studied in the typical laboratory experiment” (p. 14). In recognition of this dilemma, Dewey called for new scientific approaches of a different order from the experiments and measurements appropriate for the physical sciences. Schwartz saw the parallel between the breadth of occupational therapy and that of the progressives’ concept of education. Both disciplines were faced with wanting to support their ideas scientifically while needing new scientific tools for doing so.

Adolph Meyer (1922), a psychiatrist and one of the first philosophers of occupational therapy, corresponded with Edward Bradford Titchener, a founding father of psychology, in 1909 and again in 1918 (Leys & Evans, 1990). Their correspondence, only recently discovered, reveals contrasting views of the way that a science concerned with human beings ought to develop. While Titchener argued for a positivistic, structuralist, empirical laboratory science for psychology, Meyer, a functionalist, viewed psychiatry as the study of each individual in his or her total environment. He explained mental disease naturalistically, emphasizing the role of life experience in its etiology (Leys & Evans, 1990).

Meyer emphasized obtaining a comprehensive perspective of the patient through the use of a life history that focused on the personal, social, and psychological experiences influencing the patient. He viewed the mind as enabling the person to pursue specific interests and goals. Rather than envisioning a laboratory science, Meyer believed that people should be studied in interaction with their environments and that the mind could be understood only through its use in everyday life. He insisted on including the patient’s subjective experience as data worthy of study (Leys & Evans, 1990).

By contrast, Titchener believed that a scientific psychology should be reduced to a microscopic description of the elementary sensations of the mind. He rigorously excluded meaning, function, or purpose (teleology) as unscientific. Watson, another psychologist, launched behaviorism in 1913 as a science of prediction and control that emphasized objectively observable behavior. Behaviorism was compatible with Titchener’s positivism because it excluded meaning and purpose. Titchener’s and Watson’s ideas supported each other, while Meyer could not reconcile his views with theirs (Leys & Evans, 1990). Meyer argued for the importance of actual lived experience in the study of humans:

One of the first things that has proved of value in this direction [functional-pragmatic approach] has been the abandonment of fussing over supposed elements of psychology and the attempt to explain the chains of events out of such elements. It proved to be much more satisfactory to speak in terms of situation, reaction and final adjustment. . . . It is better to use the broad concepts of instincts, habits, interests and specific experiences and capacities, than the concepts of structural analysis at the present stage of our biological knowledge. (Meyer, 1908, p. 598)

Meyer and Titchener never reconciled. Their correspondence ended in 1918.

Meyer and Dewey both proposed new scientific approaches designed to (a) deal with complexity and (b) retain the data of human experience as central to inquiry. Both saw the need for a science to address human goals, purposes, and active engagement with the environment. Both had an optimistic view of human capacities. The unresolved issues regarding the appropriate science of occupational therapy continue to be discussed today (Henderson et al., 1991; Kiellofner & Burke, 1983; Yerxa, 1991).

**Influence of Medicine**

Peloquin (1991) documented the influence of physicians on the thought and practices of the new profession of occupational therapy in the early 20th century. She cited Dunton’s view that the “major object” of occupational therapy should be “cure” (p. 735). This belief reflects medicine’s valuing of the eradication of disease and pathology (Sieghler & Osmond, 1974). But what, if any, role did occupational therapy have when a cure cannot be accomplished? Dunton apparently acknowledged the reality of a handicap. Bing (1992) quoted Dunton as defining a handicap as “anything which frustrates us from what we want to do” (pp. 28–29). In his use of “we,” Dunton seemed...
to incorporate the person with a handicap into "our" society and related handicap to "our" goals and purposes.

Occupational therapists seem to have had some ambivalence regarding the profession's relationship to medicine (Colman, 1992; Litterst, 1992; Peloquin, 1991). Medicine represented the potential dominance of an ideology based in the physical sciences, promulgated by a socially powerful group of men. Conversely, the founders of occupational therapy may have believed that an alliance with medicine was a vital step for promotion of the new profession by obtaining medicine's (and society's) support and approval. The ambivalence regarding occupational therapy's relationship to medicine continues (Shannon, 1977).

Occupational therapy's history demonstrates that its perspectives of the person and occupation were broad, dynamic, and optimistic. While recognizing a need to support the profession's practice through scientific research, some of its founders argued for a new approach to science that could deal with human nature and the complexity of occupation. Occupational therapy's founders, many of whom were physicians, allied the new field with the medical profession. However, since its founding, occupational therapy has been somewhat ambivalent about its relationship to medicine, endorsing a contrasting set of values.

Implications for the Future

Epistemology

The ways of knowing employed by scholars in occupational therapy need to be debated as the profession enters the 21st century. The discourse begun by Meyer and Titchener (Leys & Evans, 1990) continues in the sciences addressing human endeavors today (Bruner, 1990; Gergen, 1982).

A primary question for the future direction of occupational therapy is this: What epistemology will be the most fruitful and ethical for our understanding of the broad, complex, integrated issues with which occupational therapy is concerned? If occupational therapists believe that people can influence their own health through the use of their hands, minds, and will (Reilly, 1962), the theories, frames of reference, and models by which occupational therapists organize their ideas will need to fit that vision. They will need to be big enough and broad enough to encompass the study of active human beings who interact with their environments and who have purposes and goals.

Science, rather than being a natural kind and therefore unitary, positivistic, and a given, is instead a construction of human beings (Kuhn, 1970; Rorty, 1988). It is a tool for understanding, not an end in itself. The tools developed by the physical sciences, although useful for elucidating objectives that obey physical laws, are inappropriate for use in understanding the broad spectrum of human purposefulness. Scholars in occupational therapy will need to discover and develop other scientific methods that are capable of casting light on the occupied and occupying human. Neither the person acting on the environment nor his or her occupation can be reduced to independent and dependent variables. To do this is to erase the person and the activity.

If the criteria of positivism do not fit the broad scope of occupational therapy, how might its ideas be assessed? The ideas of occupational therapy could be evaluated by how well they contribute to practice rather than by their precision and measurability. New criteria for the critical assessment of ideas include the extent to which the ideas of occupational therapy (theories, models, frames of reference) create intelligibility in understanding the complexity of people acting on their environments. Determination of this is essential for improvement of practice and provision of explanations of its methods. To what extent are these ideas generative of creative new perspectives? Gergen (1982), a social scientist, described generative theory as that which (a) challenges the guiding assumptions of society, (b) forms alternatives to current practices, and (c) sustains values.

A new epistemology of occupational therapy is needed. Occupational therapy needs to develop fresh models and frames of reference for practice that create intelligibility and that are generative rather than positivistic.

View of People

A second lesson for the future is that occupational therapy's assumptions about human beings need to be made explicit. In the future, will occupational therapy look at people as active, capable, free, self-directed agents or as passive, incompetent, constrained, sick, controlled, pawns (Burke, 1977)? The history of occupational therapy supports an optimistic view of human nature (Reilly, 1962). Most occupational therapists would probably agree with Henry Kisor's (1990) parents: Any person, including one who has a disability, ought to be given opportunities to try to do what he or she can do. It should not be assumed that disability, handicap, or chronic illness automatically translates into incapacity or incompetence. If occupational therapy endorses a hopeful view of human capacity, then it needs to shout this view for all to hear.

American society today has not yet discovered the capabilities and potential of people who live with the extra challenge of disability. Nor are such people widely perceived as being just like anyone else. Society does not know how to relate to people who do not recover, often perceiving them as socially or physically damaged (Wright, 1983). Thus, the life opportunities for people perceived as different because they have a disability are constrained by erroneous and limited social expectations. Medical labels such as diagnoses that emphasize pathol-
ogy contribute to this atmosphere of confusion and prejudice.

Because the next century will be one with an increasing population of people with chronic conditions (Katz & Pearson, 1988), occupational therapy's optimistic view of people will have the potential to influence both the skills and competencies that people who are disabled develop and societal attitudes toward such people. The profession will accomplish this goal by endorsing its view of human beings and incorporating that view into the ethical foundation of its knowledge and practice.

Relation to Medicine

Occupational therapists often have one foot in the medical system and the other in the patient's real world of home and community. As a bridge between these two worlds, occupational therapy needs to identify and clarify its relationship to medicine as well as to other disciplines that have something to contribute to its understanding of occupation.

Since the days of Dunton and Meyer, medical thinking and practice in the United States have become increasingly based in physical science and its technology (Starr, 1982). Occupational therapy, for a myriad of economic and conceptual reasons, is often provided in an environment in which traditional medical values of cure, acuity, and the sick role predominate. Physicians in such settings therefore may have greater enthusiasm for and understanding of modalities that employ physical curative agents (such as those used in physical therapy) than for occupational therapy, which relies on the person being the agent of improvement through the medium of activity that develops new skills. This situation and current reimbursement patterns are outside forces that pressure occupational therapy to align itself more closely with medical values and medical thinking, for example, by becoming more like physical therapy or by becoming an adjunct to drug therapy in psychiatry. Some evidence exists, however, that other disciplines and accrediting bodies are adopting occupational therapists' values and ways of thinking about patients, their potential, and the significance of their autonomy and purposes (Robinson, 1988).

The 21st century will certainly need a profession that can bridge the world of medicine with that of the patient's real world of home and community. This profession will need to understand medical thinking without adopting the medical paradigm. It will provide a service that will recognize potential, develop skills, and foster the freedom to achieve one's own purposes for every human being, including the person with the greatest challenges.

The occupational therapist of the future will need to understand medical thinking but insist on having his or her own pair of glasses with which to view the world, because society and people who have disabilities need another perspective. The occupational therapy profession will provide new opportunities for people who cannot be cured by medicine to achieve mastery over their environments and to participate in activity that is satisfying and life affirming.

Occupational therapy will need to seek allies from other disciplines that share its values (e.g., anthropology, microbiology, social psychology). It will continue to have cordial relationships with medicine while developing unique paradigms in both occupational therapy practice and scholarship. It will view occupational therapy practice as complementary to that of traditional medicine and essential to the realization of life opportunities for people who have disabilities or who are at risk. In this way, the profession will continue to interject its humanistic values and optimistic view of human nature into the health care system while focusing on people's capacities and competencies in their own environments, enabling them to be connected with the daily routines of their cultures.

Conclusion

Occupational therapy has a great deal to learn from its history. The profession was founded on the visionary idea that human beings need, and are nurtured by, their activity as by food and drink and that every human being possesses potential that can be achieved through engagement in occupation. In the 21st century, occupational therapy will have a vital role if it seeks to apply an appropriate epistemology consistent with studying human purposes, fosters its optimistic view of human nature, and clarifies its relationship to medicine and other disciplines.

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