The Subject Is Health: Not of Facts, but of Values

Some months ago, 33,000 feet over western North Carolina, I became acquainted with my seatmate on a trip to Texas, a 34-year-old college graduate, bright, articulate, extremely well versed in his profession, the management of fund raising for nonprofit agencies and health institutions. He is a devout Quaker and knows about our profession because of his work. What he did not know was the direct relationship between his faith and occupational therapy, whose roots arrived in the U.S. in the Quakers' religious and intellectual luggage.

As we conversed, we found ourselves in dialogue about our undergraduate days. Proudly and correctly he declared that, even though he was in the anti-Viet Nam movement of more than a decade ago and did his share of demonstrating against the trouble we were in, he graduated and now belongs to the best technologically prepared generation this country has ever known. Yet he was not exposed in the classroom or laboratory to the values, beliefs, and attitudes of his professors, which could translate into a philosophy, a set of meanings behind his acquired knowledge of technology. He has developed patterns of living that are working, but not working particularly well. He is now in a personal crisis to understand the "why" of the "what"; there is a hungeriness for wholeness.

I shared with him a number of remembrances of my undergraduate days in the liberal arts and occupational therapy. In the intervening years between then and now I have not experienced the type of crisis he described. I have always known the why of the what of occupational therapy, because the strong foundation laid down in general education was positively reinforced and exploited in my professional studies—the beliefs and values of occupation as a central focus in one's life were taught simultaneously with the technology of occupation. Indeed, the most vivid aspects recalled from those days have much less to do with the what, much of which is now outmoded, and more with the why, which has never gone out of vogue. What keeps me homeostatically balanced are the convictions, the rationale behind what I do as an occupational therapist.

My seatmate tossed me a provocative challenge. Members of my generation owe him and his generation an explanation, a philosophy, containing the beliefs, hopes, desires, and attitudes that serve well as a corollary to the technology, the "what" we do.

In accepting this young man's challenge, I first pondered what lies behind his crisis—the not knowing of the why of his life tasks. It occurred to me that he, along with the rest of us, is living through an era of incredible change, where no 2 days are quite alike. Each day seemingly takes on a life of its own and goes beyond the point of merely meeting one of our basic psychic needs, "novelty of experience," as Linton describes it (1945, p. 9-10). While we may think we are living an exhilarating existence, we are quite frightened at the lack of stability that change engenders.

Technology has crept into all the nooks and crannies of our daily lives. In more situations than we wish to admit, we are governed by technological advances. We are in danger of losing our way. This has particular relevance to us who practice occupational therapy. To a significant extent our tools and techniques reflect the passing industrial age. Yet we often take up artifacts and replicas of the new knowledge-driven age, not knowing (and in some cases not caring) if we are remaining consistent with the timeless principles of occupational therapy, those standards...
which should govern much of what we do.

Those of us who are educators have made a substantial contribution to this dilemma. Because of perceived necessity, principles are often replaced by occupational technology. The belief is that one can always acquire or discover a principle, but one cannot always easily grasp the complexities or ambiguities of assessment and treatment techniques in the rush of "quick-in-and-out" patient days. We seem to be working for the technology rather than have the technology work for us.

What might we do to better balance the incoming rush of technology with our particular conceptions of health? Can we make any sense out of what we are facing in occupational therapy and, at the same time, regain a much needed balance between philosophy, theory, and techniques? In the brief period I have been given, I will examine the advantages of change, where today's transformation began to take shape, where we are now, what roles beliefs and values play in coping with change, and where we in occupational therapy can find stability amid all the turbulence.

The Dimensions of Change

Historians, who enjoy grubbing around looking for the roots of contemporary events, can offer some comfort to us. In comparing today's transformation with the past, they have found that the last time we experienced similar turbulence was in the middle decades of the 1800s, when a dramatic shift took place between the agricultural era and the industrial age. One of the most dramatic aspects was the great need for people to return to fundamentalism. It took the form of a religious reawakening of basic precepts or beliefs. The conclusion is that in times of unrest and change we do not reach out for technology; rather, we search for stability in time-proven principles and fundamental beliefs.

Yet we cannot ignore the real fact that change is a basic ingredient of our daily lives. To battle it is to waste time, for the battle cannot be won. Rather, we should ally ourselves with change and thus assure ourselves of continued vitality. The noted historian professor Jaroslav Pelikan (1986) observed at Elizabethtown College's 1985 fall convocation, "to live is to change and to be mature is to have changed often" (p. 6).

One of the early detectors of today's transformation was Marilyn Ferguson. In her provocative book The Aquarian Conspiracy (1986) she indicated that a movement with no name was emerging from the social ferment of the 1960s and the consciousness raising of the early 1970s. These forces "seemed to be moving [us] toward a historic synthesis: social transformation resulting from personal transformation—change from the inside out" (p. 18).

She characterized the movement as "fluid organizations reluctant to create hierarchical structures, averse to dogma. It operates on the principle that change can only be facilitated, not decreed. . . . It seems to speak to something very old. And perhaps, by integrating magic and science, art and technology, it will succeed where all the king's horses and all the king's men failed" (p. 18).

Soon others joined the conversation. John Nashbitt, in his popular book Megatrends (1982) claimed we were moving from the industrial age to the information age, and in consequence, were experiencing turbulence, as America proceeded in restructuring itself. Richard Louv (1985), a journalist, preferred the term postindustrial. To a great extent he agreed with Nashbitt, but he went further to describe two seemingly conflicting cultures. "Like a quarreling parent and child the fanning America and the emerging America view the world in entirely different ways. . . . America I is steeped in tradition, the past trapped in the present, explosively dangerous in its frustration and distrustful of the new high technologies; America II is almost adolescent in its headstrong exuberance. It sees the nation transforming into something new and fresh; it perceives the future as a new technological frontier to be conquered and won" (p. xii).

The Roots of Change

It is a historical fact that social, scientific, and political revolutions tend to take their contemporaries by surprise—except for the visionaries who seem to have detected the coming change from early, sketchy information. Since logic is such a poor prophet, intuition is needed to see what is evolving.

Jan Christian Smuts, the late South African prime minister, foresaw the scientific breakthroughs that would come during the latter decades of the present century; yet he warned that if we did not heed the powerful, organizing principle seen in all of nature, we would end the century in chaos and confusion. If we failed to look at the whole, the everlasting push of nature and the human organism to be more complex, to see nature's drive toward higher organizations, we would not be able to make any sense out of the acceleration of scientific discoveries (Smuts, 1973). This may sound familiar, for it is a modern-era restatement of a centuries-old belief and the forerunner of that part of our current practice we label "holistic health."

Other visionaries could also see the coming changes and wrote about them. Interestingly enough, many of our college professors introduced these people to us, but we probably did not realize the significance of their visions at the time. In 1964 Marshall McLuhan described the coming world as a "global village," unified by communications technology and the rapid dissemination of information. Appearing at the same time was Aldous Huxley's first novel, Island (1963). Few contemporaries took him seriously—but the visionaries did—when he portrayed a society in which healing relied on the powers of the mind; extended families provided comfort and counsel, and learning was rooted in doing and imagining. That should have a familiar ring to us in occupational therapy.

In 1958, Erich Fromm published Revolution of Hope, in which he foresaw a nonviolent social transformation that would contain a spiritual perspective. Success would be largely due to committed members working in small groups, nourishing one another, showing the world "the strength and joy of people who have deep convictions without being fanatical, who are loving without being sentimental . . . imaginative without . . .
An interesting corollary to the description of the socioeconomic, political, and technological transformation under way is the emergence of a discussion about beliefs and values as essential ingredients of a successful venture.

Peters and Waterman (1982) designed a "7-S framework" to explain what takes place in America's best-run companies. Strategy and structure make up the hardware and style; systems, staff, and skills are the software. At the very center of their diagram is the final "S"—shared values. These are strongly held beliefs that employees share with one another, not just at the top management level, but deep down within the organization.

Thomas Watson, a former president of IBM, declared that survival and success are based on a set of beliefs from which decisions are made. Furthermore, he stated, "I believe if an organization is to meet the challenge of a changing world, it must be prepared to change everything about itself except those beliefs" (1963, p. 5).

As a profession, occupational therapy has made some recent attempts to address the underlying humanistic values and beliefs that support contemporary practice. The project outlining the philosophical base of occupational therapy was completed a few years ago, but it has not yet been adequately debated or universally accepted. The joint endeavors of AOTA and AOTF on human occupation show great promise, but it is too early to begin the discussion. In a similar vein, the historical papers being developed by Helen Hopkins and her associates should prove highly valuable once they become widely available. It is encouraging that after a long spell of disinterest in our philosophy, discussion and debate are emerging.

For now, we must rely on our own visionaries to give us some value-laden reference points for today's occupational-therapy principles and practices. It is a fascinating bit of history that three key visionaries in occupational therapy resided and worked in the state of Maryland, all at the same time: William Rush Dunton, Jr., Eleanor Clarke Slagle, and Adolph Meyer. Much of what we today value as health practices can be traced directly to what these people valued and practiced. Permit me to cite some brief examples.

William R. Dunton

Dr. Dunton, as we know, created the term occupational therapy. This emerged from his practice as a psychiatrist at Sheppard-Pratt Asylum, Towson, Maryland, where he was head of the research laboratories and director of women's services. By 1925 he had developed a set of principles that were worthy of review and augmentation by a committee of AOTA. Within relatively few phrases, the frames of the "1925 Principles" (Outline of Lectures, 1925) encompassed a definition, objectives, statements on the use of a variety of occupations with different kinds of patients, therapeutic approaches, and the qualities and qualifications of the therapist.

The first principle affirmed that "Occupational Therapy is a method of training the sick or injured by means of instruction and employment in productive occupation" (Outline of Lectures, 1925, p. 280). One is struck by the significance of the relationship of learning through doing and purposeful activity. This emerged as a dominant theme in several other principles. The act of doing should be viewed from the perspective of the patient. For example, the treatment objectives "sought are to arouse interest, courage, and confidence; to exercise mind and body in healthy activity; to overcome disability; and to reestablish capacity for industrial and social usefulness" (p. 280). Further elaboration can be found in the statement that "the occupation selected should be within the patient's estimated interests and capability" (p. 280). The text also states that "the treatment should, in each case, be specifically directed to the needs of the patient" (p. 280).

Rules were established covering the extent of activities to be used, and attention was given to their properties and effect on the patient. The use of crafts and work related occupations was emphasized; however, games, music, and physical exercise were not to be overlooked. "Novelty, variety, individuality, and utility of the products enhance the value of an occupation as a treatment measure" (p. 281). Warning was given that while quality, quantity, and salability may have some merit, these must not obscure the main purpose or objective of treatment.

A clear statement of the relationship of purposeful activity to the duality of mind and body is found in this principle: "The production of a well-made article, or the accomplishment of a useful task, requires healthy exercise of mind and body, gives the greatest satisfaction, and thus produces the most beneficial effects" (p. 281). Involvement in group occupation was advised "because it provides exercise in social adaptation and the stimulating influence of example and comment" (p. 280). Furthermore, in the application of occupational therapy, "system and precision are as important as in other forms of treatment" (p. 280). Evaluation rested solely with measuring the effect of the occupation on the patient, the extent to which objectives were being realized.
One final principle addressed the qualifications of the practitioner: “Good craftsmanship...ability to instruct...understanding, sincere interest in the patient, and an optimistic, cheerful outlook and manner are...essential” (p. 281). Elsewhere in the “Outline of Lectures” the committee recommended that therapists and aides (as they were then called) should have “therapeutic sense, the teaching instinct, and a good mental balance. Personality constitutes over 50 percent of the value of these workers” (p. 277).

Eleanor Clarke Slagle

Eleanor Clarke Slagle was, for a brief time, Director of Occupations at the Henry Phipps Psychiatric Clinic of Johns Hopkins Hospital, Baltimore, Maryland. Her supervisor was Adolf Meyer. In fact, she recruited her from Illinois, where he had once been a psychiatrist at the Kankakee State Hospital. Mrs. Slagle served in many positions in AOTA and was a prolific writer and frequent speaker. Often she emphasized that occupational therapy must be “a consciously planned progressive program of rest, play, occupation and exercise...” (Slagle, 1934, p. 289). In addition, she explained it is “an effort toward normalizing the lives of countless thousands who are mentally ill...the normal mechanism of a fairly well-balanced day” (Slagle, 1914, p. 14). She enjoyed quoting Charles Burlingame, a prominent psychiatrist of her day: “What is an occupational therapist? She is that newer medical specialist who takes the joy out of invalidism. She is the medical specialist who carries us over the dangerous period between acute illness and return to the world of men and women as a useful member of society” (Slagle, 1922, p. 290–291).

Slagle placed considerable emphasis on the personality factor of the therapist, “the proper balance of qualities, proper physical expression, a kindly voice, gentleness, patience, ability and seeming vision, adaptability...to meet the particular needs of the patient. Personality plus character also covers an ability to be honest and firm, with infinite kindness” (Slagle, 1914, p. 13).

Adolf Meyer

Indelibly imprinted, as a part of our belief system, are the teachings of Adolf Meyer. There are only two lessons cited here. His concepts of integration and treatment as a participatory activity are even more compelling and alive for me today than they were when I first learned them more than three decades ago.

Meyer took strong issue with those “who wish to reduce everything to physics and chemistry, or to anatomy, or to physiology, and within that to neurology” (1975, p. 262). Today, they would be the reductionists. Meyer fervently believed and practiced that a person is an indivisible unit and can only be studied as a total human being in action. “The study of the individual then inevitably merges with a study of his society, including the workable and less workable aspects of each item” (Muncie, 1959, p. 1318). His practical emphasis was on seeking and clarifying the interrelationships inherent in life’s experiences. “A patient [is] not a mere summing up of cells and organs, but a human being in need of readjustment to the demands of life...It is the ‘story’ that counts in a person” (Lief, 1948, p. x).

This leads us to a second concept: treatment as a participatory activity. It is reported that Meyer made the following statement in a staff meeting at Henry Phipps Clinic, Johns Hopkins: “The patient comes with his own view of his trouble; the physician has another view. Treatment consists of the joint effort to bring about [an] approximation of those views which will be the most effective and the most satisfying...Therefore, treatment is a form of active negotiation, of mental education, and through this, a willingness [for one] to give a sympathetic hearing to the other” (Muncie, 1959, pp. 1319–1320). The therapist respects the fact that the patient knows more about himself than anyone else and the main aim of treatment is “to enlarge the area of the possible through...understanding the problem and communication to the sufferer of this expanding view, with the need for encouraging a greater participation on [the patient’s] part in an expanded goal” (p. 1320).

Meyer also believed that there are infinite varieties of living, working, playing and equally infinite varieties of ideals that people hold. His unqualified support of occupational therapy was completely consistent with his views. Participatory activities provided opportunities for the patient; to engage in trial and error experiments, in a sympathetic setting, directed toward behavior change along more socially acceptable patterns of living.

The most compelling part of Adolf Meyer’s value system is contained in an interview held at about the time he retired. His commonsense approach is eloquently stated: “The main thing is that your point of reference should always be life itself...As long as there is life there are positive assets—action, choice, hope...goals and opportunities...To see life as it is, to tend toward objectivity is one of the fundamentals of my philosophy” (Lief, 1948, pp. vii-x).

Conclusion

What might we carry away from this examination of the transformation under way in our culture and the transformation we are experiencing in occupational therapy? It is this: History tells us that in restless, turbulent times we tend to turn to structure for stability. We seek assurances, not ambiguities. We will not find structure for stability in our or anyone else’s technology. It changes too rapidly. Technology is but shifting sand.

Where we will find comfort, safety, and stability is in those decades-old fundamentals and principles developed by our founders and practiced by our pioneers and each succeeding generation of therapists. We will find assurance in the belief system that has emerged and will continue to develop as time moves on. Our beliefs, our values—they form the rock upon which we must stand. This is the great lesson my generation passes on to the younger generation.

As Thomas Watson (1963) observed, we must be prepared to change everything about ourselves, about what we do, to meet the chal-
The challenge of a changing world, except those deep, abiding beliefs that occupational therapy's domain is a carefully compounded alchemy of a great vision, transforming the poetry of the commonplace into a vital sustainer and prolonger of this precious life. Through the judicious application of a unique technology, human occupation, cautiously blended with timeless values and beliefs, we will inevitably succeed where others have failed.

The grand tasks of occupational therapy are to attend to the multiple, complex, interrelated, and critical human activities of not just living, but living well. Through the habits of attention and interest, we engage the human in regaining the harmony of functions that ensure survival, in retaining those characteristics that facilitate and push balanced growth and development, and in attaining those interdependent meanings of a purposeful, fulfilled life within the context of a personal and social order.

References


