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How Society's Philosophy Has Shaped Occupational Therapy Practice for the Past 100 Years

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How Society's Philosophy Has Shaped Occupational Therapy Practice for the Past 100 Years

Abstract

The Anne Cronin Mosey lecture seeks to stimulate provocative thinking about issues important to occupational therapy. The speaker is asked to raise a controversial issue and provide a perspective that may challenge many in the audience. In this paper, I examine occupational therapy practice in the context of the dominant philosophical movement of American society. The first part presents the influence of America's dominant philosophical movements on the profession: pragmatism (1917), modernism (1940), and, currently, postmodernism. I propose that occupational therapy's acceptance of modernism has resulted in two major opposing viewpoints, prompting polarization and fragmentation in the profession. I argue that it is time for the profession to be guided by a pluralistic postmodern philosophy that embraces the profession's diversity.

In the second part, I argue that practitioners should use postmodern pluralistic clinical reasoning, which emphasizes ethical concerns, practitioners' competence and surrounding circumstances, and clients' unique situations, while considering empirical evidence and theoretical perspectives. Postmodern pluralistic clinical reasoning does not argue for one conceptual model or theoretical approach. Instead, practitioners know that there are multiple possible interventions to address clients' needs. The challenge is to select the best guideline for intervention or frame of reference given the clients' and practitioners' circumstances.

Keywords

Pluralism, modernism, occupation, frames of reference

Cover Page Footnote

This article is based on a 2016 Anne Cronin Mosey Lectureship, "Occupational therapy practice: Reality and fantasy," delivered at New York University, March 23, 2016.

Credentials Display

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Pragmatists propose that a hypothesis is true when it is practical and works satisfactorily in a situation. According to Cohen (1999), pragmatists believe that "reality is constantly changing and that we learn best through applying our experiences and thoughts to problems, as they arise" (Pragmatism, para. 6) and that "all learning is dependent on the place, time, and circumstance" (Pragmatism, para. 7). Pragmatists reject impractical ideas (McDermid, n.d.).

Adolph Meyer, a psychiatrist who was among the early leaders of occupational therapy, wrote that occupational therapy philosophy is consistent with the principles of pragmatism. In his provocative article "The Philosophy of Occupation Therapy" (1922), he observed that "we all know how fancy and abstract thought can go far afield—undisciplined and uncensured and uncorrected; while performance is its own judge and regulator and therefore the most dependable and influential part of life" (p. 5). And, in describing the role of occupational therapy, he noted,

> Our role consists in giving opportunities rather than prescriptions. There must be opportunities to work, opportunities to do and to plan and create, and to learn to use material. There are bound to be valuable opportunities for timely and actually deserved approval and encouragement. It is not a question of specific prescriptions, but of opportunities. (p. 7)

His observations were practical and applicable, and they set the foundation for basing the occupational therapy profession on philosophical rather than scientific principles.

While nursing scholars have examined their professional philosophies and science in the context of society's philosophical movements, I found only a few articles published outside of the United States that specifically discussed occupational therapy in the context of society's philosophical movement (Blair & Robertson, 2005; Weinblatt & Avrech-Bar, 2001). A philosophy is a set of ideas about knowledge and truth. It includes our viewpoints, beliefs, values, and assumptions about life. Our personal philosophies are abstract and consistent with the society in which we live. In many ways, our philosophical perspectives can be viewed as our imagined ideals or fantasies.

Occupational therapy practitioners share the fantasy that our chosen profession is unique and special. In our occupational therapy fantasy, we believe that we are the human occupation experts. We believe that occupation is our unique construct, and that we have exclusive expertise in treating clients with occupation-related disabilities. We believe in the power of occupation as a therapeutic means. As a group, we proclaim that the outcome of every occupational therapy intervention is a client's enhanced occupational performance. Further, we assert that we are the only profession that has the knowledge and expertise to use this powerful therapeutic medium to enhance people's lives. We share this wonderful fantasy that supports our sense of identity as powerful, significant, and vitally important professionals.

But, we must live in reality and, in the words of Michelle Hodkin (2011), "Thinking something does not make it true. Wanting something does not make it real" (p. 313). In

reality, our profession's knowledge, domain of concern, and scope of practice overlaps with many other professions. In reality, we are not the only profession concerned with occupation. No profession owns an expertise. No profession owns a construct or an area of knowledge. No profession bases its practice on a static, unchanging knowledge. In reality, a profession must continually assure society that it is providing up-to-date, valuable, effective services that benefit the members of society.

Occupational therapy has continually demonstrated its value to society by responding to society's changing priorities and values. American society continues to value occupational therapy because its services result in people being able to engage in their daily lives and, most importantly, to improve the quality of their lives. Since the profession's inception, occupational therapists have responded to the real world and society, balancing fantasies with reality to ensure a viable, relevant profession. The profession's history is full of examples of practitioners shifting priorities and intervention modalities in response to new knowledge, technological advances, and changes in society.

In 1917, for example, our founders focused on "occupational work" and its therapeutic value (Dunton, 1919). Consistent with the technology of the time and the influence of pragmatism, therapists used pragmatic reasoning to support the use of arts and crafts as the preferred intervention modality. At the time of occupational therapy's founding, pragmatism was a dominant philosophical movement in the United States. The founders of occupational therapy used pragmatic reasoning to establish that occupational work, or habit training, was therapeutic and improved people's health. Society did not expect scientific evidence to support the therapists' claims. Sound philosophical statements and case examples supported the legitimacy of the new profession.

Shift to Modernism

In the 1940s, American society began to accept modernism (Singal, 1987). American society was rebelling against the European culture that was perceived to be complacent and afraid of change. Modernism provided a new way of looking at the world with a focus on understanding a predictable world. Modernism accepted that science was a critical component in understanding the world. Modernists believed in the importance of rigorous science as the foundation of knowledge. Scholars in the society supported theory development and scientific research as the only way of explaining and learning about the world (Vickers, 1998). Theories, a new form of organizing knowledge to explain the world, emerged. Scholars began to develop and refine theories to explain reality. Some examples of early theories are: Einsteinms theory of relativity (1905), James-Lange's theory of emotions (Cannon, 1927), Jung's theory of the unconscious (1912), Freud's theory of the ego and the id (1923), Skinner's behavioral theory (1938), and Thorndike's theory of learning (1911). Theories would provide the foundation for basic research.

It was during this time that the leaders in occupational therapy recognized the importance of theory and science (Bing, 1981). They realized that

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a pragmatic philosophical rationale was no longer adequate if the profession was to thrive. After World War II and consistent with this shift, therapists modified their intervention modalities to be more consistent with the priorities of society. They became more functionally oriented and began to develop an expertise in activities of daily living and work-oriented interventions (Dillingham, 2002; Eldar & Jelić, 2003).

By the 1950s, occupational therapists were using theoretical rationales to support their interventions. Therapists no longer used the term occupation or occupational work, preferring activities, purposeful activities, or goal-directed activities. In the 1960s, Jean Ayers, an occupational therapy scholar and researcher, developed sensory integration, a unique, theoretically based intervention for children. Therapists working with adults used a wide range of theories to develop specific theory-based interventions, such as NeuroDevelopmental Treatment (Bobath, 1963), Proprioceptive Neuromuscular Facilitation (Knott & Voss, 1968), or Rood's sensorimotor approach (Stockmeyer, 1967). Therapists working in mental health used psychodynamic, behavioral, and group processing theories.

In the 1970s, Anne C. Mosey proposed the term frames of reference to describe occupational therapy's set of theoretically based guidelines for practice (Mosey, 1970). She argued that the purpose of a profession was to apply the knowledge from the disciplines to benefit society. Her pluralistic approach outlined a method of developing frames of reference with a theoretical base constructed with theoretical postulates from compatible theories. She described these frames of reference as the profession's applied body of knowledge.

In California, during the same time, Mary Reilly was arguing for the profession to reaffirm its focus on occupation. In 1980, her students Gary Kielhofner and Janice Burke published the *Model of Human Occupation* (MOHO), providing an intervention model that specifically focused on occupational behavior. Kielhofner and Burke proposed MOHO as the first step in the development of a paradigm of occupation for the field of occupational therapy. In the years to follow, other scholars developed models that used occupation as its core concept (Baum & Christiansen, 2005; Fisher, 2009; Law et al., 1996). The occupation-based models have been classified as monistic, since they are organized around one major construct.

During this period, American society and occupational therapy accepted modernism with the positivistic position that science, and only science, would lead to the ultimate truth. In health care and occupational therapy, the modernist supported evidence-based practice with its hierarchy of evidence. They also believed that the rational application of science will ultimately resolve all human problems. Modernists value facts over meaning, they value science over beliefs, and they value the physical over the nonphysical.

In occupational therapy, leaders who shared the philosophy of modernism proposed that research would enhance the value of the profession, enhance its reputation, and increase it status among

competing health professions. Occupational therapists readily adopted modernism, as summarized by Blair and Robertson (2005): "In this epistemological climate, intuition, professional judgment, tactic understanding or 'soft' evidence is subordinate to 'hard' evidence and ambiguity, complexity or unpredictability is to be feared and vanquished" (p. 270).

Since the 1980s, occupational therapists seem to have wholeheartedly accepted this modernistic view, agreeing that intervention strategies should be based solely on the best available empirical research. Many occupational therapy leaders and scholars have written extensively that the best and only way for the profession to survive is for therapists to provide only evidence-based practice (Glegg & Holsti, 2010; Ottenbacher, Tickle-Degnen, & Hasselkus, 2002; Valdes, 2010). As articulately observed by Blair and Robertson in 2005,

> The tenor of these articles is that evidence-based practice is a professional imperative, with the accompanying undertone, that failure to participate will result in inferior practice. This is certainly the ethos of Holm (2000), who considered evidence-based practice to be the professional mandate for the new millennium . . . . it is troubling that the literature in occupational therapy is not more critical about the philosophical positions. (p. 272)

In 1989 and consistent with the focus on science, the faculty at the University of Southern California revealed a new science specifically related to occupational therapy (Yerxa, 1990). In their words, "Occupational science was established to provide the profession of occupational therapy with its own scientific and research base for informing clinical practices" (What is Occupational Science? n.d., para. 2). It has become a viable science with its own journal and annual conference.

During this time, the American Occupational Therapy Association (AOTA) and the American Occupational Therapy Foundation have supported the shift to a science-based profession. AOTA's support of this perspective is clear in its centennial vision for the profession, which states that "We envision that occupational therapy is a powerful, widely recognized, science-driven, and evidence-based profession" (p. 1). This statement implies that the profession can only be "powerful and widely recognized" if it is science and evidence-based. While monists and pluralists claim to be different, they both accept modernist philosophy and the fundamental belief in the importance of science. Recently, some occupational therapy authors (Hinojosa, 2013; Whiteford, 2005) have expressed concerns about occupational therapy becoming too scientific. They ask questions like:

- What happened to the art of practice?
- What is the validity of experiential knowledge?
- Is evidence-based practice compatible with the profession's values?

While the vast majority of occupational therapists seem to have accepted and are comfortable with an evidence-based perspective, some have expressed concern about the absolute, unquestioning acceptance of evidence-based practice (Hinojosa,

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2013; Whiteford, 2005).

Competing Science-Based Perspectives

Today, occupational therapists appear to have two competing science-based perspectives: frames of reference and occupation based (including occupational science). Before discussing the implications of this polarization, I will summarize each perspective.

Monists usually accept one comprehensive theory to guide evaluation, intervention, and research (Mosey, 1985). In occupational therapy, comprehensive theorists postulate that occupation is a core defining concept. Occupational therapy practitioners who accept this view argue that a single concept—occupation—should always be the focus of intervention. Some go so far as to propose that if an occupational therapy intervention is not occupation based, it is not authentic and legitimate occupational therapy. This view has been classified as a monist perspective, as the conceptual models are organized with occupation as the core concept.

Pluralists believe that occupational therapists should use various theoretical approaches to address the client's needs (Dirette, 2013Kramer & Hinojosa, 2010; Mosey, 1985, 1992;). They believe that no one construct is sufficient to describe the breadth of conditions treated by occupational therapy from mental illness and hand injuries to learning disabilities and the sequelae of brain injury, to name just a few. Pluralists propose that therapists should consider the needs and desires of the client and how to address the client's problems, in contrast to focusing on the construct of occupation. Pluralists do not discount the importance of occupation, but instead consider it a modality for intervention.

In 1985, in her Eleanor Clarke Slagle lecture, Mosey (for whom this lecture is dedicated) proposed that the profession adopt a pluralistic perspective that acknowledges that occupational therapists may use a variety of interventions to meet their clients' needs. From the pluralistic perspective, therapists provide interventions based on sound theoretical underpinning using whatever media would be the most effective to address their clients' needs.

Thus, the two perspectives (frames of reference and occupation based [including occupational science]) are often presented as extreme opposites, prompting a polarization and fragmentation in the profession. Therapists claim loyalty and commitment to one perspective or the other. Each perspective is supported by occupational therapy scholars who are committed to one or the other of these ontological and epistemological orientations. Polarized discourse has provided strong arguments to support the merit and advantages of each perspective. The end result is two groups of therapists who have an uncomfortable coexistence and who are competing for broad acceptance. These debates have been important to the profession's development and maturation. However, the dualism and fragmentation are not good for the profession and its practitioners. So, how do we resolve this conflict?

Adopting a Postmodern Philosophy

Today, I join other occupational therapists who propose that for our profession's benefit, we must move to adopt a postmodern philosophy.

Postmodern philosophy is a response to the absolute acceptance of modernism's scientific explanation that one reality is valid for all groups, cultures, traditions, or races (Jameson, 1991; Postmodern, 2015). It focuses instead on the relative truth of each perspective.

In 1987, Meleis, a nurse scholar, invited nurses to adopt a postmodern philosophy that "consider[s] polarities not as either/or, not with a 'versus' in between, but rather with an 'and' between the polarities; in other words, learn how to live with our paradoxes" (p. 7). Postmodernism advocates for epistemological pluralism, which means that there are multiple ways of knowing in addition to science. Lyotard (French philosopher and sociologist), in his 1984 book *The Postmodern Condition: A Report of Knowledge,* described postmodern reality as a kaleidoscope of stories; tilting the kaleidoscope one way presents a momentary cluster of temporary means, tilting it another way presents quite another story. He described the postmodern "as a 'response across disciplines to the contemporary crisis of profound uncertainty brought about by crash of modern hope of rationality and technology to solve human dilemmas and quest for a description of 'Truth and Reality'" (Lather, 1991, p. 20).

Postmodernism counters the basic modernist assumption that human condition is controlled by general principles that can be explained by scientific analysis. According to Weinblatt and Avrech-Bar (2001), "in actuality, postmodernism is an 'open mind' – any version of the truth is as good as any other. Truth is not based on a specific belief system, but on a common understanding accepted by a specific society at a specific time. Truth is not out there waiting to be discovered, but is constructed by people" (p. 167).

Today, I join other occupational therapists who propose that for our profession's benefit, we must move from an either/or perspective to a both/and perspective and adopt a postmodernist philosophy. We must move to a new, inclusive postmodern pluralistic perspective. We need to support and recognize the importance of each perspective to occupational therapy. We need to engage in active discussions on how each complements the other, and how together they support the knowledge base of the profession. Further, we need to move from our obsessive focus on theory and science to consider the other factors that contribute to the therapeutic value of an intervention.

Three Complimentary Perspectives

But, before talking about the other factors that influence the therapeutic value of an intervention, let us discuss occupational science, occupation-based interventions, and frames of reference as three complementary perspectives that uniquely contribute to the profession.

- Occupational science is important because of its focus on developing the theoretical understanding of the construct of occupation. Increased understanding of occupation supports the development of theories that can be used to develop guidelines for occupation-based intervention.
- Occupation-based interventions are important because they specifically address occupation in their guidelines for

intervention. Because of the focus, occupational therapists address the clients' specific occupational deficits. They are unique to occupational therapy and are key components of our applied knowledge. Further, they are refined by occupational science's basic research.

- Frames of reference are important because they use theoretical information from a variety of sources, including and beyond the profession. They bring new knowledge into the profession's applied body of knowledge. They use knowledge from outside of the profession and transform it into a set of guidelines specific for occupational therapy intervention. Collectively, they are key components of our applied knowledge.

From a postmodern pluralistic perspective, these three components are important and must be supported by the profession. Collectively, they form a solid theoretical and science base on which our profession can continue to grow and mature. If we accept them all as equally important, we can move away from competition. I propose that for the benefit of the profession, we must accept and support all perspectives.

So, what is different about a postmodern pluralistic perspective? Rather than focusing on evidence-based practice or theoretically based intervention, the postmodern pluralistic perspective considers these as only some factors that influence therapists' clinical reasoning. Other important influencing factors are ethical considerations, the therapists' competence, and the client's individual unique situation (see Figure 1). Therapists must engage in postmodern pluralistic clinical reasoning that considers all of these factors when developing an appropriate intervention.

Postmodern Pluralistic Clinical Reasoning

How does the therapist engage in postmodern clinical reasoning where science (evidence-based practice) is only one consideration? From a postmodern perspective, therapists decide on their course of actions using postmodern pluralistic clinical reasoning. Postmodern pluralistic clinical reasoning means that therapists reflect on and consider the client and his or her situation to decide on a course of action. Clinical reasoning becomes pluralistic when therapists consider each influencing factor as part of their clinical thinking to decide on the best course of action and goals given the situation. Postmodern pluralistic clinical reasoning involves using multiple thinking strategies and considering multiple perspectives in order to make a decision. Therapists use a variety of thinking strategies, such as clinical judgment, diagnostic reasoning, scientific reasoning, and creative thinking to decide on the best decision possible for both clients and therapists. Therapists appreciate each thinking strategy and do not consider one more important than another.

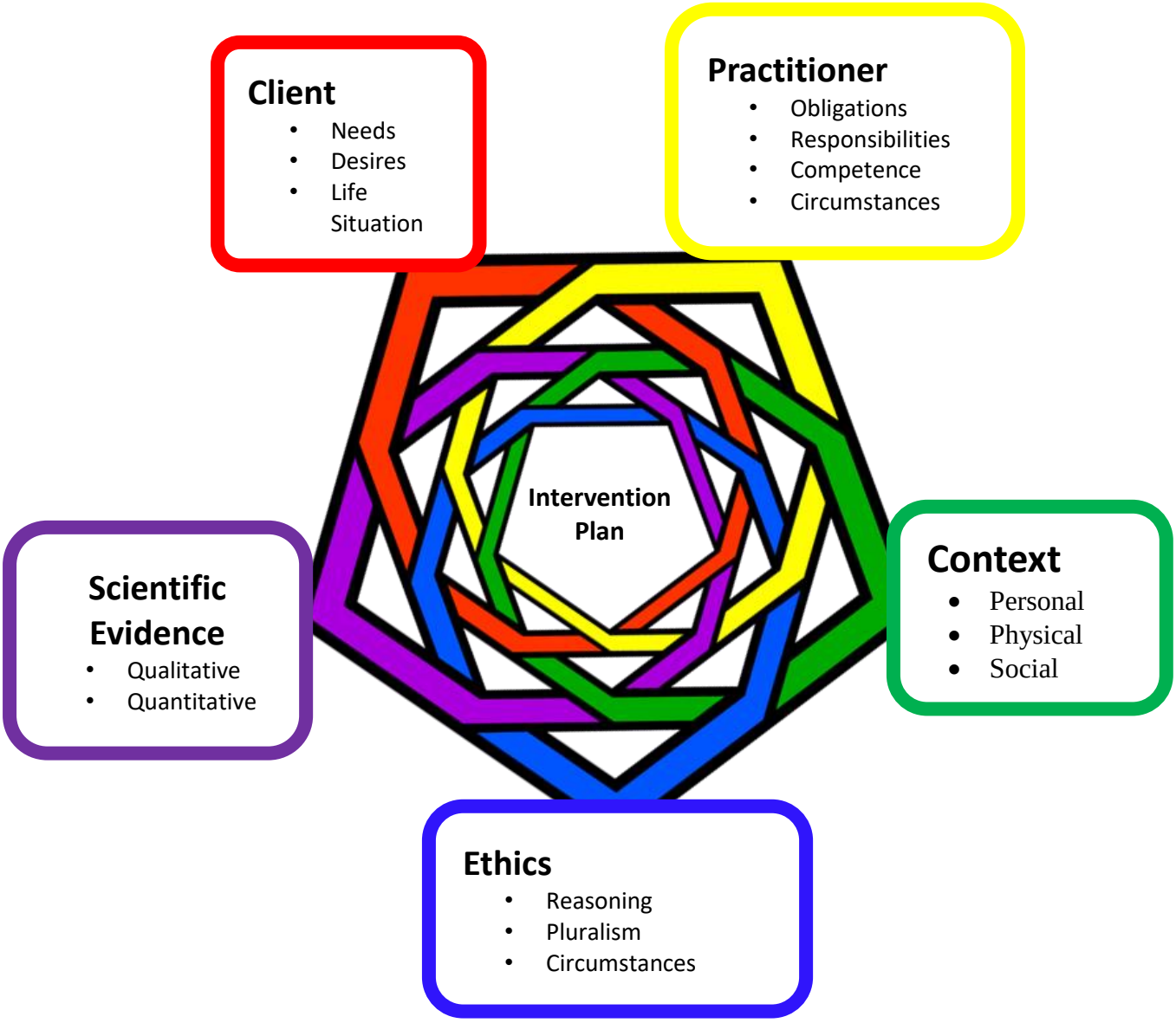

Figure 1. Dimensions of planning theoretically sound interventions from a pluralistic view. Created in collaboration with Tsu-Hsin Howe, Ph.D., OTR, FAOTA.

From a postmodern pluralistic perspective, therapists acknowledge that there is more than one way to address any client's problems or needs. They also acknowledge that the ultimate outcome of intervention should be a client's improved occupational performance and ability to participate in society. A therapist's clinical reasoning begins by considering the client's needs. At the same time, the therapist must view the client's needs considering his or her competence, the ethical circumstances, the empirical evidence available, and the available theoretical information. The totality of the situation or circumstances influences the therapist's decisions. Therapist intervention planning requires that a therapist consider all influencing factors. He or she recognizes that each influencing factor is important, and, from a pluralist view, they all have a potentially equal influence. As the situation determines the relative importance of each factor, one factor is not more important or

more valuable than another.

Postmodern pluralistic clinical reasoning is inherently situational in that therapists reflect on the multiple influencing factors as they coexist in context. Therapists begin this process knowing that, in reality, there are multiple possible theoretically based intervention plans that may address clients' needs. Consequently, therapists consider multiple theoretically based interventions, considering each of the influencing factors. The challenge for therapists is to select the best guideline for intervention or frames of reference given the client's and therapist's set of circumstances. When appropriate, therapists select guidelines for intervention or frames of reference based on conceptual models in the profession, many that are occupation based. When appropriate, therapists may select guidelines for intervention or frames of references based on theoretical knowledge outside of the profession.

Therapists use their pluralistic clinical reasoning to reflect on which of the multiple options would achieve the best outcome. Therapists must select interventions they are competent in carrying out. Therapists must make sound clinical decisions grounded in clinical experience and scientific knowledge. A key aspect of pluralistic clinical reasoning is its view of the influence of empirical evidence or science on a therapist's clinical reasoning. Postmodern therapists consider scientific evidence as only one factor that informs therapists' reasoning. Thus, they use the term evidence-informed practice. Therapists who provide evidence-informed practice believe that scientific evidence is important, and while it does need to be considered, it is not the only consideration.

However, clients and their life situations are different. So, instead of accepting wholeheartedly evidence-based practice, postmodern therapists consider the findings of research as only one factor influencing their pluralistic clinical reasoning. Thus, I propose that therapists should focus on how research evidence informs their pluralistic clinical reasoning. Empirical research findings should be only one factor that influences a therapist's practice decisions. Pluralistic clinical reasoning requires that a therapist synthesizes empirical evidence along with information obtained from other sources and his or her own clinical experience in the particular context of the client.

Selecting the Most Appropriate Intervention

Postmodern pluralists do not argue for one specific conceptual model or theoretical approach. Instead, they welcome a diverse range of interventions. They select the most appropriate interventions considering equally the client's needs, their competence, and the best available scientific evidence. This diversity of options permits therapists to carefully match the client's needs with the most effective intervention.

One advantage of the postmodern pluralist's view of the world is his or her acceptance of new ideas and knowledge. They are open to understanding and applying new theoretically based conceptual intervention models. As postmodern pluralists see the world, they are not bound by what is currently known or by scientific findings. Instead, postmodern pluralists are committed to expanding their applied knowledge by selecting or

developing new guidelines for intervention or frames of reference based on new and different theoretical information, including occupational science, that addresses their client's needs. They do this understanding the multiple factors they need to consider, including their own competence, context, and the desires of their clients. While their interventions may not use a client's occupations, occupational therapists are faithful to having the long-range goal that the clients should be able to participate in occupations whenever possible.

Occupational therapists historically have adopted many perspectives to guide their practices. This rich history includes many intervention approaches and treatment modalities. Today, it appears that more therapists are adopting occupation-based perspectives. However, the existence of these approaches should not bring an end to other approaches therapists might adopt to provide appropriate interventions for their clients. The decision of what theoretically based and research-informed intervention to use should be grounded in sound, pluralistic clinical reasoning. The goal should be to address the client's needs and to improve or facilitate his or her occupational performance.

When therapists adopt a postmodern pluralistic perspective, they do not devalue the importance of occupation. Whenever possible, clients' participation in occupation should be the outcome of the intervention. The means to achieve this outcome involves the use of a wide range of therapeutic media. Thus, by accepting a pluralistic postmodern perspective, therapists strengthen our profession's service to society by:

- Serving all of our diverse client's needs;
- adding to our profession's reputation as a profession that helps clients with a wide range of disabilities to participate in society with improved occupational performance;
- ensuring that our interventions reflect the profession's values and beliefs; and
- unifying and welcoming therapists with diverse knowledge and practices into a cohesive group of therapists who support each other's divergent views.

Conclusion

We are fortunate to have a vibrant, evolving profession that continually demonstrates that it meets society's needs. As we celebrate our profession's centennial, we should embrace the diversity of our profession. We should embrace all perspectives and continue to develop both our profession's basic and applied knowledge. From my view, I do not share the profession's centennial as becoming "a powerful, widely recognized, science-driven, and evidence-based profession" (AOTA, 2006, p. 1). I see occupational therapy as being a relevant, client-centered profession where science informs practice. And where therapists accept diverse ideas and judge them not on their personal bias but instead on whether they meet our client's needs. As professionals, we must welcome opposing views and applaud our diversity and differences.

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