

Occupational Therapy Values and Beliefs

The Formative Years: 1904–1929

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As AOTA creates a Centennial Vision for the future, it is important to explore our past.

“**T**he social values of a professional group are its basic and fundamental beliefs, the unquestioned premises upon which its very existence rests. Foremost among these values is the essential worth of the service which the professional group extends to the community” (p. 36).¹ “One of the major differences between the professions and other occupations is that the professions are assumed to be concerned with the fulfillment of certain intrinsic values...” (p. 307).²

Occupational therapy values and beliefs were shaped by the times and events of the 19th and early 20th centuries, during which the profession was created. The Progressive Era (1890–1914) was at its height of influence as occupational therapy was being formally organized. The United States was being transformed by political, social, and economic reform.³ There was a “revolution in manners and morals” (p. xvi)⁴ that “was part of a broader shift from a Protestant ethos of salvation through self-denial to a therapeutic ideal of self-fulfillment in this world through exuberant health and intense experience” (p. xiv).⁴

As Elizabeth Greene Upham said in 1918, “Occupational therapy is neither a new movement nor one which has suddenly come into prominence through a spectacular publicity campaign. It is, rather, a movement which has gradually developed by justifying itself over a long period of years. It was initiated by the doctors in insane hospitals who first dared the experiment of putting their

patients to work; and by those other doctors who were groping after something which might give to their neurasthenic patients a healthy interest and a new grip on life. The healing value of occupation is so well established that occupational therapy is no longer confined to the insane or neurasthenic but has been found equally beneficent in tuberculosis, in long orthopedic treatments, and in extensive convalescences in a general hospital” (pp. 48–49).⁵ As the profession approaches its 100th year of formal organization, a review of the values and beliefs that formed the basic premises is in order.

IN THE BEGINNING

The development of occupational therapy as a profession is unique. According to Maxwell & Maxwell, “The development appeared to reflect not so much the emergence of a new technology or scientific advance, such as the development of the occupational role of X-ray technician following the invention of X-rays by Roentgen, but rather the organizing of existing knowledge into a new occupational role.... Since the knowledge base was not specific, occupational therapists faced from the beginning the problem of identity” (p. 339).⁶ In other words, the development of occupational therapy did not fit the existing pattern recognized in sociology for a new profession—that is, as a consequence of a new technology or an advance in scientific knowledge. Instead, occupational therapy was created by selecting among knowledge already established from a variety of

sources, including educators, artists, craftsmen and craftswomen, religious and spiritual leaders, engineers, nurses, physicians, social service workers, women’s social groups, civic leaders and reformers, attendants, aides, and the patients or clients themselves. Such a variety of sources provided many values and beliefs, and even the early leaders were aware of the need to organize them into a set of principles. The first set of principles proposed to the professional organization was published in 1919 in the January issue of the *Maryland Psychiatric Quarterly*⁷ and in a book by William R. Dunton, Jr., MD.⁸ They were reprinted in 1923,⁹ 1925,¹⁰ and 1940¹¹ (see Figure 1 on p. 22). The last two printings appeared in *Occupational Therapy and Rehabilitation*, the organization’s official journal before the *American Journal of Occupational Therapy*. The principles were written by Eleanor Clarke Slagle, William L. Russell, and Norman L. Burnette (from Canada). Dunton had already published a shorter set of principles in 1918¹² (see Figure 2 on p. 22). After the early efforts, the idea of documenting the values and beliefs of occupational therapy was not revisited for many years.

WHY LOOK BACK?

The current project grew from a concern expressed by members of the Representative Assembly Coordinating Committee (RACC) in 2003 that the historical and philosophical roots of occupational therapy were not known to all current members of the profes-

Figure 1. Basic Principles of Occupational Therapy, 1919

To the members of the National Society for the Promotion of Occupational Therapy: Your Committee on Principles has agreed upon the following as representing the basic principles of occupational therapy:

1. Occupational therapy is a method of treating the sick or injured by means of instruction and employment of productive occupation.
2. The objects sought are to arouse interest, courage, and confidence; to exercise mind and body in healthy activity; to overcome functional disability; and to re-establish capacity for industrial and social usefulness.
3. In applying occupational therapy, system and precision are as important as in other forms of treatment.
4. The treatment should be administered under constant medical advice and supervision, and correlated with the other treatment of the patient.
5. The treatment should, in each case, be specifically directed to the individual's needs.
6. Though some patients do best alone, employment in groups is usually advisable because it provides exercise in social adaptation and the stimulating influence of example and comment.
7. The occupation selected should be within the range of the patient's estimated interests and capability.
8. As the patient's strength and capability increase, the type and extent of occupation should be regulated and graded accordingly.
9. The only reliable measure of the value of the treatment is the effect on the patient.
10. Inferior workmanship, or employment in an occupation which would be trivial for the healthy, may be attended with the greatest benefit to the sick or injured. Standards worthy of entirely normal persons must be maintained for proper mental stimulation.
11. The production of well-made, useful, and attractive articles, 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.
12. Novelty, variety, individuality, and utility of the products enhance the value of an occupation as a treatment measure.
13. Quality, quantity, and salability of the products may prove beneficial by satisfying and stimulating the patient but should never be permitted to obscure the main purpose.
14. Good craftsmanship, and ability to instruct, are essential qualifications in the occupational therapist; understanding, sincere interest in the patient, and an optimistic, cheerful outlook and manner are equally essential.
15. Patients under treatment by means of occupational therapy should also engage in recreational or play activities. It is advisable that gymnastics and calisthenics, which may be given for habit training, should be regarded as work. Social dancing and all recreational and play activities should be under the definite head of recreations.

Committee members: Eleanor Clarke Slagle, Dr. William L. Russell, and Mr. Norman L. Burnette (Canada)

Source: [Dunton, W. R.] (1919). N.S.P.O.T. *Maryland Psychiatric Quarterly*, 13(3), 68–73. Reprinted in Dunton, W. R. (1919). Appendix. In *Reconstruction therapy* (p. 229). Philadelphia: Saunders.

Figure 2.

Principles Written by Dr. William R. Dunton, Jr., 1918

1. That work should be carried on with cure as the main object.
2. The work must be interesting.
3. The patient should be carefully studied.
4. The one form of occupation should not be carried to the point of fatigue.
5. That it should have some useful end.
6. That it preferably should lead to an increase in the patient's knowledge.
7. That it should be carried on with others.
8. That all possible encouragement should be given the worker.
9. The work resulting in a poor or useless product is better than idleness.

Source: Dunton, W. R. (1919). Appendix. In *Reconstruction therapy* (p. 229). Philadelphia: Saunders. Original source: Dunton, W. R. (1918). The principles of occupational therapy. *Public Health Nurse*, 18, 316–321.

sion. Responding to this concern, the 2003 Representative Assembly (RA) adopted a motion to form an ad hoc committee to identify those roots. The committee consists of myself as the chair, along with Suzanne Peloquin, PhD, OTR, FAOTA, and Christine Peters, MA, OTR.

The project began by identifying a time frame, 1904 to 1929, that represents a significant period of formation for the profession, based on an analysis of historical patterns in occupational therapy. We identified several subject areas that emerged during that time

and that had an influence on the development or application of occupational therapy. The subject areas relate to social, educational, and philosophical movements; to the national government; to the application of therapeutic techniques; and to important contributions by particular individuals. By 1930 only Slagle, Kidner, and Dunton remained active; the other founders and early leaders had died or were inactive. In addition, no new textbooks were published from 1928 until the 1940s.

To assemble information from the subject areas, we created an outline for

data collection that included a description of the subject area; dates when the subject began and ended; names and places associated with the subject; the purpose(s) of the subject; where, when, and how the subject interacted with occupational therapy; names and places associated with occupational therapy interaction; and the beliefs and values relevant to occupational therapy based on its involvement with the subject area. As might be expected, some outlines were more complete than others because of the availability of more source material. Cross-references to other subjects were listed because many were interrelated. All references identified from the occupational therapy literature about each subject were listed. However, a separate literature search on each subject area was not done, such as searching several data sources for all articles and books on the Arts and Crafts movement or all articles published about humanism.

Of the 42 subject areas identified, developmental psychology, play as a skill for children, and progressive education did not produce useful literature or references. The remaining 39 subject areas are listed in Figure 3 on page 23.

Reference sources included textbooks on the treatment of war injuries (during World War I), vocational reedu-

Figure 3. Subject Areas

(in alphabetical order)

Arts and Crafts movement
Curative workshops
Education of occupational therapists
Emmanuel movement
Federal Board of Vocational Education
Feminism
Functional re-education
Habit training
Holism and gestalt psychology
Humanism
Humanitarianism
Idleness
Industrial re-education
Interest or interests
Manual training
Mechanism or mechanistic philosophy
Mechano-therapy
Medical education
Mental hygiene

Meyer and psychobiology
Moral treatment
Motion study (Gilbreths)
Motivation
Neuropsychiatry
Occupational therapy
Orthopedics
Pragmatism
Progressive era
Public health and welfare
Purposive psychology
Reconstruction aides
Re-education of the disabled
Settlement houses
The simple life
Surgeon General's Office
(including divisions and departments)
Therapeutic occupation
Treatment of tuberculosis
Vocational re-education and training
Work and the work ethic

cation and training, and occupational therapy literature published from 1904 to 1929. Journal articles came from four primary sources: *Maryland Psychiatric Quarterly* (1914–1923), *Archives of Occupational Therapy* (1922–1924), *Occupational Therapy and Rehabilitation* (1925–1929), and *Modern Hospital* (1917–1929). Other relevant journals related mostly to psychiatry, mental hygiene, tuberculosis, orthopedics, surgery, and social welfare. Historical review articles were also identified to examine the values, beliefs, and ideas of the time. Approximately 40 books and 400 articles were scanned and screened for content. We used the Internet to identify some resources that were not readily available in the occupational therapy literature, such as major names and places associated with the manual training movement.

From these data we extracted values and beliefs, then organized them by principle (see Figure 4 on pp. 24–25). McKenzie may have best summarized the uniqueness of occupational therapy as a therapeutic agent when he wrote that “treatment by occupation differs from all other forms...in that the remedy is given in increasing doses with its patient’s improvement” (p. 105).¹³ Hall, a past president of AOTA, reminded all

practitioners that although the values and beliefs of a profession change little over the years, “the technic [sic] of the art, its practical application, is due for many changes, improvements, and readjustments” (p. 73).¹⁴ All occupational therapists and occupational therapy assistants should know and retain the inherent values and beliefs of the profession, even as societal and technological changes affect the technique.

NEXT STAGE

The members of the Ad Hoc Committee on Historical Foundations are continuing to review professional values and beliefs during additional time periods. The second stage of our research covers the years from 1930 to 1949. Early data show that although we expect the original values and beliefs to remain intact, the profession continued its practice of drawing on knowledge from other fields. As this new knowledge was incorporated into practice, additional values and beliefs may have been added to the existing ones. Also, as changes occur in the politics, society, and economics of practice, some values and beliefs may be competing with others for the attention of occupational therapy practitioners. We look forward to sharing the report when it is completed. ■

FOR MORE INFORMATION

Occupational Therapy History: The First 30 Years, 1900–1930

By V. A. M. Quiroga, 1995. Bethesda, MD: American Occupational Therapy Association. (\$24 for members, \$34 for nonmembers. To order, call toll free 877-404-AOTA or shop online at www.aota.org. Order #1132-MI)

References

1. Greenwood, E. (1966). The elements of professionalization. In H. M. Vollmer & D. L. Mills (Eds.), *Professionalization* (pp. 9–19). Englewood Cliffs, NJ: Prentice-Hall.
2. Lipset, S. M., & Schwartz, M. A. (1966). The politics of professionals. In H. M. Vollmer & D. L. Mills (Eds.), *Professionalization* (pp. 299–321). Englewood Cliffs, NJ: Prentice-Hall.
3. Gould, L. L. (2001). *America in the progressive era: 1890-1914*. Harlow, England: Pearson Educational Limited.
4. Lear, T. J. (1981). *No place of grace: Antimodernism and the transformation of American culture 1880-1920*. New York: Pantheon.
5. Upham, E. G. (1918). *Training of teachers for occupational therapy for the rehabilitation of disabled soldiers and sailors*. Washington, DC: Federal Board of Vocations Education.
6. Maxwell, J. D., & Maxwell, M. P. (1984). Inner fraternity and outer sorority: Social structure and the professionalization of occupational therapy. In A. Whipper (Ed.), *The sociology of work: Papers in honour of Oswald Hall* (pp. 330–358). Ottawa, Ontario, Canada: Carleton University Press.
7. [Dunton, W. R.] (1919). N.S.P.O.T. *Maryland Psychiatric Quarterly*, 13(3), 68–73.
8. Dunton, W. R. (1919). Appendix. In *Reconstruction therapy* (pp. 227–229). Philadelphia: W. B. Saunders.
9. American Occupational Therapy Association. (1923). *Bulletin No. 4*. Baltimore: Sheppard Hospital Press.
10. American Occupational Therapy Association. (1925). An outline of lectures on occupational therapy to medical students and physicians. *Occupational Therapy and Rehabilitation*, 4(3), 280–281.
11. American Occupational Therapy Association. (1940). Principles of occupational therapy. *Occupational Therapy and Rehabilitation*, 19(1), 19–20.
12. Dunton, W. R. (1918). The principles of occupational therapy. *Public Health Nurse*, 18, 316–321.
13. McKenzie, R. T. (1919). *Reclaiming the maimed*. New York: Macmillan.
14. Hall, H. J. (1921). Occupational therapy forecasts and suggestions. *Modern Hospital*, 16, 73.

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Figure 4. Summary of Principles Drawn From Values and Beliefs: 1904–1929

Note: The following cites only the occupational therapist, because the occupational therapy assistant position was not created until 1959.

Principles related to goals and outcomes

- The primary goal of occupational therapy is to return the person to active life and for the person to function in normal society as a whole person in body and soul.
- Additional goals may include attainment of self-control (of behavior), self-reliance and self-sufficiency (for attaining basic needs), manual skills (dexterity strength, and coordination), and good work habits (accuracy, orderliness, neatness, patience, and perseverance).
- Where disease or injury has occurred, the goal of occupational therapy is to contribute to and hasten recovery.
- The outcome of occupational therapy is to enable the person to learn to develop better, easier, or more interesting methods of performing daily occupation.
- The purpose of occupational therapy may address physical, mental, and/or social occupations.
- Occupational therapy is the making of a man (individual), stronger physically, mentally, and spiritually than he was before.
- Occupational therapy makes the patient a creator, a doer.¹
- Occupational therapy transforms environments into more inspiring surroundings.

Principles related to the process of occupational therapy

- All persons should be regarded as unique beings.
- All persons are capable of change and improvement regardless of diagnosis or situation.
- A person should not be excluded from intervention because his/her condition appears hopeless or unlikely to improve.
- The 24-hour cycle of time can be used successfully as a means of facilitating normal occupational behavior and organizing and structuring a person's daily occupations.
- The use of interest and motivation encourages a person to increase attention, to learn about the self and the environment, and to engage in occupations that promote self-realization.

- The person's interest in (or motivation for) occupation should always be considered and sustained.
- Interest and motivation may associate with physical, mental, or social activity.
- Appliances and assistive technology should meet the individual's needs for occupational performance and be kept to a minimum consistent with those needs.
- Appliances and assistive technology should be kept as simple as possible and still do the job.
- Occupations used in occupational therapy programs should be considered primarily for their therapeutic potential.
- Occupational therapists should focus on providing opportunities for people to practice the actual doing of occupation, not prescriptions focused on telling people which occupations to do.
- Occupational therapy should be provided in a pleasant (harmonious) environment in which useful occupations are provided and the occupational therapists act as role models.
- Occupation can be analyzed and graded along several continua including aptitude, ability, and interest. Therefore occupation can be graded from simple and easy or complex and hard, require low or high level of skill, require little or extensive prior experience and education, require a short or long time to complete.
- Occupation should be selected with the person's needs and abilities in mind.
- Occupational therapists need infinite patience, the ability to teach, and the power to inspire confidence in others.
- Occupational therapists need an optimistic temperament and a sense of humor.
- Occupational therapists must not become too paternal, killing personal responsibility.¹
- Occupational therapists should always praise the attempt and use constructive and suggestive criticism.
- Occupational therapy services can be designed to meet a variety of needs and purposes.
- It takes rare gifts and personalities to be pathfinders in this work.²
- It requires that one be true to one's nature and teach others to do the same²
- Occupational therapy is an art and a science.
- Occupational therapy must lead somewhere,

and the patient must want to follow.³

- Occupational therapy requires understanding and give-and-take.⁴
- Occupational therapy requires spiritual vision of the end problem.⁴
- Visualizing results of therapy encourages the patient.⁵
- The use of experimental, survey, case history, and analytical methodologies can be applied to the study of therapeutic occupation and its application to patients.
- The use of systematic literature reviews can be applied to the study of therapeutic occupation and its application to patients.

Principles related to personal change through occupational therapy

- Occupational therapy is a method of treatment by means of instruction and employment of productive occupation.⁶
- Occupational therapists help the person to take control of his or her life situation.
- Occupational therapists encourage the person to learn to do things for himself or herself.
- Occupational therapists encourage the person to keep life simple and simplify life.
- Occupational therapists encourage the person to engage in wholesome (healthful and moral) occupations.
- Occupational therapists increase opportunities for the person to engage in social situations.
- Occupational therapy is the science of healing by occupation.⁷

Principles related to the therapeutic application of occupation

- Focuses attention directly on the injury and uses occupation designed to promote and hasten return to function (direct approach).
- Focuses attention away from the pain of injury onto an absorbing occupation that promotes and hastens return of function through mental stimulation and doing/performing the actions required of the occupation (indirect approach).
- Keeps the mind occupied or absorbed with productive occupation and away from idleness, unreality, and self-absorbing thoughts (indirect approach).
- Keeps the mind and hands occupied so the body can rest.
- Uses a normal or familiar environment for doing/performing occupation.

Figure 4. Continued

- Can be graded along several criteria from bedside to workshop, diversional to work, individual to group, amusement to productive.
- Can be adjusted to fit individual needs as opposed to requiring the individual to adjust to it.
- Affords occasions for productivity and opportunity.
- Transforms environments and atmospheres.
- Aims to individualize with the temperament of each patient.
- Is a reeducation of faith and self-confidence.
- Is a scientific effort for the restoration to health of those mentally and physically ill.

Principles related to the therapeutic nature of occupation

- Occupation encourages doing and performing.
- Occupation can be goal-directed.
- Occupation is important to good health.
- Occupation is natural and familiar to people.
- Occupation can arouse interest and motivation.
- Occupation can increase contact with the environment and reality.
- Occupation can be used to increase muscle power and strength.
- Occupation can be used to increase joint function.
- Occupation can be used to improve muscle tone (physical endurance, tolerance).
- Occupation can be used to improve sensation following nerve lesion.
- Occupation and health are linked.
- Occupation can be positive, purposeful, and controlled.
- Occupational can promote a healthier lifestyle.
- Occupation has recreational, education, vocational, and therapeutic value.
- Occupations promote the resumption of natural and healthy modes of thought.
- Occupation trains and engages attention.
- Occupation develops right habit formation.
- Occupation stimulates the mind and trains interest.
- Occupation fosters dignity, competence, and health.
- Occupation reduces despair and produces hope.
- The therapeutic value of occupation can be studied by recording the response (improved, much improved, or no relief) of clients to treatment.

- Occupations can be studied based on the type of effect various occupations have on recovery from different diagnoses or symptoms (e.g., calming or exciting the patient).
- Occupations can be studied for their potential as a therapeutic agent in various settings. Factors might include cost of supplies and equipment, number of tools needed, precautions to be observed, type of work area needed, and amount of training needed.

Principles related to philosophical assumptions

- Occupational therapy is based on the idea of helping others find their way toward health (Emmanuel movement).
- Occupational therapists assume the whole is different from and more than the sum of its parts and that the person should be treated as a whole (mind, body, and soul) (Gestalt psychology). *Note:* Holism did not become a concept until 1926, but Gestalt psychology existed prior to the First World War.
- Occupational therapists believe that man learns to organize time and does so through doing occupation.²
- Occupational therapists believe that time is a person's best asset and that validation of opportunity and performance is the best measure.²
- The occupation (of one's hands and muscles) enables a person to achieve and attain pleasure.²
- Illness, especially mental illness, may be conceptualized as problems of living rather than as diseases or disorders of the bodily constitution.²
- Man maintains and balances in contact with reality through active involvement in life and use of time in harmony with the self and the environment surrounding the self.²
- Occupational therapy involves more mental action than physical.⁸
- Every human being should have both physical and mental occupation.⁶
- Sick minds, bodies, and souls can be healed through occupation.⁶

Principles related to education: The occupational therapist should

- Learn by doing.
- Learn about functional abilities.
- Learn to care for others and see oneself

as a caring person.

- Learn medical (biological science) and social science.
- Learn technical training in a variety of occupations and a variety of methods of presenting or teaching the occupations.

Principles related to sociocultural influences include

- Individuals should be treated equally, regardless of political, economic, social status, or military rank (feminism and reconstruction aides).
- Occupational therapists who are women have the ability and capacity to work and interact in society.
- Occupational therapists should pay attention to urban, industrial, educational, social, and cultural issues in society.
- Occupational therapists who are women can participate in society outside the home.
- Occupational therapists facilitate the adjustment of immigrants to life and work in the new country.
- Occupational therapists can act as advocates for individuals in the neighborhood and in the nation.

References

1. Crane, B. T. (1919). Occupational therapy. *Boston Medical and Surgical Journal*, 181, 63–65.
2. Meyer, A. (1922). The philosophy of occupation therapy. *Archives of Occupational Therapy*, 1(1), 1–10.
3. Cullimore, A. R. (1921). Objectives and motivation in occupational therapy. *Modern Hospital*, 17, 537–538.
4. Slagle, E. C. (1927). To organize an "OT" department. *Occupational Therapy and Rehabilitation*, 6, 125–130.
5. Mock, H. E. (1919). Curative work. *Carry On*, 1, 12–17.
6. Dunton, W. R. (1919). *Reconstruction therapy*. Philadelphia: Saunders.
7. Upham, E. G. (1918). *Training of teachers for occupational therapy for the rehabilitation of disabled soldiers and sailors*. Washington, DC: Federal Board of Vocational Education.
8. Thom, D. A., & Singer, D. (1921). The care of neuro-psychiatric disabilities. *Public Health Reports*, 36, 2665–2677.