

1961 Eleanor Clarke Slagle Lecture

Occupational Therapy Can Be One of the Great Ideas of 20th-Century Medicine

Mary Reilly, EdD, OTR

Specifying the Theme

As an occupational therapist honored by her peers, I join my Eleanor Clarke Slagle predecessors in feeling the awesome responsibility of the award. The occasion, it seems to me, makes it obligatory for an awardee to objectify a lifetime experience and then speak of an issue of concern to all. With this in mind, I have elected to present an issue which impinges upon the very root meaning of our existence. In developing the idea I have sought to reflect it against the changing background of the world in which we live. My hope is that its exploration will add to an understanding of the profession which we practice.

The question I would like to speak to is one which each one of us has asked at some time or other in our professional lives. Some of us have asked it many times. It has been raised in different ways and expressed in different words, both within and outside our field. In all probability, it will continue to be asked by those who follow us. I am referring to an anxiety about our value as a service to sick people. This theme I have identified by the question: *Is occupational therapy a sufficiently vital and unique service for medicine to support and society to reward?*

The anxiety begins in a primitive form when we stand before our first patient and sense the enormous demands that a treatment problem makes upon the occupational therapy brush, hammer or needle. The wide and gaping chasm which exists between the complexity of illness and the commonplaceness of our treatment tools is, and always will be, both the pride and the anguish of our profession. Anxiety accumulates as we become increasingly involved in treatment, teaching and research, and even more sophisticated questions tend to arise from that same source to plague us.

The theme of today's presentation is focused, therefore, on the critical appraisal of the essential worth of occupational therapy. I say critical because the technique of criticism will be the method by which the issue will be explored. The subject was selected because I found from my experience that the value of occupational therapy exists in a controversial state.

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Among any group of my colleagues who have practiced long and well, I found that this question of value constituted a continuous and almost lifelong dialogue.

The Theme Converted to an Hypothesis Test

Where and how does one begin to make dependable and hence usable judgments about value? Taking full advantage of the freedom inherent in the Slagle lectureship, I reasoned that the idea most basic to our practice ought to be searched out and then converted into a kind of a question which might be answerable to some degree. This search, I further reasoned, should begin in the time of our earliest days. I began there and found that there was a single root idea embedded deep in our foundation and this deeply embedded belief is what we call occupational therapy. In the stormy years between then and now, I found that there were few opportunities given to examine the roots of our foundation and to consider the growth which sprang from it.

My re-examination of our early history revealed that our profession emerged from a common belief held by a small group of people. This common belief is the hypothesis upon which our profession was founded. It was, and indeed still is, one of the truly great and even magnificent hypotheses of medicine today. I have dared to state this hypothesis as: *That man, through the use of his hands as they are energized by mind and will, can influence the state of his own health.* This is the inherited occupational therapy hypothesis passed on for proof by the early founders.

The splendor of its vision goes far beyond rating it as an idea conceived once in a lifetime or even once in a century. Rather, it falls in the class of one of those great beliefs which has advanced civilization. Its magnificence lies in the optimistic vote of confidence it gives to human nature. It implies that there is a reservoir of sensitivity and skill in the hands of man which can be tapped for his health. It implies the rich adaptability and durability of the central nervous system which can be influenced by experiences. And more than all this, it implies that man, through the use of his hands, can creatively deploy his thinking, feelings and purposes to make himself at home in the world and to make the world his home.

For a profession organized around this hypothesis it sets few limits to its growth. It merely endows a group with the obligation to acquire reliable knowledge leading to a competency to serve the belief. Because this is an hypothesis about health, it requires that this knowledge be made available for the guidance of physicians and that it be made applicable to a wide range of medical problems.

The Role of Criticism

Before preparing a brief for its validation I would like to make a detour into a description of the method whereby the issue will be explored. The method is in harmony with my temperament because, by choice, I am neither a conservative nor am I a conformist. I am a devout and practicing, card-carrying critic. Since criticism as a technique of public discussion has yet to emerge in our association affairs, I feel a need to define and describe it.

Its philosophy, techniques and tactics will constitute the point of view from which I will speak.

The public use of criticism by a profession has been spelled out best by Merton¹ who sees it as a prevailing spirit within a group necessary to maintain a group's progress. Its greatest usefulness is that it acts to repudiate a smugness which assumes that everything possible has already been attained. Its presence commits an association to keeping its members from resting easily on their oars when they are so inclined. In general, Merton finds that criticism stings a profession into a new and more demanding formulation of purpose and maintains a policy position of divine discontent with the state of affairs as they are.

A disciplined person in either the sciences or the professions uses critical thinking as a personal tool of reality testing and problem solving. When a professional organization as a whole accepts criticism as the dominating mode of thought, then indeed, theorizing flourishes and the intellectual atmosphere of their gatherings is characterized by sweeping controversies. In this atmosphere of controversy, progress becomes somewhat assured.

But a card-carrying critic must do more than merely engage in critical thinking. Judgments made by a critic must emerge from a discreet use of techniques which are difficult to master and dangerous to apply. Basically, the skill is dependent upon an ability to analyze, interpret and synthesize. A critic must have a sharply developed capacity to see deficiencies in data and fallacies in interpretation. The best stock in trade that any critic has is a discerning eye for trends and an ability to pattern and verbalize them. Whether a critic is worth listening to is usually decided by an ability to use language well, by a creativeness in synthesizing new relations and by courage to propose provocative hypotheses. Ultimately, however, a good critic rests his case upon how well he has been able to restructure the issue so that the necessary powers for its resolution can be freed. These idealistic but difficult standards are the ones I hope to follow in restructuring the issue of how valuable is occupational therapy.

Design of the Presentation

Having discussed the point of view from which I will speak, it is now necessary to describe the plan of attack which will be made on this global theme. For the sake of this presentation let us suppose that the hypothesis I have proposed is the wellspring of our profession and that it is worth proving. It would not follow necessarily from this that it is provable. A large part of the power to act on the hypothesis, of course, resides with us, the members of the American Occupational Therapy Association. But the society in which our profession lives holds power too and can rule on its growth. Even before we begin the validation, we must look at the probability that this idea may not be capable of proof in this century. I plan to ask first whether the American culture can tolerate such an hypothesis. Next I shall question whether the 20th Century is the right time for the test. The most crucial aspect of the presentation will be an attempt to identify the point at which the process of proof ought to begin. This will be followed by an attempt to identify the basic pattern of our service by which

the hypothesis will be proven. Finally, I shall comment on some ongoing crises which the hypothesis is undergoing and then leave for history its continuing proof.

Is America the Place to Test the Hypothesis?

Let us first consider the tolerance in America for the occupational therapy idea. In his social history, Max Lerner² identified certain dynamic forces which impelled the greatness of this country. He cited in the American mind two crucial images present since the beginning. One was the self-reliant craftsman, whether pioneer, farmer or mechanic. He was the man who could make something of the American resources, apply his strength and skill to nature's abundance, fashion new tools and machines, imagine and carry through new constructions. Without taking himself over-seriously, Max Lerner's American has generally regarded the great engineering, business, government and medical tasks as jobs to be done. Progress in technology was seen simply as agenda for the craftsman.

The second image Lerner drew was from the American environment. It was that of a vast continent on earth, as in space, waiting to be discovered, explored, cleared, built-up, populated and energized. Lerner contends that our culture is dominated by an American spirit which hates to be confined. A drive toward action, he postulated, is a part of the American character.

This drive towards action seems to me to make reasonable the American idea of a patient. Our cultural concept of the man of action suffers little change when an American moves into a hospital community. It has been supported by a series of principles which merged and fused into what we now call rehabilitation. Early in this century, there emerged the principle in medical management that patients were easier to handle when they were occupied with mild tasks. Later when it was found that an active patient tended to recover faster, early ambulation became an acceptable principle of physiology and blended well with the principle of patient occupation. Concern for the psychological nature of patients brought forth the widespread acceptance of craft, recreation and work programs in hospitals. The need to train patients in self-care became almost a crusade to insure the rights of patients to be independent. Within the community, laymen cooperated in ventures to assure the handicapped's right to return to work. Now we are implementing in full swing the socio-economic principle that it is good business for society to support such programs with public monies.

There are some obvious things which can be concluded about America's tolerance for the occupational therapy hypothesis. It would seem almost axiomatic that the American society in general, and medicine in particular, has need of a profession which has as its unique concern the nurturing of the spirit in man for action. In every way it knows how, America has said that this spirit must be served and served in a special kind of way when it has been blocked by physical or emotional ills. That this need will be persistent in American culture seems fairly certain. That occupational therapy will persist is not quite so certain. It is true, however, that if we fail to serve society's need for action, we will most assuredly die out as a health profession. It is also most assuredly true that if we did dissolve from the scene, in a decade or so, another group similarly purposed and similarly organized and prepared would

have to be invented. I believe, therefore, that the occupational therapy hypothesis is a natural one to be advanced in America.

Is the 20th Century the Time?

The timeliness of the hypothesis is the next question I should like to raise. Are we the people and these the times for the test? We are all deeply entangled in the forces and events of the century in which we live. But if this entanglement commits our energies to the endless treadmill of survival, then the hypothesis cannot get off the ground. The social scientists tell us that the world we live in is in a state of indigestion from too much change. We have yet to absorb the disorganizations brought on by a depression, two wars and an ongoing massive technological revolution. This change is being reflected by society into all its component institutions. It follows naturally that we feel its reflection in our professional lives.

But our state of turmoil was not always so, because occupational therapy was born in the quieter times of this century. In the first several decades of our existence, medicine offered us a tranquil and supportive setting. Our literature reveals that physicians tended to nurture the development of our schools and clinics. In these earlier times we were helped to meet the challenges of contributing to the ongoing medical scene. The last several decades, however, have put excessive stress for expansion upon a profession whose role had been barely defined. We have seen our practice organized into specialty fields by the demands of World War II. Our clinicians have only recently been systematized into team behavior by the pressures of rehabilitation. Now in the sixties we are confessing to a mounting sense of confusion and voicing a need for direction. We are keenly aware of the conflicting demands being made upon our practice. The problems that our schools face in digesting the accumulating technical knowledge which practice demands is a matter of growing distress. Caught up in these forces, how free can we be to control our growth?

If we are anxious today, the social scientist offers the explanation that it is because we are now aware that the hopes we had cultivated in gentler times of the past are being threatened by the pace of the world around us. Historians, however, are quick to counter that when times of great change appear, they are forecasting a death to the old and a birth to a new way of life. It is inconceivable that we or any other group with organized intelligence would stand idly by and permit the random destruction of the old and encourage blind birth to the new. Fortunately, most institutions have centralized their action for controlling change through planning groups variously called the Task Force, Master Plan Committee or the Role Definition Study. Our national association has not remained aloof from such efforts and is currently involved in three change controlling studies. As many of us know well, the studies involve professional curriculum and clinical practice, the functions of the organization and the future development of the profession.

We may conclude that we have shown by our action that we have felt the buffeting of great change and are attempting to control it. But how can we know whether the efforts we

are making are sufficient and are of the right kind? This difficult question has some partial answers. One common sense answer is that we must recognize the fact that we have grown and have changed as we grew. In our forty years of existence our sense of purpose, our anchorage points have shifted. It is only logical to reason that we will not rediscover a sense of purpose by merely reflecting within our professions the problems of the larger society in which we exist. Few rewards are granted to those who are content to reflect problems. Society demands that its problems be answered. Therefore, to any group which aspires to be a profession, there is placed before it a clear-cut mandate. This mandate says that if we wish to exist as a profession we must identify the vital need of man which we serve and the manner in which we serve it.

I contend that this is the point at which the proof of the occupational therapy hypothesis begins. The reality of our profession depends upon an identification of the vital need of mankind that we serve. How free we are in these troubled times to reconstruct our thinking at this basic level I do not know. But I do know that the crucial nature of our service cannot be spelled out in the loosely constructed way that it is today. I personally have little trust that we can continue to exist as an arts and crafts group which serves muscle dysfunction or as an activity group which serves the emotionally disabled. Society requires of us a much sharper focus on its needs. As the next step in the development of the theme it becomes necessary to make a critical examination of what, if any, vital need we serve.

What Vital Need Is Served?

As the first order of the business at hand we ought to have it clearly in mind what constitutes a vital need. Of all the descriptions of the need states of man which I have heard I like Eric Fromm's³ the best. He says that needs are an indispensable part of human nature and imperatively demand satisfaction. The need we serve must fall within this category. He says further that they are rooted in the physiological organization of man and consist of hunger, thirst and sleep and that in general they all belong to self-preservation. He proposes a simple, forthright formula of self-preservation which is directly applicable to occupational therapy. According to Fromm, when man is born the stage is set for him. He has to eat, drink, sleep and protect himself from his enemies. Therefore, for his self-preservation he must work and produce. Work, in the Eric Fromm sense, is a physiologically conditioned need and therefore a need to work is postulated as an imperative part of man's nature.

In our forty years of practice we have accumulated some fascinating odds and ends of understanding about the need to work. For example, early in my training I was taught that work was good for people. All people needed to work and sick people even more so. This kind of justification of service reminds me of the old story about the man who died and woke up surrounded by all kinds of delights which were his for the mere bend of the finger. After he had satiated himself well, he called for the headman, expressed his appreciation for the manner in which he was treated and then said, "Now that I have pleased myself well, it is my wish to do something. My good man, what is there for me to do in this paradise?" The answer

given to him was, "You are doing it now." "But," replied our man, "I must do something or else my stay in heaven will be intolerable." "Who" replied the headman firmly, "said that you were in heaven?" In the past I have been guilty of believing and having my patients persuaded that work was good and heaven would prove me right. The rationale that man works because it is good for him, regardless of its comfort to us, makes little contribution to our understanding of work as a basic need.

During the thirties, the economic depression gave us an unparalleled opportunity to learn that when able people could not find work, certain psychological disorganization occurred. These changes were deemed to be over and above the changes which could reasonably result from economic loss. We are able to generalize from the depression that human nature does not thrive in idleness. In the last several decades we have accumulated a few more broad generalizations. One is that the stress of work produces psychosomatic conditions in modern businessmen. Another generalization which is now being formulated is that when people retire from their work, they retire from life itself.

A vital need to be occupied however, is not to be inferred from such global generalizations. It is being left to the more rigorously controlled experimentations to do this. Now under laboratory conditions man's need-state for action is being rigorously investigated. In the United States and Canada basic research is going on in an area called sensory deprivation. The work began in reaction to the Russian brainwashing attempts. The research was designed on the principle of restricting man's interaction with the ongoing world of reality. Under controlled conditions of isolation man was found to suffer profound disturbances of his thought processes. In isolation men regressed to unrealistic and prelogical modes of behavior. The sensory deprivation findings suggest strongly that the concepts of man's response to his environment must be sharply revised. The behavioral aberrations which were observed in the idleness of depression and retirement, and the stress of overwork, appear to have been confirmed by the laboratory induced sensory deprivations. The data were checked out by neurologists, psychiatrists, biochemists, pharmacologists, mathematicians and engineers.

The final sensory deprivation report sums up to a concept that the mind cannot continue to function efficiently without constant stimuli from the external world. The central nervous system is now seen as a complex guessing machine oriented outward for the testing of ideas. The experimenters postulate that each individual constructs a different development pattern with respect to strategies for dealing with reality. Jerome Brauner,⁴ as one of the researchers, concluded that early sensory deprivation prevents the formation of adequate models and strategies for dealing with the environment. Later sensory deprivation in normal adults, he suggests, disrupts the vital evaluation process by which one constantly monitors and corrects the strategies one has learned to employ in dealing with the environment.

To summarize at this point, it seems to me that the American drive toward action as identified by Max Lerner and the human drive toward work as identified by Fromm have been verified in the laboratories. I believe that we are on safe ground right now to say that man has a vital need for occupation and that his central nervous system demands the rich and varied

stimuli that solving life problems provides him and that this is the basic need that occupational therapy ought to be serving.

What Is the Unique Service?

A profession, however, must do more than identify the need it serves. There is a twin obligation to spell out its unique pattern of service. The next gigantic task which this presentation faces and with some trepidation, because of the limitation of time, is an attempt to identify the basic pattern of our service by which the hypothesis may be proven. The charge is gigantic because it makes it obligatory to define the occupational therapy body of knowledge, its treatment process and techniques.

A search for valid content, process and methods has been my preoccupation in the past ten years of reading, study and practice. If I had the ability to do all this with any degree of clarity, I would not be here talking about it. I would be in a clinic doing it. However, I am now admitting to a rising sense of satisfaction in the project and a receding sense of frustration. At no time in technological history have the behavioral scientists been producing so much knowledge directly applicable to our field as they are now. The material is emerging from sources as divergent as neurological theory, animal psychology, developmental and personality theory and from psychologists as diverse as Allport, Murphy, Harlow, Hebb, Goldstein, Piaget and Schlachtel.

In order to plunge directly into this material I am going to have to make use of a device in logic known as a First Principle. For if we were to have a First Principle in occupational therapy it would provide us with a way to specify our knowledge. To those who may not be familiar with the meaning of First Principle, it is a device in reasoning to account for all that follows. For instance, the idea of God is a First Principle which accounts for the Universe. There has been a First Principle postulated to explain the nature of man. We are told that the first duty of an organism is to be alive. Medical science derives its premise from this first law of life. If it were not desirable to cure disease and prolong life, the rules of science and the skills and practice of medicine would be irrelevant. The second duty of an organism is to grow and be productive. Occupational therapy ought to derive its premise from the second law of life. If it were not desirable to be productive, the skills and practices of occupational therapy would be irrelevant.

These two laws merge into a concept of function which asserts that both the existence and the unfolding of the specific powers of an organism are one and the same thing. This concept of function is expressed as: the power to act creates a need to use the power, and the failure to use power results in dysfunction and unhappiness. The validity of the First Principle is easily recognizable in the physiological functions of man. Man has the power to talk and move, therefore, if he were prevented from using the power, severe physical discomfort would result. Freud utilized this First Principle to build a powerful theoretical position from which emotional illness was so successfully attacked. He accepted man's biological necessity to produce and generalized that when sexual energy was blocked, neurotic disturbances resulted. He endowed sexual satisfaction with all-encompassing significance. He developed

his theory of sexual satisfaction into a profound symbolic expression of the fact that man's failure to use and spend what he has is the cause of sickness and unhappiness. The Freudian theory that human action is primarily sexually based has thrown a strong but restrictive shadow over other behavioral fields. It has been only lately that attention has been given to human productivity in non-sexual areas. Occupational therapy's focus, it is asserted here, lies in the non-sexual area of human productivity and creativity.

In Gardner Murphy's⁵ brilliant defense of human productivity he makes us aware that there is a distinct path which leads to becoming human. This path is not seen as being sexually directed. The direction lies largely in the enrichment and elaboration of the sensory and motor experience and the life of symbolism which depends upon them. He maintains that the sheer fact that we have a nervous system, the sheer fact that we can learn, means that we can prolong and complicate sensory and motor satisfactions, can make them richer, can give them more connections, can avoid boredom, can recombine them, can feed upon them, can become immersed in them and make them a part of ourselves. In all these respects, Murphy says man is most completely human. His primary thesis is that man achieves satisfaction in using what he has, in using the equipment that makes him human; and this entails not only the sensory and motor equipment but that central nervous system upon which the learning and thinking processes depend.

Murphy's spirited description of the conditions necessary for being human can provide the basis for an occupational therapy First Principle. This logic constitutes our mandate to discover and organize our body of knowledge; to develop a treatment process; and to devise techniques for its application to the health of man. The logic of occupational therapy rests upon the principle that man has a need to master his environment, to alter and improve it. When this need is blocked by disease or injury, severe dysfunction and unhappiness result. Man must develop and exercise the powers of his central nervous system through open encounter with life around him. Failure to spend and to use what he has in the performance of the tasks that belong to his role in life makes him less human than he could be. With this principle in mind I would like to summarize my thoughts of the last several years of work on our body of knowledge, our treatment process and techniques.

Regarding the Body of Knowledge

Because our profession is focused on influencing the health of people there will always be a need to include in our body of knowledge the fundamental material of anatomy, neurophysiology, personality theory, social processes and the pathological states to which these functional areas are subject. However, I do not feel this is our unique content. We should have as a special contribution a profound understanding of the nature of work.

Knowledge of work capacity lies scattered over many behavioral fields. We do know, for instance, that man's ability to work has been developed in the long evolutionary process. It began when man hunted and fished for his food and continued as he grew his food and fabricated objects for his comfort. The lot of man was considerably improved when he freed himself from arduous labor through tools and machinery. His comfort was immeasurably assured by the social institutions he built and operated with increasing skill over the centuries. It is my

contention that this evolutionary process, plus a bit more, is present, symbolically expressed in today's culture. The concept of work capacity as being an outgrowth of an evolutionary process I call the phylogenesis of work. I believe that cultural history of work ought to be deeply embedded in the occupational therapy body of knowledge and its phylogenetic nature considered particularly in program building.

We know that as a child grows, he recapitulates the history of his race in the stages through which he himself must pass enroute to maturity. The need to pass through phylogenetic experiences in work is necessary for mature work capacity to be developed. There is historical evidence that a child's ability to play, to explore his environment, to exercise his motor skills are the foundation for his later school experiences. The problem-solving processes and the creativity exercised in school work, craft and hobby experiences are the necessary preparations for the later demands of the work world. Because we know that the random movements of the infant progress in developmental sequence toward the job competencies of the mature adult, I postulate an ontogenesis of work. I believe that the ontogenetic nature of work ought to be considered in the case study approach to each treatment problem.

The occupational therapy body of knowledge should include therefore, an understanding of the developmental nature of the sensory-motor systems, the patterning of aptitudes, abilities and interests, the nature of the learning process involved in the acquisition of skills. It should include also an understanding of the developmental nature of the problem-solving process and process of creativity. My epistemological conclusion is that the biological, psychological or social knowledge we select as part of our thinking content must be intermeshed deliberately with the knowledge of work-phylogenesis and work-ontogenesis.

Regarding the Treatment Process

The capacity to work develops in the long socialization process through which a child becomes an adult. It proceeds along the path of growth as man learns to intermesh his motor with his intellectual functions and adapt this integration to the tasks of his life which satisfy his need to control his environment. Work capacity, in this sense, can be said to develop out of the struggle with gravity for motor control, the struggle with learning for manual and mental skills and the struggle with people and people purpose for economic and social control. When the struggle is great, the personal involvement is high; although conflict and frustration are high, so, too, is work satisfaction high. It follows, too, that when involvement is low, work satisfaction is low. The occupational therapy process becomes primarily concerned with that special aspect of the socialization process called work satisfaction. Its approach in treatment is biographical because work satisfaction is, by its nature, the result of past experiences expressed in the present ability to cope with the environment. Its focus is on the meaningful involvement in problem solving tasks or creative performances. The parameters of its concern are the ability to experience pleasure in achievement, to tolerate the frustrations of struggle, to sustain the burden of routine tasks and to maintain the level of aspiration within the reality level of work skills. The goal of the process is to encourage active, open encounter with the tasks which would reasonably belong to his role in life. The process is paced and guided by the supervision of the prescribing physician.

Regarding Treatment Techniques

Techniques which would emerge from the body of knowledge and the professional process as just described would be concerned with program and treatment execution. Methods would include all those administrative techniques of program building which would provide a laboratory setting for human productivity. The treatment technique would be all those procedures associated with modifying sensory-motor dysfunctions, perceptual difficulties and the difficulties inherent in coping with the world of play, work and school. It is suggested in terms of today's thesis that in the merging of our content, process and methods, the unique pattern of our function will be spelled out. If this pattern is focused strongly on man's need to be occupied productively and creatively, the hypothesis will grow stronger.

Major Tests of the Hypothesis

Of all the ongoing tests of the occupational therapy hypothesis, I have selected a few major ones upon which to comment. The first and obvious one is whether a need to accumulate substantial knowledge about human productivity and creativity will be recognized and acted upon in our schools and clinics. The problem of balancing our knowledge has been with us for some time. Until now our attention has been preoccupied with the medical science which supports the application of our craft knowledge to medical conditions. But medical science knowledge is a means for the application of our service and not an end in itself. A profound knowledge of human dynamics of productivity and creativity is the end to which our knowledge ought to be designed. As far as our practice today is concerned, we have more medical science knowledge than we know how to apply and we are applying more knowledge about human productivity than we actually have on hand.

The second, and not so obvious test, is the delimiting effect that psychoanalytical practice has on the promotion of a non-sexual concept of human productivity. The fundamental doctrine of the Freudian pleasure principle is that the essential movement of a living organism is to return to a state of quiescence and that primary pleasure is sought in sensual gratification. A fundamental principle of work is that primary pleasure can be sought through efficient use of the central nervous system for the performance of those ego integrating tasks which enable man to alter and control his environment. In this sense psychoanalytical theory is seen to focus on subjective reality while work theory becomes largely concerned with objective problem-solving reality. It is not that these points of view run counter to each other. They simply do not meet or interact except under very special conditions of intimate supervision by a psychoanalyst.

In 1943 Hendrick⁶ raised this issue in the *Psychoanalytic Quarterly*. He argued that the psychosocial activities of the total organism are not adequately accounted for by the pleasure and reality principles when these are defined, in accordance with Freudian tradition, as immediate or delayed response, respectively, to the need for sensual gratification. He suggests that work is not primarily motivated by sexual need or associated aggressions, but by the need for efficient use of the muscular and intellectual tools, regardless of what secondary needs

(self-preservation, aggressive or sexual) a work performance may also satisfy. Hendrick postulated a need for a work principle which asserts that primary pleasure is sought by efficient use of the central nervous system for the performance of well integrated ego functions which enable the individual to control or alter his environment.

In psychoanalytic practice today sexual satisfaction is seen as being influenced by ontogenetic, phylogenetic and biographical considerations while no such considerations are seen needed for work satisfaction. Although many analysts have agreed that sexual capacity correlates highly with work capacity, the idea has not been developed much beyond the statement. Work is seen as a kind of experience a patient ought to have and whatever satisfaction he derives from it will be dependent upon his subjective state. As a result, extensive activity programs have grown up around psychiatric treatment which have been designed for participation, but not specifically for ego involvement. These programs are now being called activity programs and those implementing them are called activity therapists.

Such activity programs encourage the participation of large groups and usually appeal to the automatic, learned patterns of behavior. However, activity programs so designed deny the dignity of a human being to struggle, to control his environment as witness the fact that they tend to make man quiescent within the hospital community. They tend to depersonalize, institutionalize and, in general, debase human nature. The occupational therapy hypothesis makes the assumption that the mind and will of man are occupied through central nervous system action and that man can and should be involved consciously in problem solving and creative activity. It is believed that psychoanalytical theory and the occupational therapy hypothesis can profitably co-exist if a work principle is postulated and executed. This will be even more true if occupational therapy deepens its understanding of the phylogenetic and ontogenetic nature of work and make a case study approach to ego involvement of patients. It is not so possible, however, that activity therapy and occupational therapy can co-exist. It is believed that the major crisis in the proof of our hypothesis will not be how to co-exist with psychoanalytical theory but to know the difference between activity and occupation and to act on the knowledge of this difference.

The last major test which I will discuss has to do with the physical disability field. In this specialty we have been placing heavy emphasis upon muscle efficiency and enabling devices. There is a long, perilous and complex ladder to be scaled between neuro-muscular efficiency and work satisfaction. The ontogenetic reconstitution of motor behavior is a tedious process and must be done step by step. It begins at the reflex muscle action stage and proceeds to the development of complex patterns of motor skills which are utilized in a rich variety of work skills. These, in turn, must be disciplined to a sustaining level of tolerance for routine labors. It is upon this broad pattern that human tolerance for working with people in people affairs is built. If any of these steps are missing, they must be re-fashioned and the whole pattern re-shaped accordingly. The proof of the occupational therapy hypothesis in the physical disability field will depend upon how much we know about the process of restoring work capacity. It cannot be done from prescriptions based upon a narrow understanding of human productivity. It cannot be done in cramped clinics dependent upon scrap

material. Nor can it be done from our present ignorance of the world of industry for which we believe we are preparing patients. The challenge to the hypothesis in this area is severe, yet provocative. The technical literature of our profession is indicating that this challenge is not being ignored.

Summary and Conclusion

In summarizing the many ideas I have touched or expanded upon in this thesis, I once again return to my original question: *Is occupational therapy a service vital and unique enough for medicine to support and society to reward?* In answering it, I have said that we have had a magnificent hypothesis to prove and if it could be proven, even to some degree, the answer would be that we are valuable to medicine and to society. The hypothesis that I presented for evidence of proof was that *man, through the use of his hands as they are energized by mind and will, can influence the state of his own health.* I asked if this were a kind of idea that America could subscribe to and to that I replied with a resounding yes. I wondered about the stress that the terrible 20th Century was putting on this idea and worried some about the energy left to us to advance it. I suggested the hypothesis would begin its proof when we identified the drive in man for occupation and would continue as we shaped our services to fill that need. I speculated on some of the crises the hypothesis was now undergoing and left the decision not in the lap of the gods but in our own laps for us to think and act upon in our daily practice.

I have said that our profession has a magnificent medical purpose. Whether we shall fulfill it or whether it shall ever be fulfilled I have not said because I do not know. But this I can say from personal experience, that we belong to a profession that requires the mind to look at the history of man's achievements throughout civilization. It requires the spirit to respond to the wonders of what man has accomplished with his hands. It gives us a mandate to apply this knowledge and more to help man influence the state of his own health.

References

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4. Solomon, Philip, & etc. *Sensory Deprivation*. Cambridge, Massachusetts: Harvard University Press, 1961.
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Bibliographical Notes

Work has been studied from the viewpoint of economics, philosophy, sociology and psychology, and although the literature is considerable, and is being added to constantly, it is a comparatively recent focus for scholars. So far no general study of work has been written, but to some extent a student in this field need not be left entirely without guidance. He needs to remember, however, that the literature is too extensive for one individual to investigate

thoroughly. This bibliography noting is designed to serve as an introductory guide. Many of the recommended writings also include full bibliographies of the topic with which they are concerned.

Anyone who seeks to be a student of human occupation should attempt first to build a historical perspective of the field. *A History of Technology*, edited by Charles Singer, E. J. Holmyard and A. R. Hall, is a massive five volume series published by Clarendon Press in Oxford from 1954 to 1958 and provides a general historical background as far as science, economics and technology is concerned. An account of the effect of labor and technology on the culture of the west is set forth in another series titled *The History of Civilization*, edited by C. K. Ogden and published in New York by Alfred A. Knopf, 1926 to 1929.

The sociological nature of work may be approached through a study of the socialization process and the field of industrial social psychology. This aspect of study is excellently covered in *The Handbook of Social Psychology*, edited by Gardner Murphy and published in two volumes by Addison-Wesley Company in 1952. A recent perceptive and illuminating view of the social and economic nature of work and the worker is presented by *Theories of Society*, Vol. I and II, edited by Parsons, Stills, Naegele and Pitts published by the Free Press of Glencoe, Inc., in 1961.

The specific classics regarding human occupations are exemplified by: Theodore Caplow's *The Sociology of Work* (Minneapolis: The University of Minnesota Press, 1954); Eli Ginzberg's *Occupational Choice: An Approach to a General Theory* (New York: Columbia University Press, 1951); Anne Roe's *The Psychology of Occupations* (New York: John Wiley and Sons, 1956); Donald Super's *The Psychology of Careers: An Introduction to Vocational Development* (New York: Harper and Brothers, 1957) and John Darley and Theda Hagenah's *Vocational Interest and Measurement: Theory and Practice* (Minneapolis: The University of Minnesota Press, 1955).

The classics concerned with human creativity are: Viktor Lowenfeld's *Creative and Mental Growth*, revised edition (New York: The Macmillan Company, 1952); Edwin Ziegfeld's *Education and Art: A Symposium* (Paris: 19 Avenue Kleber, United Nations Educational, Scientific and Cultural Organization, 1953) and Harold Anderson's *Creativity and its Cultivation* (New York: Harper and Brothers, 1958).

The author further recommends: Robert Gagne and Edwin Fleishman's *Psychology and Human Performance* (New York: Henry Holt and Company, 1959); Ernest Schachtel's *Metamorphosis* (New York: Basic Books, 1959); Gordon Allport's *Personality and Social Encounter* (Boston: Beacon Press, 1960), Hannah Arendt's *The Human Condition* (New York: Doubleday Anchor Books, 1959); Erich Fromm's *Man for Himself* (New York: Rinehart and Company, 1945); Gerald Gurin, Joseph Veroff and Sheila Feld's *Americans View Their Mental Health: Number Four* (New York: Basic Books, 1960); and Frederick Herzberg, Bernard Mausner and Barbara Snyderman's *The Motivation to Work* (New York: John Wiley and Sons, 1959).