

HISTORY MATTERS

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Journal TOG Honor´s Committee.

Mentioning this article in successive occasions:

Peloquin, SM. History Matters. TOG (A Coruña) [Internet Journal]. 2007 [-consultation date-]; (5): [11 p.]. Disponible en:

<http://www.revistatog.com/num5/pdfs/Editorial2.pdf>

Most practitioners commit to remaining current in practice as part of a moral obligation to benefit their clients and patients. Time spent in continuing education that provides cutting edge knowledge or innovative skill is thus considered time well spent. Administrators often fund such learning. What, then, can we say of time spent learning about occupational therapy history? Historical information is neither current nor cutting edge, and it can hardly be seen as innovative. The reason is simple: History matters as a testimony of who we are, as a wealth of stories, and as a record of our experience.

If one pauses sufficiently to reflect about the merits of history, one can argue its salience. I offer three arguments: (1) history gives a context within which one can discover and affirm one's professional identity, (2) history holds story that is both motivational and inspirational, and (3) history leads to wisdom and understanding. In order to support these assertions, I supply historical examples.

History matters because it offers a context within which one can discover and affirm one's professional identity; it is a testimony of who we are. From many possible examples, consider this one. Recently, I spent time inquiring into the profession's early history and all Eleanor Clarke Slagle lectures given by professional leaders since the lecture's inception in 1954 (Peloquin, 2005). As a result of that effort, I unearthed a cluster of enduring sentiments, values, and beliefs that emerge as the profession's ethos. The term *ethos* warrants explaining: A profession's ethos is its unique character, its identity, its reputation. I believe that the ethos of any profession is its heart (Peloquin, 2005).

Five ethological beliefs have woven through the profession's literature since its founding in the U. S. in 1917 (Peloquin, 2005). The beliefs are these: 1) Time, place, and circumstance open paths to occupation, 2) occupational fosters dignity, competence, and health, (3) occupational therapy is a personal engagement, (4) caring and helping are vital to the work, and (5) effective practice is artistry and science. These guiding beliefs shape a unique sense of who we are as occupational therapists. Conclusions about our character drawn from these beliefs are that (1) we are pathfinders, (2) we enable occupations that heal, (3) we co-create daily lives, (4) we reach for hearts as well as hands, and (5) we are artists and scientists at once (Peloquin, 2005). This ethos distinguishes us from other health care practitioners; the occupational therapy ethos captures who we are and what we do.

But why does knowledge of the profession's ethos matter? Surely a profession's ethos is a quaint and esoteric artifact with limited utility? Isn't the ethos a nicety as compared to more cutting edge information that can move a profession forward? Actually, the profession's ethos can be a powerful source of professional agency. Perhaps the salience of a profession's ethos is best seen in the light of an analogy drawn from personal experience. Consider the fact that I make professional decisions daily. Thoughts both tacit and explicit about my character factor into the decisions that I make. When asked to do something that borders on unethical, my inner judgment is that I am not a person who would do such a thing. When asked to give time to one cause as opposed to another, I decide based, in part, on a judgment that some actions

are typically more of what I do than others. My character—my personal ethos—is a compass that guides me. Parallel functions are performed by a profession's ethos.

A professional ethos is its moral compass. Certainly, documents such as the American Occupational Therapy Association's Code of Ethics or Core Values and Attitudes or Standards of Practice offer directives that inform the modern-day decisions that practitioners make. But a richer and more powerful sense of what one ought to do can be gained from a historical sense of one's professional identity. Only history gives us the power of our ethos. Consider this assertion in an applied context. When deliberating over any action or direction that I might take as an occupational therapist, the stakes change when I ask myself the ethological question, "How can I best be a *pathfinder*?" That ethological question presses me to become an imaginative change agent.

The same is true of each of the guiding beliefs. History prompts us to also cast the other beliefs as questions: "Do I enable occupations that heal? Am I co-creating daily lives? Do I reach for hearts as well as hands? Am I an artist and scientist at once?" Such questions call us back to our heritage. They both encourage and direct us to act boldly in practice arenas that may be so protocol- or business-driven that they challenge therapeutic aims. And the utility of the profession's ethos is one of but many possible illustrations of the argument that history gives a context within which we can affirm our professional identity.

History also matters because it offers a wealth of stories that both motivate and inspire, the substance of my second argument. Timeless stories reside in our historical literature, waiting to be retold. In many writings and presentations, I have used stories from the biography of Ora Ruggles, a reconstruction aide in World War I (Carlova & Ruggles, 1935). Ruggles later practiced as an occupational therapist in varied settings in the United States. Ruggles once explained to an army physician the caring effects of her empathy for the wounded soldiers among whom she worked, some of them spectacular amputees: "I don't see what's missing. I see what's there. I see real manhood. I see great courage. I see tremendous strength. I see true spirit. That's what gives me courage, strength, and spirit. I gain as much as the men I try to help" (Carlova and Ruggles, 1935, p. 76). One powerful story about Ruggles is thematic in our ethos, and its truth transcends the passing of time. One day Ruggles had walked into the barracks and was unusually quiet. Her colleagues asked what was on her mind. She said that she had made a great discovery, so simple and yet so effective: "It is not enough to give a patient something to do with his hands. You must reach for the heart as well as the hands. It's the heart that really does the healing" (p. 69). Her biography, entitled *The healing heart*, is testimony to the enduring value of the story and to the timeless salience of her discovery.

A story of another kind comes to us from Meta Anderson (1920) who described the use of occupation using the language of her day. She wrote:

An official was visiting the work of the feeble-minded in a certain school. The teacher reported the good work done by the various schoolchildren. When she had finished, a low grade girl member of the class tugged at her sleeve and said, "Tell him that I cleaned the garbage can." She had cleaned the garbage can and had done it very well. She beamed over the praise given to her after she had called attention to her accomplishment. She had been useful and her joy was unbounded. (p. 326)

And then there is this story written by Mock about a patient who benefited from the integration of art and science in early wartime practice:

Private J. was studying law when he was drafted. . . . He was wounded by shrapnel in his left arm and a stiff, flexed elbow had resulted. Reading law books would hardly benefit his condition, but J. was also interested in making mission furniture out of old boxes and lumber. . . . using his left hand chiefly, he soon became adept at hammering, sawing, planning, and other movements which necessitated a certain amount of flexion and extension at the elbow joint. Every week the amount of motion at the joint was measured and a careful record made. When J. saw by actual measurement that his range of motion in this joint was increasing, he was indeed happy and redoubled his efforts. Practically full joint movement had been restored when he was finally discharged. (p. 14)

During a time when the profession is encouraging a return to occupation, during an era when wartime casualties will once again dominate many practice sites, stories such as these can motivate and inspire.

My third argument is that history matters as a record of our experience that leads to wisdom and understanding. Robert K. Bing (1993) wrote much historical work in the U.S. He was a firm believer in the truism that we live forward but we understand backward, a phrase which he attributed to William James, noted 19th century philosopher, physician, and psychologist. Bing (1993) said,

History is an invaluable tool to assess the present and determine a future course of action. . . . Fundamentally, history is experience, rather than the telling of quaint stories or reminiscing about past feats or failures. It is knowing enough about what has come before to know what to consider or rule out in evaluating the present, on our way to the future." (p. 3)

Bing's words evoke the story of 19th century moral treatment, thought by many to have been a precursor to occupational therapy. The story of moral treatment is a complex one that requires many readings, so this version is but a quick sketch (Peloquin, 1988, 1994). Early 19th century thinking revolutionized older medical views so that persons with mental disorders were thought capable of reason. Prior to that they had been considered subhuman—beastlike really- because they had been stripped of reason. Simply put, they lacked sanity. Torturous methods had been used to treat them, not so much to inflict pain but to frighten the irrational beast into better

behaviors. Chaining patients, placing them in cold showers, lowering them into water-filled wells, all helped the physician in his goal to dominate their beastly natures. When physicians came to increasingly believe that insane persons retained both intellectual and rational capacities, treatment methods changed in a corresponding way.

The humane system of moral treatment developed within the context of a newly adopted belief system. Many asylums became environments within which those with mental illness were involved in daily routines and productive occupations. Men engaged in carpentry, painting, and farming. Women performed domestic chores and manual crafts. Occupation was supplemented by religious devotion, regular physical exercises, and group amusements organized by the staff. Meals were eaten family-style with both physicians and staff. Attendants and nurses were of the best character.

Interestingly, the science that drove this kind of treatment was predominantly that of phrenology, a science that located reason in the brain. The new brain science was supported by many highly esteemed physicians. These physicians valued the outstanding dissection work of Franz Gall whose anatomical drawings were also exquisite. Gall mapped out mental functioning in the brain, arguing that the brain had 27 discrete faculties or organs. These faculties were areas of the brain that Gall named for their functions, to include *amativeness*, *love of offspring*, and *veneration*. Such faculties could be developed or strengthened by the individual through interactions with the human and non-human environment. Bumps on the skull were thought to reflect the corresponding development of the brain faculties that lay beneath it. To support

and validate his anatomical work, Gall made empirical observations of mentally ill individuals in asylums. He noted the protuberances on their skulls, and in the absence of knowing the precise manifestation of their illness, he was often accurate in describing the behaviors that had been problematic. The science of phrenology thus seemed plausible.

Spurzheim, Gall's assistant, elaborated treatment principles based on phrenology. If a woman lacked development of the faculty known as *love of offspring*, she might be engaged in activities that pressed her to positively engage with children so as to develop that organ. If a man had been violent and possessed of an overdeveloped faculty of *murder*, he might be directed toward more nurturing activities to develop the *instinct of generation*, that would help him to better value life. These principles became important guidelines for many of the occupational choices that were made in moral treatment.

But moral treatment would not last in spite of the many cures that were reported from its use. Broca's dissection work became widely known, and his more accurate conclusions about the localization of brain function proved Gall's organ system incorrect. Phrenology faltered, and another scientific view developed, that mental illness was a manifestation of physical defects in the brain. Phrenological principles became untenable, and moral treatment associated with occupational, interpersonal, and environmental treatment measures became impossible to justify "scientifically." Simultaneous societal difficulties in maintaining humane asylums became

overwhelming, one of them being overcrowding from an influx of immigrants. Moral treatment ended, and a more hopeless view of those who had mental illness dominated medical thought: Mental illness had no cure.

The demise of moral treatment is a story that may help occupational therapists remember that the science that dominates the use of occupation as treatment will shape its destiny. Many practitioners know a more modern version of this story. Occupational therapy's embrace in the 1950s of a medical model led to an important focus on knowledge about the substrates of disabling conditions and occupational performance problems. Treatments came to target sensory, motor, and psychological substrates of performance while shaping a form of disregard for a use of occupation that had been previously thought fundamental. The press to return today to occupation-based treatment is an attempt to reclaim a more holistic view of the person-environment-occupation dynamic. The wisdom and understanding that we can draw from these two historical events is real. Because our science directs our interventions, we must—for the sake of those whom we treat-- embrace theories that enable us to extend into the future what we know as the power of human occupation.

I believe that history matters because it (1) offers a context within which one can discover and affirm one's professional identity, (2) holds story that is both motivational and inspirational, and (3) can lead to wisdom and understanding. I agree with my friend Bob Bing (1993) who reminded us that our history is our experience. Occupational therapists have always believed that the experiences of patients and

clients are important. Our collective experiences as occupational therapists seem no less important. As a testimony of who we are, as a wealth of stories, and as a record of our experience, history matters.

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