

# Occupational Science – History & Ideology

## REVIEW

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Occupation can be defined as what humans do when they act as agents of their own intentions in order to achieve a goodness of fit with their environments (1). Occupation may refer to any activity of daily life that occupies and engages an individual. A few examples of occupation include employment, play, feeding, and/or sleep. The focus of occupational therapy (OT) is to enable individuals to engage in meaningful occupations and to live purposeful lives, despite health and environmental barriers impeding such engagement.

Dr. Phillippe Pinel has been accredited with practicing ‘OT’ as early as 1786, and Dr. William Dunton with delivering the first ‘occupational treatment’ course in 1911 (2), despite OT not being recognized as a profession until 1917. The concept of occupational science (OS) as a discipline, however, came much later.

The inception of OS became a necessity largely due to the impact of global political trends in the 1960s through 1980s. It was a time of reform, from the dawn of the civil rights movement in a post-World War II era to health care reform (inception of Medicare/Medicaid), followed by economic stagnation and recession. In addition, the rise in populations with chronic disability was a growing concern. This led to reduced governmental funding and resource cutting, confining OT practice to budgetary

allowances, with pressure to increase efficiency in service delivery. In the absence of a conceptual framework to guide the profession, OT was at the crossroads.

The formal need for research to support the practice of OT was unanimously recognized by the 1970s. The AOTF (American Occupational Therapy Foundation) (3) facilitated this quest by sponsoring a series of national seminars, forums, and roundtables to identify the direction(s) for research. The exchange led to the inception of The Occupational Therapy Journal of Research as a forum for research and debate. The commitment that emerged was to conduct scientific research and to gather a body of knowledge that informed and strengthened the practice of OT.

Despite earlier unsuccessful suggestions (such as ‘occupationology’) (4), ‘Occupational Science’ was formally established as a basic science and academic discipline in the late 1980s (5). The term “occupational science” was originally coined by Dr. Elizabeth J. Yerxa and colleagues, who founded the first doctoral program in OS. Nevertheless, the discipline’s evolution is attributed to the rich dialogue and commentary amongst prominent scholars including Baptiste, Christiansen, Clark, Kielhofner, Law, Polatajko, Townsend, and West, to name a few. Subsequently, OT saw the origin of a conceptual model, guidelines for client-centered practice, and associated standardized measures. These advances in the 1980s and thereafter provided a sense of

focus and structure to assessment and treatment processes embedded in OT practice.

The relationship of OS to the practice of OT is similar to how the anatomical and physiological knowledge base influences the practice of medicine. (6) For instance, anatomy is the study of the body structures, and medicine involves its practical application for the purposes of diagnosis, treatment and prevention. Similarly, OS is the study of humans as “occupational beings” and OT applies that knowledge for the purposes of assessment and intervention. The goal of OS is to conduct exploratory and explanatory research to generate a body of knowledge that facilitates the understanding of occupation, within the context of human engagement and environmental influences.

Contrary to common misconception, OS is a multidisciplinary field. It has a broad mandate, reaching outside of simply ‘OT research’. Nevertheless, given that most OT inquiries revolve around rehabilitation in the context of occupation, it is not surprising that a large body of OT research falls within the scope of OS. Yet, it is important to clarify that not all OT researchers are occupational scientists and not all occupational scientists are OTs. For example, an occupational health psychologist exploring the construct of occupation within the context of workplace health and well-being can contribute to the OS knowledge base, without being an OT.

While OT has come a long way from having “craft shops” and basketry design leaflets as its products of enablement, the profession is still in dire need of research to support its practice and revitalize professional boundaries. While OS undertook the promise to provide an evidence base

supporting the practice of OT, its primary purpose was to explore the construct of occupation. As an occupational therapist, I cannot help but wonder if the extent of this exploration has been achieved? Has the knowledge gained enhanced the practice of OT or kept up with the profession’s research demands? While exploration to support a profession is just, has OS limited its scope to doing just that? Are inquiries required beyond the confines of the profession? I believe the time has come for us to address these questions and perhaps, to reach out beyond the need to preserve the practice of OT – otherwise, we run the risk of choking the practice as well as the science.

There is a need to think beyond the classical paradigms of our predecessors and foster unprecedented changes that meet the demands of our time.

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## References

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innovation in the service of occupational therapy's future. American Journal of Occupational Therapy. 1991;45:300-310.