Occupational therapy lacks a consensus regarding its theory base, technical tools, contribution to society, ethical stance, and relationship to medicine. This study proposes steps to achieve a new consensus and to resolve the crisis focus on entry-level education. The proposed steps include (a) the critical assessment of the educational foundation for practice, (b) the recognition that a liberally educated occupational therapist can serve patients better and meet pressing societal needs, and (c) the pursuit of closer relationships with liberal arts colleges by occupational therapy academic departments. A “new breed” of occupational therapists, that is, therapists who are liberally educated, will be capable of thinking in broad categories and will be open to new ideas and aware of ethical implications; they will be familiar with principles, able to practice from a knowledge base, and prepared to improve the profession’s practice: they will possess the skills to be leaders.

The profession of occupational therapy is in a crisis (in the Kuhnian sense) (1); it lacks a consensus regarding its theory base, technical tools, contribution to society, ethical stance, and relationship to medicine (2–5). This inability to achieve a consensus is nowhere more apparent than in the diversity currently displayed in both the occupational therapy curriculum and the academic administrative units in which occupational therapy departments are located in the colleges and universities of the United States (6).

If occupational therapy is to serve pressing social needs, steps need to be taken to resolve this crisis and to achieve a new consensus. We propose that (a) occupational therapy, which grew out of the rich tradition of liberal arts education, needs to return to its “old home”; (b) a liberal arts education will produce a new breed of occupational therapist who can do a better job of treating patients and serving the public interest; and (c) occupational therapy academic departments should seek closer relationships with and ideally be administratively located within liberal arts colleges.

A liberal arts education was defined by Alfred North Whitehead (7), the respected philosopher and scientist, as “…an education for thought and for aesthetic appreciation. It proceeds by imparting a knowledge of the masterpieces of thought, of imaginative literature and art. The action which it contemplates is command” (p 55). In relation to outcomes, Royster (8), editor emeritus of The Wall Street Journal, identified an educated person as one “who should feel at home with language, especially his own language and its literature, with the principles of mathematics, with the basic concepts of the physical sciences, with an awareness of the progress of history from ancient times to his own, and with the questions that have perplexed philosophers since antiquity” (p 199). Although we might not agree totally with this definition, it is clear that a liberal arts education is broad in scope and designed to develop the ability to think at the level of principles and universals, to ask good questions, and to possess the skills to act competently, flexibly, and responsibly in a complex world.

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Historical Perspective

Occupational therapy was founded in the early 1900s by a group of people, primarily women, who were graduates of some of the finest liberal arts colleges (9). From their knowledge of history, philosophy, and the arts and sciences and their consequent understanding of the human condition, they sought to create a profession that would tap the innate strengths and creative potential of patients and thereby bring about "a pleasure in achievement, a real pleasure in the use of one's hands and muscles and a happy appreciation of time" (10, p 640).

These founders of the occupational therapy profession understood the value of the recurrent human cycle of work, rest, play, and sleep in relating the individual's life to the natural rhythms of the universe. As the philosopher Arendt (11) observed, "The 'blessing or joy' of labor is the human way to experience the sheer bliss of being alive which we share with all living creatures, and it is ever the only way men, too, can remain and swing contentedly in nature's prescribed cycle..." (p 92).

Occupational therapy's founders perceived their patients as people for whom illness or disability constituted a challenge to their inborn adaptive capacities. We can speculate that the early therapists believed in the strength of these capacities because their liberal education had provided them with a world view that included an appreciation of the indomitable human spirit as it had been demonstrated over the course of human history. They also recognized the need of people to leave some lasting monument of their brief existence in the world through the creations of their hands and mind (11).

Thus our predecessors viewed illness and disability as constituting special problems of daily living, and the new profession was designed to develop and foster the innate capacities of the person through engagement in occupation. Patients were conceptualized not as different from other people, but as people who had human needs in common with others and also needed to overcome unique challenges. This perspective placed the patient in the mainstream of humanity and within the universal human condition rather than in a diagnostic category or class. It also led to occupational therapy's concern with some of the basic questions of human existence: How shall I survive in the world? How shall I develop competence? How shall I make a contribution? (12).

The human stories of interest to the early occupational therapists were created from the fabric of the whole of human existence, the proper material for humanists. Simpson (13), the distinguished evolutionary biologist, noted that the word "humanist" connotes someone whose ethical or religious outlook centers on the worthiness and welfare of human beings. The pioneers of occupational therapy had been educated to attain such an outlook by virtue of a liberal education.

Today, the humanistic heritage of occupational therapy is endangered by the "professionalization" of education, including a denigration of the liberal arts as being "irrelevant" to practice. Yet as the health care system becomes more technical, bureaucratic, and disease-oriented, the world view and humanistic ethic emanating from a liberal arts education are more important than ever for occupational therapists and their patients. Thus, occupational therapy education needs to return to its old home in the liberal arts to produce a new breed of therapists—therapists who are capable of thinking in broad categories, open to new ideas, and aware of ethical implications in a technical, mechanistic world.

The New Breed of Occupational Therapist

The Current Crisis

Lieb (14), a philosopher and the former dean of the College of Letters, Arts and Sciences at the University of Southern California, proposed that, to an important extent, a professional person is a product of his or her education. Occupational therapy has not reached agreement on the content, process, or desired outcome of its education. Educators often feel torn between the demands of a clinical community that seeks graduates who have refined technical skills, a set of "Essentials" (15) that is so nonspecific as to be of little help in curriculum design, and a lack of clarity regarding the sort of person who should enter practice after graduation. Hence, the crisis dem-
The Need for a Liberal Arts Education

A critical assessment of the educational background students should have before entering occupational therapy might be the remedy for the crisis. The person who graduates from an occupational therapy program needs to be an independent, critical thinker who is at home with principles and interrelationships among concepts; acts from a knowledge base and can articulate the theoretical support for what he or she does; understands the ethical responsibilities underlying the professional-layperson covenant; reflects on what is practiced, on whom, to what ends, and at what cost and social consequence; is prepared to adapt and improve the profession’s practices; and, finally, as implied in all of these qualities, exerts leadership.

A liberal arts education is interdisciplinary. The problems of living with which occupational therapy is concerned are so complex that they defy understanding by any single discipline of thought. Consider concepts such as occupation, work, rest, play, competence, achievement, and adaptation. None of these concepts can be explained by focusing on a single point of view of the human being or by reduction to a single discipline of thought.

General systems theory has been proposed as a framework for organizing this complex knowledge. Such an approach enables occupational therapy to view the person as a hierarchically arranged, open system in interaction with the environment. Thus, rather than attempting to understand a concept such as play at the level of cells or organs, general systems theory enables us to understand it as a study of interactions at all levels of the human system and between the system and its environment. This sort of thinking enables occupational therapy to explore its concepts thoroughly and to refrain from engaging in the kind of oversimplification that led, for example, to iatrogenic diseases in medicine.

The implementation of general systems thinking requires a sound grounding not only in the biological and social sciences, but also in history, philosophy, and the arts. All living organisms have a history, and the creation of culture is a uniquely human accomplishment. We must understand the culture in which an individual lives before we can comprehend the social expectations that the individual must meet. The arts represent the human need to extract meaning from experience. Occupational therapy theory and practice are based on this foundation, which enables the graduate to enter the profession with an understanding of homo laborans, homo faber, and homo ludens (man as worker, man as fabricator, and man as player).

Liberal, interdisciplinary study also enables the student to see the history of the profession within the context of world history. Such a perspective enhances students’ appreciation of the revolutionary ideas and humanistic traditions of occupational therapy and allows them to differentiate between the fads of the moment and lasting ideas worthy of investigation.

Education Versus Training. The new breed of occupational therapist, the product of liberal studies, will be educated rather than trained. Educare is Latin for “to lead,” and the word train is based on the Latin transfer, “to pull.” To train is to render skillful or proficient; to educate is to lead into understanding and reflection.

The advantage of education over training is that education leads to understanding and the ability to think independently. Educated professionals think about what they do in the practice of the profession and seek to develop and improve that practice. Such an endeavor requires sophistication in understanding the causes, manifestations, and effects of illnesses. For example, the increasing role that society plays in contributing to ill-
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The new breed of occupational therapist, liberally educated, will be made up of leaders because knowledge empowers. Winter and colleagues (21) found that a liberal arts education prepared students more effectively to engage in the conceptual and social-emotional tasks that characterize a profession's decision-making activities than did professional training. Further evidence of the relationship between liberal education and leadership is provided by Coleman's (9) historical study of occupational therapy educators. These women, products of a liberal arts education, forged the new profession on an anvil of conflict. They had the confidence and vision to insist that occupational therapy should define itself rather than be defined (and controlled) by medicine. Their leadership is striking when viewed in the context of the low social and political status of women in the early 1900s.

The ethics of the new breed of occupational therapists will be strong and well articulated; they will govern patient-occupational therapist interaction, as well as define the profession's obligations to society. Dean Rosovsky (25) of Harvard proposed that the liberally educated person should demonstrate some understanding of and experience in thinking about moral and ethical problems. This understanding of ethics in terms of the moral responsibilities to the individual and society can only be achieved with a strong educational grounding in the disciplines contributing to a liberal arts education, such as philosophy with its emphasis on ethics; religion with its emphasis on the nature and content of moral meaning in social and increasingly technological contexts; and sociology, political science, and economics with their emphasis on the evolving needs of a rapidly changing society composed of people with disparate backgrounds in terms of sex, culture, and disability.

Health professionals are being required to make decisions that have powerful ethical implications in such areas as cost-benefit analysis, cost control, and patients' ability to pay for needed services (19, 24). The absence of a liberal education may result in a circumscribed view of which potential patients are worthy of receiving their services. A profession, by definition, exists to serve a significant social need (26). Thus, a grounding in the moral and ethical issues of society, as these are seen by a number of different disciplines, can prepare occupational therapists to act in the public interest rather than out of narrow self-interest and can ensure that the profession exercises moral and ethical leadership on issues within its domain of practice.

Fox (27) observed that since the 17th century medical ethics and the social sciences have taken separate pathways. He concluded that this segregation accounts for the fact that, in medicine, an "ethic of effectiveness" derived from science has preempted a moral, ethical base. Thus, "The practical problems of correct behavior in medicine have increasingly been addressed, not by philosophy, but by basic and clinical research, epidemiology, economics and, more recently, by organization theory, law..."
Ethicists have also identified the adverse effects of ethical "tunnel vision" on medical practice and the welfare of patients (19, 24).

Ethical and moral issues abound in health care policy and practices in the 1980s. The new breed of occupational therapist who has a broad view of such critical issues is more likely to act ethically with regard to both the patient and society. Expediency and capitulation to economic and corporate interests will be identified as contrary to occupational therapy's moral obligation to society, which is, in Goffman's (28) terms, to improve life opportunities for people who have long-term and severe disabilities. This goal will become more important as society becomes populated by increasing numbers of people who need our services. To promote this goal, occupational therapists will have to argue persuasively—with skillful rhetoric, sound reasoning, and a carefully formulated dialectic. It needs to be pointed out that acute medical care, with its expensive technology, threatens to devour more than its just share of resources, leaving those people who have a great need but the least political power (e.g., people with developmental disabilities) without the opportunity to achieve the fullness of life promised by occupational therapy.

Implications for Occupational Therapy Education

The Curriculum

The occupational therapy curriculum needs to be reconstituted and reorganized. Students should receive a thorough grounding in the liberal arts, followed by instruction in the professional content (primarily conceptual) that is directly built on and related to the liberal arts foundation. The technical skills required for practice should be learned primarily in concurrent practicums and in the clinical internships that follow academic preparation.

The professional component of education should focus on (a) the history of occupational therapy; (b) its theoretical principles, organized through general systems theory and presented in the context of the interdisciplinary liberal arts knowledge from which they emanate; (c) the medical conditions organized according to the principles and thought process employed in medicine; and (d) occupational therapy's ethical responsibilities and contribution to society. The educational process should require independent reading, writing, speaking, and criticism, as well as clinical problem solving employing the analysis of cases. Faculty members, as Reilly proposed in a 1983 presentation, might serve primarily as tutors who direct students' independent study, help students build conceptual bridges between professional knowledge and the liberal arts, and, above all, raise questions that are relevant to practice and fruitful for investigation. Thus, faculty members will serve as models of good scholarship and independent thinking.

Since the liberal arts foundation is a necessary prelude to the advanced knowledge and ability to reason required for a professional education, it would be ideal if the professional preparation took place at the graduate level. However, the profession has been loath to endorse such a plan, which, for the last 35 years, has been recommended many times by its leaders. The continuing reluctance to establish the graduate degree as a requisite for entry to practice has shortchanged the student, the patient, and society and has contributed to the crisis in our field; the graduates of our programs can only practice the level of thinking they have attained through their education. The human and social problems with which occupational therapists deal are complex, multifaceted and, in some cases, poorly defined. They require a breadth and depth of understanding and an ability to tackle ambiguity and complexity that can be attained only through advanced education.

Placement of Occupational Therapy Programs

Occupational therapy educational programs are housed in a bewildering array of administrative locations within academia (29). These locations include schools of medicine, allied health, health-related professions, human resource sciences, and education. Such a mixture reflects the lack of agreement on our knowledge base and our relationship to medicine and other professions and disciplines. Our values and traditions place us in a relationship to medicine that is different from that of most, if not
all, other health professions (30). Perhaps this is one reason why attempts in many schools of allied health to develop a "core curriculum" have failed to meet the deans' expectations.

Occupational therapy's knowledge base requires an understanding of medical conditions, but it is not the medical condition per se that is of the greatest significance; rather, it is the occupational nature of the human being. Thus, although our knowledge, in practice, is primarily applied to people who are ill and disabled, the science of occupation and its concern with the play-work continuum, adaptation, and competence development applies to all people, disabled or not. Occupational therapy and medicine complement each other; they are not isomorphic. This fact is not well understood outside the profession and is partially responsible for the wide array of occupational therapy placements within academic units.

We suggest that our proper placement, our academic home, is in colleges of liberal arts and graduate schools. Such a placement enables faculty members and students to achieve the interdisciplinary dialogue that is essential to the understanding and further development of our knowledge base. We have far more in common with evolutionary biology, anthropology, sociology, psychology, economics, philosophy, political science, and history than with education, medicine, or "allied" health. The fact that occupational therapy has been misperceived to be primarily aligned with medicine and allied health and their concomitant educational bases is particularly burdensome to our profession and therefore problematic for society and the people who are disabled.

Medicine and allied health focus on disease and primarily address microbiological and/or psychological function from the perspective of the physical sciences. Social function is not a primary concern but, at best, an ancillary consideration of the etiology or impact of disease. Perhaps this is one reason why at least one professor of history from Yale identifies them as "... those professional schools that can be "liberal" and that therefore contribute to, and benefit from, the treatment of their subject matter in the scholarly research that defines the university in its graduate and undergraduate colleges" (p 49). Hence, another argument for relocating occupational therapy educational programs within liberal arts colleges and graduate schools is to enable them to make a contribution to the scholarly activity of the university. This will be accomplished by introducing the problems and questions that arise from our profession to the intellectual dialogue at the university. Such a contribution can help ensure that the research activities of the university retain their vitality and relevance to the changing conditions of the world.

Conclusion

Finding our appropriate academic home will enable us to graduate a new breed of occupational therapists—therapists who have the ability to think and act in a manner that will enable our profession to keep its promises to society. This new breed of therapists will also strengthen our faculty members' efforts to develop the science of occupation by encouraging a dialogue with the faculty members of those disciplines to which occu-

Medicine and allied health focus on disease and primarily address microbiological and/or psychological function from the perspective of the physical sciences. Social function is not a primary concern but, at best, an ancillary consideration of the etiology or impact of disease.
occupational therapy is most closely related. In these ways, our faculty and students can make a major contribution to the goals of the university; the students by becoming well educated citizens and occupational therapists and the faculty by contributing the richness of occupational therapy knowledge and questions to the university. The possibilities of this homecoming have captured our imagination and filled us with the hope of resolving our professional crisis through a new consensus.

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