

# Chapter 1

## LOOKING BACK, LIVING FORWARD OCCUPATIONAL THERAPY HISTORY

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### INTRODUCTION

When the First Edition of this textbook was published by Ryan in 1986, Bing authored this chapter with the following introduction: Today, OT personnel face numerous predicaments. Educational preparation for practice is based predominantly on knowledge and skills that are marketable in a very competitive health care environment. The **what** of our art, science, and technology is emphasized, often at the expense of the **why**. What is missing is the sense of what has come before, of those recurring patterns that offer legitimacy and uniqueness in the health care profession. And nearly 30 years later, this chapter still rings true.

History is an invaluable tool to assess the present and determine future courses of action. The recording of an occupational life or medical history is a testament to the past's influence on current conditions and its ability to offer approaches to alleviate problems. Fundamentally, history is experience, rather than the mere 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 what to rule out in evaluating the present on our way to the future. As Neustadt and May (1986) point out, we must learn how to use experience, whether remote or recent, in the process of deciding what to do today about the opportunities for tomorrow.

In the late 1700s, Western Europe was astir with a new view of life. Social, political, economic, and religious theories promoted a general sense of human progress and perfectibility (DeGrazia, 1962). Notions about intolerance, censorship, and economic and social restraints were being abandoned and replaced by a strong faith in rational behavior. Universally valid principles governing humanity, nature, and society directed people's lives and interpersonal relationships.

The changing ethic of work added a rich ingredient to this new, heady brew. Fundamental was Martin Luther's viewpoint, which declared that everyone who could work should do so. Illness and begging were unnatural. Charity should be extended only to those who could not work because of mental or physical infirmities or old age.

### MORAL TREATMENT

Near the center of all of this invigorating change was the treatment of sick people, particularly the mentally ill. Whereas long-term survivors of physical disease with physical disabilities were still rare because treatment was so inadequate, the mentally ill were a significant portion of the population.

Up to this time, the insane had been housed and handled no differently than criminals and paupers and were often chained in dungeons. Moral treatment of the insane