Occupational Therapy History, Philosophy, Theory, and Sociopolitical Climate Assignment

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OT-542: Becoming an OT Professional III

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As the occupational therapy (OT) field continues to expand and modernize, understanding the profession's roots is essential to becoming an OT professional. Despite the profession's roots in mental health, OT has evolved into a holistic field that addresses the complex interactions among physical, cognitive, psychosocial, and environmental factors that influence participation in purposeful occupations. Over time, OT has incorporated theories and frames of reference to guide client-centered practice while recognizing how factors such as policy, culture, and access to care affect client outcomes. Today, occupational therapists play an important role in confronting complex community issues, including health inequity, disability justice, and barriers to participation. Building on the Catholic Intellectual Tradition (CIT) and Contemporary Society paper from the previous semester, this paper analyzes how OT philosophy and theory equip the profession to respond to current and future societal needs and how external forces, including policy and cultural shifts, in turn influence OT practice.

Occupational therapy has an extensive history that continues to determine how practitioners understand and support clients today. The profession emerged during the Progressive Era in the early twentieth century, when George Edward Barton and other advocates promoted meaningful activity, or "work cure," to support healing and recovery (Schell & Gillen, 2019). OT advanced during World War I, as practitioners demonstrated the value of occupation-based treatment for injured soldiers, helping establish the profession within healthcare. Over time, OT expanded from its original mental health focus to include physical rehabilitation, pediatrics, community practice, and later-emerging practice areas such as dementia and autism care. This historical foundation supports OT's current ability to respond to multifaceted societal challenges, such as disability justice, by emphasizing occupation as a central human need and right throughout diverse and inclusive contexts. Although the profession originally prioritized

practice over research, it gradually incorporated theory, evidence-based practice, and holistic approaches, thereby strengthening its ability to explain and support the occupation in relation to health and well-being.

According to Boyt Schell and Gillen (2019), OT's philosophy "is the foundation upholding all practitioners to (1) develop clear and coherent professional identities as occupational therapists, (2) hone a practice that is unique among health care providers, and (3) explain the hidden and often underestimated complexity of the profession both to themselves and others" (p. 273). Likewise, Amin-Arsala et al. (2018) conceptualize occupational therapy education as a preparatory process grounded in the philosophical assumptions of the profession, designed to address "the occupational needs of individuals, groups, communities and populations" through academic and experiential components that prepare upcoming practitioners for occupation-based practice. Within this educational process, students are positioned as occupational beings engaged in dynamic interaction with their learning environments, in which classroom instruction and fieldwork integrate theory and practice, fostering professional reasoning, critical thinking, cultural understanding, and the application of evidence, ethics, and occupational therapy values. This process helps put the core philosophy of occupational therapy into practice, which views humans as occupational beings whose health and identity are continuously shaped through active participation in occupation across interconnected environments, with guidance for practitioner development. In turn, this philosophical grounding prepares upcoming practitioners to critically analyze and respond to multifaceted societal challenges, including disability justice, health inequities, refugee health, climate adaptation, and institutional racism, through recognizing how structural, social, and environmental elements influence occupational participation and by applying occupation-based, client-centered

approaches that foster equity, inclusion, and meaningful participation throughout diverse populations.

One core OT theory or model is the Model of Human Occupation (MOHO). This model explains how a person's motivation (volition), habits and roles (habituation), abilities (performance capacity), and environment interact to shape occupational participation (Lin & Fisher, 2020). It is used to help therapists understand and support people with health conditions or disabilities, as well as those who may find it difficult to adapt to changing circumstances in their lives. This model was used by Lin and Fisher (2020) during the COVID-19 pandemic to demonstrate how MOHO can be applied during significant life-changing events to understand and address the occupational impacts of the stay-at-home and quarantine restrictions. Thus, this theory may be reinterpreted if society were to experience a similar situation to COVID-19. Additionally, it can be interpreted that MOHO-guided practice enables therapists to recognize how adversity can lead to reduced motivation, disrupted routines, altered self-perception of ability, and environmental barriers, which, in turn, contribute to isolation, stress, and decreased engagement in meaningful occupation. Outside the pandemic context, OTs can use this model when their own clients face adversity, particularly when their condition impacts their occupations. By exploring clients' volition, habituation, performance capacity, and environment, OTs can respond to clients' needs across societal domains, supporting client-centered, occupation-based practice and promoting meaningful participation.

Contemporary socio-political trends as well as issues within occupational therapy include "critical perspectives which question conventional practices and value judgments and contemplate the effects of social structures, norms and policies on people's opportunities for participation" (Egilson & Jónasdóttir, 2023). The article emphasizes that inaccessible

transportation, poorly executed accessibility policies, and the exclusion of disabled individuals from policymaking contribute to occupational injustice. This, in turn, influences OT practice by motivating practitioners to consider how systematic barriers affect occupational participation, access to care, and general well-being. However, research by leading scholars in critical disabilities studies (CDS), universal design (UD), and occupational therapy suggests that practice should involve disabled people in policymaking and service design. This approach secures continuous user feedback on accessibility issues such as transportation usability, carefully examines ableist assumptions in policies and environments, and emphasizes universally designed systems that encourage equitable participation rather than segregated or conditional access to services. To provide clients with the highest-quality care, occupational therapy practitioners must recognize that uniting CDS and UD perspectives requires advocating a more balanced society, protecting fundamental rights, and critically shifting traditional mindsets and practices. OT must evolve to meet emerging societal needs. Furthermore, Recigno et al. (2024) underscore that OT must intentionally promote diversity, accessibility, and inclusion, especially for women of color, to ensure individuals with diverse lived and professional experiences have meaningful roles in shaping practice, education, and policy. They stress that developing leaders is key to strengthening the profession, clinical practices, and professional organizations, and to effectively communicating the importance of OT to wider systems. Furthermore, Hoyt et al. (2023) note that occupational therapy needs to adapt to changing healthcare pressures by enhancing system-level thinking, workforce agility, and the profession’s capacity to tackle complex population health and service challenges, all through the lens of how occupational therapy is positioned within changing health systems to better respond to emerging societal needs and structural demands

From a MOHO perspective, developing these priorities requires strengthening practitioners' approaches to volition, habituation, performance capacity, and environment at both the individual and system levels. MOHO reinforces the need to consider how social and structural conditions shape occupational engagement and expand leadership and advocacy to address system-wide barriers. This involves identifying how inequities embedded in policy, environment, and access can restrict participation and require OT intervention beyond the individual level. Overall, OT's philosophical foundation and conceptual models shape the profession's ability to address emerging social needs through continuous adaptation, research, and justice-oriented practice. Consequently, occupational therapists are encouraged to continually incorporate theory, history, and sociopolitical understanding to keep their practice responsive, fair, and rooted in occupation-centered care.

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