

## Our Identity, Promise, and Responsibility: Our Perspective

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## SYNOPSIS

Four minutes into the 1988 movie “Gorillas in the Mist”, the viewer is drawn into a brief but revealing moment. At a lecture in Louisville, Kentucky, a woman, Dian Fossey, approaches anthropologist Louis Leakey and introduces herself. During that moment she is heard to say, “I’m the physical therapist” (Apted, 1988). The film’s reviews further reinforce Dian Fossey’s identity as a physical therapist from Kentucky who is inspired by anthropologist Louis Leakey to study primates (Thomas, 1988). On screen, Fossey’s incredible and inspiring story is framed within the physical therapy profession.

Yet, historical records tell a different story. Dian Fossey was born in San Francisco in 1932, developed a deep affinity for animals early in life, and initially pursued pre-veterinary studies. She later transferred to San Jose State College, changed her major to occupational therapy, and graduated in 1954. After a hospital internship in California, she moved to Louisville, where in 1955 she became director of the occupational therapy department at the then-named Kosair Crippled Children’s Hospital (Dian Fossey Gorilla Fund, 2025). Fossey was, in fact, an occupational therapist.

Why, then, does the film rewrite her as a physical therapist? While one cannot know the producers’ precise rationale, we think the choice is telling. It invites us to consider whether, at that moment in time, “physical therapist” was assumed to be more recognizable, more understandable, or more marketable to the public than “occupational therapist”. This seemingly small change on the big screen leads us to reflect on the larger, persistent challenge for our profession: the long-standing struggle to be clearly named, understood, and recognized.

In this personal reflection, this miscasting of Dian Fossey’s professional identity provides a lens to explore the seemingly enormous challenge of describing one of healthcare’s most important—and most misunderstood—health professions. This challenge also leads directly into longstanding, ongoing debates around defining occupational therapy: who are we, what do we do, and why does that distinction matter, perhaps now more than ever?

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## Positionality Statement

Progress toward a more occupationally just profession and academic discourse requires transparency about one's positionality regarding systems that benefit some more than others. Both authors live in the United States and disproportionately gain from the systems we critique in this paper. Individual positionality statements are included below. It is precisely because we benefit from the centrality of white, heteronormative, colonized histories that we see speaking out, and accepting the risks that come with doing so, as part of our responsibility. At the same time, we recognize that our perspectives are not the ones that should be centered. We cannot speak for the people and communities most harmed by colonized Western political, medical, and health systems. We also reject the expectation that those who experience the greatest harm must be the ones to shoulder the ongoing labor of critique. We offer this paper in the spirit of accountability for ourselves and solidarity with our broader global community.

Rachel Ashcraft (she/her) is a white, cis-gender assistant professor from the United States teaching at the University of Alabama at Birmingham. Her scholarship focuses on the intersection between individual and systemic trauma and their impact on the occupational participation of people and communities. She believes that a trauma-responsive framework must be rooted in justice and able to identify harm clearly, with a commitment to disrupting the systems that perpetuate it. She is the founder and president of Foster the Future Alabama, a U.S. based nonprofit that supports families involved in the foster care system and works to address inequities that place families at risk for system involvement.

Gavin Jenkins is a white, British professor teaching at the University of Alabama at Birmingham. He was born in Lilongwe, Malawi, in the same year Malawi gained independence from British colonial rule and was educated in the United Kingdom. His scholarship focuses on the relationship between people and the built and natural environment and on the use of traditional occupations to support well-being. Having spent a significant portion of his adult life living and working overseas, a reality he recognizes as a profound privilege, he has worked alongside people from diverse cultures, ethnicities, religions, and socio-economic backgrounds. These experiences have reinforced his awareness that the history of occupational injustice in many communities is not distant or abstract, but alive in the lives and stories of individuals and their families. From his positionality as a white academic and leader, he believes he has a responsibility to listen with humility, keep learning, acknowledge the limits of his own perspective, and use his role to challenge inequities and support more just, inclusive practices.

## Our Perspective

When viewed from the perspective of the global north and western healthcare, the profession of occupational therapy has been difficult to explain and define. Likewise, some have found its past hard to pin down. Yet, the profession's underlying philosophy and principles, which have been integrated into medicine for centuries, are intuitive. Parts of the story start around 100 BCE with a Greek doctor named Asclepiades, who dared to be different. At that time, people with mental health problems faced harsh treatment that usually involved being secured in chains, isolation, or worse. Instead, Asclepiades prescribed warm, relaxing baths, gentle massages, light

exercise, and music therapy (Brady & Kelly, 2025).

Across the following centuries, from these early records of change in the treatment of people with mental health problems, the ideas that would later crystallize into occupational therapy quietly gathered force. From the nascent recognition that a more humane approach yielded more positive outcomes, there developed a growing understanding that humans could heal through doing. As medical, philosophical, and religious thinkers gradually began to question harsh confinement and purely custodial care, humane treatments and what we would now recognize as occupation-based approaches—emerged across Europe. By the 1700s, these threads of compassion, structure, and meaningful activity had converged into what would become the moral treatment movement.

These emerging ideas found concrete expression in the late 1700s, as the Age of Enlightenment reshaped how people thought about human rights and dignity. In 1793, in Paris, France, Philippe Pinel unchained patients at a mental hospital and gave them structured activities and meaningful work. Around the same time in Germany, Johann Christian Reil was doing similar work. Together, these physicians launched what became known as moral treatment (Wilcock & Hocking, 2015). Hospitals started adding workshops, gardens, and purposeful tasks to patient care. The results were dramatic. Patients began improving significantly. Their moods lifted, their behavior stabilized, and many returned to their families and communities.

By the 1800s, the benefits of occupational engagement had become better understood.

Activities of daily living and instrumental activities of daily living were encouraged alongside arts and crafts. Advocates for occupational engagement increased and, in 1915, the first educational program for occupational therapists was founded. This proved to be a major turning point in the development and recognition of occupational therapy as a legitimate healthcare field (Monniger, 2023). Just two years later, the National Society for Promotion of Occupational Therapy, which is now known as the American Occupational Therapy Association, was established.

However, despite this long history of recognizing and using the healing properties of human occupation, as well as the formal establishment of the profession more than 100 years ago, occupational therapy continues to wrestle with its identity among both colleagues and the public. Part of the issue is that occupational therapy has never aligned neatly within the medical model of care. As noted, it is often grouped with physical therapy because of common processes and settings, as well as similarities in name.

However, from its beginning, occupational therapy has been philosophically distinct from physical therapy's medical model. It has drawn its thinking and practice from many different professions to develop ways to facilitate function in clients. These influences include physical therapy, nursing, social work, psychiatry, orthopedics, engineering, and orthotics (Monniger, 2023). The result was a unique contribution to healthcare and a distinct area of expertise. Yet one might argue that the profession's distinctiveness has eroded over time, making its scope and unique contribution harder to define.

That struggle is further complicated by a noticeable shift in the use of occupational

therapy's professional language. Long central to the profession's identity, it is increasingly being adopted by others and folded into their professional narratives. Consequently, we believe that occupational therapists now face a double challenge: we are still, even within the profession, trying to articulate who we are and the nature of our unique contribution. Meanwhile, the very words that once distinguished occupational therapy from other professions are being borrowed, repackaged, and perhaps diluted. Even more frustrating is that other professions frame these as "new" ideas. As more disciplines adopt different elements of our occupation-based practice—functional outcomes, teaching the Canadian Model of Occupational Performance (Canadian Association of Occupational Therapists, 1997), music, art, cooking, gardening, and recreation—some might argue that our distinct expertise is becoming blurred.

This is not a moment for accusation or blame. Many internal and external forces are driving the adoption of this language, and the concern here is not about claiming territory or dominating the conversation. Instead, this discussion highlights the profession's need to establish a clear identity and collaborate with other disciplines as the recognized experts in human occupation. Only occupational therapy is prepared to analyze the meaning, purpose, context, and impact of occupational participation on health and wellness. Across the globe, occupational therapy departments, clinics, and programs are intentionally designed to ensure that what people do is personally meaningful, culturally grounded, developmentally appropriate, and situated in real contexts. The occupations that occupational therapy supports are not just therapeutic, they are transformative.

So, as we watch other professions adopt elements of occupational therapy, sometimes without acknowledgment, what should we do next? The profession has evolved repeatedly throughout its long history, while remaining true to the belief that humans are occupational beings. Therefore, in presenting this narrative, which we base on our collective years in this profession, it is our opinion that the next step is unmistakable: occupational therapy professionals must get much louder and much clearer about who they are. The profession's area of expertise is human occupation, and that is what it brings to the table across the full spectrum of human need. This includes acute care, community settings, pediatrics, aging, mental health, population health, justice reform, child welfare, family preservation, refugee camps, disaster zones, or anywhere people live their lives. We in the profession know that occupational therapy is truly the art and science of enabling people to live meaningful lives through doing. If you ask occupational therapy practitioners anywhere in the world, almost all will tell you that the profession's domain is human occupation, however that concept translates within their local language and culture.

Despite the central role of occupation in our profession's foundational values and principles, there have been recurring calls to change its name in pursuit of recognizability. It is our shared opinion and hope that this impulse should be resisted. The discussions about adopting a new name for occupational therapy are, in part, based on the global inconsistency of the profession's name. While many countries use direct translations of occupational therapy, much of Europe uses terminology derived from the Greek word "ergon", meaning work or doing, while some Scandinavian countries use translations that reflect the terms "activity" and "work". Further

compounding this, the term “occupational therapy” does not have an equivalent in all languages. As the profession has evolved, some have also suggested, often in social media, blogs, and advocacy efforts, that alternatives such as “functional”, “ergonomic”, or “restorative” therapy might prove more reflective of its work. Our position, however, is that losing our focus on human occupation would be devastating for a profession whose core identity depends on it. Given this, we must lean into our language and theories rather than shy away from them. Recent conversations with occupational therapy students about the Model of Human Occupation (Kielhofner, 2008) reminded us that what we do is not simple, and not something “anyone” can do. Human occupation is complex and deeply layered; truly harnessing its power requires the specific expertise of occupational therapy.

As a profession, we must strengthen our commitment to using our professional language intentionally, which will better equip us to educate colleagues and the public. Doing so will also raise awareness of the full nature of human occupation. The profession needs to start saying loudly, and without apology, that humans are occupational beings. We surmise that there was uncertainty the first time someone heard the terms “reiki”, “acupuncture”, or “cupping” but the practitioners in those fields did not rename their practices to ease confusion. Instead, they continued to engage in the techniques and demonstrated their value, and this unfamiliar language became increasingly understood and recognized. The occupational therapy profession must continue to affirm the complexity of human occupation and that doing is fundamental to human survival, identity, and dignity.

However, if much of the language that has shaped the profession over its 100-plus-year history is now widely used by other disciplines, we must ask: What elements of occupational therapy should we now lean into? What words remain unique to the profession and have the potential to embrace everyone in the profession, as well as every area, both in the mainstream and on the margins of occupational therapy practice? At the same time, language must evolve, as the profession itself evolves and changes, within the meaning of its chosen words.

A closer look at the word occupation invites reflection on what it means to be human. The term occupation comes from the Latin root word *occupare*, which means “to seize”. To seize what, though? To seize the day and all its opportunities? Or to seize others’ land and lives? At humanity’s best, occupation refers to the broad ways of doing and being that bring meaning to one’s life and community. At humanity’s worst, occupation refers to the violence that ravages cultures, communities, and lives. Occupation as a term inherently represents two diverging pathways humanity can take, a dichotomy reflected in both the humanistic and wartime origins of occupational therapy itself.

The development of occupational therapy as a formal profession in the modern age reflects these two sides of humanity. The emerging moral treatment and arts and crafts movements were guided by the belief that, by doing that which is meaningful, patients could be and become their truest, most authentic selves. But the flip side of this history is seen in the American reconstruction aides, civilian workers who supported soldiers wounded in World War I through occupational engagement. This is not to diminish the efforts of those aides, or of today’s

occupational therapy practitioners who help people injured or harmed through violence. Their work holds great value. But we must ask ourselves if we have ever confronted the ways in which violence, capitalism, and conquest have provided the pathway to occupational therapy's formalization as a profession. Could we seek not only to heal from violence but also to prevent it?

In promoting the value of trauma-responsive care within occupational therapy practice, the profession should recognize that its origins lie in a response to trauma – the trauma of war and the trauma of inhumane treatment for mental illness. This is both true and yet not the full picture. While the profession was born out of a desire to address injustice done to individuals, it remained beholden to the systems perpetrating this injustice. This is especially salient given that the profession was first formally recognized within the United States, a nation founded through the violent Latin meaning of *occupare* — the seizure of life and land.

At its best, occupational therapy offers healing through the opposite definition of occupation: providing that which brings meaning through doing, being, and becoming. At its worst, it offers short-term responses to systemic harm it is complicit in upholding. Should we, as professionals, espouse the importance of strengths and occupation-based practice while allowing our educational standards to continue to reflect a deficit-based medical model? As we have chased acceptance from the very systems we oppose, those same systems have now co-opted much of our language and practice. Does the history of the word occupation and its multiple meanings indicate that a rebranding or new name is needed? We argue the opposite. A continued look at this language

invites the profession to reflect on how it defines itself, not only through words, but through actions. By keeping occupation centered in the profession's name and in the framing of practice, we acknowledge the two pathways of humanity and boldly hold ourselves not to occupational harm, but to occupational justice.

Occupation is not a word to discard but an invitation to accountability. As a term, it holds space for both harm and healing. This is exactly why the profession must keep this language, because it has a responsibility to both dismantle systems of harm and to offer healing pathways to occupational joy for all. Is the profession brave enough to dismantle the systems of injustice that made it necessary in the first place?

In this way, occupation remains a necessary word. It speaks directly to the history the profession must right by bringing occupation and justice together as a single idea. It reframes what it is to be human, to be, do, and become with purpose and meaning, and opposes the violence that would conquer and dehumanize the occupational essence of others. Or are we so afraid of losing relevance that we try to rebrand instead of holding the tensions of our past with accountability for our present role and for ensuring that occupational therapy remains imperative to human dignity in the years to come?

While others may not agree, our response to this is that the profession needs to fully embrace its role within the language of occupational injustice, deprivation, alienation, imbalance, and apartheid (Townsend & Wilcock, 2004; Townsend & Polatajko, 2007; Kronenberg et al., 2005; Durocher et al., 2014). These are not simply academic terms. By embracing them, the profession can clearly

articulate that which is central to what it does regardless of setting, regardless of place keeping the human need for occupation visible and linking it squarely to the profession.

If we embrace justice as fairness in daily life, then the profession's distinct contribution becomes clearer. Occupational therapy practitioners work to confront the systems that determine who can participate in everyday life, whether these systems be policies, economics, age, ability, context, or any of the many ways in modern life and societies that people are denied the opportunity to engage in their chosen occupations. These forces create structural barriers that keep people from doing what matters to them. With every interaction with a client, whether in a hospital clinic, their home or community, or within a disaster zone, a refugee camp, or the prison system, the role of occupational therapy is clear. We strive to promote occupational justice for all to alleviate occupational deprivation, address occupational alienation and imbalance, and advocate against occupational apartheid.

From that vantage point, perhaps occupational therapy is best understood as the profession that defends the right of all people to engage in meaningful occupation. We work to ensure equal opportunity to meet basic needs, participate in society, and realize personal potential. Occupational justice, then, is not a peripheral idea; it belongs at the very heart of any definition of occupational therapy, because in truth, that is its work.

In presenting our perspective, we feel more strongly than ever that the world needs the voice of occupational therapy and its unique expertise in human occupation, not only in traditional practice areas, but in role-emerging and marginal settings where occupational

justice is under threat and participation is quietly constrained. If the profession remains vague about what it is, it leaves a vacuum that other disciplines will inevitably fill.

Dian Fossey gave her early career to the profession of occupational therapy and, as an occupational scientist, she helped us understand the occupational behaviors of gorillas. In the end, she gave her life to protect these animals, and it is fitting that Hollywood chose to immortalize her story. Why her beginnings as an occupational therapist did not fit into that narrative, we do not know. But we believe it is time for the uncertainty and unawareness surrounding occupational therapy to be discarded.

Our opinions and the suggestion that we move beyond yet more abstract discussion about definition and identity will no doubt generate further debate and discussion, as it should. However, our hope is that, soon, the idea of erasing a key element of Dian Fossey's professional identity would be unthinkable, not because the profession has won a branding contest, but because people genuinely know what occupational therapy is. Occupational therapy is critical, now more than ever. Defining the profession "once and for all" does not mean shrinking its vision or narrowing its scope. It means finally naming, without hesitation, what has always been true: it is the profession of human occupation and occupational justice. That is our identity, our promise, our responsibility and, in our opinion, the work before us.

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