Two Studies Suggest That Relationship May Be Overlooked in Practice and Research

“Beyond the Unobtrusive Observer: Reflections on Researcher-Informant Relationships in Urban Ethnography” [AJOT, 55(2):147–154] by Lawlor and Mattingly, and “Student Attitudes Toward Persons With Mental Illness: The Influence of Course Work and Level I Fieldwork” [AJOT, 55(2):217–220] by Penny, Kasar, and Sinay may appear unrelated but have a connection that often can be overlooked in occupational therapy. Penny et al. found that students’ attitudes toward persons with mental disabilities were less favorable than their attitudes toward persons with physical disabilities. The study's repeated measures found that overall attitudes did not change significantly during a period from pre-course work to post-Level I fieldwork, although attitudes after course work alone were more favorable than before course work or after Level I fieldwork. The authors concluded that course work is more effective for overcoming negative attitudes than contact with persons during Level I fieldwork.

I believe that Lawlor and Mattingly’s article, which appears in the same issue, suggested a possible, though not apparent, remedy to the problem that Level I fieldwork does not change negative attitudes. They discuss intersubjectivity in context and the challenges and opportunities of ethnographic researchers who are not distanced from the participants in the research. They ground their work in various research traditions and in “relationship work.” Although relationships are central to ethnographic research, Lawlor and Mattingly reported that “historically, there has been relatively limited dialogue about the complexity of relationship work and the interactive processes that influence interpretive work” (p. 148).

I submit that mental health work in occupational therapy is not much different from the ethnographic research Lawlor and Mattingly described. Relationships are also central to mental health work, and historically, there has been a limited dialogue in occupational therapy when interpreting relationship work. For a mental health occupational therapist, good clinical work necessitates knowledge of intersubjectivity in context, just as it does with a contemporary ethnographer.

Later in the article, Lawlor and Mattingly made a point that I believe addresses what needs to happen so that students’ attitudes change toward persons with mental disabilities. They explained that their study is about “crossing cultural boundaries” and the intersection of the boundaries. They cited lyrical examples (e.g., Ormer’s [1999] “zones of friction,” Stern’s [1994] A MOMENT) of how crucial it is to work at the borders for change and transformation. Essentially, their study identifies “moments” that are “pivotal” in relationships.

Possibly, students’ attitudes toward persons with mental illness do not become more favorable because they do not experience pivotal moments in their relationships on Level I fieldwork. However, I would guess that students do experience such moments in treatment relationships but do not recognize them as such. Furthermore, nonrecognition may come from a lack of awareness of the idea of intersubjectivity or lack of awareness of relationship work. Although I would hope that recognition comes about in the supervision process, my unpublished research of fieldwork processes in occupational therapy (Cara, 2001) suggests that supervisors may not key in on relationship work.

I advocate here for additional training in relationship work and the intersubjective process for occupational therapy students and therapists. For readers interested in further exploration, three resources discuss intersubjectivity and relationships (MacRae & Cara, 1998), fieldwork education for students and fieldwork educators (Cara, 1998), and decreasing stereotypes of persons with mental illness (Cara, 2000).

Regardless of how one arrives at relationship work or the traditions one learns in the context in which one interacts, I hope that relationship work and the intersubjective nature of interactions become more recognized and explored in occupational therapy. As Penny et al. recommended, curriculums should include discourse about attitudes toward persons with mental disabilities. Certainly, study of such concepts as intersubjectivity and relationship work would bring us in line with contemporary clinical practice and postmodern theory.

I commend the investigators of both studies for uncovering and further elucidating variables about the clinical process that are important for occupational therapy research, practice, and education.

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References
Authors’ Response

We wanted to thank Dr. Cara for her interesting and thoughtful comments to our recent article. We agree that increased attention to “relationship work” and intersubjectivity in professional training and practice is warranted. We often have advocated that the expression “occupational therapy is a ‘doing’ kind of practice,” which is pervasive in our professional culture, be reframed to “occupational therapy is a ‘doing with’ kind of practice.” What would it mean to train practitioners in skills of “doing with”? How would we need to rethink the professional stance and professional competence if we took this “doing with” work as fundamental? These questions are essential, and, as Dr. Cara perceptively points out, they are not only for the good qualitative researcher, but also for the good therapist.

The social side of practice has been just as neglected in the health professions as it has in research practices and for some of the same reasons. It appears to fly in the face of traditional notions of “objectivity,” which, as many anthropologists have noted (e.g., Rosaldo, 1989), have been repeatedly equated with a kind of “value-free” distanced gaze. Rather than presuming it desirable, or even possible, to discover such a value-free position, we have argued that research requires relationship work. Relationship work includes considerable reflexivity about the stance of the researcher or therapist. Our article focused on a kind of self-consciousness that the researcher needs in developing his or her research stance. A similar kind of self-consciousness that is a type of practical competence is required in the clinical setting. Dr. Cara’s commentary raises interesting possibilities for exploring relationship work in occupational therapy practice.

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Reference


What’s Wrong With This Picture?

I was greatly shocked when the authors of “The Effect of Contextual Relevance on Motor Skill Transfer” (AJOT, 55(5):558–565) thought that their choice of task for the study is a relevant task. The objective of this study was to investigate whether practicing a complex self-care occupation in a contextually relevant environment would enhance the learning and transfer of skill. Fifty-six college women were recruited and divided into three groups: (a) a contextually relevant group that practiced tying a necktie onto a mannequin, (b) a non–contextually relevant group that practiced tying the same knot with a rope onto a wooden pole, and (c) a group with no practice.

How can tying neckties be thought as contextual in present society where only a few professions require neckties and the social events that require a necktie are minimal? It is obvious that because these women did not know how to tie a necktie, that the task is not very relevant to them. To make this study relevant, it must be assumed that these women need to learn this task as they were going to care for a man who wears a tie. I have not yet decided why the word environment was used. The idea that a woman tying a necktie on a mannequin is a contextually relevant environment is ludicrous.

We occupational therapists have missed the point of occupational therapy by introducing skills and tasks that have little importance to the client in the guise of therapy. *AJOT* endorses this defective thinking when choosing to publish this type of study.

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Authors’ Response

Ms. Crabtree takes exception to our use of the occupation of tying neckties and questions the prevalence of neckties in present society. Neckties are a socioculturally appropriate and even expected part of many professions’ work and social wardrobe. From Wall Street to some restaurant chains, the necktie is a part of the business “uniform.” Women wear many of these “uniforms,” and they are undoubtedly responsible for tying their own neckties; the same is true for men. We believe that neckties are still a common norm in many areas of the country and, hence, tying them a relevant task for some persons. However, the appropriateness of this particular task for any particular individual or group is not the point of the study.

The point of this study was to test a motor learning theoretical principle; namely whether varying the contextual relevance of the occupation of tying the knot used for neckties can affect motor learning and transfer. Research requires carefully structured independent variables and control of potentially confounding variables. One’s motor patterns and perceptual orientation (potential confounding variables) are quite different when tying a tie on oneself versus tying a tie or a knot on another object. To control these potentially confounding variables, the researcher needs to match more closely the independent variable conditions on these and other parameters. For instance, the motor patterns and perceptual orientation of tying a tie on a mannequin and tying a rope on a board are similar.

When designing a motor learning study, it is also important to choose a task that is relatively novel to the learner so that prior learning will not be a factor in performance. If the learner has experience tying neckties, then his or her improvement from the practice session would be minimal, which could contribute to a Type II error. Hence, prior experience was an exclusion criterion. Therefore, to reduce the potential effects of prior learning, we chose women as participants based on our assumption that tying a necktie would be a novel task to a greater proportion of women than men.

It is our assertion that on a continuum of contextual relevance (not motor patterns or perceptual orientation), tying a