Affect Listeners

We breathed a sigh of relief when we read Ms. Cameron’s letter to the editor (October 1992 AJOT, p. 955) responding to the article “Should Music Be Used Therapeutically in Occupational Therapy?” (March 1992 AJOT, pp. 275–277).

A number of us (music therapists) who work side by side with occupational therapists were concerned regarding the general direction of the original article, which indicated that a person not trained in music therapy is qualified to use the medium therapeutically. I would caution those who believe music is a medium that can be used in the background without affecting listeners. Music can have strong effects that may or may not facilitate occupational therapy. For example, music with a strong rhythm can work against a desired pattern or rate of movement. Music that the client responds to with emotion can have an effect on concentration and memory. There is a reason a four-year degree is a minimum requirement to sit for the music therapy board certification exam.

Roberta Wigle Justice, RMT-BC
Dundee, MI

Special Issue on Feminism
Laudable, But...

I would like to commend the guest editors (Roxie Black Hamlin, Kathryn M. Loukas, Jeanette Froehlich, and Nancy MacRae) for their superb handling of the Special Issue on Feminism as an Inclusive Perspective (November 1992 AJOT). As a male who has served in the profession for more than 20 years, I was pleased to read that the women’s movement has embraced the understanding that males are not the oppressors; it is the institutional decision making process. Indeed, the system has been rife with inequities, but that too is changing. The women’s movement of the 1990s has matured and is moving toward a more collaborative effort with men, and, together, we can stamp out sexism and inequality where ever it may exist.

However, I was disgruntled about two points. First, although the 1990s has been declared the decade of Neuroscience, this special issue did not address the growing body of knowledge that suggests that there are subtle biochemical and neurological differences between men and women that manifest in certain performance skills. For example, women have a larger corpus callosum and can access a broader region of the cerebral cortex than can men. Women are thought to be more intuitive. (Although many male therapists have learned to use their intuition and sensitivity effectively.) Women tend to perform better than men on tasks that require perceptual speed, object displacement, ideational fluency, precision dexterity tests, and mathematical calculations. Conversely, men perform better than women on spatial skills, such as imagining the rotation of three-dimensional objects. Men do better in mathematical reasoning. Although women develop better speech fluency and language skills, men score as well or better on vocabulary tests. Recent findings also suggest that women experience a greater incidence of aphasia and apraxia if a lesion occurs in the frontal region of the brain’s left hemisphere, whereas men experience a greater incidence of aphasia and apraxia if a lesion occurs in the posterior region of the brain’s left hemisphere. (For a more thorough review of these differences, see the September 1992 special issue of Scientific American, 267(3), pp. 118–126 and the January 20, 1991 issue of Time, 138(3), pp. 42–47.)

These differences are identified not to reinforce stereotypes nor to imply that there are gaps in our capabilities. Instead, they point out the need for men and women to work together, because each has skills to be engendered.

The second point that I found disturbing was the statement by Miller (November 1992 AJOT, pp. 1013–1019) that occupational therapy is a “women’s profession” (p. 1013) and the inference that a woman’s way of knowing is the strength of the profession. Studies have shown that there are at least four ways of knowing: faith, intuition, logic, and pragmatism (Philliber, Schwab, & Sloss, 1980). If we are trying to promote diversity and equality, is it not sexist to imply that women have ownership of the profession? This is like saying that engineering is a men’s profession. Would it not be more accurate to say that occupational therapy is a female-dominated profession? Otherwise, these statements seem exclusionary. I concede that men represent only 5% to 7% of the profession, but our contribution to occupational therapy has been enormous.

To get to the core of the issue, above all else, we are all people. Our primary professional obligation is to assist and empower those who are disabled. This obligation can best be achieved through mutual respect and collaboration between men and women.

Cases in point, William C. Mann, Kenneth Ottenbacher, and Jennifer K. Angelo have recently received $1,000,000 in grants (October 22, 1992 OT Week, p. 46) and Charles Chrisiensena and Carolyn Baum (1991) have compiled one of the most comprehensive manuscripts on occupational therapy that has ever

Robert Wigle Justice, RMT-BC
Dundee, MI