Gender Bias in an Occupational Therapy Text

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The feminist strategy places women at the center, as subjects of inquiry and as active agents in the gathering of knowledge. This strategy makes women’s experiences more visible by revealing the sexist attitudes and vacuous male assumptions of traditional knowledge and by opening the way to a new understanding of gender based on the female experience and point of view (Stacey & Thorne, 1985).

Occupational therapy, founded in 1917, has been a predominantly female profession adjacent to the male-centered medical profession. By 1982, registered occupational therapists in the United States were 95% female and 5% male. The percent of male therapists increased by only 1% from 1973 to 1982 (Hirama, 1986). How does being female affect this profession?

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used to decipher the gender basis of activities that shape the lives of both women and men? Have we integrated the progress made by the social science disciplines into this teaching reference for occupational therapy? What is at issue here is how we portray sex, gender, and their role in human development. Questions like these are not addressed.

The sections on homemaker rehabilitation and vocational assessment differ from the sections on the attitudes of both girls and boys need to be expanded. And it should be made clear that men also experience feelings for children.

Part II: Theory and Philosophy

Occupational therapy is defined as “the art and science of directing man’s [italics mine] participation in selected tasks” (p. 27). The philosophical base includes the statement that “man [italics mine] is an active being whose development is influenced by the use of purposeful activity” (p. 27). The chapters on occupation and human development refer to human beings without noting similarities and differences between the sexes; however, the theorists included, Freud, Erikson, Piaget, Bruner, Gesell, Maslow, and Rogers, were all men.

Kohlberg’s six stages of moral reasoning are included (p. 61). This study is a well-known example of single-sex research, based on a study of 84 boys conducted over a period of 20 years. Kohlberg based his theory of justice-focused morality on the results of this study. He alleged that women’s moral development was immature or incomplete because it did not follow the male stages. The research of his colleague, Gilligan (1982), found that the moral development of women followed a different and equally valuable progression divergent from man’s; she termed it care-focused morality. It is recommended that Gilligan’s theory be included in the next edition.

In a lengthy 43-page chapter on human development, only three paragraphs and one sentence relate to gender. One sentence reads: “[Adolescents] are forced to evaluate their masculine/feminine roles, reviewing their gender identity, orientation and preference” (p. 70). Additionally, the following remarks are included:

Gender also plays an important role in career decisions. In the last few years, the feminist movement has had a strong impact on society’s view of women’s career options. Introduced early in the socialization process, these attitudes toward female career possibilities can extend a girl’s job scope. (p. 71)

Also mentioned is “another major issue in the young adult’s life— that of parenthood” (p. 74). The statement continues: “Maternal instinct is a myth. Not all women experience loving and protective feelings toward children” (p. 74).

These sections need to include the male point of view; gender plays a role in the career decisions of both men and women. Furthermore, the sections on the attitudes of both girls and boys need to be expanded. And it should be made clear that men also experience feelings for children.

Part III: Approaches for Intervention

The sections on homemaker rehabilitation and vocational assessment are, for the most part, neutral with regard to gender. These sections are not slanted in the conventional manner of women in the home and men on the job. Case studies and photographs are balanced in the use of men and women. Exceptions display women in three clerical photographs and one man in a series of seven photographs on woodworking. In another chapter, one man is shown doing both woodworking and weaving, but again no woman is shown doing woodworking.

On a lengthy activity analysis form (the major instrument used in...
occupational therapy to select therapeutic activities) one out of 79 items concerns sexual identification. Yet on another instrument for functional evaluation, the concept of self does not include a gender identity question. In this society, we can assume that patients' gender identities affect their treatment in occupational therapy. We need to study how.

**Pars IV–VI: Evaluation, Treatment Process, and Implementation**

Pedretti (1985) has contended that the occupational therapy profession has been in a paradigmatic crisis (p. 6), and this situation is not adequately referred to in this text. Pedretti says that there is evidence that the use of purposeful activity as occupational therapy has declined and that practitioners are not using the crafts considered traditional in their heritage. Treatment methods have changed significantly over recent years. Newer sensorimotor and neurophysiological approaches have been developed. In numerous clinics, occupational therapy practitioners are using physical agents and exercise to treat the upper extremities while their physical therapy colleagues treat the lower extremities. In the process of acquiring these techniques, occupational therapists have disavowed the use of activities as the core of occupational therapy (Pedretti, 1985).

In one chapter on the treatment process, the use of crafts is questioned: "The basket-weaver image of the occupational therapist is a ludicrous one which ignores the possibilities for learning and growth inherent in crafts" (p. 96). The diminished use of crafts is seen from the perspective of modern society, simple handicrafts are viewed as "quaint or childish" (p. 96).

However, the diminished use of these crafts needs to be studied from the perspective of the conventional man and woman. A gender gap continues among some leisure activities done by men and women. In one study, Horna (1985) found a greater emphasis on crafts and hobbies among women, while men preferred spectator sports.

A direct outcome of men's socialization can be the devaluation of feminine values, attitudes, and behaviors. O'Neil (1981) defined this devaluation as (a) to consider feminine values, attitudes, and behaviors as inferior, inappropriate, and immature and (b) to believe that women, men, and children who display feminine characteristics are inferior, inappropriate, and immature.

If femininity is devalued by men and crafts are viewed as feminine, then crafts are also devalued. We need to study how the use of crafts affects the image of our profession. How we use crafts is also important. Do we use them perfunctorily as exercise or artistically with the joy of creativity—while recognizing that male artists continue to be seen as feminine and are thus devalued.

**Pars VII–VIII: Management and Research**

These topics are fertile areas to examine the role of female adjunctive therapists in the still male-centered medical arena. Unfortunately, there is no reference to problems faced or gains made by present or prospective female occupational therapy managers.

Within the profession, a disproportionate number of male therapists are currently chairs of professional-level educational programs and authors of professional and scholarly works, giving credence to the concern about the effect of male dominance in the executive structure of a predominantly female profession (Hirama, 1986).

**Summary**

Willard and Spackman's Occupational Therapy does not create an awareness and understanding of the role of women in the field of occupational therapy. Nor does the text include general policy statements or reflections on how gender bias affects our work.

What is our true consciousness as women therapists? Maria Mies (1983) wrote that women consent to their own oppression or subordination through silence. "Only when there is a rupture in the 'normal' life of a woman, a divorce, an end of a relationship, is there a chance for her to become conscious of her true condition which had been unconsciously submerged in a patriarchal system" (p. 125). True consciousness occurs in occupational therapy when practitioners avoid the use of activities or occupation in therapy. This is our "rupture."

I believe the profession needs to develop a policy statement discussing gender concerns in our theory and practice linked to the progress made by women scientists in anthropology, psychology, sociology, history, and literature. It is critical to good treatment that the gender role factor be included in our research on the generic impact of activity on the individual and small group. As female occupational therapists we have the opportunity to make a significant imprint on a gender-based understanding of the health value of activities in our daily lives.

**Recommendations**

I further believe that we need to ask a number of additional questions: How do women's activities affect their health and happiness? Is this different from how men's activities affect their health and happiness? Why do women outnumber men in the caregiving field? What are the implications of predominantly white, able-bodied, middle-class female therapists treating disabled women and men? Stacey and Thorne (1985) criticized that too often the experiences of white, middle-class, heterosexual Euro-American women has been used to analyze and generalize about the female experience. What are the safeguards that would ensure these female caretakers do not perpetrate male (oppressive) views regarding sex, race, class, or handicap when dealing with their patients? How are rehabilitation goals for homemaking, work, and leisure for minority women determined? How should therapeutic activities or occupations be selected to consciously avoid sexual bias? What are the viewpoints of disabled women about occupational therapy as a female care giver profession or about occupational therapy services if they had received these as patients? What is our policy to promote the entry and retention of disabled women and men as thera-
pists? Are disabled women and men therapists systematically appointed to board and key committee positions? Among disabled persons, do disabled men tend to have leadership positions more often than disabled women, or disabled white women more often than disabled women of color?

What is needed is the development of a feminist theory for women occupational therapists who are female scientists working with disabled women. This theory will also assist men who are victims of restrictive gender role socialization and sexism (O’Neil, 1981). Concerned with occupation in the daily lives of disabled persons, women occupational therapists can make a significant contribution to the quality of daily life of everyone.

References


