Different Views are Healthy: Formulating Questions is Everything

Kenneth J. Ottenbacher's Nationally Speaking article ("Nationally Speaking—Confusion in Occupational Therapy Research: Does the End Justify the Method?" pp. 871-874) in the October 1992 AJOT is a scholarly and incisive presentation of some of the more critical concerns in our approach to occupational therapy research. The points that he made and the context in which they were developed should indeed sharpen our awareness, stimulate scholarly debate, and move us further along in our pursuit of a research sophistication.

It is refreshing and, I believe, singularly healthy for our profession when we are challenged by differing points of view and when we have the benefit of dialogue among our experts. I congratulate Ottenbacher for opening one of the doors of such opportunity. In like manner, Anne Cronin Mosey should be commended for her courage in opening yet another door to dialogue and exploration by her articulate presentation in the September 1992 AJOT ("The Issue Is—Partition of Occupational Science and Occupational Therapy," pp. 851-853).

Several observations made by these authors are, I believe, reflective of our all-too-frequent approaches to issues and decision making generally. For example, avoidance of open debate, exploration, and argument results many times in either the postponing of decisions beyond the point of their time lines or in a polarizing, premature judgment. The phenomenon of the tail wagging the dog—in misperceiving the core concern—is reflected in Ottenbacher's caution that a focus on approaches to the research leads to having methods determine the value of questions to be researched. Similarly, but in a different context, there are the misperceptions that lead us to reimbursement defining the practice of our profession. Subjective judgments, manufactured conclusions, and our propensity to choose up sides are reflected, for example, in how we have viewed and used the term reductionism and in our fervor to develop camps for or against a given issue, approach, or technology. Finally, our eager search for answers gets in the way of a studied exploration of issues. I have commented over the years that we seem to have bags full of answers for which we have no questions. As Ottenbacher reminded us, Albert Einstein advised that “the formulation of a problem is far more often essential than its solution.” I unequivocally agree that we will truly advance the science of occupational therapy when we begin to devote more energy to formulating questions. Open studied dialogue is a critical step in such formulation.

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All Good Research is Welcome

Kenneth J. Ottenbacher should be congratulated on his elegant discussion of the issues in the controversy over reductionistic versus holistic research in occupational therapy ("Nationally Speaking—The Confusion in Occupational Therapy Research: Does the End Justify the Method?" AJOT, October 1992, pp. 871-874). He correctly asserted that both quantitative and qualitative research have a place in our literature.

Continued development of our profession requires new information gleaned at all levels, from the most quantitative study of muscle spindles to the most qualitative study of health care systems. Therefore, all good research contributes to the growth of the profession and should be equally welcomed in our journals.

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Pursuing Old Paths May Not Be Worthwhile

Barbara L. Kleinman, in her article in the June 1992 AJOT ("The Issue Is—The Challenge of Providing Occupational Therapy in Mental Health," pp. 555-557), summarized (inadvertently, perhaps) our profession's tendency to "ship jump." She suggested our "tendency to cling to a medical model" be replaced (in the psychosocial arena, at least) by a "new" tendency to attach ourselves to the "social model." I wonder about our apparent and historic need to attach ourselves anywhere in particular.

It does seem (as Kleinman observed) that social work has withstood the tides of medical and social changes by clearly adhering to its own basic tenets, allowing or inviting any and all to make use of its relevant services. Do we not also have parallel, well-founded knowledge and practice bases to withstand and indeed flourish amidst those same tides? Can we not heal an unwarrented schism in our profession?

Not unlike the search for a unified field theory in physics, we seem unsure of which paths to pursue and which to abandon as past loss leaders. (Loss leader is a retail term that denotes a company's proffering of one item, sold at a losing price, to entice more shoppers into the store where more expensive items are then presented.) Is ours not a profession that accepts the client for treatment based on his or her goals, based on his or her starting point in a habilitation, rehabilitation process?

We profess our clients to be complexes of interrelated occupations. Does this not include the psyche? What brought us to dissect it from otherwise holistic principles?

Reality dictates that we acknowledge the closing of an era (short though it has been). No longer will profit-directed, reimbursement-restricted organizations seek the kind of holistic care that our history inspires, our education mandates, and our practice validates.

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Author's Response

The letter writer's last sentence is an eloquent statement of part of my inspiration for writing the article. Far from abandoning the basic tenets of our profession, I hoped to call attention to an arena of practice, psychosocial rehabilitation, in which our philosophy, knowledge, and skills are especially well suited. It is important to emphasize that my discussion was about models of service.