

**LETTERS TO THE EDITOR**

**Even Background Music Can 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
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**Standard Setting for AOTCB Exam is Impressive**

I wish to express my respect to the American Occupational Therapy Certification Board (AOTCB) for the impressive manner in which the certification examination standard-setting study was conducted on November 6–8, 1992. I was honored to be one of the judges on the committee who was involved in setting the minimum score required to pass the exam. It was reassuring to see the professional, confidential, and scientific manner used to ensure an exam that represents the knowledge necessary to become a registered occupational therapist or certified occupational therapy assistant. Those clients who receive occupational therapy services will benefit from treatment given by occupational therapists who have the expertise required to pass the carefully prepared certification exam. I thank those persons who were involved in organizing the standard-study for their hard work.

Cora Sue Nickel, OTR/L
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**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 inequalities, 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 suble 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 exceed in gross motor skills and tasks that require strength and throwing target-directed projectiles. 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*, 139(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 women’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 Chrisiensen and Carolyn Baum (1991) have compiled one of the most comprehensive manuscripts on occupational therapy that has ever...
been written. See how much we can achieve by working together.

References

Guy L. McCormack, MS, OTR
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Guest Editors' Response
Thank you for taking the time to so thoughtfully respond to our special issue on Feminism As An Inclusive Perspective. Your appreciation of the maturity of the women's movement was heartening. We can only revalidate that it is essential for men and women to be partners in facing the challenges in society.

The first concern raised about the growing body of knowledge about neurological differences between men and women is an excellent one. We encourage you to share your obvious knowledge and excitement about this information in a formal paper. The second concern raised about the implicit assumption that occupational therapy is a women's profession is disturbing to us. We never intended to imply this notion, but the fact remains that the profession is 93% to 95% female. These demographic data have had and continue to have a profound impact. Men have offered significant leadership and support for the development of occupational therapy. We agree that mutual respect and collaborative efforts between men and women within the profession will foster the growth of occupational therapy needs to address the challenges of the nineties into the next century.

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on behalf of:
Jan Froehlich, MS, OTR
Roxie Black Hamlin, MS, OTR
Kathryn Loukas, MS, OTR

Author's Response
I did not imply that women have ownership of the profession. I did argue that we need to see the fact that we are a predominantly female profession as a strength, rather than as something we should ignore or apologize for. Certainly, a number of the men in occupational therapy have made major contributions. The point I was trying to make was not that we should exclude men, but rather that we should recognize that the traditionally female parts of what we do constitute much of our strength as a profession.

Rosalie J. Miller, PhD, OTR
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Correction
For "Assistive Technology Device Use in Patients With Rheumatic Disease: A Literature Review" by Joan C. Rogers and Margo B. Holm (February 1992 AJOT, p. 126):
In the Shipman reference, the author's name is spelled incorrectly. The reference should read: Shipham, I. (1987). Bath aids—Their use by a multi-diagnostic group of patients. International Rehabilitation Medicine, 8, 182-184. The AJOT editorial staff regrets this error and hopes readers were not inconvenienced.