LETTERS TO THE EDITOR

Against Use of Physical Agent Modalities

It is with an acute sense of the significance of the physical agent modalities issue on the future of our profession that I fully endorse the position taken and the recommendations made by Wilma L. West and Ruth Brunyate Wiemer (AJOT, December 1991, pp. 1145–1147). There can be no denying that the health care system of today is economically and politically driven. Too frequently, patient treatment plans are influenced by what is reimbursable and under what circumstances rather than by what is best for the patient. In such a market-driven, politically motivated system, we often find ourselves pressured into practicing expediency rather than what we know occupational therapy to be. The priority becomes how rapidly we can move patients through the routine and how readily reimbursable we are. In such an environment, there is the risk that our priorities become being able to demonstrate our ability to sustain and add to the profit of the corporation, thus protecting our position and ensuring against being preempted by the physical therapist. Certainly, politics and money are realities of our work today. However, we must deal with these realities from the strength of our unique expertise, not on the coattails of others. Our survival and efficacy lie in demonstrating the political and economic value of authentic occupational therapy. We need to remember that when that has been tried, it has been encouragingly successful.

Any modality used by any profession must be distinctly congruent with the philosophy and definition of the profession. Physical agent modalities are consonant with physical therapy; their use contradicts the philosophy and definition of occupational therapy and creates cognitive dissonance for ourselves and others. The argument that in occupational therapy these modalities are simply a means to an end is not rational. I could argue that, because medication of schizophrenic patients facilitates their participation in occupational therapy, I should then, on the basis of such a causal relationship, be allowed to administer the pill. Many other similar examples can be cited to demonstrate the questionable logic of this thesis. One further point within this context is that loose boundaries work both ways—As we move into the territory of others, so then is it their privilege to usurp ours.

DURING dialogues around these issues, I have on several occasions been asked the following question: Does opposition to this resolution reflect a certain rigidity, a preference for and comfort with the status quo? Is there a danger that we set limits to trying new approaches and thus limit exploration of our potential and our growth? The implication here is that our freedom to grow and develop is stifled if we cannot reach beyond our commonly accepted identity. If we claim the need to employ modalities commonly associated with another profession in order to secure our credibility and position in the health care system, then we fail to strengthen our own identity. The strength, the efficacy of any profession is grounded in the validity of that profession’s fundamental principles. We do indeed have a long way to go to first explore and validate occupational therapy and, I suggest, an equally long way to go before the potential of our fundamental parameters is exhausted.

It is truly ironic that we continue to devalue the essence of occupational therapy, that we struggle to look more like others than like ourselves when all the while these others are discovering the efficacy of authentic occupational therapy and striving to own it.

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Rabbi Hirsch Influenced the Chicago School of Civics and Philanthropy

Congratulations on the Special 75th Anniversary Issue (January 1992). It was wonderful to see so many fine articles on occupational therapy’s history in one issue. Guest Editor Schwartz’s invitation “to engage in the dialogue and offer a different interpretation” (p. 9) prompts me to respond. One important point of occupational therapy history referred to in Loomis’s article (“The Henry B. Favill School of Occupations and Eleanor Clarke Slagle,” pp. 34–37) seems to invite clarification.

Loomis’s article states, “This course was organized by Julia Lathrop, social worker and assistant to [Julia] Addams, with the help of a local rabbi, Rabbi Joseph Hirsch” (p. 35). This reference to the renowned Rabbi Emil Gustave Hirsch (Breines, 1989, in press; Hirsch, 1968) tends to obscure his prominence and his role in the founding of the Chicago School of Civics and Philanthropy.

Hirsch was one of the founding figures of American Reform Judaism; contributed to the founding of the University of Chicago, where Dewey’s Laboratory School was located; and was the editor of the Reform Advocate, a widely distributed newspaper devoted to social activism. Hirsch and Lathrop worked together on many civic projects (Addams, 1935), the Chicago School being only one of them. Hirsch’s recognition of occupations as tools for social benefit is additionally reflected in his role as founder of the Jewish Manual Training School for immigrant children. Hirsch was a force for change in a society and a world undergoing change. Addams, a Quaker woman, was invited to speak from Hirsch’s pulpit in a time when such tradition-breaking actions were unusual. The name of the Chicago School for Civics and Philanthropy appears to derive from interests attributed to Hirsch in his memorial booklet (Breines, 1989, in press; Cowan, 1923). Additionally, if my recollections about my readings of Slagle’s letters (ca. 1917) are correct, Hirsch’s name is imprinted on her stationery, thereby indicating Hirsch’s position in the Chicago Mental Hygiene Society, the sponsor of the Favill School.

It thus appears that Hirsch’s influence on occupational therapy may be greater than as a helper to Lathrop.

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References