The past 30 years have brought changes to the field of occupational therapy and to our society's perception of women's roles as therapists and mothers. As many of us ventured into the field of occupational therapy after the 1960s, we were told that occupational therapy was a good career for women because we could work part time, acquire a skill to fall back on, and learn mothering techniques for home or work. In the 1960s, young people began to question authority and gender roles. The American people had to respond to social issues such as the war on poverty and civil rights. The emergence of the women's movement brought a controversy about the role of motherhood; as a result few rights were allotted to working mothers. In the 1960s, only 16% of mothers reported receiving maternity benefits (Lande, 1990), although many more joined the work force. As occupational therapists and mothers, we were caught in the traditional role of women as caregivers and nurturers in the medical model, as well as in the family. As allied health care providers we did, and still do, rely on physician referral and orders to begin our therapy, which consists of many maternal tasks including physical and emotional care, daily activities training, and empowerment activities.

In the 1970s, many occupational therapists chose to leave the work force after becoming mothers. Pregnancy and childbirth were, and still are, the most common reasons for occupational therapists to leave their jobs (Bailey, 1990b). Nationally, only a small percentage of first-time mothers in the 1970s were working 3 months after childbirth, but in the 1980s one third of first-time mothers were back in the work force 3 months after giving birth (Lande, 1990). In the 1990s, as the number of women in the work force increases (Baum, 1991), occupational therapists are challenged to meet such needs as alternative times for therapy because many women do not have the job flexibility to leave work to take children or parents to treatment. Yet we have not examined why the dual roles of worker and caregiver are placed on women, nor have we examined our own dual roles as mothers and occupational therapists. I will address this dual role from the perspective of a mother, an occupational therapist, and a feminist.

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Occupational Therapy for Dual-Career Endeavors

The dual career of occupational therapist and mother requires a balance of life in three major areas: work, that is, paid employment outside the home and unpaid work in the home including housework and child care; play, that is, playing with one's children during the quality hour (or two) between working, preparing and eating meals, and fulfilling other responsibilities; and maintenance of the family, home, and partner relationship, with little time to maintain the self. Working mothers are still documented as doing 70% of housework and child rearing (Faludi, 1991). Married mothers who are employed full time spend an additional 35 hours a week on housework (Cowen, 1987), and combined hours spent in job, housework, and child care activities average 85 hours per week. As Hochschild (1989) reported and as Primeau corroborates elsewhere in this issue, married fathers spend an average of 60 hours per week in these same activities. Although occupational therapists who are mothers are skillful at adapting our life-styles, implementing compensatory strategies for organizing the many roles we juggle, and understanding human development, upon self-examination we cannot help but find ourselves a bit dysfunctional.

Let me simulate my point in a familiar format. If I were my own occupational therapist, my chart might look something like this:

Client: KML

Age and salary range: Mid-30s

Roles and responsibilities: Wife and mother of 2 children under 5 years of age, practicing occupational therapist, writer, housekeeper, and junior faculty member.

Symptomatology: Various aspects of anxiety disorder, post-traumatic stress, reverse syndrome (of various body parts), multiple role confusion, chronic fatigue syndrome.

Interests before having children: Outdoor sports, theatre, and social events.

General appearance: Self-care deficits, particularly early in the morning, that include disheveled hair, circles under eyes, various smears of cream and baby bodily fluids on unironed clothing.

The occupational therapist and mother is the archetype of the feminine superhero, showing compassion and
caring to clients at work and then giving *more* care in the home environment. Despite our education and enlightenment about human occupation, our role is not much different from the selfless nurturer role of our mothers in the 1950s; it has simply been broadened to include work away from as well as within the home. We accepted double duty for both male and female tasks, without giving up the workload or standards from the generation that preceded us. Many of the skills that we teach others, such as time management, work simplification and energy conservation, and coping techniques, are then used for what we do and to insist on the reparation of our own functional performance. In addition to our careers, our family responsibilities become both our joy and our oppression. To handle our multiple role endeavors, I recommend the balance and healing approach of feminism—not the feminism that rejects motherhood or allied health roles as selling out, but the feminism that values what is inherently female. Even if, as traditional women, mothers, and occupational therapists, we did not embrace the radical views of the early women's movement, we *must now* use the inclusive model of feminism to make sense of what we do and to insist on the respect that we deserve in our occupational endeavors. The 1990s, for which the two important megatrends of women-in-leadership and the triumph of the individual have been predicted (Naisbitt & Aburdene, 1990), may be our time.

Examining Our Goals

Self-examination requires looking at our goals for the future. As women, as feminists, as mothers, and as therapists, we must examine our personal priorities and workloads. When we undertake full-time careers and full-time motherhood, we can foster ourselves or exhaust ourselves. As women, we seek to connect to our families, our clients and colleagues, and our careers; research has shown a major relationship between mothering and social connectedness (Chodorow, 1978; Tolman, Dickmann, & McCartney, 1989). As feminists, we must ensure that our nurturing and caring work is recognized as respectable and important. To accomplish this, we need to put ourselves back into the maintenance role and to expand our visibility as mothers, occupational therapists, and feminists. Henderson (1990), noted that in contrast to men, women have less time for leisure, combine leisure with home and family responsibilities, and believe that they do not deserve to have leisure. As occupational therapists, we promote the balance of work, self-maintenance, and leisure, yet frequently omit the last two components from our own lives. We must strive to create a society in which we can take pride in all that we are able to accomplish, rather than feel guilty about the choices we have made.

What advice can we offer the coming generation in their multiple role endeavors? We must recognize our struggle for balance and use our occupational therapy skills to establish some long-term goals. Here are some recommendations for us to contemplate from the inclusive feminist model.

**Occupational Therapy Recommendations**

As working mothers we must not accept double duty—spreading ourselves thin to do it all is not acceptable. Trying to do everything strains our physical and mental health and sets a precedent for the further oppression of the next generation of women. We must truly balance work, self-maintenance, and leisure activities.

We must stand steadfast on the foundation that our maternal value of helping others to grow as occupational therapists and as mothers is important, viable work. This work should receive respect, admiration, and monetary compensation equal to those of professions that hold patriarchal values.

As professionals who value the person and understand lifestyle modification, we must advocate for choice. We should seek to create a society that will support a variety of ways for people to establish and maintain their families, instead of demanding conformity. As dual-career mothers, we must support full-time mothers and create an easy way for them to re-enter our profession if they so choose. We should recognize households with egalitarian partners, full-time fathers, lesbian and gay couples, single-parent units, and single people. Each represents a family unit with a unique lifestyle and support system.

In occupational therapy practice, we must be aware of the increasing workload on women in our country. We should not assume gender-segregated tasks by placing caretaking responsibilities solely on mothers when addressing family systems. Instead, we must be aware of the needs of all the members in the family and promote shared responsibilities. We must also listen and amplify the voices of mothers, so often muted in medical hierarchy.

Promoting choice in the workplace is being pioneered in occupational therapy (Davidson, 1991), but may still threaten job security and promotion opportunities (Bailey, 1990a). We must continue to challenge the rigid workplace model to understand our needs as mothers and we must work to make creative and flexible alternatives to balance career and family. We must advocate for part-time work, job sharing, re-entry into the profession and, first and foremost, family leave.

We must work to make child care a safe, supportive, and affordable option for all classes of families. Problems with quality, affordable child care interfere greatly with women's choices of occupation and in economic equality. A feminist social system would value children, family, and choice more than our present patriarchal, capitalist system.

**Personal Recommendations**

We must actively work to keep family planning a viable option for all cases and classes of women. Women will be oppressed as long as they are victims, rather than caretakers, of their own ability to reproduce.

We should expect and accept shared responsibility from husbands and partners, family, friends, and colleagues. As Brown and Gillespie state elsewhere in this issue, the feminist model of interdependence, rather than independence, should be our goal.

We must remember that in sharing the chores of domestic work, we must also share the joys. We must be ready and willing to give our partners credit, respect, and support in their new roles.

**Conclusion**

As experts in occupation and advocates for achieving balance in life, we can...
demonstrate the integration of the feminist approach to career and family by implementing these recommendations. As I lie exhausted at the end of the day with two sleepy children in my lap, my partner working late, and paper work on my messy kitchen table, I cannot help but wonder about the future of dual-career occupational therapists and mothers like myself. Will we create a better world for the next generation of women or thoughtlessly lead them semi-comatose into the next century?

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References


THE ISSUE IS provides a forum for debate and discussion of occupational therapy issues and related topics. The Contributing Editor of this section, Julia Van Deusen, strives to have both sides of an issue addressed. Readers are encouraged to submit manuscripts discussing opposite points of view or new topics. All manuscripts are subject to peer review. Submit three copies to Elaine Viseltear, Editor.

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