cern to the profession. I suspect the very points I found important in the article fell on many deaf ears; at best, people may have distilled them into the solution of simply increasing the number of graduate degrees and research projects along established lines. A lesson to be learned from the present situation is that, if psychiatric occupational therapy manifests the symptoms—par excellence—of the lack of insight and foresight which is endemic to the profession as a whole, then it should hardly be surprising that this practice area is withering away or radically shrinking in numbers.

I appreciated the direction of the article. Moreover, it should be a matter of importance when someone from a ranking profession writes in a compassionate and straightforward way to members of another profession about common, but serious, issues.  

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Males Are Leaders More Often

In “Variables That Contribute to Leadership Among Female Occupational Therapists” (The American Journal of Occupational Therapy 39: 379–385, 1985), Scott cites authors who note that frequently the executive structure in female-dominated professions is male.

I have noticed that there is a trend in occupational therapy for the small percentage of male therapists to dominate two areas which, in my opinion, are indicators of professional leadership. These two areas are chairperson of professional-level educational programs and the publication of professional and scholarly works.

There were 5.0% male and 95.0% female OTRs in 1982 (1). Of the 55 professional-level educational programs, 10 were chaired by males and 44 chaired by females (one program did not list a chairperson). Of the nine pending programs listed, three were chaired by males and six by females. Thus, 13 (20.6%) of the professional educational programs were chaired by males, and 50 (79.4%) were chaired by females. (Two names could have been male or female, hence a possibility of error exists in my computation.)

The tables of content in the January through July 1985 issues of The American Journal of Occupational Therapy were examined for principal authors. Of the 40 featured articles, 13 were authored by males and 27 by females. When the Nationally Speaking and department articles were added, 21 (36.8%) of the total 57 articles were authored by males and 36 (63.2%) by females.

Scott did not compare advanced degrees held by her leader and nonleader subjects. In occupational therapy, male therapists hold advanced degrees more often than female therapists (1). This may influence the trend toward male leadership in occupational therapy. Male therapists also earn more than female therapists even within the same position and with similar experience (1).

This is possibly due to the public’s erroneous notion that males have greater economic needs than do females.

The number of technical programs headed by males was 5 of 59 (8.5%). My guess for this low number is that chairperson positions or even faculty positions in professional-level programs hold a higher sense of achievement or leadership than do positions in technical-level programs.

The percent of male COTAs has decreased from 11.7% in 1973 to 6.3% in 1982 (1). I wonder if this decrease is due to male COTAs becoming OTRs or assuming other leadership positions. The percent of male OTRs increased by 1% from 1973 to 1982 (1).

Scott found that women occupational therapists perceive the female-dominated field as more supportive of leadership activities in women. My brief review of the references used suggests that male occupational therapists a) are being supported for leadership activities equally or more so by female therapists, b) are assuming academic and clinical leadership more quickly than do female therapists, c) are conducting and reporting research more frequently than female therapists, and d) are having greater influence on the direction and policies of the profession.

I believe that as more males enter the profession, more leadership positions will be held by males. My hope is for qualified leaders, whether they be male or female. My concern is that as long as the majority of therapists maintain society’s historical preference for male dominance and male leadership, males will become leaders because of the single qualification of being male.

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REFERENCE