As collaborative guest editors, we are delighted to bring you this landmark issue. Our profession is 93% to 95% female, compelling an examination of the effect of our demographics on occupational therapy. One method of examination is through a feminist perspective. Occupational therapy and feminism share many concepts: caring, connection, empowerment, nurturing, communication, and relationships. These concepts are reflected in the articles in this issue, which combine the ideologies of occupational therapy and feminism, and are echoed in our relationships and working styles as collaborative guest editors.

**Feminism Defined**

Feminism is a dynamic, evolving ideology. Although historically it focused on equality for women, feminism has developed into an inclusive model of liberation for all people, with particular attention given to the status of women and the elimination of sexism. The early women's movement focused on the issues of white middle-class and upper-class women. More recently, women of color and working-class women have enlightened feminists regarding the influence of race, class, and culture on the status of an individual (Hooks, 1984).

Through study and personal reflection, we define this inclusive model of feminism as personal empowerment and social justice for all. Both components of this definition are important. Personal empowerment, inspiring people to believe in and act on their capabilities, is at the heart of feminist and occupational therapy theory and practice. However, personal empowerment alone is insufficient. Without a broad context that includes striving for enhancement of all life, personal empowerment is empty. The reverse is also problematic. Action toward social justice without the strength of personal empowerment is ineffective. The inclusive vision of feminism supports women and men in becoming more fully human. Hooks (1984) described how men and women are oppressed in different ways. Rigid sex roles in our society assign men the role of dominant breadwinner and women the role of passive nurturer. These roles limit the choices available for both men and women. Men have been socialized to have power over women (French, 1985), yet the inclusive perspective described in the present paper does not.

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This article was accepted for publication June 23, 1992.

Photo by Holly Haywood
perceive men as the cause of women's oppression. Rather, the stereotypical, institutionalized relationships in our society are seen as oppressive to all. For sexism to be eliminated, men must be welcomed as allies with women in this venture for personal empowerment and social justice for all.

Membership Survey

In undertaking this issue, we understood that feminism is a concept fraught with controversy. This prompted us to develop a pilot survey to explore reactions to feminism within the occupational therapy membership. Five surveys were sent to each president of a state occupational therapy association, who was then asked to distribute them to members. Of the 250 surveys mailed, 85 responses were returned. All regions of the country were represented and a male to female ratio of the respondents was 7.3% to 92.7%, similar to that of the national association. The survey asked for an initial reaction to the word feminism, whether the respondents identified themselves as feminists, whether they perceived feminist issues in occupational therapy, and for a personal definition of feminism.

The initial reaction to the word feminism was negative for 46.2% of the respondents, whereas 27% had a positive reaction and the remaining 26.8% were neutral. However, one third ($r = .289$) of those whose initial reaction was negative or neutral went on to define feminism in positive terms. Overall, 53.2% of the respondents defined feminism in positive terms, 39% used neutral terms, and only 7.8% defined feminism negatively. Perhaps the most important finding was that 77% of the respondents indicated that they perceived feminist issues in occupational therapy. It seems that the respondents embrace feminist concepts but generally reject the word feminism. There were no significant correlations between responses in regard to gender or age of the respondent.

Many responses yielded interesting qualitative findings as well. For example, one respondent's initial reaction to the word feminism was "radical, overzealous, and pushy," yet this same person thought that there were feminist issues in occupational therapy. Responding, "not being taken seriously as women adds to the lack of longevity in our field." Her personal definition of feminism was "assertive behavior that stands up for our rights as people, not just women." Another initial reaction to the word feminism was positive, with the clarification that feminism "denotes a trend toward self-acceptance by women and consciousness raising in the areas of professional and personal self-determination."

Other initial reactions to the word feminism included "dynamic," "independent," "strong," "assertive," "lesbian," "puzzlement," "guarded," "obnoxious," and "bored." A number of the respondents described the following feminist issues in occupational therapy: high proportion of males in top and middle management; differential pay between males and females in the profession; economic depression due to occupational therapy being a predominantly female profession; lack of respect, recognition, and credibility for the profession; and lack of career longevity due to women's family responsibilities.

Feminism in Nursing and Social Work

The allied health and human service professions of nursing and social work have been identifying feminist issues in their professions for more than two decades. A literature search of the Cumulative Index of Nursing and Allied Health Literature between 1983 and the present revealed 87 citations related to feminism. Some of the issues explored in the nursing literature included those of power and powerlessness. (Heineken & McCloskey, 1985; Henry & LeClair, 1987; Mason, Backer, & Georges, 1991; Miller, 1982), oppression of female health providers (Roberts, 1983), women and science (Bleier, 1986; Keller, 1985), and feminist research methods (Allen, 1985; Allen, Benner, & Dickelmann, 1996). Much has also been written about the subject of caring as women's work (Finch & Groves, 1983; Fisher & Tronto, 1990; Reverby, 1987), and the socialization of women into traditional work patterns (Christian, 1991; Melosh, 1982; Muff, 1982; Noddings, 1990).

Since 1973, there has been an explosion of activity related to feminism in the National Association of Social Work, and in the profession's publications (Simon, 1988). Social work literature includes Affilia: Journal of Women and Social Work, which contains a special department called "On Feminism in Action" for reporting feminist works in progress (Sancier, 1990). Many social work references address the integration of feminist theory with social work practice (Collins, 1986; McDonald, 1988; Morell, 1987), as well as feminism in social work education (Berkan, 1984; Freeman, 1990). Both nursing and social work research and scholarship in the area of feminism have much to inform us as occupational therapists.

Feminism in Occupational Therapy

Compared with the work that has been done in nursing and social work, the number of occupational therapy references related to feminism and women is small. Gilligan (1976) was one of the first to publish on feminism and occupational therapy. Her article explored the parallels between the feminist movement and the developmental stages within the profession. Gilligan (1984) subsequently addressed feminism as an important force for changing the health care system in her Slagle lecture, "Transformation of a Profession." Scott (1985) examined the variables that contribute to leadership among female occupational therapists, Breines (1988) used a feminist perspective for redefining professionalism within occupational therapy, and Johnson and Jaffe (1989) described an interview with women leaders. Of special note is that Occupational Therapy Journal of Practice devoted its September 1991 issue to Occupational Therapy Programming for Women (Zukas, 1991).

Why has occupational therapy not embraced feminist scholarship to the extent that nursing and social work have? One explanation may be related to the youth of our profession. Another explanation might be that, although nurses were unable to ignore their low status within the medical hierarchy, occupational therapists felt a sense of autonomy. Broad concern for social issues is inherent within the profession of social work and might explain its earlier exploration of feminist perspectives.

As the survey results and the lack...
of feminist occupational therapy literature indicate, there is an uneasiness within the profession toward the word feminism that may be due to negative stereotypes. One of the goals of this special issue is to dispel some of these stereotypes. An inclusive model of feminism may enable more occupational therapists to acknowledge this important force for change.

Current Social and Political Climate

Examining the current social and political climate for women in this country is essential in understanding the inclusive vision of feminism and the timeliness of this issue. Because of the Anita Hill testimony, sexual harassment has been better understood in the past year and has focused our attention on the lack of female representation in Congress, where women compose only 5% of the total body (Smeal, 1991). Inequity persists in the pay differential between men and women, with a woman earning 59 cents for each dollar that a man earns (Faludi, 1991). The effects of the Roe vs. Wade decision continue to be eroded in both the national and the state legislatures. In 1970, nine U.S. pharmaceutical companies were developing new forms of birth control, whereas in 1990 only one company was engaged in such research (Viter, 1992). Problems in women’s health issues include a lack of funds allocated for research on illnesses prevalent in women and exclusion of women in studies of prevention or treatment of acquired immunodeficiency syndrome (AIDS), heart disease, and aging (Viter, 1992). The definition and composition of families have undergone substantial changes due to an increasing variety of life-styles, the need for parents to work to support their children, and the increasing number of unmarried parents for good and affordable child care. The effects of poverty, single-parent families, oppression, and racism were brought into question as possible contributing factors to the disastrous rioting in Los Angeles after the acquittal of the police officers in the Rodney King trial.

A woman is raped every 6 minutes and beaten every 18 seconds (Congressional Record, 1991) in the United States. Twenty-five percent of women in college have been victims of rape or attempted rape (Warshaw, 1988). Current estimates are that one out of four girls and one out of six boys will be sexually abused by the age of 18 years (Briere & Runyan, 1988). Our planet has been ravaged for years as industrialized societies have developed. The increased awareness of violence has led to a closer look at ecological, physical, emotional, and sexual abuse.

The Challenge to Occupational Therapy

Within these ongoing societal challenges are multiple opportunities for occupational therapy to embrace a new perspective. Feminist voices can help to underscore the importance of collaboration in composing a vision that values all persons and respects the environment. Occupational therapists who share such a vision can strive to devise a plan of interaction with people in equitable and just ways, not only in the clinic but also in a larger context. Naisbit and Aburdene (1990) envisioned a replacement of the current hierarchical model of management with a more collaborative form of leadership that empowers and values each person for her or his contributions. A feminist leadership approach embodies power with (French, 1985) in contrast to the patriarchal approach that promotes power over. Occupational therapy programs, which have always built on empowerment and self-esteem, can help mobilize persons to make the difficult choices that need to be made so that our society becomes one attuned to justice for all.

Occupational therapy has always been engaged in the basic activities of life. Those activities that have been traditionally thought of as women’s work: such as activities of daily living, facilitating human development, and creative and artistic work, are the foundation of our profession. A feminist perspective causes us to reexamine these activities and rediscover our pride in their use. As feminist occupational therapists we can reclaim the importance of daily activities and be proud of our too often invisible role in maintaining this necessary core of human existence. In this issue, articles by Hamlin and Pizzi reevaluate our heritage; articles by Miller, Pizzi, and Hamlin reinforce the concept of holism. Corcoran explores women’s use of unfolded activity. Pizzi presents a multicultural approach to the silliness of women’s lives, and Primeau examines women’s unpaid work in the home.

The importance of relationship in maintaining health in our personal and professional lives has reemerged with the therapeutic use of self in occupational therapy (Frank, 1990; Peloquin, 1990). The concepts of woman as nurturer, caregiver, and healer are presented in articles by Hamlin, Pierce, and Frank, and Corcoran, whereas the goal of independence is challenged and interdependence is emphasized in Brown and Gillespie’s article.

As occupational therapists we need to become informed about these issues and perspectives. We must acknowledge our own power to effect change and the collective power we gain when we collaborate to make a difference in our own lives, the lives of our clients, and the lives of all. With the emphasis we have always placed on the person, we have much we can share with others as we try to incorporate a holistic perspective on achieving and maintaining wellness, particularly in the face of adversity. We have been educated to seek balance, to adapt to change in a flexible and effective way, and to enact short-term solutions with long-term goals in mind. These skills, combined with our humanistic base, offer many of the resources needed by a health care system, a society, and a world that requires concerted, collaborative attention. We hope this issue will provide a springboard to help you find or strengthen your own voice and to act to effect personal, professional, and political change.

Acknowledgments

We appreciate our friends and colleagues at the University of New England, especially Debbie DeWitt and William Croninger, for creating a supportive working and learning environment. We acknowledge the courage and creativity of our authors in pioneering the development of feminist concepts in occupational therapy. We also acknowledge the work of the following reviewers: Laurie Adels­ tin, Mary Bremser, Betsy Francis Connelly, Jeff Crabtree, Elizabeth DePuy, Pam Christian Donors, Jon Duchek, Sandra Edwards, Laurita Falco, Mary Beth Gilligan, Karen Halstead, Deborah Hazelton Hazel, Christine Hochman, Karen Jacobs, Linda Lederer, Linda MacKinnon, Gary Mattox, Barbara Rider, Susan Robert |

The American Journal of Occupational Therapy 969
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