marketing people, and third-party payers, who are rightfully reluctant to reimburse for services that are defined so vaguely.

Once we have defined the scope of our service in more circumscribed terms, the task of organizing our literature will be easier. Moreover, as Dr. Reed correctly suggests, research activity and scholarship will be facilitated.

However, those who are tempted to find a scapegoat among the library stacks might consider a more salient reason for our investigative shortcomings: The field has too few role models who are both practitioners and scientists. As a consequence, young capable therapists are not taught to value research, as occurs in other fields. This explains, as Dr. Reed correctly notes, why cajoling and money have had such limited success in improving research involvement or productivity among occupational therapists.

To underscore this point, two recent studies of the scholarly productivity of occupational therapy faculty members conducted by Parham (1985) and by Holcomb, Christiansen, and Roush (1987) have shown that our educators generally lag significantly behind their counterparts in academe when it comes to the conduct and publication of research. While this is a major problem, it is understandable. Most faculty members in occupational therapy did not have a mentor or role model who was a competent and active researcher.

How to break this cycle may be the most important question confronting the field today. Part of the answer may lie in the development of research-oriented graduate programs (especially at the doctoral level) with the funding and faculty to train committed investigators. It also may be possible (and practical) for us to import capable researchers from other fields who are interested in our discipline and attracted to the many opportunities for making contributions to our research effort.

One thing is certain—the problem of how to generate more and better research in the field is one of great complexity. Complex problems are never explained by single-variable solutions. Accordingly, neither money, cajoling, nor bibliographies and indexes will individually get the field where it needs to be, but they will collectively help. It should be encouraging to all who care about these issues that AOTA/AOTF jointly sponsor many projects aimed at fostering research through various strategies. It will be of interest to Dr. Reed and others that these research projects include not only grants, fellowships, and educational programs but also the development of bibliographies and literature searches.

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References


Feminist Discussion Adds Perspective

In her article on gender bias (June 1987), Ms. Reese articulates an important challenge: a feminist analysis of occupational therapy. By critiquing Willard and Spackman’s *Occupational Therapy*, she effectively presents an overview of gender bias in our profession. She points out that crafts may be devalued because they are associated with feminine behaviors in a patriarchal system or because they are used uncreatively in treatment.

The author quotes Maria Mies who states that women become aware of their true condition when they realize their subordination in a patriarchal system. This realization is preceded by a “rupture” in their lives, such as a divorce. Ms. Reese continues, “True consciousness occurs in occupational therapy when practitioners avoid the use of activity or occupation in therapy. This is our ‘rupture’” (p. 395)

The link between rupture and true consciousness in occupational therapy needs further explanation. How does our rupture occur? How does this rupture lead to true consciousness? There may be other examples of rupture in occupational therapy that lead to true consciousness.

Some therapists may want to break the patriarchal domination in our practice and also continue to use crafts. Although crafts may be devalued because of their association with feminine behaviors, they nonetheless are one of our unique professional tools, and their creative and purposeful use may be justified.

Feminist discussion adds another perspective to the knowledge of our profession. I hope Ms. Reese’s article will continue to generate interest and support for feminist scholarship.

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Author’s Reply

Yes, there are other examples of rupture in occupational therapy. One is the shift to the medical model in conceptualizing patients. However, for the study on gender bias, the root problem lies, I believe, in developing and relating theory of activity therapy to practice. A key variable is the effect of activities stereotyped as masculine or feminine on the individual patient. There is almost nothing in the literature about this fundamental aspect of our profession.

I am fascinated by the research studies of affect in relation to activity by David Nelson and his colleagues, and especially so when the activity being used in the study is named in the title of the research article “The Effects of Tool Scarcity on Group Climate and Affective Meaning Within the Context of a Stenciling Activity” (Steffan & Nelson, 1987). Other activities included in research studies coauthored by Nelson are making collages (Nelson, Thompson, & Moore, 1982; Carter, Nelson, & Duncombe, 1983; Kremer, Nelson, & Duncombe, 1984; Adelstein & Nelson, 1985), printing stationery (Rocker & Nelson, 1986); origami (Nelson, Thompson, & Moore, 1982; Henry, Nelson, & Duncombe, 1984); balloon bat game and God’s Eye yarn-craft (Nelson, Thompson, & Moore, 1982).