Interwoven Threads: Occupational Therapy, Feminism, and Holistic Health

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Occupational therapy is a predominantly female profession; 93% to 95% of occupational therapists are women. The implications and ramifications of this reality have seldom been directly addressed. In this article, beliefs about balance, activity, environment, and autonomy are explored from the perspectives of occupational therapy, feminism, holistic health, and medicine. The assertion that occupational therapy has more in common philosophically with feminism than it does with medicine is supported. This awareness provides a new framework for examining current issues of concern in our field, occupational therapists can better understand their past, more confidently act in the present, and more boldly plan for the future.

An underlying perspective of this article is the relevance of the concept of yin and yang. Ancient Chinese culture recognized activity as an essential aspect of the universe and viewed change as a natural tendency, innate in all things and situations.

Indeed, the universe is engaged in ceaseless motion and activity, in a continual cosmic process that the Chinese called Tao—the Way. This Chinese view conceives two kinds of activity—yin, or activity in harmony with nature, and yang, or activity against the natural flow of things. (Capra, 1982, p. 37)

Yin action is contractive, conservative, responsive, cooperative, intuitive, integrative, and associated with the female principle. Yang action is expansive, demanding, aggressive, competitive, rational, analytic, and associated with the masculine principle. Yin action is conscious of the environment, yang action is conscious of the self. Ego-action and ego-action—both are necessary for balance. In all things these two forces exist on a continuum, in the world, in philosophy, and in the practice of any profession. Nothing is ever all one or the other, but perceptions and practice can get dangerously out of balance.

Need for Balance

The need for balance is the first common thread of occupational therapy, holistic health, and feminism. Meyer considered this balancing of forces central to his formulation of a philosophy of occupational therapy. In his 1921 address to the membership of the National Society for the Promotion of Occupational Therapy, he spoke of it as "rhythm."

The whole of human organization has its shape in a kind of rhythm. There is the rhythm of our hearts kept to a standard rhythm and wholesome strain without upset. And there are the larger rhythms of night and day, of sleep and waking hours, of...
Development of persons by dictating how, when, and in which directions a person may grow. For instance, because of aspects of women and men. It contends that traditional coordination of sensory, motor, cognitive, psychosocial, sex roles, for instance, have unbalanced the natural development of persons by dictating how, when, and in which directions a person may grow. For instance, because of the imbalance in child-rearing responsibility in our culture, most women who have children are still not able to balance self-care, work and education, and play and leisure needs. And although a particular woman’s sensory, motor, and cognitive abilities may be well-developed, psychological, social, and cultural pressures often limit her ability to apply herself fully (Seager & Olson, 1986).

Holistic health advocates are contending, as occupational therapy has for 75 years, that health is more than the absence of disease—that it is a result of balance in physical, mental, psychological, social, cultural, spiritual, and environmental factors and that we need to strive for this balance to thrive and experience wellness.

The idea of health promotion and wellness is based on a philosophy of holism. Holism includes a belief in the interactive effects of the mind, body, spirit, and environment; the existence of functional interdependence among parts and wholes (with the whole being greater than the sum of its parts); the oneness of the entities; the concept of balance and harmony among parts; and the idea of individual responsibility. (White, 1986, p. 745)

The American Heritage Dictionary (1985) defines patriarchy as "(1) a system of social organization in which descent and succession are traced through the male line. (2) the rule of a tribe or family by men" (p. 910). Capra (1982), a world-renowned quantum physicist and philosopher of science, referred to the patriarchal system and expressed his concern about the general imbalance in our world today in the following way:

It is easy to see that our society has consistently favored the yang over the yin—rational knowledge over intuitive wisdom, science over religion, competition over cooperation, exploitation of natural resources over conservation. This emphasis, supported by the patriarchal system..., has led to a profound cultural imbalance which lies at the very root of our current crisis—an imbalance in our thoughts and feelings, our values and attitudes, and our social and political structures. (p. 39)

Environment

The second common thread of occupational therapy, holistic health, and feminism is environment. In occupational therapy, environment is one of the four aspects of the problem-solving process; the others are patient, therapist, and activity. In our philosophical base, we see the development of competence as directly related to effectiveness in interacting with the environment (Fidler & Fidler, 1978; Howard, 1991; Kielhöfner, 1992; Rogers, 1982). We all have an innate urge to explore and master the environment, which means that throughout life we are continually involved in interaction with it. When we speak of mastering the environment in occupational therapy, we do not speak in the yang sense of ruling or conquering it, but rather in the yin sense of cooperating with it and interacting with its challenges to develop higher levels of integration. In occupational therapy, we recognize oneness with the environment and therefore the importance that it plays in the development of our own wholeness and the wholeness of our patients.

Feminist philosophy also directly links women's history and the history of the environment. In earlier times, nature, the earth, was seen as female. It was considered a kind and nurturing mother in its abundance and healing power, and a wild and uncontrollable female force in its storms and upheavals. The earth's many aspects were identified with the numerous manifestations of the Goddess (Capra, 1982, p. 40). With the rise of patriarchy around 2000 BC came imbalance as the image of benign nature changed into one of passivity, and the view of nature as wild and dangerous gave rise to the idea that both the earth and women were to be controlled and dominated by men (Capra, 1982; Davis, 1971; Stone, 1976). Griffin (1978), a major feminist theorist, wrote of this change—this separation.

Men say that woman speaks with nature. That she hears voices from under the earth. That wind blows in her ears and trees whisper to her. That the dead sing through her mouth and the cries of infants are clear to her. . . . But he says he is not part of this world, that he was set on this world as a stranger. He sets himself apart from woman and nature. (p. 1)

Fundamental feminist philosophy is based on awareness of the oneness of all living forms, and of the cyclical nature of birth and death. Certainly, a major part of the impetus and effort directed toward preserving and healing our environment today comes from women (Hynes, 1990). In much the same way, the holistic health philosophy “is based on positive assumptions about our compatibility with the nature which created us, along with all other life forms” (Bauman et al., 1978, p. 18). Holistic health considers that the person cannot be understood, in health or disease, apart from the environment within which he or she functions. Public health studies have made it clear that only about 10% of a person’s health status is determined by availability and intervention of medical personnel. The other 90% depends on the person’s behavior or action, heredity, and the nature of the environment (Opatz, 1985). As Capra (1982) concluded: “Experience is teaching us the integrity of a person, one's
most encompassing wholeness, is reinforced and strengthened by the character and degree of one's interaction with one's environment” (p. 277).

From the time of the ancients, when Hygea was worshipped as the goddess of health through appropriate living, the goals of science had been wisdom, understanding the natural order, and living in harmony with it (Capra, 1982, p. 55). However, that is not the current attitude of western medical science. No one was more influential in changing that attitude of science from one of integration to one of self-assertion than the 17th-century philosopher and mathematician Descartes.

Descartes concluded that mind and matter were separate and fundamentally different. He conceived of the material universe as a machine that could be understood and thus controlled by mechanical laws. This philosophy’s profound effect on western thought continues to this day. His reductionist theory that matter is composed of building blocks and can be understood by reducing particles to their smallest units has been successful in the life sciences, especially biology, where trends can be enumerated by analyzing large numbers of samples. But this approach has also limited the direction of scientific research. Capra (1982) identified the resulting problem: “Scientists, encouraged by their success in treating living organisms as machines, tend to believe that they are nothing but machines” (p. 62). The reductionist philosophy in medical science has had a major effect on the control of infectious diseases and on the management of traumatic injury. However, western medicine, in its efforts to dominate and control nature and the environment, has denied the interactive influence of that environment on the quality of life. As Capra (1982) stated,

the main error of the biomedical approach is the confusion between disease processes and disease origins. Instead of asking why an illness occurs, and trying to remove the conditions that lead to it, medical researchers try to understand the biological mechanisms through which the disease operates, so that they can then interfere with them. (p. 150)

The costs of such an approach are tremendous, both in terms of ever newer technologies and techniques for evaluating and interfering with diseases, and in terms of personal suffering and reduced quality of life. The stress-related disorders of today—among them cardiovascular disease, cancer, arthritis, respiratory disorders, depression, and substance abuse—have shown little decline in incidence since the turn of the century, despite concerted efforts of modern medical research and treatment (Johnson, 1986). The reductionist model, to which a majority of western medicine still adheres, precludes serious focus on the environmental and life-style factors that figure so largely in these “afflictions of civilization” (Pelletier, 1979). The title of a chapter in a leading medical textbook underscores the seriousness of this reality: “Technical successes and social failures: Approaching the second decade of the AIDS epidemic” (Gellin & Rogers, 1992).

I believe occupational therapy is ahead of its time in its philosophy. In 1921, Meyer declared that

the evolution of occupational therapy represents to me a very important manifestation of a very general gain in human philosophy. The most important factor in [this] progress lay undoubtedly in the newer conceptions of mental problems as problems of living, and not merely diseases of a structural and tonic nature on the one hand or of a final lasting constitutional disorder on the other. (1977, p. 640)

The Cartesian view of science was extremely influential until the last of the 19th and the first of the 20th century, the time when occupational therapy was founded as a profession. At that time a group of physicists, most notably Einstein, Plank, Born, and Maxwell, initiated a revolutionary change in scientific thought that shattered the comfortable and seemingly predictable view of reality. The new physics necessitated profound changes in concepts of space, time, matter, object, cause, and effect (Zukav, 1979). From this new perspective, the universe was seen as a dynamic whole in which parts could only be understood in relation to one another and as aspects of a cosmic process (Capra, 1982).

Meyer and the founders of occupational therapy understood the implications of this new view, which threatened the sense of certainty of most scientists and which many have yet to accept in its broadest ecological implications. Meyer responded as follows:

The first decade of the 20th century marked the rise of energetics—a determination to replace the interest in inert matter by a broad conception of the world of physics and chemistry in terms of energies, which means literally applications of work. Our body is not merely so many pounds of flesh and bone figuring as a machine, with an abstract mind or soul added to it. It is throughout a live organism pulsating with its rhythm of rest and activity, beating time (as we might say) in ever so many ways, most readily intelligible and in the full bloom of its nature when it feels itself as one of those great self-guiding energy-transformers that constitute the real world of living beings. Our conception of man is that of an organism that maintains and balances itself in the world of reality and actuality by being in active life and active use, i.e., using and living and acting in time in harmony with its nature and the nature above it, it is the use that we make of ourselves that gives the ultimate stamp to our every organ. (1977, p. 641)

This basic difference in philosophical perspective is one reason that occupational therapy has not been substantially validated by the dominant and mechanistically trained medical profession.

Activity

Engelhardt (1977) wrote that

Occupational therapy does not seem to be essentially bound to concepts of disease at all. It is, instead, focused upon the success of individuals in finding fulfillment through human activity. Occupational therapy is, in fact, strikingly holistic. Because its goal is the fulfillment of clients in and through function, it tends to place a special accent upon consideration of the person as a whole—it appeals to broad and basic human values of activity and engagement in reality. Occupational therapy is, in this sense, an essentially humanistic project—it places its focus on the achievement of value in human activity. (p. 670)
This focus on the value in human activity is the third common thread connecting occupational therapy, holistic health, and feminism. As stated earlier, Meyer saw that the active use that we make of ourselves determines who and what we are.

In the philosophy of occupational therapy, activity is the basis of growth and development throughout one's life span. Through involvement in activity that is meaningful to the person, the biological, mental, psychological, social, and cultural dimensions of life are integrated on ever higher levels (Llorens, 1991). And there is a general proposition in occupational therapy "that engagement in activities can produce change from dysfunction toward function" (Cynkin & Robinson, 1990, p. 7).

Feminism has called attention to the patriarchal concept that women are naturally inactive—passive and submissive. As stated earlier, patriarchy exchanged the view of women and nature as benign and wild for one in which they are passive but need to be controlled. Feminism contends that women have always been active by nature—most of their active energies now go into the nurturance of men and children. Feminism urges that women must become more active on their own behalf, for the well-being of everyone (Morgan, 1982; Rich, 1976).

Who can tally the cost in human life, creativity, and contribution of the untold millions of women—many of them occupational therapists—who were taught as children that it was not socially acceptable to be as physically or as mentally active as their brothers or male playmates? Occupational therapists believe that active involvement with the environment leads to mastery, which in turn leads to feelings of competence (Fidler & Fidler, 1978; Gilfoyle & Grady, 1990; Reilly, 1962; Reilly, 1974). Girls are still often portrayed in books as passive observers and are restrained in subtle and not-so-subtle ways from actively engaging with the environment, so that many women arrive at adulthood feeling that they are less competent than their brothers.

Activity is also central to the concepts of holistic health. Unlike the mechanistic western medical view that the patient is a victim, ineffective, incompetent to deal with the situation because of illness, and therefore a passive obeyer of authoritarian instructions from the actively knowledgeable provider, the holistic view of health sees the patient as a person who can play a part in becoming well through his or her own choices in lifestyle and environment (Miles, 1978). The opportunities to make health-affirming choices are growing in our society, and persons can choose to be physically, mentally, emotionally, and spiritually active in those ways that most facilitate their own growth and development. To be able to do this requires self-understanding. Whereas traditional medicine has not been particularly concerned with educating and empowering patients, both occupational therapy and holistic health have been.

The concept of caring as an occupational therapy philosophy can be defined as a process of relationships that involves the empowerment of others. To care for a person is to help that person grow, develop, and adapt. Caring is a process that helps another gain self-actualization, achieve a state of independence, move toward healthfulness, and experience productive living. (Gilfoyle, 1984, p. 586)

Autonomy

Providing persons with more information than they previously had about the processes of body, mind, emotion, and spirit, allows them to make more productive and healthy choices in the future. Through this educational process, the responsibility for maintaining health comes to rest in the only place it truly can—within the person. This concept of self-responsibility leads to the last common thread to be considered here, autonomy. One cannot be responsible for oneself without a sense of autonomy.

Rogers (1982) wrote that "pivotal to our philosophy of independent behavior is the belief that competence must be accompanied by autonomy. Autonomy is the quality of being self-governing. It is the freedom to make choices compatible to one's needs, capabilities and desires" (pp. 709–710). This thread also weaves through feminism, because it implies being self-governing; having freedom to make choices compatible with one's needs, capabilities, and desires; and resisting control by external forces. Schneir (1972) stated that "the dominant male society suppresses woman's individuality, inhibits her intelligence and talent, and forces her to assume standards of appearance and personality that coincide with the masculine ideal of how a woman should behave and look" (p. xvi).

Three recurring issues in 19th- and 20th-century feminism have revolved around autonomy. One issue is that women should control their own bodies (the lack of that control being evidenced by rape, pornography, spouse abuse, enforced sterilization, and inaccessibility to birth control information and resources, to name a few). The rise of women's health clinics, spouse abuse shelters, and rape education and crisis centers and the decrease in numbers of unnecessary surgeries can be directly attributed to the efforts of feminists. A second issue is that women should be economically independent (the lack of independence being evidenced by the situation that most women still earn only 73 cents for every dollar that men earn in comparable jobs [Newspaper Enterprise Association, 1992], by the fact that many women stay with abusing husbands and boyfriends for economic reasons, and so on). The equal pay changes that have come about are the direct result of pressure by women, yet inequality remains. Women who work to maintain and raise children in the home, for example, are still not compensated for that important work.

The third feminist issue having to do with autonomy is that women should be free to pursue their own search.
for selfhood, without being pressed into a pattern set by men. The lack of such freedom is most glaringly illustrated in advertising, which still strongly projects the idea that to be attractive a woman must be thin, shapely, young, and concerned above all with pleasing men. Again, the few changes that have occurred in those advertising images have been wrought through the pressures of women (Steinem, 1990).

The thread of autonomy also runs through the practice of holistic health in the emphasis on self-responsibility; in the conviction that, given knowledge and access to information that we need, we can take care of ourselves and our relationships naturally and efficiently (Bauman, 1978, p. 18); and in the insistence that each of us must reclaim the power for our own care that we have delegated to others, be they teachers, doctors, parents, priests, or therapists.

Relationship to Current Issues of Concern

The common threads presented here can be summarized as belief in the need for balance, belief in our connectedness with the environment, the valuing of purposeful activity, and the need for autonomy. These common threads relate in several important ways to issues of current concern in occupational therapy.

One concern is the challenge to occupational therapy’s base in purposeful activity. That meaningful activity influences health in positive directions is becoming more evident, through occupational therapy research (Steinbeck, 1986; Yoder, Nelson, & Smith, 1989) and through the empirical evidence of persons who write books and appear on talk shows, enthusiastic about what race walking or dance or volunteerism has done for them. In efforts to be validated by the prevailing traditional medical system, many occupational therapists have set aside the use of purposeful activity in favor of modalities that are more acceptable in a reductionistic framework (Yerxa, 1992). The reason that our purposeful activity based philosophy and techniques have not been taken seriously by the medical establishment is not that they are invalid, but because they are difficult to understand within classical, separatist, Cartesian scientific concepts, and because they reflect a valuing of the everyday, which the establishment currently defines as women’s work and thus too common for modern high-tech health care (Fleming, 1990; Miller, Sieg, Ludwig, Shortridge, & Van Deusen, 1988). Occupational therapy’s philosophy is more compatible with the modern, cum ancient, concepts of quantum physics, of systems theory, of feminism, and of holistic health. Occupational therapy plays a major role in restoration of function. Occupational therapists can also contribute to the growing consumer-based movement that is demanding access to information and requesting assistance to promote wellness. In her Slagle lecture, Gilfoyle (1984) stated:

Occupational therapy has been a profession that has based its values on a paradigm of wellness. We consider patients active participants in their own care. We believe people are able to influence their own health and recognize the interplay of body, mind and environment... Medicine and society are catching up with us, but we must not let them pass us by. (p. 364)

An American Occupational Therapy Association (AOTA) position paper (1989) supported this focus on wellness as follows:

The AOTA supports the expansion of OT research and practice in activities that will document achievement in health, well-being, and wellness through disease prevention and health promotion. Promoting health and wellness is the basis of prevention efforts and should be the cornerstone of all therapeutic intervention. (p. 806)

Two other concerns are the challenges resulting from espousing a philosophy that differs from that of mainstream power holders; and the ramifications, problems, and powers inherent in the view of occupational therapy as a women’s profession. These issues are themselves related. Occupational therapy is outside the mainstream of current power holders both because of philosophical differences and because it is predominantly a female profession when the mainstream professions are profoundly patriarchal.

According to Capra (1982), in physicians’ offices and hospitals, women provide most of the human contact with patients that initiates the healing process. The services they provide involve yin, or integrative, activities, and rank lower in the prevailing value system than the yang, or self-assertive activities. Therefore, those who perform them get paid less and are less valued.

The power of patriarchy has been extremely difficult to understand because it is all-pervasive. It has influenced our most basic ideas about human nature and about our relation to the universe—man’s nature and his relation to the universe in patriarchal language. It is the one system which, until recently, had never in recorded history been openly challenged, and whose doctrines were so universally accepted that they seemed to be laws of nature indeed, they were usually presented as such. (Capra, 1982, p. 29)

In my opinion, the fact that occupational therapy is seen as a women’s profession is neither an accident nor undesirable. Our philosophy is based on the meaningful use of activity in partnership with the environment to promote balance and autonomy, thus reflecting values that are yin-like and fundamentally holistic. That a few men were among the founders of the field, and a few more have since been active proponents, supporters, and participants speaks for their openness to their own yin qualities, and their willingness to think and communicate beyond the boundaries of the traditional patriarchal and reductionist viewpoints. But to think that the solution to our problems as a profession lies only in recruiting more men is to invite other problems.

London (1987) cautioned that when men have gone into other female-dominated professions, such as teach-

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The male power base in society is incredibly strong. Male nurses are not treated as powerless tokens, but are looked to as saviors of the profession. Yet evidence indicates that when the male minority in a female profession approaches 20%, administrative control of the profession shifts to the male minority. (p. 80)

Fisher (1990), a noted feminist scholar, wrote that women who enter traditionally male fields challenge gender privilege, whereas men who enter traditionally female fields tend to take over the management and policy-making positions.

Many occupational therapy functions fall outside the prevailing biomedical model of health. Its concepts have been perceived not only as different (which they certainly are) but also as threatening. I see our philosophy and values as essentially feminist and holistic. For the medical system to acknowledge and validate them would require letting go of basic patriarchal values. Bringing more men into occupational therapy would help very little in integrating with the current power structure as long as the philosophy of occupational therapy remained holistic and feminist. And if men, with their strong tendency toward yang energy, were to change the current occupational therapy philosophy to one more acceptable to the patriarchy, how would that help our field? Kielhofner (1982) seemed to understand this situation.

There should be great concern when therapists attempt to imitate other professionals who seem to have more status and recognition, rather than proudly declaring a heritage of occupation . . . The health care system is in a period of change . . . In the post-industrial health care system, there will be a high premium on the kind of service occupational therapy has traditionally offered. (p. 729)

Occupational therapists should welcome into the field whatever persons of either gender are excited about the philosophy and practice of occupational therapy, but extra resources should not be spent to actively recruit men into the field. Though they make up only 5.7% of occupational therapists, men hold nearly 8% of the master’s degrees and more than 16% of doctoral degrees. More than 21% of them indicate that their primary function is administrative as compared with 12% of female occupational therapists. The mean income of male occupational therapists is higher than that of female occupational therapists across every function—direct treatment, supervision, administration, consultation, teaching, and private practice. Nineteen percent of male occupational therapists earn more than $50,000 per year, whereas only 6% of female therapists have that high an income (AOTA, 1990).

**Recommendations**

In occupational therapy, we should put our money and energies into identifying and developing the strengths and opportunities we have. Scott (1981) studied the “variables which contribute to leadership among female occupational therapists.” On the basis of her results, she stated that up to the point of her research, the image of women in female-dominated professions had been one of low commitment, low contribution, low competition, low earnings, and low recognition. But we need to look at the realities of women pursuing a career at all. Until very recently, women pursuing a career were considered abnormal, and their careers still often promote major role stress and conflict with which men have generally not had to contend.

Many women in occupational therapy take time out after 5 or 6 years of practice to raise a family or to care for elderly loved ones. Rather than clicking our tongues about this loss to the profession, let us become, in Scott’s words, “front runners in the development of strategies to keep these members up-to-date and capable of continuing to contribute to the profession” (p. 128). Let us commit even more energies and money to development of continuing education by correspondence and interactive technologies, and to refresher courses and experience for the returning therapist. Let us add our voices to those of other concerned women and men who are proposing and developing plans for maternity and paternity leave, excellent and accessible day care, flex-time scheduling, and other holistic and feminist reorganization of work settings.

The important point to notice in both the academic and health care fields is that women are not consciously choosing their career patterns. In both settings, women are forced to operate within the constraints of old social rules that have been internalized by both women and men. These rules imply that men hold power and run public affairs and that women provide support services and are primarily responsible for the family. . . . Power structures exploit these rules, and women’s bargaining positions are weakened by them. This limits women’s professional growth. (Bailey, 1990, p. 375)

Our curricula should instill awareness of these issues in our students, and encourage and reward the development of new models for addressing our strengths as a women’s profession. Let us encourage, facilitate, and support female leadership. As Scott wrote in 1985,

a problem of leadership skill development for women has been the absence of two elements, (1) an ideology that supports female leadership, and (2) the facilities where skills can be developed. . . . Professions such as occupational therapy can teach women to work hard and give their work visibility, not only to create leadership potential, but also to benefit and increase the visibility of the profession. (p. 384)

And finally, let us each look within ourselves and confront the anti-woman prejudice that lies there. Whether on the surface or deeply hidden, whether great or small, it is there. Each of us has been raised in and continues to live in a world that rewards the yang, male energy, and devalues the yin, female energy. Yes, these attitudes are slowly shifting. Whether we will be in a position as a
profession to both promote that shift and benefit from it depends largely on our courage to be honest with ourselves and confront our own fears and prejudices, to learn to truly value that which is female within ourselves and our world, and to take the responsibility to reflect that valuing in all aspects of our living.

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