LETTERS TO THE EDITOR

Yerxa's Criticisms of Cross Training Are Appropriate

Thanks to Dr. Elizabeth Yerxa for raising our level of consciousness and aspirations in her article “Who is the Keeper of Occupational Therapy’s Practice and Knowledge?” (AJOT, April 1995, pp. 295–299). The clarity with which she defines the issues in cross training and profoundness of their implications should cause us to pause, reflect, and respond. When Yerxa refers to the “patient-agent,” she is reflecting the collaborative nature inherent in the relationship between the patient and the occupational therapist, through which the patient becomes more and more the initiator and innovator of his or her own future actions. But I would use a more action-oriented noun to define this process—either “patient-activist” or, better still, “patient-self-actualizer” (in the context in which Maslow intended).

Nevertheless, both the World Health Organization and Els Nieuwenhuijsen can be reassured that international scholars—not associations, institutes, or government agencies—will have a healthy distinction and dynamic tension between the professional disciplines (i.e., medicine, the law, the ministry) and the academic disciplines (i.e., the arts, sciences, and humanities). The former sought knowledge to better serve those who come to them for help, the latter sought knowledge for knowledge’s sake. Both served humankind in their own way. However, to achieve acceptance and a sense of belonging for occupational therapy within the university setting, our profession tended to emulate the academic disciplines. As a result, we straddled two divergent paths. I believe that professional education is more valid than academic education. We must continue to act as a self-determining, self-actualizing professional discipline discovering and delineating our evolving profession because we believe we have something unique to give that is worthwhile, life-enhancing, and unavailable through any other profession.

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Rescinding Policy on Using ICDIH Terms Was Ill-Considered

I read with particular interest the exchange of letters between Els Nieuwenhuijsen and Jim Hinojosa regarding the use of International Classification of Impairments, Disabilities, and Handicaps (ICIDH) terminology (AJOT, June 1995, pp. 570–571). In 1990, I was the author of a resolution concerning ICIDH terminology that was adopted by the Representative Assembly. As recounted by Dr. Hinojosa, the resolution eventually resulted in the creation of a policy concerning use of ICIDH terminology in American Occupational Therapy Association (AOTA) publications.

The intent behind my resolution was twofold: First, I thought it important that our professional community in occupational therapy acknowledge and adopt the terminology developed by an international body and used throughout the world. Second, I thought it essential that our association use terminology that reflects sensitivity toward persons with disabilities (Bruce & Christiansen, 1988).

As outlined by Dr. Hinojosa, subsequent events (e.g., the Americans With Disabilities Act and taxonomies developed by the Institute of Medicine [IOM] and the National Center for Medical Rehabilitation Research [NCMRR]) added confusion to the AOTA that was directed toward revising a uniform terminology document for use by occupational therapists in the United States. Subsequently, the AOTA policy regarding use of ICIDH terminology was rescinded in 1994. In retrospect, it is my belief that the recommendation and subsequent action to rescind the policy was ill-considered and taken without sufficient consultation with the academic community in occupational therapy.

I agree with Dr. Hinojosa that it is sometimes difficult to integrate the terminology associated with different frameworks. Unfortunately, however, in its decision to embrace a variety of “conceptual languages,” the Commission on Practice chose to overlook important objections from many scholars to both IOM and NCMRR classifications.

In my view, the recognition (and tacit endorsement) of these hybrid taxonomies has not served occupational therapists well. Instead, it has created more (not less) confusion regarding terminology, it has communicated an arrogant message to the world community that only “U.S. grown” taxonomies can be fully endorsed here, and it has squandered an important opportunity for AOTA to collaborate on issues of international concern through bodies such as the World Health Organization.

Nevertheless, both the World Health Organization and Els Nieuwenhuijsen can be reassured that international scholars—not associations, institutes, or government agencies—will determine the merit and ultimate use of taxonomies and their associated terminology within the world community. I therefore both applaud and support the ICIDH revision efforts, and encourage AOTA to become more actively involved in this effort at an official level.

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