

## AN INTERVIEW WITH ALICE JANTZEN

Mary K. Bailey, OTR, FAOTA

On a gray, snowy Saturday in January 1982, Mary K. Bailey and Alice Jantzen chatted in Alice's charming house in Columbia, Maryland. Alice reflected on her education and career in Occupational Therapy and shared her own unique perspective on academic and clinical education, research, O.T. attitudes, trends, and problems. It is unfortunate that the reader will miss the sparkle in Alice's eyes as she made frank, sometimes surprising, and often apparently outrageous comments. There was no doubting her sincerity. Her enthusiasm and professional dedication were evident.

MK: How did you get into Occupational Therapy?

Alice: Well, I graduated from college with a degree in History of Art, and then, I went into the Navy in World War II as a regular line officer. When I got out, I didn't know what I wanted to do, and it was sort of hard to find a job. Because I was a veteran, I could go to school under the G.I. Bill. I didn't think at that point that I should tackle medicine, because it was too hard for a female to get into medical schools. That was a terribly rough row to hoe in 1947, '48. I knew I wanted somehow to work with people, even though a lot of my intellectual talents are in science and math.

My dad, who was a surgeon, picked up a brochure in the staffroom at the hospital. He read everything he ran into, the same way I do, and he brought it home and said, "Hey, Alice, I think you might like this. It seems to be a mixture of Art and Medicine." So I thought I'd check into it. The brochure was from the Philadelphia School, so I corresponded with them. I knew

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there was also one in Boston, but it was in the middle of the red light district.

MK: I didn't know that!

Alice: Nobody will tell you that, but it was.

So Occupational Therapy seemed reasonable. I knew absolutely nothing about it. I'd never seen an O.T. I didn't see any reason why I should go find one to look at, so I just signed up. After I talked with them, they admitted me, and I was going to go to the Philadelphia School. Then Daddy died, and I decided I'd rather stay home, so I went to Boston School.

MK: Red light district and all?

Alice: Red light district and all.

There were 13 in my certificate class. I didn't know what I had gotten myself into, but I didn't know what else to do. If I changed what I was in, I wouldn't have any more G.I. Bill. You couldn't just keep bouncing from pillar to post with the G.I. Bill.

MK: You mean you began to have some doubts almost immediately?

Alice: Well, I really didn't know what it was, and it was the worst education I ever had in my life. They no more knew how to teach than fly to the moon!

MK: Were they clinicians instead of educators?

Alice: They were mostly just inept. I'd gone to one of the best public school systems in the nation. I graduated from one of the best women's colleges in the nation, and I was used to that level of education. One instructor came back from some AOTA meeting and brought all her little rocks and table favors to show us in class, and that was what the class consisted of. When somebody else decided we had to learn medical terminology, we had to memorize prefixes, suffixes, and roots. I had had three years of Latin, six years of French, and two years of Italian, and she had a fit, because I just wouldn't memorize those things. And then she'd make up words. I thought it was absolutely awful.

MK: And that made you think you had made a serious mistake?

Alice: Well, no. After all, we had only two semesters of this. The G.I. Bill paid my tuition, and I got so many dollars a month on which to live. I figured I could stand it.

MK: What about your affiliations?

Alice: I had no idea in the world when I started that we were going to work in psychiatry. It gave me nervous prostration. You know, all those crazy people. I had four months in a psych facility, and I knew I was doing things wrong, but I couldn't get anybody to tell me. The staff let the students go find the patients up on the wards. We ran up and down the ward and called, "O.T. time," then shooed them down the stairwell. We were the ones who did all the work while the staff sat in the back room and drank coffee, or did paperwork or something, but they sure didn't work with patients.

MK: So you were somewhat disenchanted?

Alice: It was awful. I had to go for my remedial experience years later to find out there was more to it than that.

Next I went to the U.S. Public Health Hospital under Margaret Blodgett, and she was a tartar. From there, Haverstraw for C.P., and that was where I really learned. The Chief O.T. and the Chief P.T. had both trained at The Children's Rehabilitation Institute in Maryland, and they used those highly specific directions that Ruth Brunyate Weimer used: "Table #3 and spoon #4 and bowl #6." That is very good for a student, because you don't have to keep asking questions. I like doing things that way.

Also, I was a little older than anybody on the staff, but they didn't care. I made some of the others nervous at other affiliations because I was over thirty. I figured, "Well, so I am older than you are, but I don't know anything about O.T. That's why I am here." Thank God, I think people are finally having less difficulty dealing with older students. If they haven't gotten over that problem, they shouldn't ever deal with students, as far as I'm concerned.

At Haverstraw, they let me have my head and do some research. They thought it was all a little crazy, but they didn't care as long as I got my regular work done.

MK: What were you doing?

Alice: I was measuring head sizes and pelvic breadths and checking out all kinds of things. They had designed a motor development test and were on their fourth revision. I said, "For goodness sakes, instead of just handing it out, why don't you publish it?" They weren't sure it was ready. I said, "Well, if you'll tell me what it's all about, I'll write it. We'll all put our names on it." So that's how I got my name on my first publication. I'm the very junior author, but I wrote it, had it reviewed, and sent it off. I think it was the first developmental test published.

MK: What in your background had prepared you to say, "Let's publish." Why did you think of that when they hadn't?

Alice: Well, I have high math ability. They kept trying to get me to major in it when I was in college, but nobody ever told me why. Also at both the high school and college I went to, we had to write, and we had to write well. It didn't make a particle of difference what we majored in. Objective exams were a phenomenon of World War II, so every kind of test I ever took was an essay exam. And I had to write papers, whether I was writing about Physics or History of Art, or whatever, not just in English class. So, I learned to write. Another thing, when I was little, my dad could explain things to me in words that I could understand. I learned from him that you didn't have to use high-sounding, fancy words. You talk to the level of the students who ask.

Anyway, I'd want to know *why* they were doing these things with the patient. They didn't know why they were doing them. This is typical in much of O.T.: "Don't ask me. Just do it the way I do it." That is a pure apprenticeship system, "Don't think. Just do." And my dilemma was that I had been trained to think and to analyze and to question, and I kept wondering, "Now why are we doing this this way, or why are we doing that?" I couldn't do it in the other places, because I made them so nervous. At that point, the money for the children came through the juvenile courts, and some of the New York counties had lots of money, and some of them had practically none. The staff was always wanting to keep the children a little longer, "Let's keep Billy another month or two." We were using up all the money of one county on one child

whom you couldn't see was any better than when he'd arrived. We would keep him there for as long as nine months. So we took a hundred first admissions who'd been there at least three months and looked at how they were at the end of three months. They used all kinds of testing mechanisms including the motor development test the O.T.'s used. The P.T. staff also had one. Speech had another, and Psychology and Special Ed. each had something. We looked at all these, and there was a bunch of kids down in this little corner that, no matter what you did with them or how long you kept them, they never improved, and you could tell by their motor development in O.T. and P.T. on admission. The results made some of the O.T.'s awfully nervous, because they had become so attached to these children. But that is the kind of kid that, once you have done the initial evaluation, you should say, "I'm sorry. No matter how long you stay here, there's nothing we can do." Many O.T.'s just can't tolerate that, but I figured we ought to learn how to tolerate it. It's rough and tough, but you're not giving people unrealistic hopes. There are oodles of people out there who badly need help and can benefit with just one or two boosts. We can't be concerning ourselves endlessly with people that we can't help. I thought there was a way of finding it out, and we did.

**MK:** So they weren't examining the factors that they had right at their fingertips about patients. They were functioning from an emotional rather than a scientific basis?

**Alice:** I don't know that it was all that emotional, but it certainly was not scientific. There was no pressure financially except for the occasional county that didn't have any more money. There was none of this third-party payors or having to prove that O.T. was needed. The kids came in, and got whatever the staff decided they needed. There was a flat rate. You didn't have to push very hard, and people could stay for months.

**MK:** Was that your last affiliation?

**Alice:** Well, yes and no. It was supposed to be my third, and then I got measles in the middle of it, which was awful. So I had to quit without finishing, and I went on to Liberty Mutual Rehab Center

after I stayed home for a couple or three weeks to recover. I went back again after I finished at Liberty Mutual and did one more month.

**MK:** Would you say that you had a sense of yourself as an O.T. at that point, and had already identified some of the challenges that you would ultimately take on?

**Alice:** Well, I knew when I was going to classes at school that it intrigued me as a field, and I did want to work with people, not just with numbers. But I felt that the education was so poor that I could do better, and if I were going to stay with this field, that's what I would get into. But the first thing that I wanted to do before I headed for education was to work long enough as a staff therapist to prove to myself that I was an effective clinician. So I waited for a job to open up at Haverstraw. I figured that was a comfortable place for me. I liked it. It was really an interdisciplinary team, and we had good times. But they also knew that I was time limited, so they didn't dump on me when I started getting itchy and saying, "I think now I'd like to go and try education."

**MK:** How long did you stay?

**Alice:** Two years. I figured two years was long enough.

**MK:** So, from there you went to?

**Alice:** Western Michigan. I went out there for an interview, but I had qualms about it, so I said no. Then I went to a national conference trying to find a job in education, and I couldn't get anybody to talk to me. I was only two years out of school, and you only just got born when you got out of O.T. school! They wouldn't acknowledge the fact that I was in my early thirties and had a few other experiences behind me.

**MK:** You were in terrible trouble. You were either too young or too old!

**Alice:** So I decided, "Well, maybe I will try Western Michigan." So I wrote out there, and Marion Spear was off at the WFOT meeting

in Edinburgh, so I was hired by the president of the university. Before I left there, I decided that since I had been hired by the president, I would like to talk to the president, which I did. He was raving away about this was the biggest and the best O.T. school in the country, and I said, "Well, I'll grant you it's the biggest, but it's far from the best." He wanted me to stay there, but I said, "No thanks."

Then, thank God, Marge Fish, then AOTA Executive Director, arrived on one of her tours around the country. I said to her, "You know, I don't have much clinical experience, and I do like education in spite of this experience. But I also know if I'm going to stay in it, I need at least a master's degree." And she said, "Alice, go get a master's degree. You can always get more clinical experience." So I took her advice, and I think it was excellent advice.

**MK:** Where'd you do your master's?

**Alice:** At the University of Pennsylvania. They didn't have a graduate program in O.T., but I had a National Foundation Teaching Fellowship, which simply required that you be in a university that had an O.T. program so you could plug into it. I had been back visiting Haverstraw, and somebody said, "Why don't you go down and talk to Helen Willard at the University of Pennsylvania?" I was intending to go home, but I went charging on down there, no hat, no gloves, no appointment really, to ask if she would sponsor me. Helen had also graduated from Wellesley.

**MK:** So that made a bond?

**Alice:** Yes, though she said I looked a little strange for a Wellesley girl. She said she'd sponsor me for the O.T. part, and the School of Education said they'd admit me into the graduate program in guidance and counseling. By that point in time, I certainly didn't want one in History of Art. I felt that O.T.'s knew practically nothing about testing or validation or reliability or norming and that maybe I could learn some of this by going through a guidance and counseling program. And even though they really mostly talked about high-school kids, I figured I could take some of what I learned and translate it over into college students. Fortunately, I

had a very fine department head, who was willing. He said, "Alice, I don't know anything about O.T., but we'll try and let you plug into your own field as much as possible." So, they let me write a lot of papers specific to O.T. For example, when we took a course on Occupations, while the rest of class were putting together a booklet for use in a guidance counselor's office, they allowed me to do the personnel manual for the Delaware Curative Workshop. I took a course in higher education, and second term, we could write whatever we wished, so I wrote a proposed revision of O.T. education back in 1956 specific to the University of Pennsylvania. I knew then that they really didn't want this oddball thing (OT) at the baccalaureate level. So when they abolished the program, all I could think of was, "You know, I tried to tell you that twenty-five years ago."

Anyway, with the National Foundation Teaching Fellowship, you were also supposed to do something about developing and furthering your own clinical expertise. So I decided to go around and visit a lot of places of all types that employed O.T.'s. I went to New York, Michigan, and New England and as far south as Warm Springs, Georgia. I saw the way they did things in a lot of places, and that was fun. The National Foundation paid all my tuition, gave me a living allowance, and told me not to try to do it in a rush. They supported me through about twenty months, I think.

**MK:** So that was a good experience for you at Philadelphia?

**Alice:** Yes. I thoroughly enjoyed Helen Willard. I don't know that she ever was aware of how much she gave me. I had absolute free access to whatever.

**MK:** Then you would say that among the folks in our "club" that Helen really influenced you and helped you?

**Alice:** Yes, and although I never saw her all that much, I think Marge Fish did. Those two more than anybody else.

**MK:** Can we go on to your time in Florida?

**Alice:** Sure. It was decided that they would have the College of Health

Related Professions at the University of Florida, and Darrell Mase was approved as dean. He started trying to find people to head the six departments. Among others, he contacted the National Foundation and asked them, of their teaching fellows, whom they would recommend, and mine was the name they gave him. You see, I sent in reports of what I did at the end of every semester. I'd send in what courses I had taken, what grades I got, and where I visited. Nobody told me I needed to do it, but I just thought, "If you're giving me all this money, I thought you might like to know." I think that very much impressed them.

So I went down to Florida on an interview. They ran me around for two days, and I had 11 different interviews of at least an hour each with a wild conglomeration of people. Darrell offered me the job before I left.

**MK:** Didn't you tell me that when you accepted the job, you had no idea you were also going to have clinical responsibilities?

**Alice:** They didn't tell me. They decided it that summer. I was interviewed some time in May.

**MK:** But in retrospect, don't you think that was one of the strengths of that program?

**Alice:** Oh yes, because I had some control over the clinical program and if I wanted to plug the students in for practicum, the clinical staff had to take them. I could also keep track of what went on in the clinical programs. Further, I treated patients. In fact, I was also a consultant for United Cerebral Palsy in Jacksonville for five years. So, it isn't really true that I only had two years of clinical experience.

Also, academic and clinical programs were in the same building. As a matter of fact, my office was right next door to the clinic. I had to walk by the clinic every morning, and I'd often go in there and get coffee. I could learn a lot just walking through even though some might not have known I was noticing.

**MK:** Do you think that changes or developments in the profession are stimulated primarily through the clinical practice or primarily through education? Your observations would be unique, consid-

ering that you have had such a hot hand in both fields. But do you have a sense for which catches up with the other?

Alice: Although it doesn't always work, my conviction is that education should lead and prepare people for what's going to happen. If you wait until practice tells you what's currently happening and then incorporate it in the curriculum, you're always two or three years behind. It isn't that you don't pay attention to what's going on, but you're dealing with students who aren't going to be in the work force until maybe three years from now. So, you've got to "guesstimate" what is going to be demanded of them three years from now, not the day they first enroll.

MK: How is that possible from the academic setting?

Alice: That's why you must have a connection with a clinical setting and go listen to people all the time. I was always very curious about what everybody did. I'd get intrigued hearing somebody who was off on some new tangent. And, I'd think, "Well, what about that? Let's think about that a bit."

MK: Hasn't there been a recent move toward linking the university centers in collaborative efforts with local clinical people in joint research?

Alice: We could do that. In Florida, as a matter of fact, we did. Graduate students all had to do a research project. It took them three quarters, and in the first quarter, they had a course on research methods and covered the material in my book, *Research: The Practical Approach for Occupational Therapy*. I met with the clinical staff every week to find out what they were fussing and fuming about. Then I often had the graduate students study these concerns. And that's the ideal kind of place I think we ought to have an O.T. school.

MK: I think most of the schools now have what they call a level one field work experience.

Alice: I know. I built that into the curriculum in 1958. It was called Practicum, because that's the word used in the university. I de-

cided I was going to use the words that the university used, not the words the O.T.'s use. Practicum means part-time concurrent field experience in whatever—with cows, or horses, or business, or O.T.—and then full-time experience is internship. If you do it in a specialized area, that's residency. The university knew exactly what was meant by those three words in terms of field experience.

**MK:** It occurs to me that many people should have listened to your insistence on using the terminology of academia as opposed to the terminology of O.T. Maybe it's that insular attitude that got us into trouble. I don't think most O.T. programs really thought of themselves as part of the university.

**Alice:** That's right. They paid absolutely no attention to the university. They thought it was nice to award bachelor's degrees, but the O.T. faculty didn't want to have anything to do with the university. I sat on the student petitions committees for four or five years. You sit on these committees and find out which way things are going. You get to know people, and you get a chance to blow your own horn. Such experiences gave me a handle on being able to set limits on enrollment. So we got the reputation of being not only one of the most difficult programs to get into in the university, but a very difficult program.

**MK:** That's a good reputation to have.

**Alice:** In too many other places, students used to think, "If you can't do anything else, go into O.T." I don't think you'll ever find a Florida graduate who thinks that the curriculum they went through was 'Mickey Mouse.' They're proud of themselves, and they feel that they really worked to get through. I thought, "I'm not going to go to the so-called backward South and just run something that's cheery for Southerners. I'm going to run the best darned O.T. program in these United States," and that's the way I set it up.

**MK:** That's wonderful, and I think you did it, too. How long were you there?

**Alice:** Eighteen years.