Considering the possibility of globally relevant occupational therapy

By Karen Whalley Hammell

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Background

Throughout her work Karen Whalley Hammell has sought to foster critical thinking, challenge taken-for-granted assumptions and advocate culturally relevant and inclusive occupational therapy theories.

Convinced of the important connections between occupational participation and human well-being, Karen's work affirms the inherent right of all people to engage in occupations that contribute positively to their well-being.

Accordingly, she advances occupational therapy practices that address, not solely people's abilities, but their capabilities – their opportunities to do what they have the abilities to do.

Her keynote lecture «Building globally relevant occupational therapy from the strength of our diversity», presented at the World Congress of Occupational Therapy in Cape Town, focused on issues arising from the dominance within the international occupational therapy profession of theories and models formulated by a privileged English-speaking minority.

It was a big surprise and a tremendous honour to be invited to present a keynote lecture at the recent World Federation of Occupational Therapists' Congress in Cape Town, South Africa. The subject of my talk - *«Building globally relevant occupational therapy from the strength of our diversity»* – reflected my ongoing concern with the cross-cultural relevance of our profession's dominant theories and models, and with the consequences of exporting and applying these value-laden ideas in contexts that may be radically different from those in which they originated.

It is almost 40 years since I became an occupational therapist. As a student and later as a clinician - first in a large university teaching hospital and then in a regional rehabilitation centre – I had been struck by occupational therapy's preoccupation with self-care activities. Although it was clearly important to many patients and clients to be able to relearn the skills required to toilet, bath and dress themselves, this seemed to me to be inadequate preparation for re-engagement in living. What, for example, was a retired woman with a stroke going to do *after* she got dressed? Although some occupational therapy services were explicitly focused on efforts to return people of working age to paid employment, there seemed little attention within our profession to the occupational priorities and well-being needs of all those people for whom paid employment was neither desired nor feasible.

SELF-CARE, PRODUCTIVITY AND LEISURE

I was working as a community therapist in a rural area of Saskatchewan, Canada when some of our profession's leaders advanced a model of occupation that comprised three core categories: self-care, productivity and leisure. I was excited that the occupational therapy profession was formally declaring itself to be concerned, not solely with self-care skills, but with the various productive and leisure occupations that contribute so much meaning and purpose to people's lives. This innovative conceptual framework – which seemed so solidly grounded in common sense – provided an inspiring vision and expanded mandate for clinicians, such as me.

But over time, I began to question these three categories. In the farming communities where I worked the lines between productive and leisure occupations were often blurred. The daily occupations described by participants in my doctoral research into the experience of living with high spinal cord injury didn't fit neatly into compartments of self-care, productivity and leisure; and it occurred to me that neither my own occupations nor those of my partner nor parents fit these categories either. For several years I awaited the revision of the occupational categories that I was sure would be forthcoming. But instead, the categories became entrenched as lore, as if the common sense with which they had been informed had been accepted as a reasonable substitute for empirical evidence, and as if the pronouncements of our leading theorists were somehow deemed to be correct or «true».

I was puzzled that occupational therapy's leading theorists and researchers had neither attempted to determine whether people in general perceived their everyday occupations as constituting activities they would choose to label as self-care, productivity or leisure, nor whether these three categories reasonably encompassed all the everyday occupations people valued or in which they were motivated to become engaged. It was unclear to me that any research evidence had informed the division of occupations into these three specific categories, yet as a self-professed «scientific» discipline I believed that common sense was an inadequate basis for occupational therapy theory and the practices it informs. And as someone who has had a life-long habit of challenging the unsupported proclamations of those in positions of authority, the oft-repeated assertion from our profession's leaders – that the tripartite framework is simple and fairly comprehensive – seemed to me to be a hopelessly inadequate justification for its use. It was also clear to me that a framework is either comprehensive, or it is not comprehensive; the premise that a framework could be «fairly comprehensive» is an oxymoron (an expression in which contradictory terms are placed together, such as «only choice» or «client-centred enablement»), and a flimsy foundation on which to construct measures that assess occupational performance and interventions that are informed by these assessments.

My intellectual unease concerning the three privileged categories of occupation motivated my further examination of the unchallenged assumptions that seemed to underpin so many of our profession's authoritative pronouncements. I was profoundly troubled, for example, by the claim that individuals choose, shape and orchestrate – or «compose» – their everyday occupations, and by the associated assertion that all humans participate in occupations

There has been insufficient attention within the profession to whether people's environments actually allow them to do what they have the abilities to do. Foto: Colourbox

as autonomous agents, which I perceived to be uniquely privileged assumptions. I have sought to draw attention to the significant body of multidisciplinary research evidence demonstrating that opportunities for human agency and occupational choice are inequitably distributed; that many people's occupations are co-opted, coerced or compelled; that many people simply do what needs to be done; and that occupational choices may be severely constrained by structural inequalities such as poverty and racism, by class and caste-based exploitation, and by oppressive, unjust and misogynistic religious and cultural traditions. In all corners of the world, for example, the occupations of many girls and women are chosen, shaped and orchestrated by men.

THE PRIVILEGED ENGLISH-SPEAKING MINORITY

My particular interest in spinal cord injuries and in the process of rebuilding a life in an altered physical form had made me question the assumption – which underlies so much of the rehabilitation enterprise – that perceptions of quality of life are positively correlated with physical function and physical independence; and the associated assumption, that mental distress will be more profound in the presence of profound impairment. Both these assumptions were contested by my own clinical observations and contradicted by a significant body of research evidence. Discovery of the early work by disabled disability studies scholars such as Barnes and Oliver was a revelation, and my work continues to be influenced by the international disability studies literature and its insights into those disabling features of the social, cultural, political, economic and legal environment that reduce the opportunities available to people to employ their abilities.

The occupational therapy literature explicitly acknowledges that the environmental context is integral to occupational engagement but I believe there has been insufficient attention within the profession to whether people's environments actually allow them to do what they have the abilities to do. Thus, in much of my work I have endeavoured to foreground the impact of inequitable social, economic, political, structural, cultural and religious dimensions of the environment on the real opportunities available to disabled individuals and disadvantaged communities. Sen's (e.g. 1999, 2005) capabilities approach to human well-being – as it has been adapted and employed by disability scholars – has been an important reference point in this endeavour. This approach encourages us to determine whether a person is able to do the things she or he would value doing (their abilities), and whether their circumstances actually allow them to do what they would like to do (their opportunities).

In addition, travelling through over 50 countries across Europe, North and South America, Africa, Asia, the Middle East and Australasia during my life has confronted me with the narrowness of my own perspective as a privileged, well-educated, agnostic, Anglophone heterosexual white woman. I am aware that the «common-sense norms» that inform my life are not common to everyone, everywhere, that they are not even sensible in many places, and that what is deemed normal, or usual, in one place, might be perceived as abnormal or bizarrely unusual in another place. This awareness has underpinned my constant challenge to the dominance within the international occupational therapy profession of theories and models formulated by a privileged English-speaking minority, in which I acknowledge my own culpability.

The insights I have gained from my travels and from my immersion in the literatures of the social sciences and humanities, and from scholarly, philosophical and creative literatures from many non-Western places, have convinced me that humans do not all aspire to independence and individualism, that work is not always supportive of health, that humans do not all have an innate and universal urge to achieve mastery over the environment and that Western Anglophone perspectives on occupation and human well-being are culturally-specific and not shared universally. And as my work challenging the assumptions informing our theories has been published in the occupational therapy journals of Australia, Britain, Canada and Scandinavia, I have received emails from occupational therapists in all areas of the world – for example from Argentina, Iran, Slovenia, India, Peru, the Philippines and from Māori therapists in Aotearoa – who have conveyed their enthusiastic support for my work and who have expressed their profound frustrations with the status quo of dominant theories they perceive as irrelevant, and with the practices informed by these theories that they perceive as oppressive.

I am well aware, of course, that not everyone has appreciated my efforts to demonstrate the cultural specificity of so many of our leaders' pronouncements, and it has been suggested that I am disrespectful towards the occupational therapy profession and

its celebrated leaders. But it is because I believe so fervently in the importance of occupation to human well-being, in the importance of occupational rights as human rights, and in the importance of an occupational therapy profession committed to expanding people's abilities and opportunities to do and be what they value doing and being that I have sought to highlight the dearth of cross-cultural evidence that supports our dominant assumptions and models. Moreover, I believe that an academic discipline that does not critique and challenge its own theoretical status quo cannot claim to be scientific and ought not to claim membership of the academic community.

CONNECTED IN DIVERSITY

So when I received the invitation to present a keynote lecture at the first WFOT congress ever to be held on African soil, I wanted to use this amazing opportunity to articulate my perception that occupational therapists perpetuate colonialism when theories, assessments, interventions, outcome measures and models of practice that are informed by culturally-specific, Western neoliberal assumptions about what is valuable and desirable, are promoted and applied in contexts that are politically, culturally, economically and socially dissimilar. I wanted to raise awareness that occupational therapy practices informed by these assumptions may be inadequate, inappropriate, irrelevant and oppressive. I wanted to highlight the fact that occupational therapy's most influential theorists have shared very similar, privileged social positions as well-educated, professional, urban, middle class, middle aged, able-bodied, white Anglophones, usually with Judeo-Christian cultural backgrounds and that these positions differentiate them from the majority of the world's people, and even from most of the people in our own, minority world; and I wanted to explain why I think this matters.

In my keynote lecture I drew from the congress theme: *Connected in diversity; Positioned for impact* to foreground some of the issues arising from the *lack* of diversity reflected in occupational therapy's dominant theories and models, and the practices they inform; explored some specific Western values embedded in these ways of thinking about humans and occupations; and endeavoured to suggest how things might be different, and why I believe things will have to be different if occupational therapy is to be positioned to have a globally-relevant impact in the future.

Occupational therapy's theoretical tradition maintains that occupations occur within a specific context, yet there has been little critical examination of the specific ideological and political context in which our own theories and assumptions have arisen. Part of my intent in this keynote talk was to encourage occupational therapists to look critically at the specific neoliberal context that has informed the work of Anglophone theorists and to recognise that the high priority our profession has placed on independence, self -reliance, individualised interventions, self-care skills and occupations we can label «productivity» are reflective of a specific neoliberal ideology that does not reflect the values of the majority of the global population.

I wanted to articulate my concern that by focusing on the assessment, promotion and «enablement» of independence in self-care, productive and leisure occupations, our profession has tended to overlook the fundamental importance of occupations concerned with ensuring basic survival; of occupations that contribute to the care of families; of occupations that strengthen social roles; of occupations that are collective, shared or collaborative; of occupations that foster interdependence and a sense of belonging; of occupations that are commemorative, celebratory or sacred; of occupations that foster connections to cultural traditions; of occupations that derive their meaning from the context or season within which they are enacted or from the people with whom they are enacted; of occupations undertaken with the purpose of honouring ancestors, spiritual traditions and the natural world; and of occupations that are motivated by a desire to care for the land and oceans. And I wanted to express my particular concern that because of the privileged position of our dominant thinkers the occupational therapy profession has not paid much attention to the inequities stemming from racism, classism, sexism, heterosexism, homophobia, patriarchy and caste and from social determinants such as poverty, vulnerability to disease, exposure to violence, unemployment, unstable housing, and inequitable access to education, literacy, information technology and transportation. Yet these factors, which often intersect, are a consequence of the soaring levels of global inequality that create inequitable occupational choices and opportunities, and exert a noxious impact on human health and well-being.

The World Federation of Occupational Therapists has stated clearly and unequivocally that *«All persons*...by virtue of being human, *have the right*

to occupational opportunities necessary to meet human needs, access human rights, and maintain health» (2012); and has declared our profession's commitment to ensuring equitable opportunities for participation in occupation, regardless of difference (2006). So I proposed that if the international occupational therapy profession is to be positioned to have a globally relevant impact in the future, we shall need to draw theoretical and practical wisdom and knowledge from all our diverse membership, and not solely those located in the global North. Our membership's diversity derives, not solely from our geographic locations, our languages, religious and cultural traditions, races, ethnicities and experiences of colonialism and imperialism, but from our different gender identities, sexual orientations, ages and disabilities, our location in urban and rural communities and our different political and economic contexts.

I also proposed that if occupational therapists are to have a globally relevant future we shall need to focus clearly on occupational rights, and on capabilities - people's opportunities to do what they have the abilities to do – and to employ theoretical models, forms of assessment, interventions and outcome measures that identify and address the inequitable structures that constrain the capabilities and occupational rights, not solely of individual disabled people, but of entire disadvantaged communities. And thus I challenged occupational therapy researchers and clinicians to aspire beyond modifying individuals' abilities, to expand our profession's focus and relevance, and to work towards enlarging the possible occupational choices people have the real opportunity to make.

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