Participatory citizenship: critical perspectives on client-centred occupational therapy

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Title:

Health by the citizen: reflections on citizenship, occupation and occupational therapy

Abstract

Background/ aims: The European Network of Occupational Therapy in Higher Education (ENOTHE) established a project group to explore the position of occupational therapy research, education and practice in relation to citizenship, as a response to the European Year of Citizens in 2013.

Methods : The citizenship group conducted a survey through internet networks and a series of workshops with practitioners, educators and students at international conferences.

Conclusion: Restriction on occupation is also a restriction on citizenship. A focus on citizenship suggests reframing professional development based on the participation in public life of people as citizens of their society.

Significance: Placing citizenship at the core, is a transformative process that conceives diverse people as citizens and health as a collective issue, influencing the way we educate, do research and practice.

Keywords: collective, participation, inequality, dis-citizenship, client-centredness, ENOTHE.

1. Introduction

The European Network of Occupational Therapy in Higher Education (ENOTHE) established a project group to explore the position of occupational therapy research, education and practice in

relation to citizenship as a response to the European Year of Citizens in 2013. The citizenship group who have varying viewpoints arising from the countries in which they work and from which they originate (Fransen: Tunisia/Netherlands; Kantartzis: UK/Greece; Pollard: UK & Viana-Moldes: Spain/Brazil), conducted a survey through internet networks, and a series of workshops with practitioners, educators and students at international conferences. In this paper, which attempts to discuss citizenship in relation to a client-centred practice, the authors present an account of their current thinking and how it has been shaped so far by these data, workshop discussions and critical engagement with the literature on citizenship. It aims to suggest some preliminary findings for the purpose of reporting on the progress of the group and promoting further discourse.

The authors recognise that citizenship has largely been defined in terms of a Northern hemisphere perspective which is both culturally Western and shaped through socioeconomic privileges in relation to other parts of the world (1). Even within Europe, where their investigations have so far largely been centred, there are many different conceptions of citizenship. These are linked to historical and cultural factors as well as to considerable inequalities in opportunity, wealth and health.

This combination of diverse political, social and cultural traditions and very different health systems generates a complex array of positions with regard to the task set the group. Therefore while clearly citizenship is a significant issue for occupational therapy, for example where it is applied to notions of participation, health promotion and lifestyle measures to promote sustainable health outcomes, the relationship is complex and the actions undertaken will depend on context. Furthermore, there may be perspectives where a focus on citizenship as part of a Western ideological component of democracy needs critical investigation before it might be recognised as being beneficial or useful. For example, basic health promotion and survival might be seen as a more immediate issue than citizenship rights.

The definition of 'client' and 'client-centred' presents similar paradigmatic issues. The client relationship in the market place accompanies a direct payment for services. The principal way in which most clients are empowered is through a market choice in how their money is spent with whichever provider of services. In addition, 'client-centred' implies an intent of the therapist towards the client, although this phrase lacks a definition of that intent. The implication in healthcare is that the client is the patient, but the payment for treatment frequently comes from the occupational therapist's employer, who may be another agency. Choice may not be as evident in the situations in which occupation therapists' work. The term 'client' is used in many different healthcare systems in which the access that people have to services differs widely. Many people cannot access services such as occupational therapy because they are impoverished, lack entitlement for referral under their particular health systems, or they live in locations where it does not exist. Working around this fragmented network of client relations requires an imaginative approach to what Rudman (2) suggests is a gap in occupational therapy between intent and enactment.

This gap requires the profession to take a transformative approach towards the critical discourse around the conception of citizenship. Occupational therapists work within policies and structures that set boundaries on their engagement with 'clients' (3-6), who are often, because of their stigmatised status as others (7), (i.e. as immigrants, or aging citizens) in situations of inequity. Inequity results from a combination of social and economic factors not only related to health, such as poverty, and lack of access to education, which produce combined effects across communities and amongst individuals (8). The operation of unequal status restricts access to health through occupation and therefore it has been argued that occupational therapists should act for social and political changes based on the principles of occupational justice (9).

The following paragraphs will elaborate on different paradigms guiding the authors' practice and beliefs as occupational therapy educators. They represent an attempt to deconstruct the dominant influences on professional roles in favour of a partnership with all citizens towards recognising the needs of groups, communities and the broader population. The intention is not to engage in a detailed critique of client-centered practice and its implication for occupational therapy. Rather, this article intends to challenge the assumptions that are made within the dominant paradigms and frameworks leading the profession, to ask critical questions, and to suggest exploration of issues that relate to the understanding of occupation, health, inclusive citizenship, social justice and human development. This article is a report from work in progress in which the authors, as citizens in an increasingly globalised world, offer some debate about present and future professional practice.

2. Defining citizenship

Although many definitions of citizenship exist, the perspective adopted here concerns "full participation in society". In their statement "Citizenship: exploring the contribution of Occupational Therapy" (10) the authors defined citizenship as follows:

"Citizenship, in the widest sense, is both a right and a responsibility to participate with others in cultural, social and economic life and in the public affairs of society. With such a participatory or active concept of citizenship it becomes an educational and negotiated process as well as a regulatory and legal task. It invites people to consider each other as equals, as fellow citizens, and facilitating citizenship as a mutually shared interdependent responsibility. Citizenship enhances civic participation and fosters social cohesion in a time of increasing social and cultural diversity".

The term "participatory citizenship" can be defined as: "participation in civil society, community

and/or political life, characterised by mutual respect and non-violence and in accordance with human rights and democracy" (11). This definition is supported by the different traditions and models of citizenship across Europe, including the liberal, communitarian, civic republican and critical citizenship models (12). It comprises a wide range of activities including informal social interaction, civic engagement, protest activities and conventional politics. Participatory citizenship is enacted through participation in the everyday life of society and is interconnected with the concepts of human and occupational rights. While human rights are concerned with the broader spectrum of fundamental rights and freedoms in every aspect of people's lives, citizenship focuses primarily on democratic rights and mutual responsibilities, social cohesion and tolerance (10,13).

Participatory citizenship is therefore not reducible to the political, such as voting in elections, but includes participation in social and cultural life. Devlin and Pothier (14) point out that "citizenship is not just an issue of individual *status*; it is also a *practice* that locates individuals in the larger community." This suggests, by an association with practice, that the inclusion or the exclusion of individuals from the status of citizenship is something which is arbitrated at the local contextual level as much as it might be ordained through the connections of power (not just through government but also through spiritual, corporate, or other organised institutions, both legal and extra-legal in character). The consequences of such arbitration are experienced in terms of personal identity and belonging; access to resources and facilities; the experience of personhood and of freedom, that is, the components of agency in the social world. As Devlin and Pothier (14) suggest "because many persons with disabilities are denied formal and/or substantive citizenship, they are assigned to the status of "dis-citizen" a form of citizenship-minus, a disabling citizenship."

Thus, the starting point of our reflexion is participation in contemporary society through occupation, in response to "dis-citizenship". The awakening of consciousness and focus on restricted participation, limited citizenship and social exclusion is congruent with the awakening of

occupational justice in the field of occupational science and occupational therapy and a debate about re-engaging with professional roots in social justice (15). While occupational science has recently developed new terms to describe and explore conditions that restrict everyday life and citizenship such as occupational justice (16) and occupational apartheid (17), the capacity of these arguments to offer a critical analysis of society and its institutional relations of ruling is questioned (18, 19).

None the less the authors recognise the need for occupational therapy and occupational science to conceptualize the *occupational* nature of active citizenship, located as a practice in the interconnectedness of the individual and the larger community. Participation and citizenship are dialectical constructions with a dynamic relationship in their impact on health that depends on social determinants (20-22). The health system itself as an institution contributes to this dynamic through its own part in the production of health inequities (8).

3. Paradigms and worldviews influencing occupational practice today

Paradigms are used in science to refer to a theoretical framework, sometimes used more loosely as the prevailing view of things. These belief systems are usually seen as 'the way things really are' by the groups holding them, and they become the taken-for-granted way of making sense of the world (23). Paradigms in occupational therapy are based in and connected to paradigms and worldviews of society and are influenced by the crossover of underpinning ideas from economics, politics and education as well as health sciences. Askew and Carnell (24) developed a four-fold classification of paradigms or ideologies (liberatory; social justice; client centred; functionalist) based on a matrix that maps beliefs and knowledge and the role of education in society. These four main ideologies have also influenced the historical and contemporary practices of occupational therapy as part of the

broader beliefs and concepts concerning health and the way professionals should practice and society should deliver services. According to Askew and Carnell (24) the concept of citizenship belongs to a paradigm of social justice along the extrinsic axis of radical change, a different paradigm to that of client-centred practice. Client-centred and functionalist paradigms tend to work towards the intrinsic axis of social regulation. Client-centred paradigms focus on the development of individual potential with commitment to social values and cultural norms. The training of health workers such as occupational therapists is based in the capacity to perceive the needs and the ability level of the individual (25). The liberatory and the social justice paradigms tend towards radical change. In the liberatory view individual change is a prerequisite for change in society, which is perhaps reflected in the skills of the health worker for reflection and the analysis of experience, which may be related to inequality.

The social justice paradigm encourages taking responsibility for changing society. The development of social awareness and skills in the professional potentially enables the critical analysis of social injustice in society (25). Rather than assuming that social issues such as inequality are inevitable, the social justice tradition makes them the focus of investigation and action. One of the leading figures in this tradition, and in the contribution of consciousness raising to reflective practice, is Paulo Freire, whose work exposed the social and political structures that perpetuated inequality and injustice (26, 27). The Brazilian occupational therapist, Berenice Rosa Francisco (28) proposed three main paradigms to situate occupational therapy practices and approaches: the positivist paradigm, the humanistic paradigm and the historical materialistic paradigm. (see table 1).

Table1: **PARADIGMS AND OCCUPATIONAL THERAPY** *Adapted from "Occupational Therapy" (Berenice Rosa Francisco, 1988)*

POSITIVIST PARADIGM			
General	**Occupational Therapy**	**OT Process**	**Occupation: Human Activity as exercise**
- Mechanistic worldview	- Reductionism	- Health as absence of disease	- 1940s: OT is under
- Specificity	- Loss of overall	- Pathology centered	

- Observable facts - Rigor experimental	view of the person - Practice and research centered, focused on the observable, measurable	approach - Clear process: several ordered phases and sequential steps - OT as an expert - Person understood as a patient - Structured and hierarchical relationship	pressure to work for scientific acceptance - Using activities to work on injured parts of the body, and treat pathologies - Systematic application of activity as exercise without meaning - Procedures: Activity analysis of the activity, Adaptation of activities, Selection and grading of activities

HUMANISTIC PARADIGM

General	**Occupational Therapy**	**OT Process**	**Occupation:** **Human Activity as individual expression**
- The resumption of classical anthropocentrism - Each person has a unique view of reality - Rogers and Maslow	- Return to considering the person as a whole - Customer/client focused - Commitment to meaning	- Health as a balance in the relationship between man and his environment: as perceived by self - Client-centered approach - Importance of the therapeutic relationship - O T as a therapeutic tool, facilitator of interpersonal relationships and self-learning for personal growth - Individual and group focus	- 1950' and 60' Fidler and Azima - Action speaks louder than words: activity gains a dimension of expression and symbolism - The value of activity as an opportunity for the expression of ideas, feelings - Activity allows choices and decisions - Occupation becomes a tool of the relationship with others and not a goal in itself - Increased recognition of the importance of environment

PARADIGM HISTORICAL MATERIALISM

General	**Occupational Therapy**	**OT Process**	**Occupation:** **Human Activity as transformation**
- Humans as social and historical beings - Humans produce, create and transform nature and themselves through doing: work	- "To produce the world, man produces himself" (Marx) - All work processes that are beyond the control of human beings alienates them	- Locates Health within a social context - The person is conceived as a citizen and health as a collective issue - The history of the disease in individual is inseparable from their life story - OT action is oriented to the resumption of	- Human activity (praxis): consciousness in thought and action. No separation between theory and practice - Productive and creative praxis - The purpose of this

(occupation)		human consciousness, their actions as social beings: promoting human values (not alienation) - Collective actions	activity is the objective transformation of the objective, natural or social world to meet certain human needs.

Client-centredness is based in the humanistic paradigm, focusing on the unique reality of every individual. Health is viewed as the balance between people and their environment, with much attention for the therapeutic relationship. The health worker is committed to the realisation of the potential of the client. Within the historical materialism paradigm, humans are seen as social and historical beings. Health is located within a social context, the person is conceived as a *citizen* and *health as a collective issue.* The history of disease in individuals is inseparable from their life stories. Occupational therapy action is oriented to the human consciousness of personal action as a social being: the promotion of human values and collective actions over alienation (29).

Applying a robust understanding of these worldviews and paradigms may provide occupational therapy with the challenge to reinterpret its previous knowledge and philosophy, and reposition itself in a new way in the public domain. The successive shifts and plurality of paradigms constructs an ongoing, narratively constructed "story" of occupational therapy, continuing to move and unfold.

4. Citizenship, occupation and occupational therapy

As a concept citizenship is complex, multidimensional, and has multiple levels. As a dynamic process it is shaped within the particular context and circumstances that arise through human relationships and is expressed through occupation. Some key-issues to consider are: a) partnerships and collaborative approaches, b) the spaces in which to practice citizenship and c) participatory citizenship as a way of being in the world with others (see table 2).

Insert table:

Key-issues relating citizenship, occupation and occupational therapy (10):
Partnerships: The complex and multidimensional processes of citizenship involve many social actors, and need to be approached from a kaleidoscopic perspective. This calls for collaborative approaches and interdisciplinary/ transdisciplinary work
Physical, social and virtual spaces in which to practice citizenship: Citizenship takes place through a large number of social institutions, for example those providing employment, education, and legal regulation. Equity of access (accessibility) and equity of engagement in the processes of these institutions needs to be ensured. These spaces also promote opportunities for people to share experiences of life with others, in work, leisure, play, intimacy, and creativity.
Participatory citizenship as a way of being in the world with others   Citizenship is expressed through occupation with others in a social context, and is challenged by inequality, discrimination and other forms of exclusion or privilege. Empowering citizenship includes: having a voice and being listened to, self-power, decision-making, having control or gaining further control, being free, independence, being capable of fighting for rights, and being recognized and respected as equal citizens and human beings with a contribution to make.

Consequently the concept of citizenship raises dilemmas, ethical issues, problems of education and of practice for the occupational therapist. The promotion of participatory citizenship includes essential action and respectful concern for those people restricted not only in access to community, but also to the processes of citizenship, including equitable participation in discussion, decision making and conflict resolution (10).

5. Dilemmas

5.1. Participation and participatory citizenship.

In considering the importance of participation in the occupational therapy process we are therefore inevitably required to consider our "positive interdependence" (30). Participation is a social process which can range from empowerment to forced participation and exploitation. These complexities have not been adequately considered in occupational definitions of participation. It is possible that a person may experience multiple patterns of interdependence, mutual dependence and concurrent

forms of social participation depending on the contexts through which they move and transact their relationships.

5.2. Public spaces for coming together and the concept of action

From Ancient Greece and the writings of Aristotle the idea of the Polis (city) created by the coming together of the Polites (citizens) has been discussed. The polis was not a physical place but the coming together of free 'men' to create and preserve an autonomous and authentic way of life. Aristotle made it clear that not everyone could be a citizen, and while it is not absolutely clear, Ancient Greek law appears to have accorded citizenship to adult men (and women) who were born to Athenians but not foreigners, children or people with disabilities (31). This has become understood, not as a legal process of citizenship of a particular country but the coming together of people living together. The French Revolution appears to have been the first time in human history where all people were considered as equal, at least in law, although the place of women place in politics and government remained disputed (32).

Arendt (33) took up this idea in her discussion of Vita Activa and the concept of Action: the coming together of people based on their equality and plurality, and the power that emerges from this coming together to create and sustain the common or public world. The importance of this public world, has been emphasised as the place where the previously un-noticed can act and be heard, have voice and visibility, claiming both space and entry to political life (34). At the same time the public world often operates a meritocracy and makes minor assumptions about inclusion and equality which prevent those who are overlooked from participating, for example non-attendance might be the result of inaccessibility rather than lack of interest. A combination of such exclusions can render the invisible more invisible, and promote greater inequality (35).

5.3. How we manage the experience of "living together"?

People differ in their needs, wants and abilities, including their capacity to live alongside others. Citizenship is not only about rights but about how individual duties are related to collective responsibility in the society to which a person belongs, individual and collective decisions about social participation and transformation, and the extent to which these decisions are made operational through governance. The tensions in how people relate to others can be seen in the intentionality of collective relationships on a continuum between liberating and oppressive relationships (36). The collective, through informal networks of daily occupation, can exclude on the basis of social norms regarding acceptable behaviour according to gender, age, and nationality, but also regarding perceived threats to the interests of the dominant members of the community (37). Everyone is, at all times, a participating citizen but the quality of participation varies depending on how individuals are perceived by others in the broader social collective. Ikiugu (38, 39) has suggested that this feature of social life and social concerns about perception can be harnessed to influence individual behaviours toward the positive perceptions which they may imagine are held of them by others, which he terms instrumentality.

5.4. Implications for client centred practice

This conceptualisation of citizenship has considerable implications for a client-centered practice. It may be questioned from within occupational therapy (4) and from perspectives in the disability movement. For exemple, Siebers (40) does not use client-centered terminology, coming from a theory of disability he argues that people with disabilities are regarded as people apart from the rest of humanity. This presents a challenge to the utopian perspective of Rawls (41) because the exclusions against people with people with disabilities reveal them as social constructions, which can often be internalised in terms of negative personal identity, as Goffman (7) suggests. Disability takes many forms, but many of them involve concrete physical differences which act as a constraint

upon social identity; they are issues which cannot be altered by the theory of social constructionism, and which are beyond medicine or other therapeutic interventions. In fact, as Siebers (40) notes, humans differ in size and shape: consequently many features of their social environment exclude them from social possibilities and the physical spaces in which the social events of Rawls' shared, well-ordered society take place. These exclusions become aspects of identity, and until a principle of fairness and justice is politically enacted, excluded citizens will protest from the basis of identity politics that challenge the concept society may have of its well-orderedness.

6. Reframing professional development: OT and its transforming potential for inclusive citizenship

The potential of occupation as an essential and enriching part of the establishment and development of inclusive societies is an emerging insight, based on the participation in public life of people as citizens of their society (30, 42).

The ideas of autonomy and interdependence which are contained in some ideas of citizenship appear to have significance for the critical dialogues which will shape future directions and challenges for the profession. A citizenship approach goes beyond an individual right-based approach, tackling the sense of belonging to a common future. Participatory citizenship means primarily active involvement of citizens as participants in the life of their communities, in terms of activity and decision-making including disadvantaged groups. Focusing on the collective through the concept of citizenship, is consistent with the current focus on social determinants of health, social inclusion, discrimination and inequality. It is coherent with community development, capacity building and to human development approaches (43).

In order to transform these commitments into concrete and sustainable practice occupational

therapists will have to form responses to major social issues and carefully consider their positions as partners in society (44). Citizenship and participation are aspects of life quality issues which are connected with health. "Dis-citizenship" can be anticipated to increase through the disability, co-morbidity, and vulnerability which will accompany the demographic changes brought about by population ageing in combination with climate change and population movement. Occupational therapy has the potential to play a key role in the management of health and social actions in a transformative way, yet developing approaches which are likely to be adopted by health providers and government requires not only an evidence base and a cost plan, but also an argument that connects with the political and social discourse.

Do Rosario (45) , in 1993, said that "occupational therapists will work towards the harmonious relationship of people with their environment, by empowering individuals and communities towards health, well-being, and sustainability through the use of interaction, occupation, and socio-political action". So far this has not really happened. Rudman (2) argues that occupational therapists need to urgently engage in processes and practices to foster a continuous critical awareness and use their occupational imagination to push beyond the familiar to reposition themselves. Through this process of critical awareness focused on citizenship and other axes of power and difference, the profession can enact democratized, participatory, or collaborative research practices that aim to work with, rather than on or for, collectives. Occupational science, if it is the underpinning for occupational therapy, has not yet informed reform, as the concepts have been difficult to translate into practice and in any case are as yet often incompletely argued, for example with regard to justice (18, 19).

The authors consider occupational therapy practice as practices that are part of the public space. As a public space it involves a coming together of diverse people to initiate and develop action in the common world. These diverse people are conceived as citizens and health as a collective issue,

interconnected and shaping their world together, as expressed in the title of this paper: "health by the citizen". For occupational therapists it requires them to consciously adopt a human rights and social justice perspective to work for the voice and visibility of all in the public world. This is a transformative process that will influence the way we educate, do research and practice.

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