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# The occupational therapist as a political being

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**Abstract:** In this article we argue for the development of an understanding of human occupation as being inherently political. Occupational therapy is broadly about the experience of ‘doing’ as the basis of social participation. This requires access to the means of participation: space, facilities and resources for different forms of human action, and occupational therapists need to develop an understanding of how access to these means is regulated. In this article we develop an argument for the development of a political occupational therapy. We do this by outlining the role of occupational therapists as activists as well as reflectors drawing on comparisons with cultural practice in community publishing; by discussing the development of a language that will enable the recognition and exploration of power differentials, and by delineating the importance of experiential knowledge.

**Keywords:** *Professional Role, Social Participation, Political.*

## O terapeuta ocupacional como um ser político

**Resumo:** Neste artigo nós argumentamos pelo desenvolvimento de uma compreensão da ocupação humana como uma atividade política inerente. O terapeuta ocupacional é amplamente cercado de experiências de “fazer” como a base para a participação social. Isto requer o acesso aos significados da participação: espaço, facilidades e recursos para diferentes formas de ação humana e o terapeuta ocupacional precisa desenvolver e entender como o acesso a esses meios é regulamentado. Neste artigo nós desenvolvemos um argumento para o desenvolvimento da política na terapia ocupacional. Nós fazemos isto para delinear o papel de terapeutas ocupacionais como ativistas; por meio da discussão sobre o desenvolvimento de uma linguagem que permitirá a exploração de diferenciais de poder e o delineando da importância do conhecimento experiencial.

**Palavras-chave:** *Papel profissional, Participação social, Política.*

## 1 Introduction

Although occupational therapy has been largely perceived as a clinical discipline in the West, with a focus on rehabilitation, its underpinning ideas concerning the understanding of human occupation are inherently political. The development of social occupational therapy in Brazil, the emergence of socially oriented practice in Canada and a focus on service learning and role emerging occupational therapy in other countries indicate a significant move beyond clinical practice (MALFITANO et al., 2014; THEW et al., 2010; WATSON; SWARTZ, 2004). If occupational therapy concerns working with people towards social participation through enhancing their

experience of ‘doing’ then there is an implication that access to the means of participation: space, facilities and resources for different forms of human action are important factors in enabling ‘doing’ in addition to health or disabling conditions. Many people are frequently prevented from engaging in activities which other people can access, and can benefit from. Their rights to social participation are restricted. This can be because of age, gender, race, ethnicity, disability, employment status, residency status, or any of a myriad of characteristics that can be constructed as *difference* and thus act to separate one group of people from another, and create power

differentials, which in turn can lead to restricted social participation.

One of the ways difference is constructed and leads to restricted social participation is through a process of misrecognition, or the stereotyping of personal identities into a grand narrative. According to the philosopher Nancy Fraser (2000, p. 113):

What requires recognition is not group-specific identity but the status of individual group members as full partners in social interaction. Misrecognition, accordingly, does not mean the depreciation and deformation of group identity, but social subordination - in the sense of being prevented from participating as a peer in social life.

Writing about the feeling of belonging and feeling at home, anthropologist Michael Jackson (2012) stated that "I guess home is somewhere where you're recognized" (p. 91). If people only feel at-home when they are recognized for who they are as individuals rather than representatives of a particular group, what does it mean for people to have their experiences reduced to an essentialising discourse, which constructs them as impersonalized objects or passive agents in their lives?

Differences are arbitrary, so for example, the same 'difference' can lead to varying degrees of power depending on the context (e.g. ethnicity and the power associated with it is inherently contextual). People oscillate between being subjects and being objects and between exercising power and being the locus where power was exercised; they can be at the same time both actors and sufferers (ARENDR, 1998), or in other words both active and passive agents in their life. The boundaries between being a subject and being an object are fluid and negotiable.

We know about the systematic nature of exclusions, which prevent access to meaningful and purposeful occupation (KRONENBERG; SIMO ALGADO; POLLARD, 2005; POLLARD; SAKELLARIOU; KRONENBERG, 2008). However, in its concentration on clinical and medically led objectives occupational therapy has infrequently recognised the relationship between health conditions and the wider issues of social and economic disparities, and how these have led to the construction of power differentials and consequently to restricted social participation. As Laliberte-Rudman (2013) argued, occupational therapy often accepts an individualization of occupation, whereby restrictions in access are attributed to personal inadequacies.

Building upon arguments presented previously (see, for example, WHALLEY HAMMELL; IWAMA, 2012), in this article we argue for a rights-based approach to human occupation, deriving from a narrative understanding of *doing* as an individual and collective expression of actions. Our argument will be developed from three different angles; 1) occupational therapists as activists, and their subsequent responsibilities; 2) the development of a language that reflects the profession's political engagements; and 3) a consideration of knowledge legitimization vis a vis power differentials.

## 1.1 The clinical practitioner as an activist

Arguments for the understanding of a political dimension to human occupation have had to work through the frameworks provided by a clinical discipline and its hegemonic context rather than through a broader social domain. Several authors have made calls for occupational justice (see for example TOWNSEND, 1993, 1998), and there have been demands for transformational occupation (TOWNSEND, 1997; WATSON; SWARTZ, 2004), which have drawn on or articulated what might be called 'epistemologies of the south' (DE SOUSA SANTOS, 2004).

Such approaches recognize that human occupational activities are restricted by disparities and social and political structures. Hammell (2004, 2007) pointed out, alongside Kronenberg and Pollard (2005a, b) and Pollard (2008), how occupational therapists were citizens in a local and global combination of contexts beyond the medical and clinical arena of treatment. Approaches to occupation-based interventions should therefore be negotiated with these contexts in mind rather than imposed from a medical and clinical framework, since it is from these contexts that the socially determined aspects of clinical conditions emerge, for example due to health inequalities arising from economic conditions. While in the clinical arena the practitioner may be supporting medical interventions determined by a bioscientific appreciation of need, the focus on doing in occupation requires an approach which can accommodate evidence which reflects what the client and community perceives as having relevance to their cultural/social/historical experience. This sets up a questioning process in which issues like 'justice' and 'citizenship' can be challenged conceptually through experiences such as unequal access to health or disabilities being associated with social practices (FRANSEN et al., 2013).

If 'rehabilitation' is the object of a 'therapy' to encourage participation, then therapeutic processes have to take account of the way in which society perpetuates disabling realities. The access that clients of occupational therapists have to meaningful activity represents the litmus paper by which notions of society and the enactment of citizenship could be judged. While Kronenberg and Pollard (2005b) introduced the controversial topic of occupational apartheid as a critical category for the systematic exclusion of people from meaningful occupation, and outlined a tool, political Activities of Daily Living (pADL), which could be used to identify conflict and co-operation aspects of human occupation in communities, the exploration of these concepts has been limited.

One of the factors that is often missing from occupational discourses is the historical basis of meaning. Disparities do not simply occur in the present without a basis in the past, spanning previous generations, long term the consequences of socioeconomic development, geography, and political decision making. This can be observed in terms of the relationship between different historical patterns of colonialism and the relative economic position of different populations in the world at present. While this is a big picture, the consequences of colonialism are experienced by every individual in the minutiae of their daily lives: the plastic in their toothbrushes is derived from a global oil industry, the price of their coffee or their bread is determined by a global market, the fusion of popular music they listen to is the consequence of a cultural phenomenon spread through African slavery (MAULTSBY, 2000). The experience of disparity is infused in all our occupations and is just below the surface. It is very clearly a component in the multitude of occupations which comprise international sports competitions from the construction of stadiums to the manufacture of team strips, from the use of women in advertising products to the allocation of resources for facilities, irrespective of which ever country hosts these events.

Pollard, Sakellariou and Kronenberg (2008) expanded upon the arguments in Kronenberg and Pollard (2005a, b), drawing on evidence of authors in their book who had actually employed occupational apartheid and pADL concepts. Pollard (2008) drew upon the experience of community publishing to explore how a narrative based in occupation, i.e. an occupational literacy, could be a tool for consciousness raising. If the role of the occupational therapist is catalytic (KRONENBERG; POLLARD, 2005b) there is potential for an occupation-based activism:

rehabilitation or intervention might encompass critical processes towards enabling health service clients to independently negotiate their participation in community activity. The occupational emphasis of an occupational literacy, like Brazilian concepts of social occupational therapy as praxis, owes its origins to Freire's concern with "action reflection" (FREIRE, 1972, p. 61; POLLARD, 2008; MALFITANO et al., 2014) and could be far more critical than Kronenberg and Pollard's initial explorations imagined. The claim of the profession and its underpinning occupational science to be holistic necessitates exploration of wider issues. Any everyday instrument of our social participation, whether it be a toothbrush, instant coffee, a record or a football can be the focus for a critical discussion about the nature and meaning of occupation once their origins and their taken-for-grantedness are questioned: 'what is the basis for this activity?'; 'where does this come from?' Our understanding of 'occupation' derives partly from worker writing and community publishing in which Nick Pollard had been involved before becoming and occupational therapist (POLLARD; PARKS, 2011; MORLEY; WORPOLE, 2009). In community published narratives and working class writing writers are often described as witnesses to the experiences they are recounting with the purpose of recording autobiographical detail that might otherwise often be excluded from history (VINCENT, 1981; RICHARDSON, 1996; MORLEY; WORPOLE, 2009). The content of these autobiographies frequently describe the authors' growth through experience through gaining control over an aspect of their life, or recognizing its significance for them and their families (IKIUGU et al., 2012). For the first author the experience of professional training around a clinical understanding of occupation in daily life seemed to be incongruous with the vernacular narrative of experiences which were shared in this field (IKIUGU; POLLARD, 2011). For example, experiences of work or of domestic life are often the focus of community publication, which frequently had a Freirean purpose of consciousness raising or developing a literacy (FREIRE, 1972; MORLEY; WORPOLE, 2009) through critical dialogue about the everyday and familiar which could enter a popular awareness. These narratives offer a back story to the issues of *functions of daily living* concerning the profession; provide the reasons for particular medical conditions, for clients having difficulty prioritizing their post treatment exercises or appointment keeping, or for service users being able to successfully integrate to a community.

Pollard and Cook (2012) found one participant in their study describing how simply being given a plant to grow at home provided something to talk about and made a significant difference in the quality of his life. Much of the project with the Voices Talk and Hands Write group of people with learning difficulties (POLLARD, 2007) involved narrative exploration of the importance of everyday events to group members.

In occupational therapy and occupational science the term 'occupation' means more than its general understanding as 'work'. It is connected with a broader concept of purposeful human activity, expressed by *doing*. Occupation-based interventions are therefore part of the narratives developed between people and communities from which the stories of larger events can be built. Like Guajardo (2013) we have been interested in the link between occupation and the environment, and how societies are determined by the means our ancestors used to manage their surroundings for agriculture and the extraction of resources (POLLARD; KRONENBERG; SAKELLARIOU, 2008; POLLARD; SAKELLARIOU, 2012b). This relationship between the personal and individual dimension of occupation occurs across the local, the global, and the epic scale of domain political processes, but arises from the everyday activity of engaging with others (POLLARD; SAKELLARIOU, 2012a). One tool for understanding this process may be occupational literacy (POLLARD, 2008).

Some Marxists, such as Vaneigem (1983) have suggested applied aspects of political practices in everyday occupation, the way that thinking as a politically committed person has implications for personal life and action. Perhaps if people are committed occupational therapists or, as early advocates of the profession were called, "occupationalists" (SCHWARZ, 1992, p. 16) they need to live according to ideals which reflect occupation-based principles, for example with regard to enacting justice. This would apply both as individuals and in their working for occupation in a collective enterprise with others. As the profession approaches its centenary it is curious to find that there are echoes of this suggestion in the search for the qualities that would make a good occupational therapist 100 years ago. Even at that time there were concerns about the status of the profession in terms of gender, and the need to retain a broad understanding of human occupation against a reductive medical and psychological paradigm that would limit it to mere vocational rehabilitation (SCHWARZ, 1992).

Yet this discussion of the political nature of occupation into steps into areas where clinicians have not gone before. The idea of the clinical practitioner as an activist is controversial and may not be appropriate in many circumstances. However, there is a point where the ethics of clinical practice are challenged by the conditions under which practice is limited (TOWNSEND, 1993; HAMMELL, 2007). Hafez (2008, p. 5) has talked about "underground" occupational therapy practice as one response to these pressures in the USA context, by working in non-clinical roles but sticking to core professional values to deliver occupation based intervention. It could be argued that the concept of *occupation* is limited both by its link with therapy and the way it is claimed for occupational science (see for example, LALIBERTE-RUDMAN, 2013). The idea of meaningful occupation as a right is often tacitly understood, but this powerful concept has rarely been articulated by the professionals and academics laying claim to it, let alone made available to a general readership.

The occupational therapist as a practitioner of social interventions is well understood in Latin American contexts (e.g. ALBURQUERQUE; CHANA; CERTRAM COMMUNITY, 2010; GARCÍA RUIZ et al., 2008; GALHEIGO, 2005, 2010; MALFITANO et al., 2014). However these interventions are confronted with issues of rights (GALHEIGO, 2011) in which the occupational therapist is positioned between the people she is working with and the hegemonic organizations she is working for. This situation can be identified from the political ideas of Gramsci (1971; POLLARD, 2011). Townsend et al. (2011) have mapped some of the territory the occupational therapist occupies, along the dimensions of scholarship, accountability, funding and workforce planning to achieve optimal leadership in enabling occupation for health, wellbeing and justice. The political nature of occupation is fundamental to all these things and needs a common language as befits the poetry of everyday life (VANEIGEM, 1983). Whereas the territories Townsend et al. (2011) have mapped out are defined by the hegemonic apparatus of technological surveillance to support leadership, they can also be occupied from below, challenged and questioned through a literacy that is operated by the people therapists aim to work with.

## 1.2 Developing a *lingua franca* of occupation



Gramsci (1971, p. 10) described the ‘new intellectual’ who was to become an “active [participator] in practical life, as constructor, organiser, ‘permanent persuader’ and not just a simple orator”. He wrote this during the period in which professions like occupational therapy were newly developed. In this account he describes how a new group of professionals act in specialist intermediary roles between the mass of the people and the hegemonies of the dominant order. The new roles are generated by the complexity of new knowledge and technologies required for the hegemonies to function. An aspect of those technologies has been the development of health and social service systems providing a range of complex care. Other aspects of Gramsci’s work may explain the challenges of representing new knowledge such as occupation based practices in a popular discourse (POLLARD, 2011). The benefits which occupational therapists try to explain to people with whom they work need to be more widely recognized for these people to be able demand these services. Townsend et al. (2011) enumerate a number of dimensions of occupation which may be communicated easily, whereas many of the models and approaches developed by occupational therapists as new intellectuals have emphasized the complexity of occupation based intervention, the need for professional tools and assessments which are only accessible through training, and the assertion of professional status. This has been important politically in terms of profession building, but it has not captured the public imagination. Part of Gramsci’s discussion relates to the role of language in human occupation as a reflection of the culture of exchange. The development of Italian as a *lingua franca* was a product of its role in facilitating the vernacular business of trade (GRAMSCI, 1985), and by extension, since language is based in human doing, occupation might be understood as having a grammatical component as a form of human expression (POLLARD; SAKELLARIOU, 2012a).

The concept of a *lingua franca* is especially pertinent to the dissemination of occupational therapy ideas. Although the profession has been developed in many countries, its members represent an archipelago, a population of 500,000 amongst the national and regional organizations represented by the World Federation of Occupational Therapists. The *lingua franca* of this population has mostly been English, which means that many of the developments amongst the professionals who do not have English as a first language have been excluded from the literature, which is itself represented by a very small global market serving a population equivalent to

that of a medium sized city. According to Frank, Block and Zemke (2008) the original discourse of occupational therapy, that of social justice, quickly became aligned with the medical discourse of the dominant forces in health care, and a political discourse about the positioning of the profession in line with the needs of a war effort, perhaps a necessary process in the early establishment of the profession. Later on, as the profession developed in the USA, an elite group of occupational therapists worked their powerful social connections to create further opportunities for their colleagues (PETERS, 2011). They were able to talk a language of power, but guarded their forums and connections from those who they felt would not be able to share their goals. The consequence of these developments has been that while occupational therapy has had a clear professional focus on what can be achieved within a medical framework its wider understanding of occupation has been subordinated to that discourse. Although many of the terms now used in the profession to describe ideas of justice have come about through occupational science, this is a developing argument which Durocher and her colleagues (DUROCHER; GIBSON; RAPPOLT, 2014; DUROCHER; RAPPOLT; GIBSON, 2014) suggest lacks coherence.

There is a tendency for the profession to refer to itself in grand terms, in particular to its ‘uniqueness’ based in occupation, but many of its claims have yet to be supported by robust evidence, rather than, as Guajardo (2011) has remarked, ‘professional narcissism’. Even the ‘unique’ nature of occupation is really an illusion, because its development as a set of ‘occupational therapies’ is a function of a wider socioeconomic development, in part as an instrument of the technological order (GUAJARDO, 2013).

Many professions in health and social care involve doing things with patients, even if they do not have quite the same focus, and the historical antecedents of medicine, even before the moral treatments of the 18<sup>th</sup> and early 19<sup>th</sup> century, frequently involved prescriptions of activity. Occupational therapy, Guajardo (2013) argues, has to develop a critical perspective which takes a fuller account of its evolution and context, the product of the conjunction of a number of trajectories in history.

In such a project there are many avenues to pursue. One of those, which we have been interested in, has been the language of occupation (POLLARD; SAKELLARIOU; KRONENBERG, 2008; POLLARD; SAKELLARIOU, 2012a). The development of an occupation-based practice is a technology requiring the development of specialist

language, yet this is often different to the language of occupational experience employed in narratives about everyday doing. Although a number of other occupational therapists have addressed this issue, our concern derived from the counter-cultural practice of community publishing in which people encouraged each other to apply a critical consciousness to the construction of narratives about everyday experience (MORLEY; WORPOLE, 2009; POLLARD, 2008, 2010). This is not at all alien to the discourses of occupational therapy or other health professions in which narrative practices abound, or in the depiction of the client's *journey* as elements of the development of a critical consciousness (GOULD; DESOUSA; REBEIRO-GRUHL, 2005; DETWEILER; PEYTON, 1999; MATTINGLY, 1994, 2000).

People involved in community-based activities often need to retain the ownership and autonomy of the group through which they develop their actions. In order to secure funding or recognition from local councils or government sources, the objectives of these groups may become threatened as they are pressured to adapt their purpose to suit a dominant agenda through which funds or access to networks is distributed (MORLEY; WORPOLE, 2009). Some forms of community publishing need not succumb to these pressures because they are low key and can be organised easily in community spaces without requiring external recognition or authority. Composing poetry can be an oral practice which need not involve writing, while some forms of publishing, such as public performance, can be very cheap and accessible. Such community based activities can be sustained and develop a continuity of practice that does not necessarily need intermediaries from outside the group (POLLARD, 2010). An autonomous practice of doing does not need a professional class of group facilitators to make it happen. People developing a cultural identity around their occupations may begin with a therapeutic or educational catalyst, but the objective of that catalyst is to be ejected from the group once it gains its confidence in its capacity, and if invited back, invited back on the group's terms. This one way traffic can be empowering, since it affirms the group's values, but it can also limit their development because it confers a form of separatism or alienation by preferring its own insular perspective over other experiences. Rather than seeking to widen the acceptance of the cultural identity of the group (as expressed through its poetry based on autobiographical experience) it prefers to avoid dialogues that may challenge its validity, or its basis as a form of literature or art and as an

authentic narrative. This situation is akin to the criticisms Guajardo (2013) and Durocher et al. (2014) have raised with regard to occupational therapy and occupational science needing to move beyond a tendency for self-regard.

### 1.3 Importance of experiential knowledge

In the development of a *lingua franca*, critical consideration needs to be given to knowledge legitimization. Healthcare, of which occupational therapy is a part, is often viewed as a

Knowledge-based system. It draws on different types of knowledge—scientific knowledge about biological processes, epidemiological knowledge about patterns of disease and risk factors, and clinical knowledge about how to treat a medical problem (ZIEBLAND; COULTER, 2013, p. 1).

As Ziebland and Coulter (2013) argue however, there is also a fourth type of knowledge, which concerns how people themselves experience illness. This type of knowledge refers to the knowledge developed through living with an illness. Healthcare professionals can access this knowledge only through getting to know how people "*care and repair*", as Criado Sánchez and Callén (2013, p. 1) put it, i.e. how they deal with problems as they arise in their daily life.

Lytard (1984) framed the issue of knowledge legitimization in epistemological terms, discussing the mechanisms involved in the process of deciding what constitutes knowledge and what does not. Different kinds of knowledge employ different criteria to establish legitimacy. For example, the scientific knowledge about the impact of a disease that an occupational therapist has and the narrative knowledge developed through experience of the lived body that people living with illness have, are not mutually exclusive and neither are they opposing forms of knowledge (KLEINMAN; HANNA, 2008). They are both valid and important in a person's life. In his discussion on the acquisition of knowledge, Latour (2007) remarked that knowledge is not produced solely by an external subject, but also by and through interaction with the object of the inquiry, meaning that no single voice or way of knowing is an authoritative one in its own right.

Knowledge is not always a means of domination and neither does possession of knowledge necessarily lead to power. The two are dynamic and inherently contextual. Knowledge and power are neither bad or

good. Although power might be located anywhere, it is constructed through knowledge that is perceived as legitimate and hence *true*. In turn, access to this knowledge gives access to power. The knowledge possessed by professionals is generally perceived as valid and true and professionals have the power to make recommendations, suggestions, and decisions that can have a direct impact on how people live their life.

While disabled people and people living with chronic conditions, for example, may not emerge at the other side of the healthcare process as *cured*, they can still try to construct a desired life, one that they feel is the right one for them and the people they care for. This requires a constant negotiation between what is medically needed and what is wanted by people in order for them to live a life that *includes* disability and continued illness (MOL, 2006). In other words, a negotiation between the experiential knowledge of the person whose body is changing, and the more standardized, generalized scientific knowledge that can present facts and offer possibilities that guide choices. Establishing meaningful communication in health and social care calls for a reconceptualization of what counts as valid knowledge in the context of illness and disability.

## 2 Conclusions

This is essentially where a political occupational therapy is concerned with rights. If our work could be described as originating a movement (FRANK; BAUM; LAW, 2010) and even a new paradigm within occupational therapy, its popularity can sometimes be a distracting, charismatic and romantic factor, and the reception of some of the ideas can be at odds with mining out the seam of a discourse on the essential nature of human occupation and the political implications this has for rights. It is not, after all, a new paradigm, but builds on the work of Liz Townsend, Anne Wilcock, Karen Whalley Hammell, Ruth Watson and Leslie Swartz amongst many others. Furthermore, as commentators such as Durocher et al. (2014); and Guajardo (2011, 2013) have indicated there is much to develop.

The claim of the profession and its underpinning occupational science to be holistic necessitates exploration of wider issues. Yet, widening the focus of occupational discourse threatens critical discussion; individuals can only assimilate so much information and must specialize to be analytical. The audiences with which an issue can be explored will also dwindle as they are taken further from what they regard as their core interest.

Critical discussion of the relationship between politics and occupational therapy and occupational science concepts of human occupation has been sparse. The traditional and ethical perspective of clinical work is that it is based in a neutral science. Yet interventions which are person-centred necessitate qualitative research to reveal the nuances of individual experiences to support their ownership by the client or service user. This is key to a professional ethos based around client needs. A critique often made of occupational therapy is that it is merely applied common sense, that its techniques can be understood by anyone. Indeed, this is necessary for person-centred, occupation-based and bespoke intervention to be effective.

In our attempt to pull strands of occupational experience together, there are processes that are sometimes over-ridden in the course of achieving other unifying perceptions, which arise from power relations in a multi-professional environment. These, concerning finance and the cost of health care, professional hierarchies or a dominance of science and clinical concerns over the human scale of intervention are considerable forces against an iteration of the everyday or the power of the mundane and everyday aspect of occupation from which many people appear to derive significance. The importance of tacit knowledge and the commonplace in the process of recovery can be neglected if they are not expressed in more scientific and clinical forms of language which reflect professional concerns. Perhaps a wider implication of the occupational in occupational therapy is its inherent challenge to a dominant rhetoric that subordinates occupation to measures of meaning, rather than reflecting the critical potential of the everyday in interpreting the experience of doing.

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### **Author's Contributions**

Both authors are responsible for the manuscript conception, writing and revisions.