

Practice analysis: Critical reflexivity on discourses constraining socially transformative occupational therapy practices

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Abstract

Statement of context: Despite recognition of the potential of occupation for enacting social transformation, occupational therapy continues to struggle in developing and enacting practice approaches that address sociopolitical barriers to people's right to engage in occupations.

Critical reflection on practice: Ways of thinking and writing about problems and solutions, that is discourses, shape occupational therapy practices. This article draws attention to three dominant discourses that constrain the development of occupational therapy practices aimed at social transformation, specifically, individualism, healthism and managerialism.

Implications for practice: Examining discourses that bound occupational therapy practice can open spaces for alternative ways of thinking and more socially responsive practices addressing sociopolitical barriers to occupation.

Keywords

Social responsibility, social change, social justice, professional practice, occupational therapy

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Statement of context

Despite the long-standing emphasis on holistic approaches and the growing attention to social responsibility within occupational therapy, the profession seems to be struggling in moving forward in designing and enacting practices that address sociopolitical barriers to occupation. Several authors have identified that the predominance of an individualistic perspective has restrained the profession in addressing broader socioeconomic and political conditions that shape occupations, thereby leading to focusing on individuals' abilities to overcome or adjust to their circumstances (Gerlach et al., 2018). Although occupational therapy has long recognized that contextual factors impact people's lives, this has largely been taken up in connection to their physical or immediate environment (Laliberte Rudman, 2012). Because of this limited attention, occupational therapy practice often lacks broader social impact and risks perpetuating the social conditions that support inequities (Gerlach et al., 2018).

The global spread of neoliberalism – whereby governments have increasingly shifted health and social care from being a public concern to an individual responsibility – has aggravated the vulnerability of marginalized groups. This political trend has reinvigorated calls for the development of occupational therapy practice related to social issues (see, for example, Sakellariou and Pollard, 2017). However, this type of novel practice, when based in long-standing individualistic frames, risks

being deployed in ways that reinforce neoliberal purposes by obscuring social factors shaping injustices. Echoing other scholars, we argue that positioning the profession within social transformation requires a rethinking of contemporary discourses to avoid being complicit in processes of exclusion and instead acting alongside people in oppressive circumstances (Guajardo et al., 2015).

Aim

This article draws attention to broad discourses that challenge the development of transformative practice with collectives affected by diverse socioeconomic and political conditions. Considering the potential of occupation for social transformation (Frank and Zemke, 2008), our goal is to foster critical dialogue in relation to key foundational challenges to furthering practice that seeks to prioritize social concerns related to occupation. Based on the first author's dissertation, which examined contemporary efforts to enact socially

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transformative occupational therapy practices (Farias, 2017), and engagement by both authors in interdisciplinary literature addressing transformative scholarship (Farias et al., 2017), we offer critical reflections and suggestions for discursive reconfiguration of practices in more socially responsive directions.

Critical reflection on practice

The World Federation of Occupational Therapists' position statement on human rights (2006) advocates for the contribution that occupational therapists can make to society in terms of driving social change and promoting people's right to engage in occupations. Similarly, the American Occupational Therapy Association includes occupational justice in the 3rd edition of the Occupational Therapy Practice Framework (2014) to incorporate attention to the ethical, moral and civic aspects of people's contexts. As part of the occupational therapy domain, practitioners are encouraged to consider how these aspects perpetuate specific justice issues and hinder people's engagement in meaningful occupations. These official documents respond to occupational therapists' growing interest in making explicit the connection between occupation and the social conditions that perpetuate inequities across different groups in society (Hocking and Townsend, 2015).

Although discourses about justice and social change seem reinvigorated within professional associations, the reality is that practice in some contexts has overlooked the potential of occupation for social transformation, accepting more body-based concerns or compliance with a narrowed scope of practice (Hocking and Townsend, 2015). For instance, it has been forwarded that the contemporary positioning of occupational therapy within health sciences and biomedicine has promoted a clinical focus and individualized forms of practice and knowledge that have tended to neglect contextual social issues such as poverty, unemployment, racism and marginalization that exacerbate or perpetuate occupational issues (Frank and Zemke, 2008). However, a growing number of practitioners in different parts of the world have expressed interest in mobilizing the transformative potential of occupation to address social situations where occupation is constrained (see, for example, Malfitano and Lopes, 2018; Ramugondo, 2015; Whiteford and Townsend, 2011). Such initiatives show how occupational therapists can offer positive attention to issues of justice and social change in contexts where practice is often individualized.

Although systems, structures and conditions are difficult to change, occupational therapists have begun to demonstrate their capacity to address issues that shape social disadvantage and injustices (Malfitano and Lopes, 2018). Furthering this capacity requires focusing on hegemonic or dominant structures, systems and practices that maintain privilege while simultaneously disempowering other ways of being/doing. This implies committing the profession to an examination and

transformation of hegemonic practices through which 'the way things are' or status quo is reproduced. Below, we outline three key discourses that currently challenge occupation-based practice tied to social transformation.

Individualizing occupation and social issues

Conceptualizations of occupation have been criticized for their tendency to keep the individual at the centre of analysis and intervention (Hammell, 2013). Within contemporary contexts, various discourses underpinned by neoliberalism further pull occupational therapists, and other professions, to focus on the individual (Gerlach et al., 2018). As a political-economic theory and mode of thinking, neoliberalism has re-shaped the social domain in many contexts from local to global scales, including the health care sector, by promoting a dependency on market mechanisms and linking a reduction in social protection services to the increasing call for 'personal responsibility' (Power and Polzer, 2016). In doing so, neoliberally informed discourses recapitulate a long-standing capitalist imperative to forefront market thinking by promoting an understanding of the individual as a conscious consumer citizen who will maximize his/her health as a kind of enterprise. For example, in the United States of America (USA) and the United Kingdom (UK), a 'self-management' discourse is being adopted by occupational therapists in order to support people living with disabilities to self-manage their lives by becoming employers of their own attendant services. When analysing this discourse, it is possible to recognize a strong individual accountability constructed in moral terms as an approach to be taken up as a 'good' neoliberal citizen who responsibly participates in society as both a worker within, and a consumer of, health services (Katzman, 2018). By unreflexively promoting self-management of attendant care by clients, regardless of contextual conditions/resources and other differences, occupational therapists risk being complicit in positioning people with disabilities as needing to take up the primary responsibility for their health, defined in relation to care 'needs', neglecting governmental/societal accountability, the extra burden that managing their needs can become for them, and other responsibilities and occupations that comprise their lives. This neoliberal form of active/productive citizenship, whereby it is up to the individual to manage his/her needs, perpetuates an understanding of disability as a product of the individual his/herself instead of structural and social barriers.

By promoting individual responsibility, occupational therapists risk reproducing neoliberal values such as self-interest and self-sufficiency, and obscuring inequities that constrain the enactment of such responsibility. These values place emphases on the 'self', individualizing occupation and social issues within practice. For example, when examining occupational therapy interventions with people struggling to recover from alcoholism and drug abuse, there is a tendency to focus on 'changing'

their interests and occupations to meet productive and self-sufficient neoliberal ideals. This perpetuates the idea that people can and should choose to change their lives, neglecting the structural conditions that shape their occupational possibilities (for example poor access to social and health services, social exclusion, unemployment) (Kiepek et al., 2014).

Taking on a biomedical lens and healthism

The assumption of a positive link between occupation and health has guided the development of the profession since its origins, supporting its primary positioning within health care systems (Polatajko et al., 2013). While there is a body of evidence that supports links between occupation and health promotion, a prioritization of being/staying healthy as an outcome of professional intervention can perpetuate a focus on an individual's choices and skills. This failure to consider the broader factors that influence health points to the contemporary positioning of the profession within biomedical institutions that promote an understanding of health aligned with healthism. Healthism represents a particular way of viewing health, focusing on people's choices and attributes (Crawford, 2006), positioning the individual as both the cause of and solution to health problems, as opposed to larger social structures. As such, healthism perpetuates an understanding of health as resulting from individual behaviour, framing staying healthy as ideal, moral and/or possible, and illness and dependency as non-ideal, immoral and/or deviant. This implies that by focusing on changing personal behaviour and choices within lifestyle programmes, occupational therapists risk perpetuating health problems (such as obesity or chronic illnesses) as a consequence of individual 'bad' behaviour, excluding social, economic and cultural factors influencing this behaviour. For instance, obesity is usually linked to unhealthy eating within most lifestyle programmes, which reinforces a simplistic and self-explanatory understating of it (that is, individuals consume more calories than they can burn), although research has extensively pointed to the complex factors that cause obesity and that go beyond eating practices and physical exercise (Townend, 2009).

Healthism also supports the tendency to classify occupations as healthy or unhealthy, which can result in, among other things, stigmatization and public reproaches for representing a 'burden' to society. Thus, rather than supporting an understanding of the social conditions that work against accessing occupations for maintaining health, occupational therapists risk reinforcing the framing of social conditions, such as poverty, homelessness and drug abuse, as 'eternal individual failures'.

The growth of managerialism and maintaining professional status

Managerialism, as a broad discourse, has shaped a 'New Public Management' (NPM) within diverse social

sectors, including health care (Brodkin, 2011). Professionals under NPM are to ensure that management-designed guidelines and protocols are followed to control costs and ensure quality. Intervention outcomes, increasingly aligned with neoliberal rationality and aims of austerity, place pressures for greater cost-effectiveness and accountability onto professionals by promoting strategies including simplification, categorization and reductionism. In this way, NPM leaves very little room for professional discretion to modify interventions to fit specific client needs or situations (Brodkin, 2011). With this increasing pressure, professions such as occupational therapy have confronted tensions between the demands for effectiveness and clients' complex situations. For example, reductionist strategies aligned with NPM pressure occupational therapists into complying with mainstream intervention guidelines that prioritize particular types of outcomes and capacities, often tied to neoliberal valuing of productive potential or reduced system costs. This particular framing on effectiveness risks positioning the profession as addressing health care and the broader system's needs rather than people's occupation needs and contextual conditions. Similarly, within community practice, NPM works against the flexibility required to foster space for community-identified outcomes and the incorporation of occupational therapists' experiential knowledge within practices addressing social issues (Guajardo et al., 2015). This focus on categorization and 'counting' outcomes can co-opt and work against practice related to social issues given that the complexity of social transformative processes does not easily translate into standardized measures and pre-determined outcomes (Sakellariou and Pollard, 2017). For example, occupational therapists working with groups affected by marginalizing conditions, with diverse contexts within and outside health care systems, are being pressured by funding/governmental agencies to demonstrate that their interventions have an impact in these communities, yet transformative process can have an 'incubation' period of awareness and discussion that cannot be measured by numbers. In this way, people's experiences of transformation and the new insights/knowledge developed during the process seem irrelevant or illegitimate from an NPM perspective that focuses on measurable impact (Farias and Rudman, 2019).

However, questioning the discursive logic of NPM can be challenging, particularly when it involves resisting pressures that 'steer' professional practices toward objectives related to consolidating a professional identity and increased status. Strategies associated with achieving professional status and power, such as demarcating an area of expertise, have been criticized for promoting occupational therapy's self-interest and power, while neglecting to foster collaborative relationships with people (Hammell, 2013). Issues of professional power and status can create tensions when working towards social transformative goals, particularly in relation to the need for power-sharing, valuing people's knowledge

and avoiding imposing practitioners' perspectives. Recognizing and working towards attenuating these issues is particularly salient in working with people who experience systemic disempowerment to avoid being complicit in reinforcing disempowerment (Hammell, 2013).

Summary

Although occupational therapy's values are consistent with foundational features of social justice (Hocking and Townsend, 2015), its social vision has often been narrowed to comply with dominant political, biomedical and managerial approaches that reduce 'the social' to individuals' immediate environments while promoting individualized outcomes. This article has sought to support ongoing discussions regarding occupational therapy's social responsibility by bringing attention to root challenges to furthering social transformative practice. To address social concerns related to occupation, occupational therapists need to collaboratively rethink the way the profession frames and addresses health and social issues by recognizing how this framing is influenced by dominant discourses aligned with neoliberalism, healthism and managerialism. Widening practice to social issues without critically examining our frameworks could lead to practice that reinforces the status quo through individualizing such issues rather than addressing structural roots (Farias et al., 2016). We suggest that it is critical to incorporate critical reflexivity on how broader socioeconomic and political discourses influence professional practice and therapists' possibilities to enact social transformative processes (Kinsella and Whiteford, 2009). Such reflexivity can enhance awareness of the ways in which discourses bound contemporary practice, and open spaces for alternative ways of thinking about and enacting social transformation through occupation.

Key messages

- Social transformative practices address 'roots' of injustices
- Critical reflexivity on how discourses constrain practice is crucial to avoid reinforcing injustices
- Social transformation challenges the profession to (re)think its situatedness

Research ethics

Ethical approval was obtained from Western University Non-Medical Research Ethics Board. NMREB File Number: 108018 (2017).

Consent

This study is based on the findings of the first author's Doctoral thesis. All participants provided written informed consent to be interviewed for the study included in the thesis.

Declaration of conflicting interests

The authors declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

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This study is based on Lisette Farias' doctoral dissertation (2017), which was supervised by Debbie Laliberte Rudman. Both authors applied for ethical approval for the study and contributed to the development of the paper. Lisette wrote the first draft of the manuscript and Debbie provided input on the chosen literature and interpretation of the data. All authors reviewed and edited the manuscript and approved the final version.

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