



## Well-being and occupational rights: An imperative for critical occupational therapy

Karen R. Whalley Hammell & Michael K. Iwama

To cite this article: Karen R. Whalley Hammell & Michael K. Iwama (2012) Well-being and occupational rights: An imperative for critical occupational therapy, Scandinavian Journal of Occupational Therapy, 19:5, 385-394, DOI: [10.3109/11038128.2011.611821](https://doi.org/10.3109/11038128.2011.611821)

To link to this article: <https://doi.org/10.3109/11038128.2011.611821>



Published online: 12 Sep 2011.



Submit your article to this journal [↗](#)



Article views: 8002



View related articles [↗](#)



Citing articles: 83 View citing articles [↗](#)

ORIGINAL ARTICLE

## Well-being and occupational rights: An imperative for critical occupational therapy

KAREN R. WHALLEY HAMMELL<sup>1</sup> & MICHAEL K. IWAMA<sup>2</sup>

<sup>1</sup>Department of Occupational Science and Occupational Therapy, Faculty of Medicine, University of British Columbia, Vancouver, Canada, and <sup>2</sup>Department of Occupational Science and Occupational Therapy, Graduate Department of Rehabilitation Sciences, Faculty of Medicine, University of Toronto, Toronto, Canada

### Abstract

*Background:* One of occupational therapy's core assumptions is that engagement in occupations influences well-being. Because occupational engagement is integral to human well-being, and because well-being is integral to human rights, this paper contends that the ability and opportunity to engage in occupations is an issue that concerns rights. *Aims:* To outline well-being and its centrality to human rights; to explore the relationships between well-being and occupation and between well-being and occupational rights; and to highlight the consequent imperative to engage in critical occupational therapy. *Key issues:* The World Federation of Occupational Therapists asserts that all people have the right to participate in a range of occupations that enable them to flourish, fulfil their potential, and experience satisfaction congruent with their culture and beliefs; and further asserts the human right to equitable access to participation in occupation. *Conclusions:* If occupational therapists are to take seriously their espoused commitment to enabling equitable access to participation in occupation, the inequitable conditions of people's lives will need to be addressed. Critical occupational therapy is a committed form of practice which acknowledges that well-being cannot be achieved solely by enhancing individuals' abilities, and that consequently endeavours also to address the conditions of people's lives.

**Key words:** *critical theory, human rights, theories of occupation*

### Introduction

Social analysts and policy-makers have recently focused their attention on the concept of wellbeing among people in the "Western" world (1) as well as among those living in poorer nations (2) and it has been argued that the global community has moved towards conceiving "development" as the "creation of conditions where all people in the world are able to achieve wellbeing" [(3), p 349–50, (4)].

Well-being has been of interest to Eastern and Western philosophers for many centuries, with some concluding that "human well-being is ultimately an issue of engagement in living" [(5), p 2]. This suggests that well-being is a concept with which occupational therapists should be concerned and,

indeed, one of occupational therapy's core assumptions is that engagement in occupations influences well-being (6,7). Some occupational therapists have called for the profession's theories and practices to focus on well-being rather than exclusively on health (8–10), although it has also been observed that occupational therapy's current theories and practices appear preoccupied, not with well-being, but with dysfunction (9).

This paper is based on the premise that the ability and opportunity to engage in occupations that contribute to well-being is an issue that concerns occupational rights. The aims of this paper are to outline well-being and its centrality to human rights; to explore the relationships between well-being and occupation, and between well-being and occupational

---

Correspondence: Dr K. Hammell, Department of Occupational Science and Occupational Therapy, Faculty of Medicine, University of British Columbia, Box 515, Oxbow, Saskatchewan, S0C 2B0, Canada. E-mail: ik.hammell@sasktel.net

(Received 15 October 2010; revised 13 July 2011; accepted 5 August 2011)

rights; and to highlight the consequent imperative to address issues of occupational rights through engagement in critical occupational therapy practices.

### **Critical occupational therapy**

This paper takes a critical approach to occupational therapy, congruent with its concern with addressing occupational rights. Critical theories strive to link a concern with individuals' subjectivity with a focus on the structural, social, and political contexts of their lives (11). Thus, for example, critical race theories, critical disability theories, queer theories, and post-colonial theories probe the impact of social structures and constructions on the lives of individual people. Critical theories challenge conventional ideologies and assumptions, assert that theories are never objective or politically neutral, and expose imbalances of power such as those in professional/client, theorist/theorized, and researcher/researched relationships (12).

Congruent with these principles, practice that aspires to the name "critical" aims to confront injustices and inequalities, and strives towards a more just society (11,13). Thus, critical occupational therapy is a committed form of practice that recognizes the impact of inequities such as class, gender, race, ethnicity, economics, age, ability, and sexuality, acknowledges that well-being cannot be achieved by focusing solely on enhancing individuals' abilities, and thus endeavours to facilitate change at both individual and environmental levels (adapted from Mendes (14)).

### **Occupational justice and occupational rights**

Occupational therapy theorists have articulated and promoted the concept of occupational justice (15,16), a concept that derives from principles of human rights, equality, and a belief in the dignity of all human beings. Justice refers to the general principle that individuals should be treated fairly and equitably, and receive what they deserve (17), and includes dimensions of distributive, retributive, and corrective justice (18). Drawing from these fundamental principles, those who work, for example, towards "social" justice and "environmental" justice advocate for more equitable distribution of economic resources within and between societies and for redress of the inequitable distribution of environmental burdens (such as exposure to toxins).

Philosophers explain that although justice is fundamentally concerned with the distribution of resources, benefits and burdens in society, it does not address the causes of injustice or inequality in the distribution of those resources, benefits, and burdens (19). Moreover, they explain that, in contrast to

notions of justice (with its predominant focus on distribution), the concept of rights "refer[s] to doing more than having" and to the conditions that enable or constrain action [(19), p 25]. Rights, therefore, are about the opportunity to act.

Because occupational therapy is clearly concerned with the conditions that enable or constrain actions, and particularly with doing, we contend that our profession should be focused on occupational rights. Although "the language of rights has its roots in European thought and history, concepts of human rights can be found in every religious and cultural tradition" [(20), p 68, (21)]. Therefore, while justice invokes metaphorical images of scales and balances, requires a judgement to be made about what constitutes fairness, and is a concept open to charges of moral relativism, rights state, unequivocally, what all people are entitled to expect (19,20) and thus offer a clearly definable mandate to occupational therapists.

### **Human rights and well-being**

Human rights are a set of universally endorsed principles that centre on two essential entitlements: freedom and well-being (22,23). Freedom is defined as the right of every human being to participate in shaping the decisions that affect his/her own life and that of his/her society (22). Clearly, this dimension of human rights supports occupational therapists' espoused client-centred approach to practice (9), with its philosophical ideal of enabling people to participate in shaping the decisions that inform their occupational therapy interventions, their occupations, and their lives.

Principles of human rights also assert that all people are entitled to well-being, which is defined by philosophers as the ability and conditions needed to achieve one's purposes by action (22). This focus on both abilities and conditions is important.

Because human well-being is impacted by the occupations in which we are able, or compelled, to engage, we contend that human rights are associated with occupational rights.

### **Occupational rights**

Occupational rights have been defined as "the right of all people to engage in meaningful occupations that contribute positively to their own well-being and the well-being of their communities" [(9), p 62]. Occupations are defined in this paper as being everything that people do during the course of their everyday lives (24). Instances of occupational deprivation, occupational alienation, occupational marginalization, occupational injustice, and occupational apartheid are unambiguously identifiable as violations of

occupational rights. Clearly, for example, when civilians in Burma are “forced to serve as porters for the military, to build and maintain roads, to construct military camps, and to labour on infrastructure projects” (25), this constitutes a violation of their occupational rights. Less dramatic – but more common – examples of the violation of occupational rights are found in many residential institutions, where elderly and disabled people are routinely denied the opportunity to engage in those personally meaningful and fulfilling occupations that would contribute positively to their experience of well-being. When occupational therapists employ the language of rights, their mandate for enabling occupation becomes clear.

### Well-being

It is puzzling that occupational therapists have not expended much effort in asking present or potential clients how they define well-being, despite espousing the importance of well-being to occupational therapy and despite also claiming a client-centred approach to practice (26). Occupational therapists have explored people’s experiences of well-being while engaged in daily occupations (27) and have sought to articulate a framework of “occupational well-being” that is based on the belief that well-being is enhanced when individuals’ occupational needs are met (28). To date, however, little effort has been made by occupational therapists to determine how well-being is defined by a range of present or potential clients (although see Wilcock et al. (29)).

Synthesizing the work of multiple theorists [e.g. (1,6,27–31)] well-being is defined in this paper as a state of contentment – or harmony – with one’s:

- physical/mental health (inseparable, not dualistic concepts);
- emotional/spiritual health (spiritual health is a concept defined, understood, and experienced by the person);
- personal and economic security;
- self-worth (sense of being capable, and of being valued by others);
- sense of belonging (which includes the ability to contribute to others and to maintain valued roles and relationships, and which may include a sense of belonging and of connectedness to the land and nature);
- opportunities for self-determination (defined as the ability to enact choices and counteract powerlessness);
- opportunities to engage in meaningful and purposeful occupations;
- sense of hope.

These concepts are not mutually exclusive but interrelated.

### Relationships between well-being and occupation

Although our profession’s theories of occupation assume a positive relationship between occupation and well-being, occupational therapy researchers have generated few data to support the premise that engagement in occupations contributes positively to human well-being (6,27). Hammell (26) suggested that this may be the inevitable consequence of focusing on three specific categories of occupation – self-care, productivity, and leisure – that were designated without reference to clients’ experiences of occupation or to their perspectives or perceptions of well-being. A significant body of research evidence demonstrates that occupations that promote interdependence contribute positively to well-being (32), but current theories of occupation, with their individualistic focus on self-care, productivity, and leisure, provide little space for consideration of the importance to an individual’s well-being of contributing to the well-being of others (32). Nor do these categorizations enable consideration of the collective occupations that contribute to community development and collective well-being (33).

Researchers in many other health and social science disciplines have generated a significant body of evidence to support the assumption that well-being is impacted by engagement in occupations. For example, research demonstrates that engagement in meaningful occupations is associated with positive physical/mental health and longevity (34–36). Moreover, engagement in valued occupations is found to contribute to self-worth and to self-determination through the ability and opportunity to enact choices and counteract powerlessness (37). Researchers in countries as diverse as Bangladesh, Canada, China, and Slovenia have found that engaging in occupations with and for others generates a sense of belonging, and that this is important to a sense of well-being (27,37–39). Moreover, research among people in seemingly hopeless medical circumstances shows that envisioning a future engaged in meaningful occupations contributes to a sense of hope, which is identified as integral to positive well-being (40,41).

Theories of occupation more rarely acknowledge that engagement in occupations may have a negative impact on well-being, yet “over employment, under employment and unhealthy jobs have . . . been identified as contributors to mental ill-health. Exclusion from meaningful work is recognised as a contributor to mental and psychological distress, and the workplace is both a potential contributor and threat to well-being” [(42), p 207]. Although occupational

therapy theorists often extol the value of paid work (Yerxa, [(43), p 416] for example, asserted that “work is supportive of health even under poor conditions”) it is apparent that work does not inevitably contribute positively to well-being (32).

Although occupational therapy theory has long identified the importance of the environment to occupational performance and engagement, there has been an apparent reluctance to formulate critical approaches to research and theory, such that attention to the structural, social, and political contexts of clients’ lives informs efforts to confront those injustices and inequalities that constrain occupational opportunities (although there are notable exceptions, such as Letts (44), Strong & Rebeiro (45), Ripat et al. (46)). Moreover, there has been little attention to the occupational nature of communities, or to the relevance of existing models of occupation to occupational therapy practice in community development and community well-being (33).

### **Relationships between well-being and occupational rights**

Philosophers and economists note that if people’s abilities are constrained by the available social, political, and economic opportunities, they will be unable to achieve well-being (19,47). And if ability is of little use without opportunity – as Napoleon Bonaparte asserted (48) – then conditions that constrain opportunity are of central relevance to occupational therapy.

Researchers have observed direct and indirect impacts of environmental factors on individuals’ well-being. For example, traditional role assumptions may limit people’s occupational choices; and structural factors may create social isolation for disabled people due to a lack of accessible transportation (Fook, cited in Mendes (14)). Moreover, racism, patriarchy, sexism, homophobia, violence, poverty, and social exclusion shape the anxiety and depression experienced by many individuals (42).

Some occupational therapy theories explicitly emphasize the importance of the environment (physical, social, cultural, institutional) to the ability and opportunity to engage in occupations that contribute positively to well-being (e.g. Townsend & Polatajko (49), Law et al. (50)). Regrettably, however, occupational therapy’s practices often reveal a preoccupation with individuals’ abilities (and more particularly, their inabilities) rather than a commitment to enhancing opportunities through addressing the conditions of people’s lives. This preoccupation with changing individuals is reinforced by the proclamations of some of the profession’s elite forerunners. For example, one of

occupational therapy’s most frequently cited beliefs is that “man, through the use of his hands as energized by mind and will, can influence the state of his own health” [(51), p 2]. Critical theorists would observe that this statement reflects both sexist and ableist ideals (32). Perhaps even more importantly, social commentators have noted that this sort of emphasis on individual will-power advances a specific, right-wing political ideology (52), observing that it is both erroneous and oppressive to promote the premise that powerless people could control their own lives and improve their well-being if they just decided to do so (2).

In reality, of course, many of the world’s population have little or no choice, control, or opportunity to exercise their will to affect their lives (32). Many people, for example, lead lives blighted by poverty, disability, and disease, and their daily occupations – the uses of their hands – are associated with powerlessness, unremitting drudgery, high risks of injury, illness, and premature death (53). Opportunities for social participation and occupational engagement of many more people are constrained by inequities of class, caste, and education, and by patriarchy, sexism, homophobia and heterosexism, ableism, racism, and by factors such as political oppression, geographical displacement, natural disasters, and wars (32).

Sherry [(21), p 69] observed that: “African culture does not promote the concept of individuals being in complete control of their own fate, and this is certainly not the lived experience of the majority, who live their lives vulnerable to disease, poverty, conflict, the elements and other factors way beyond their control”. Clearly, the well-being of those who experience inequitable conditions that constrain their occupational opportunities and occupational rights cannot be enhanced solely by enhancing their individual abilities and skills, and this requires consideration of environment/occupation interfaces.

### **The role of the environment in theories of occupation**

Although occupational therapists acknowledge that occupations are influenced by the environment (49,50), much of the occupational therapy theoretical literature focuses predominantly on individual issues such as volition, personal causation, habituation, mastery, and motor skills. Clearly, only the privileged can indulge in theory that minimizes oppressive economic, cultural, religious, social, political, legal, and policy constraints on people’s lives (54)! It is important to acknowledge that because occupational therapy’s dominant theories have all been developed in middle-class, urban areas of the English-speaking

nations of the wealthy Western (“minority”) world these theories inevitably reflect the specific perspectives of a privileged global minority (32,55–57). Therefore, it should not be surprising that oppressive conditions – such as poverty, discrimination, social inequality, marginalization, social exclusion, powerlessness, and exploitation – that constrain the lives of so many of the global population – have not been central theoretical concerns. However, these oppressive conditions are faced, to a greater or lesser degree, by people in every nation of the world.

It is especially important for occupational therapists to acknowledge that although their dominant theories have been devised by privileged, able-bodied, urban-dwelling residents of the minority world, 80% of disabled people live in the majority world, and 90% of these people live in rural areas (58). Moreover, because disabled people are among the poorest of the poor in every country, a profession ostensibly concerned with the well-being of disabled people ought to be centrally concerned with the negative consequences of poverty for well-being and for occupational rights, not solely, but especially, for disabled people. As Sherry [(59), p 37] observed: “It is not possible to talk about occupational therapy in Africa without addressing the realities of poverty” indeed “in situations of poverty, environmental factors may be more disabling than impairments themselves, and entire communities may be subject to occupational deprivation and injustice as a result of social, political, environmental and economic factors. The effects of poverty go far deeper than material deprivation” (p 40).

Reflecting specific Western understandings of people and their relationships to the world, the Model of Human Occupation (MOHO(60)), and the Canadian Model of Occupational Performance and Engagement (CMOP-E(49)) assert that individuals engage with their social and physical environment through occupation and that they are influenced by, and interact with, but are divisible from the environment. In contrast, the Kawa Model (55,61) proposes that humans do not engage with the environment through occupation because they are already inseparable from the environment. This model reflects African, Asian, Pacific, south-east European, Indigenous and Middle Eastern perceptions (i.e. those of the majority of the global population): of the interconnectedness of community and individual well-being; and of an understanding that people are interdependent within families and communities (21,31,62–67).

In several African languages (68) the term *ubuntu* – translated from Zulu as “I am human because I belong, I participate, I share” [(69), p 281] – is used to describe the pre-eminent cultural importance of belonging – of being enmeshed in reciprocal relationships with other people – and is rooted in a belief

in the connectedness of all people and all things (21,68). Indeed, *ubuntu* is said to encapsulate the essence of what it means to be human, and highlights “the importance of human rights through the principles of reciprocity, inclusivity and a shared sense of destiny between peoples” [(69), p 282].

Many of the world’s people also perceive an indivisibility, interconnectedness, and “oneness” of all life, understanding themselves to be interconnected with nature, the land and oceans (21,31,62–64,66,67). Within such modes of thinking, body, spirit, family, and land are understood to be essential aspects of identity, human health, and well-being (31). For example, in Aotearoa/New Zealand, Māori identity “is linked to the earth by a sense of belonging to the land, being part of the land and being bonded together with the land” [(31), p 1760]. Ecological scientists articulate a similar perspective, understanding all life to be interconnected, such that humans are inseparable from their physical environments (70). Ecologists observe, for example, that large rodents (agoutis), which scatter and hoard seeds, are crucial to the regeneration of the Brazil nut tree (71). Given that Brazil nut trees provide one of the most socioeconomically important non-timber forest products in Amazonia, and that Brazil nuts are collected exclusively from natural forests (71), it is apparent that the economically productive occupations of the Brazil nut harvesters and processors are dependent not solely upon their hands and wills, but on the relationship between a tree and a rodent. These insights have relevance for the study of human occupation.

Importantly, occupational theorists who acknowledge and respect holistic ideas concerning human/environment interconnections neither reject nor challenge the veracity of the concept of human occupation but, rather, seek both to expand the present construction of the idea, and to be more inclusive of the knowledge held by the majority world. In the nursing literature it is suggested that “Unity of person and environment is a concept that can be used to convey an assumption that humans and environment are interconnected and change simultaneously. Simultaneous change negates the idea of conforming or adjusting to a stimuli [*sic*]; rather, it implies incorporating change, becoming a different person, and increasing options and awareness of choice” [(72), p 129–30]. This could also be a useful concept for occupational therapy.

Occupational theorists’ discrepant theoretical perspectives concerning the nature of the relationship between individual people and their physical, social, cultural, economic, political, and legal contexts are not solely an intellectual issue because theories inform the subsequent focus for interventions. If individuals are perceived to be divisible from the conditions of their lives, such that their well-being is contingent

upon their own hands and will, then interventions directed solely at enhancing individual skill, will, and abilities appear wholly appropriate. If, however, the individual and the environment are understood to be inseparable, such that both abilities and conditions determine whether one can achieve one's purposes by action (22), then occupational therapy interventions that are focused solely on enhancing individuals' abilities appear not just inadequate but naive.

To date, theories of occupational therapy and occupational science have privileged an individualistic/egocentric view of human occupation, thus shaping and limiting occupational therapy's concerns to individualistic views of occupation. For example, there is little development or expansion of our understandings of occupational engagement as a shared experience, despite evidence of the importance of engagement in occupations with and for others (26); there has been little exploration of ways in which self/environs are experienced as integral and inseparable during occupational engagement, despite evidence of the importance of occupational engagement in specific natural or homely environments (73,74); and there has been little acknowledgement that, for many of the world's people, the self is of less importance than the family collective (65). Moreover, occupational therapists have rarely explored how the occupations of one group or collective effect the occupations of another.

In 2010, the multinational corporation, British Petroleum (BP), incurred a catastrophic accident in the Gulf of Mexico which clearly demonstrated how the occupations of one large corporation and its workers affected, and continue to affect, the occupations and day-to-day realities of entire communities spread across a vast coastline. What began as an industrial accident that claimed the lives of several oil-field workers evolved into an environmental disaster with enormous physical, economic, social, and occupational consequences. Concerns were immediately raised about the local shrimp-fishing industry and its related occupations. Subsequently, it was apparent that social and occupational devastation was not limited to one occupation but was far more extensive, with a ruined leisure and tourism industry, widespread unemployment, bankruptcies, home foreclosures, out-migration from affected shoreline communities, mental health problems, and disruptions within families, communities, and daily life patterns. This example demonstrates that the occupations of some people can have consequences for the occupations of others; that people and their occupations are both integral to, and inseparable from, their multidimensional environment; and that people's abilities are enabled or constrained by the conditions of their lives.

Obviously, the claim that people are inseparable from their environments does not deny the importance of occupation to human well-being, and it does not erase the importance of individuals' physical, cognitive, and emotional capabilities to their occupational engagement. But it does prompt consideration of the embedded nature of humans in their social, cultural, political, economic, and physical milieu, and of the consequences of this embedding for the ability and opportunity to engage in occupations that contribute positively to well-being.

### **Affirming the relationship between human rights and occupations**

The World Federation of Occupational Therapists (75) has issued a position statement declaring that all people have the right to participate in a range of occupations that enable them to flourish, fulfil their potential, and experience satisfaction in a way that is consistent with their culture and beliefs. This official statement asserted the human right to equitable access to participation in occupation. If occupational therapists are to take seriously their espoused commitment to enabling equitable access to participation in occupation, the inequitable conditions of people's lives have to be addressed.

### **Well-being and critical occupational therapy: the practice imperative**

Recognizing the gap in well-being between privileged and marginalized people is an important step in understanding the social determinants of well-being (76). The arguments presented in this paper suggest that occupational therapists can – and should – enhance human well-being by addressing occupational rights; by focusing not solely on individuals' abilities, but also on the opportunities derived from the conditions of their lives.

Clearly, when occupational therapists strive to change dimensions of the physical, cultural, social, political, legal, or economic environment to counter discrimination and to equalize opportunities this is a political act. What is important to understand is that when occupational therapists view disability as embodied, or as something that people have (reflected in the euphemism “people *with* disabilities”) and strive to change individuals' abilities so that they can better fit within discriminatory environments this is also a political act. “Acquiescing to the inequities of the status quo might be politically conservative, but it *is* political” [(12), p 143].

However, occupational therapists – as individual professionals and as a profession – have not consistently engaged in public discourses about issues such

as poverty, yet we know that poverty constrains opportunities for engagement in occupations that contribute to well-being.

Nor has our profession advocated for literacy. Yet *il*-literacy significantly diminishes opportunities for engagement in occupations that contribute to well-being. The right to community participation and to a range of occupational opportunities is denied to those disabled people who are confined in institutions due to public policy (77), yet our profession has not consistently spoken out when disabled people are segregated in residential institutions in which we ourselves would never choose to live (12).

More than two decades ago, Jongbloed and Crichton (78) claimed that rehabilitation professionals had an inauspicious record in the struggle to change social policies that might benefit disabled people, tending to reserve advocacy in political and institutional arenas for issues pertaining to their own professional self-interests. More recently, Cottrell (77) noted that “occupational therapists have historically shown limited response to entrenched societal constraints and discriminatory policies” (p 566). Pollard, Kronenberg and Sakellariou (7) observed: “Occupational therapy is said to be based on the belief that there exists a universal and fundamental relationship between people’s dignified and meaningful participation in daily life and their experience of health, well-being and quality of life. [This] requires occupational therapists to view enabling access to meaningful occupations as a right, not just ‘treatment’ but a political endeavour” (p 3).

Some might choose to argue that a professional commitment to the occupational rights of individuals and of populations is neither practical nor possible. Clearly, however, it is, because there are some committed occupational therapists, in both emerging and mainstream practice settings, who find spaces for advocacy and activism – for individuals and populations – despite heavy workloads, restricted resources, and constraining management practices. Moreover, inaction and inertia are also political acts, as has already been noted: “Acquiescing to the inequities of the status quo might be politically conservative, but it *is* political” [(12), p 143].

Recognizing that enabling access to meaningful occupations is a human right, there are some occupational therapists who embrace their political role in addressing the inequitable conditions of people’s lives to enable occupations that contribute to well-being. For example, occupational therapists engaged in critical practice assert the equal right of disabled boys and girls to participate in schooling with their peers, and advocate for wheelchair access to turn this right into reality; they work to enhance the occupational opportunities of people with severe persistent mental

illnesses by requiring governments to adhere to their espoused obligations; and they compel polling stations to enable equal access to all people entitled to participate in voting. Occupational therapists engaged in critical practice advocate for the right of refugees to participate in culturally valued occupations, and help develop their opportunities to do so; and they encourage non-governmental organizations to include disabled women and men in their community-based, income-generating programmes. A professional commitment to overcoming structural barriers and to achieving the occupational rights of individuals and of populations is clearly possible.

### **Client-centred theory: contesting imperialism**

In Australia, National Guidelines have been established to ensure that all research concerning the health of Indigenous Australians includes consultation and collaboration with Indigenous groups and is designed to produce outcomes of direct benefit to Indigenous people (79). But what about the occupational therapy research that informs our theories and practices? Do our study participants and clients deserve any less respect? Critical occupational therapy requires consultation and collaboration with disabled people and members of other marginalized groups in all our practices, such that our research, theories, interventions, and practice norms are meaningful and relevant to those people with whom we engage in the occupation of occupational therapy.

Perhaps the most important element of a critical practice of occupational therapy may be the recognition that knowledge dissemination must flow in both directions (80), and a commitment to ensure that this occurs. Post-colonial theorists have called for health-care providers to consider the power relationships between themselves and the people they serve; and to eschew the tradition of developing and perpetuating theories and models that privilege their own perspectives while overlooking, ignoring, or silencing the perspectives of others (12,55,81). Throughout history, imperial cultures, such as the European colonialists, have exercised power and reinforced domination by establishing the parameters of permissible thinking and by suppressing challenging ideas (82); imperialistic theorists do the same (54). Sadly, occupational therapy has also exhibited imperialistic tendencies: “Contemporary history has witnessed the North and the West being positioned or positioning themselves both as the source of inspiration and provider of guidance or assistance for the South and the East” [(80), p 65]. In an effort to counter the tendency to colonialism and imperialism, those occupational therapists who aspire to critical practice



will actively seek out perspectives that have been discounted, suppressed, or unacknowledged. And in this spirit, the conceptualization and definition of “occupational rights”, and the actions required to address occupational rights, cannot be dictated in a colonial manner by Western theorists and therapists but must be informed by a diversity of cultural perspectives, such that our profession’s theories and practices are both inclusive and relevant (54).

### Conclusion

One of occupational therapy’s core assumptions is that engagement in occupations influences well-being. Because occupational engagement is integral to human well-being, and because well-being is integral to human rights, this paper has argued that the ability and opportunity to engage in occupations is an issue that concerns rights. Moreover, there is increasing recognition that improving health and well-being globally can only occur with improvements in human rights; and it has been proposed that “an ethical approach to understanding, measuring and improving outcomes in rehabilitation requires an explicit perspective on human rights” [(23), p 965]. The World Federation of Occupational Therapists (75) affirms that all people have the right to participate in a range of occupations that enable them to flourish, fulfil their potential, and experience satisfaction congruent with their culture and beliefs; and asserts the human right to equitable access to participation in occupation.

This paper has argued that a philosophical commitment to occupational rights and to human well-being requires a critical practice of occupational therapy: innovative practice that acts on the knowledge that human well-being cannot be achieved solely by enhancing individuals’ abilities, and that consequently endeavours to address the inequitable conditions of people’s lives.

### Acknowledgements

A summary of this paper (“Wellbeing and occupational rights”) was presented at the World Federation of Occupational Therapists’ 15th Congress in Santiago, Chile on 4 May 2010.

**Declaration of interest:** The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

### References

1. Edwards C, Imrie R. Disability and the implications of the well-being agenda: Some reflections from the United Kingdom. *J Soc Policy* 2008;37:337–55.
2. Gough I, McGregor JA. Wellbeing in developing countries: From theory to research. Cambridge: Cambridge University Press; 2007.
3. McGregor JA. Researching wellbeing: From concepts to methodology. In: Gough I, McGregor JA, editors. Wellbeing in developing countries: From theory to research. Cambridge: Cambridge University Press; 2007. p 316–50.
4. Gough I, McGregor JA, Camfield L. Theorising wellbeing in international development. In: Gough I, McGregor JA, editors. Wellbeing in developing countries: From theory to research. Cambridge: Cambridge University Press; 2007. p 3–43.
5. Ryff CD, Singer B. The contours of positive human health. *Psychol Inquir*. 1998;9:1–28.
6. Law M, Steinwender S, Leclair L. Occupation, health and well-being. *Can J Occup Ther*. 1998;65:81–91.
7. Pollard N, Kronenberg F, Sakellariou D. A political practice of occupational therapy. In: Pollard N, Sakellariou D, Kronenberg F, editors. A political practice of occupational therapy. Edinburgh: Churchill Livingstone Elsevier; 2009. p 3–19.
8. Christiansen C. Defining lives: Occupation as identity: An essay on competence, coherence, and the creation of meaning. *Am J Occup Ther*. 1999;53:547–58.
9. Hammell KW. Reflections on . . . well-being and occupational rights. *Can J Occup Ther*. 2008;75:61–64.
10. Watson R. A population approach to transformation. In: Watson R, Swartz L, editors. Transformation through occupation. London: Whurr Publishers; 2004. p 51–65.
11. Briskman L, Pease B, Allan J. Introducing critical theories for social work in a neo-liberal context. In: Allan J, Briskman L, Pease B, editors. Critical social work: Theories and practices for a socially just world. 2nd ed. Crows Nest, NSW, Australia: Allen & Unwin; 2009. p 3–14.
12. Hammell KW. Perspectives on disability and rehabilitation. Contesting assumptions; challenging practice. Edinburgh: Churchill Livingstone Elsevier; 2006.
13. Kinchloe JL, McLaren PL. Rethinking critical theory and qualitative research. In: Denzin NK, Lincoln YS, editors. Handbook of qualitative research. Thousand Oaks, CA: Sage Publications; 1994. p 138–57.
14. Mendes P. Tracing the origins of critical social work practice. In: Allan J, Briskman L, Pease B, editors. Critical social work. Theories and practices for a socially just world. 2nd ed. Crows Nest, NSW, Australia: Allen & Unwin; 2009. p 17–29.
15. Wilcock AA, Townsend E. Occupational justice. Occupational therapy interactive dialogue. *J Occup Sci*. 2000;7: 84–86.
16. Townsend E, Wilcock AA. Occupational justice and client-centred practice: A dialogue in progress. *Can J Occup Ther*. 2004;71:75–87.
17. Jary D, Jary J. The Harper Collins dictionary of sociology. New York: Harper Collins; 1991.
18. Honderich T. The Oxford companion to philosophy. Oxford: Oxford University Press; 1995.
19. Young IM. Justice and the politics of difference. Princeton, NJ: Princeton University Press; 1990.
20. Nipperess S, Briskman L. Promoting a human rights perspective on critical social work. In: Allan J, Briskman L, Pease B, editors. Critical social work: Theories and practices for a socially just world. 2nd ed. Crows Nest, NSW, Australia: Allen & Unwin; 2009. p 58–69.
21. Sherry K. Culture and cultural competence for occupational therapists. In: Alers V, Crouch R, editors. Occupational therapy: An African perspective. Johannesburg, RSA: Sarah Shorten; 2010. p 60–77.

22. Kallen E. Social inequality and social justice: A human rights perspective. Basingstoke: Palgrave; 2004.
23. Siegert RJ, Ward T, Playford ED. Human rights and rehabilitation outcomes. *Disabil Rehabil.* 2010;32:965–71.
24. Law M, McColl MA. Interventions, effects, and outcomes in occupational therapy. Thorofare, NJ: Slack; 2010.
25. Tisdall S. UN steps up pressure on Burma over crimes against humanity. “Gross violation of human rights” is junta state policy, draft report says. *Guardian Weekly* 19 March 2010; 10:3.
26. Hammell KW. Self-care, productivity, and leisure, or dimensions of occupational experience? Rethinking occupational “categories”. *Can J Occup Ther.* 2009;76:107–14.
27. Piškur B, Kinebanian A, Josephsson S. Occupation and well-being: A study of some Slovenian people’s experiences of engagement in occupation in relation to well-being, *Scand J Occup Ther.* 2002;9:63–70.
28. Doble SE, Caron Santha J. Occupational well-being: Rethinking occupational therapy outcomes. *Can J Occup Ther.* 2008; 75:184–90.
29. Wilcock AA, van der Arend H, Darling K, Scholz J, Siddall R, Snigg C, Stephens J. An exploratory study of people’s perceptions and experiences of wellbeing. *Br J Occup Ther.* 1998;61: 75–82.
30. Hay D, Clague M, Goldberg M, Rutman D, Armitage A, Wharf B, Rioux M, Bach M, Muszynski L, Drover G, Kerans P. Well-being: A conceptual framework and three literature reviews. Vancouver, BC: Social Planning and Research Council of BC; 1993.
31. Mark GT, Lyons AC. Maori healers’ views on wellbeing: The importance of mind, body, spirit, family and land. *Soc Sci Med.* 2010;70:1756–64.
32. Hammell KW. Sacred texts: A sceptical exploration of the assumptions underpinning theories of occupation. *Can J Occup Ther.* 2009;76:6–13.
33. Leclair LL. Re-examining concepts of occupation and occupation-based models: Occupational therapy and community development. *Can J Occup Ther.* 2010;77:15–21.
34. Krause JS. Survival following spinal cord injury: A fifteen-year prospective study. *Rehabil Psychol.* 1991;36:89–98.
35. Krause JS, Kjorsvig JM. Mortality after spinal cord injury: A four year prospective study. *Arch Phys Med Rehabil.* 1992; 73:558–563.
36. Ville I, Ravaud J-F, Tetrafigap Group. Subjective well-being and severe motor impairments: The Tetrafigap survey on the long-term outcome of tetraplegic spinal cord injured persons. *Soc Sci Med.* 2001;52:369–84.
37. Hammell KW. Dimensions of meaning in the occupations of daily life. *Can J Occup Ther.* 2004;71:296–305.
38. Hampton NZ, Qin-Hilliard DB. Dimensions of quality of life for Chinese adults with spinal cord injury: A qualitative study. *Disabil Rehabil.* 2004;26:203–12.
39. Waldie E. Triumph of the challenged: Conversations with especially able people. Ilminster, Somerset: Purple Field Press; 2002.
40. Hammell KW. The experience of rehabilitation following spinal cord injury: A meta-synthesis of qualitative findings. *Spinal Cord* 2007;45:260–74.
41. Reynolds F, Prior S. “Sticking jewels in your life”: Exploring women’s strategies for negotiating an acceptable quality of life with multiple sclerosis. *Qualitat Health Res.* 2003;13: 1225–51.
42. Macfarlane S. Opening spaces for alternative understandings in mental health practice. In: Allan J, Briskman L, Pease B, editors. *Critical social work: Theories and practices for a socially just world.* 2nd ed. Crows Nest, NSW, Australia: Allen & Unwin; 2009. p 201–13.
43. Yerxa EJ. Health and the human spirit for occupation. *Am J Occup Ther.* 1998;52:412–18.
44. Letts L. Enabling citizen participation of older adults through social and political environments. In: Letts L, Rigby P, Stewart D. editors. *Using environments to enable occupational performance.* Thorofare, NJ: Slack; 2003. p 71–80.
45. Strong S, Rebeiro K. Creating supportive work environments for people with mental illness. In: Letts L, Rigby P, Stewart D. editors. *Using environments to enable occupational performance.* Thorofare, NJ: Slack; 2003. p 137–54.
46. Ripat JD, Redmond JD, Grabowecky BR. The Winter Walkability project: Occupational therapists’ role in promoting citizen engagement. *Can J Occup Ther.* 2010;77:7–14.
47. Sen A. *Development as freedom.* Oxford: Oxford University Press; 2001.
48. Wehmeyer ML. Self-determination and individuals with significant disabilities: Examining meanings and misinterpretations. *JASH – J Assoc Pers Severe Handicaps* 1998;23:5–16.
49. Townsend EA, Polatajko H. *Enabling occupation II: Advancing an occupational therapy vision for health, well-being & justice through occupation.* Ottawa, ONT: CAOT Publications ACE; 2007.
50. Law M, Cooper B, Strong S, Stewart D, Rigby P, Letts L. The Person–Environment–Occupation Model: A transactive approach to occupational performance. *Can J Occup Ther.* 1996;63:9–23.
51. Reilly M. Occupational therapy can be one of the great ideas of 20th century medicine. *Am J Occup Ther.* 1962;26:1–9.
52. Bunting M. You have less control than you may think. *Guardian Weekly* 28 September 2009:19.
53. Mocellin G. Occupational therapy: A critical overview, Part 1. *Br J Occup Ther.* 1995;58:502–6.
54. Hammell KW. Resisting theoretical imperialism in the disciplines of occupational science and occupational therapy. *Br J Occup Ther.* 2011;74:27–33.
55. Iwama MK. *The Kawa model: Culturally relevant occupational therapy.* Edinburgh: Churchill Livingstone Elsevier; 2006.
56. Iwama M. Culture and occupational therapy: Meeting the challenge of relevance in a global world. *Occup Ther Int.* 2007;14:183–7.
57. Nelson A. Learning from the past, looking to the future: Exploring our place with Indigenous Australians. *Aust Occup Ther J.* 2009;56:97–102.
58. Marks D. *Disability: Controversial debates and psychosocial perspectives.* London: Routledge; 1999.
59. Sherry K. Voices of occupational therapists in Africa. In: Alers V, Crouch R, editors. *Occupational therapy: An African perspective.* Johannesburg, RSA: Sarah Shorten; 2010. p 26–47.
60. Kielhofner G. *A model of human occupation: Theory and application.* 4th ed. Baltimore, MD: Lippincott Williams & Wilkins; 2007.
61. Iwama MK. The Kawa (river) model: Nature, life flow, and the power of culturally relevant occupational therapy. In: Kronenberg F, Algado SS, Pollard N, editors. *Occupational therapy without borders.* Edinburgh: Churchill Livingstone Elsevier; 2005. p 213–27.
62. Bellah RN. *Beyond belief: Essays on religion in a post traditional world.* New York: Harper & Row; 1970.
63. Chuang Tzu. *Basic writings.* New York: Columbia University Press; 1964.
64. Gustafson JM. *Man and nature: A cross-cultural perspective.* Bangkok: Chulalongkorn University Press; 1993.
65. Heigl F, Kinébanian A, Josephsson S. I think of my family, therefore I am: Perceptions of daily occupations of some Albanians in Switzerland. *Scand J Occup Ther.* 2011;18: 36–48.

66. Kupperman JJ. *Classic Asian philosophy*. Oxford: Oxford University Press; 2001.
67. Paluch T, Allen R, McIntosh K, Oke L. Koori occupational therapy scheme: Contributing to First Australian health through professional reflection, advocacy and action. *Aust Occup Ther J*. 2011;58:50–3.
68. Wanless D. Ubuntu – we all belong to each other. *Int Congregational J*. 2007;7:117–19.
69. Murithi T. A local response to the global human rights standard: The ubuntu perspective on human dignity. *Globalisation Soc Educ*. 2007;5:277–86.
70. Suzuki D. *The sacred balance*. Vancouver, BC: Greystone; 2002.
71. Tuck Haugaasen JM, Haugaasen T, Peres CA, Gribel R, Wegge P. Seed dispersal of the Brazil nut tree (*Bertholletia excelsa*) by scatter-hoarding rodents in a central Amazonian forest. *J Tropical Ecol*. 2010;26:251–62.
72. Chinn PL, Kramer MK. *Theory and nursing: A systematic approach*. 4th ed. St Louis, MO: Mosby; 1995.
73. Rowles GD. Beyond performance: Being in place as a component of occupational therapy. *Am J Occup Ther*. 1991;45:265–71.
74. Unruh AM, Smith N, Scammell C. The occupation of gardening in life-threatening illness. *Can J Occup Ther*. 2000;67:70–7.
75. World Federation of Occupational Therapists. Position Statement on Human Rights. Available online at: [http://www.wfot.org/office\\_files/Human%20Rights%20Position%20Statement%20Final.pdf](http://www.wfot.org/office_files/Human%20Rights%20Position%20Statement%20Final.pdf) 2006.
76. Fejo-King C, Briskman L. Reversing colonial practices with Indigenous peoples. In: Allan J, Briskman L, Pease B. editors. *Critical social work: Theories and practices for a socially just world*. 2nd ed. Crows Nest, NSW, Australia: Allen & Unwin; 2009. p 105–16.
77. Cottrell RPF. The Olmstead decision: Landmark opportunity or platform for rhetoric? Our collective responsibility for full community participation. *Am J Occup Ther*. 2005;59:561–8.
78. Jongbloed L, Crichton A. A new definition of disability: Implications for rehabilitation practice and social policy. *Can J Occup Ther*. 1990;57:32–8.
79. Nelson A, Allison H. Relationships: The key to effective occupational therapy practice with urban Australian Indigenous children. *Occup Ther Int*. 2007;14:57–70.
80. Galheigo SM. What needs to be done? Occupational therapy responsibilities and challenges regarding human rights. *Aust Occup Ther J*. 2011;58:60–6.
81. Ramsden I. *Kawa whakaruruhau – cultural safety in nursing education in Aotearoa: Report to the Ministry of Education*. Wellington: Ministry of Education; 1990.
82. Mohanty CT. Cartographies of struggle: Third world women and the politics of feminism. In: Mohanty CT, Russo A, Torres L, editors. *Third world women and the politics of feminism*. Bloomington, IN: Indiana University Press; 1991. p 1–47.