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Decolonialism in the Profession: Reflections from WFOT

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Decolonialism in the Profession: Reflections from WFOT

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In May 2018, thanks to the continued support of Drs. Fred Sammons and Barb Rider, I had the good fortune of attending the 17th World Federation of Occupational Therapist (WFOT) Congress held for the first time in Cape Town, South Africa. This was the 3rd WFOT congress I have attended, and it was, perhaps, the most inspiring. Given the current divisive political climate in the US, it was inspiring to attend a conference that was focused on themes that emphasized equality and inclusiveness. As most people are aware, South Africa has had a long and painful history of colonization, apartheid, and suppression. Colonization is the process of settling among and establishing control over indigenous people. This includes taking away resources, displacing people, and subverting the indigenous culture with political, capital, and educational dominance. Oftentimes, the people who are victims of colonialism are portrayed as “lesser than” in character, intelligence, and culture, but those assumptions are unsupported and unfounded, put forth to justify inhumane acts. For example, South Africa, like other countries that were colonized, had its own culture, political system, and a tradition of higher education institutions that predated colonization.

The Impact of Colonialism

In the opening ceremony keynote address, Professor Elelwani Ramugondo described the world as a crime scene with slavery, stolen land, and the prison industrial complex all used to create inequity among people. She described how the current rise in gross economic inequality, dehumanization, racism, and a capitalist agenda were initially created in many places around the world by colonialism. According to Dr. Ramugondo, colonialism is noted in three areas: power, knowledge, and being (see Figure 1). Power is unequally distributed in nations where only people with the financial means have the power. Knowledge is unequally respected with indigenous and traditional knowledge viewed as inferior or even demonized. Being is unequally cared for with those who have the financial means living in the most risk-free environments and with the least amount of debility.

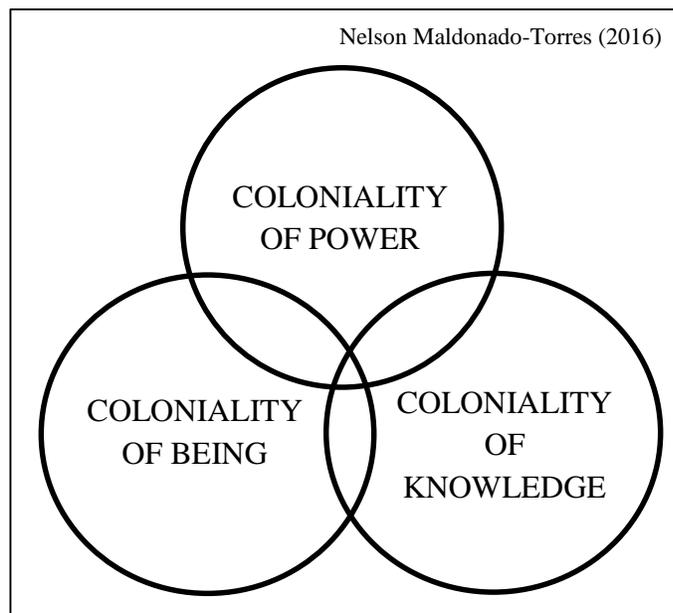


Figure 1. Visual representation of colonialism in three areas. Adapted from: https://encrypted-tbn0.gstatic.com/images?q=tbn:ANd9GcRBU4ewV8yFjJQr5aEnKFRp9Bp43tutDkihIA37Vzu_OiuG_Nyy

Dr. Ramugondo discussed debility as the impairment and lack or loss of bodily abilities, but also as a creation of historical junctures in which impairment and disfigurement were created by societal shifts. For example, the rise of mines, labor migration, and the impact of wars and violence create communities that are susceptible to illness, disability, and loss of function. In addition, the resources for health, wellness, and care in these communities are limited.

Another impact of colonialism was a shift from traditional healing in cultures to colonial medicine. In the final day plenary speech, Dr. Karen Whalley Hammell stated that colonization dominates 95% of the world, and that the ideas of these dominant cultures are exported even though they may not be applicable to other cultures. People from the western and northern cultural world constitute < 20% of the global population and are, therefore, the world's minority. Despite this statistic, there is an ethnocentric bias in medicine. For example, 96% of psychological theories are drawn from 12% of population cultures. In contrast, greater than 80% of people with disabilities live in the global south, mostly in areas that are rural and have severe poverty.

Core Concepts in Occupational Therapy

When the ideology of a profession is not examined, the basis of that ideology is not always recognized and, therefore, may be perceived to be common sense to the profession. What is considered common sense, however, may not be universally common.

The profession of occupational therapy (OT) is no exception to this phenomenon. Therefore, the profession needs to examine the history of the knowledge of the profession to understand how our knowledge was constructed. In many ways, our knowledge centers around the epistemology of colonialism with knowledge from other cultures viewed as inferior and their people deemed less knowledgeable or incapable of thinking.

According to Dr. Whalley Hammell, OT theorists developed ideas from their cultural perspectives, and the people who developed them were well-educated, urban, middle-class, middle-aged, able-bodied, white, and anglophone with Judeo-Christian backgrounds. These characteristics do not match with the world's majority population. OT was developed in the Western context based on these theories, which were exported to other cultures who were forced to adapt them. The focus on independence, productivity, and client-centered care are examples of these ideas.

Independence. Western society and the OT profession believe that independence is admirable, aspirational, and universally valued. This is reflected in our practice with goals that focus on independence and assessments that give higher scores to people who do not get help from others for their activities of daily living. Independent focused thinking, however, can lead to the devaluation of people who are dependent, who choose to accept assistance, or who adopt a cooperative approach. Independence is an alien concept in some cultures that define themselves by the interwoven aspects of social harmony and cooperation. For others, independence is not an option financially, as poor people see independence as a luxury, and may more often value the interdependence that is needed to survive.

When working with people who have different cultural perspectives, occupational therapists have few resources on which to base their practice. For example, as a young occupational therapist at Kessler Institute for Rehabilitation, I was working with a client who had sustained a stroke, and I was attempting to help her increase her self-care independence; a typical goal of OT. I was met with overwhelming resistance from her family members, who repeatedly insisted to me that they were "a good family." I reassured them that I had no doubt that they were and continued to discuss what we were doing in therapy to increase her independence. My words were met with the continued insistence

that they were “a good family.” I stopped, listened, and reflected on what they were saying, and it occurred to me that I was not understanding them. Her family then explained to me that a good family takes care of each other and only a bad family would expect someone who was disabled to take care of herself. In response, I refocused my practice from client-centered to client-engaged with an open approach not led by my assumptions. Embracing their cultural perspective, I shifted the focus of my treatment from our traditional colonial view and focused on training the family how to best care for her. From a Western perspective, there were no guidelines available to me in this situation. My only option was to focus on that individual situation and opt to increase function, not independence.

Productivity. Western thinking conceptualizes occupations as activities of daily living, work, and play; or as self-care, productivity, and leisure. These categories of occupation may not apply to the lifespan. They are devoid of context, they do not include self-fulfillment, and they are culturally specific (Whalley Hammell, 2018). For example, the inclusion of leisure is culturally specific, as it is not a universal concept. Self-care obscures the importance of survival, military occupations, deep poverty, and displacement. For many people, their days consist of resource-seeking activities, a concept not apparent in this conceptualization.

In one clinical example, I observed the rehabilitation team working with an artist who had sustained a brain injury. This artist, who had recently immigrated to the US, was living in a New York City abandoned building as a squatter with other artists. These artists had taken over this building and formed an artists’ community. The rehabilitation team initially tried to work with him to get an apartment and a job as a busboy to pay the rent. Despite their efforts, the client resisted and insisted that he did not need a job if he did not have an apartment. Their values of productivity were challenged by the client’s interest in pursuing his artistic endeavors over his interest in financial productivity.

Client-centered practice. Paired with the idea of independence is the idea of client-centered practice. Client-centered practice is led by Western assumptions. To the Western way of thinking, client-centered practice is the solution to the problem of colonialism, but the concept of client-centered practice is in and of itself a Western concept based on the idea of choice. A client-centered approach infers that a client has a choice, when often one does not exist (Ramugondo, 2018). Choice is a concept of the middle class. For people who are oppressed by poverty, racism, and gender bias, choices are often shaped by the oppressors. Life’s possibilities are framed by their environments with choice being available only to the privileged (Whalley Hammell, 2018). In addition, client-centered practice is based in the concept of independence and individualism. As previously mentioned, these concepts are not integral to many cultures who value interdependence and cooperation.

Decolonialism

According to Dr. Whalley Hammell (2018), occupational therapists promote colonialism when we focus on enhancement of self-care skills regardless of the value of self-care to the clients, when we prioritize occupations that we can label “productivity,” and when we embrace “client-centered” language to infer choice when often none exists. OT can ameliorate some of these issues by embracing decolonialism. According to Dr. Ramugondo (2018), decolonialism is a political and epistemological movement that is aimed at the liberation of ex-colonialized people from colonization. Dr. Ramugondo’s core message of affirmation to the profession of OT was that OT can have a role in the reclaiming of full humanness by mobilizing the capabilities for self-determination, collective self-reliance, and ultimately healing. OT was founded on the concept of supporting people from other cultures with institutions like the Settlement Movement in England and the Hull House in Chicago. The profession must embrace our

history and be conscious of both the positive and negative impacts we have on the people we serve. This, in part, can be accomplished in the profession of OT by developing an appreciation for other perspectives, the context of the individual, and interconnectedness.

Multiple perspectives. Occupational therapists need to avoid the traps of colonial thinking and embrace a focus on restoring wholeness to the individual and the society in which they function. For OT to have a globally relevant impact in the future, occupational therapists need to explore the values imbedded in culturally specific ways of thinking about humans and occupations and suggest how things might be different from other perspectives. Guidelines for practice, such as the Kawa River Model by Michael Iwama, that are developed from other cultural perspectives are needed for inclusive OT.

Context. OT also must be contextually situated and address the physical, environmental, socioeconomic, and cultural conditions of the people with whom we work. Occupational therapists must know history to understand these aspects of the person's environment and how that environment impacts a person's well-being. Western culture tends to assume that individual attributes create success with little regard for the context in which the person functions. "It is only when we understand that social inequalities are human creations designed to benefit a few that we can see the possibilities for challenging inequality" (Pease, 2010, p. 14). OT must enable the right to engage in occupations that contribute to the clients' well-being and the well-being of their communities.

Interconnectedness. In their own context, many people from other cultures value aspects of interconnectedness more than independence, and therefore, OT should enable the right to occupational participation with acknowledgement of the value of interdependence. Interdependence is valued as connectedness, and there is evidence that interdependence inoculates people from loneliness and promotes mental and physical well-being (Whalley Hammell, 2018). Instead of a sole focus on independence, occupational therapists could assess interdependence in terms of the capabilities of the person to use what is available in the environment, such as people and equipment. A goal might be to increase connectedness to others and to the environment.

Implications for the Profession

According to Whalley Hammell and Iwama (2012), "Only the privileged can indulge in theory that minimizes oppressive economic, cultural, religious, social, political, legal, and policy constraints in peoples' lives" (p. 388). Occupational therapists should resist the colonization of our profession through critical appraisal of the ideas on which we base our practice locally and of the ideas we export to other cultures. The profession of OT should promote theories that are culturally safe and inclusive. We must have cultural humility to acknowledge our bias and our unearned privilege, and to remember that the Western world does not have a monopoly on wisdom (Whalley Hammell, 2018).

The Role of the *Open Journal Occupational Therapy*

OJOT hopes to aid in the expansion of the ideas of the profession of OT by offering open access to all who are interested in reading the journal and by publishing voices from other countries and cultures. We encourage occupational therapists from all over the globe to be involved with OJOT, not only as consumers, but also as contributors, sharing scholarly opinions, research, and innovations in teaching.

Conclusion

As part of my trip to the 17th WFOT congress in South Africa, I had the privilege of learning more about Nelson Mandela. I had the opportunity to tour Robben Island, where he was held as a political prisoner for 18 of the 27 years he was incarcerated. My tour was guided by a former political

prisoner from whom I learned of the fortitude of the human spirit to survive, against all odds, the suppression of colonialism, and to develop interconnectedness in the most dire of circumstances. The call for the decolonialism of our profession in our thoughts and actions was a prominent theme at the 17th WFOT congress, and so I end with a quote from Nelson Mandela to inspire our profession to increase the awareness of the colonialism in our ideas, to examine our assumptions, and to take action in the creation of inclusive guidelines that consider not only a Western way of providing occupational therapy services, but that are a resource for working with people in all areas of the world.

Where globalization means, as it so often does, that the rich and powerful now have new means to further enrich and empower themselves at the cost of the poorer and weaker, we have a responsibility to protest in the name of universal freedom. --Nelson Mandela

***Diane Powers Dirette, Ph.D., OTL, FAOTA** is the cofounder of OJOT and has served as Editor-in-Chief since the first issue was published in the fall of 2012. She is a professor in the Department of Occupational Therapy at Western Michigan University and was inducted into the American Occupational Therapy Association Roster of Fellows in 2016. Her areas of research include self awareness after acquired brain injury, evidenced-based practice, visual disorders, and cognitive rehab. She has extensive experience with scholarly writing, editing, and publishing.*

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