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Developing an Anti-Racist Practice in Occupational Therapy: Guidance for the Occupational Therapist

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Developing an Anti-Racist Practice in Occupational Therapy: Guidance for the Occupational Therapist

Abstract

A strong anti-racist practice is critical for occupational therapists who represent an overwhelmingly white and female workforce yet serve people from all ethnic and racial backgrounds. These therapists are commonly unprepared to work with a racially diverse clientele because of a lack of reflective and critical practice grounded in anti-racism. This article provides some critical literature about race and racism in occupational science. We present important concepts for therapists to deepen their understanding of anti-racist practice, including intersectionality, agent and target groups, and equity and equality. We then explore some critical theoretical frameworks that can help conceptualize anti-racist practice, such as cycle of socialization, the 4 I's of oppression, window of tolerance, systems theory, cultural humility, and somatic racism. We conclude with intervention strategies informed by these frameworks that therapists can use to strengthen their anti-racist practice. These interventions include journaling, race caucusing, deepening relationships, deep listening, body awareness, and somatic healing. We hope that these concepts, critical frameworks, and intervention strategies can help occupational therapists develop a sustained anti-racist practice that will greatly benefit and support the people they serve.

Comments

The authors declare that they have no competing financial, professional, or personal interest that might have influenced the performance or presentation of the work described in this manuscript.

Keywords

anti-racist practice, racism, occupational therapy education, self-reflection

Credentials Display

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Anti-racist practice is a mindset and ongoing voyage that occupational therapists need to develop throughout their studies and career continually. Dr. Ibram X. Kendi (2019) defines an *anti-racist* as "one who is expressing the idea that racial groups are equal and none needs developing, and is supporting policy that reduces racial inequity" (p. 24) as well as "one who is supporting an antiracist policy though their actions or expressing an antiracist idea" (p. 13). He explains that an *anti-racist idea* is "any idea that suggests the racial groups are equals in all their apparent differences—that there is nothing right or wrong with any racial group" (p. 20). Dr. Kendi illuminates that an *anti-racist policy* is "any measure that produces or sustains racial equity between racial groups. By policy, I mean written and unwritten laws, rules, procedures, processes, regulations, and guidelines that govern people" (p. 18).

Studies across all levels of health care professionals in numerous disciplines have documented implicit and explicit racial and ethnic bias against Black, Latino, American Indian, Asian, and dark-skinned individuals (Blair et al., 2013; Maina et al., 2017). While assessment of racial bias in occupational therapy is limited, research with occupational therapists and students enrolled in occupational therapy programs across the US showed a positive correlation between a participant's self-identified race and explicit racial bias toward that race as well as a less favorable explicit racial bias toward white people among participants who identified as not white (Abou-Arab & Mendonca, 2020).

Black and Hispanic occupational therapy and occupational therapy assistant students have commonly identified a lack of guidance from their programs for the unique barriers they face as students of color navigating their education (Banks, 2020). To complete their degrees, these students often need outside resources since their programs cannot adequately provide the necessary support (Banks, 2020). Black and Hispanic therapists have identified a similar trend with the American Occupational Therapy Association (AOTA), a national organization for the occupational therapy profession consisting of occupational therapists. These occupational therapists have expressed that they do not feel supported to obtain and sustain leadership roles in the organization (Banks, 2020).

Over 70% of graduates of occupational therapy assistant programs in the US are white. Latinx people are underrepresented among occupational therapy assistant program graduates across all regions of the US. Black people are underrepresented among these same program graduates except in the western region of the US, and white and Asian Americans are overrepresented across all regions (Bates et al., 2018). Very few Black graduates have PhDs in occupational science in the US (Lavalley & Johnson, 2020). Current U.S. data indicates that about 73.2% of occupational therapy assistants identify as white, while approximately 11% identify as Black and 9% identify as Latino (Zippia The Career Expert, 2021). In the US in 2014, about 82% of occupational therapists were white while only 4% identified as Black, which was a decrease from 8% in 2004 (American Occupational Therapy Association, 2014), thus creating a health care profession mainly composed of white women who are unprepared to work with a racially and ethnically diverse population (Harvison, 2018; Taff & Blash, 2017). This dynamic plays out in many long-term care settings where low-wage people of color care for a predominately white clientele while white managers primarily supervise them (Sloane et al., 2021).

Looking outside of the US, similar trends persist. In New Zealand, Māori (indigenous of New Zealand and part of the Polynesian people of the Pacific Ocean) occupational therapists are underrepresented in the health care workforce (Davis, 2020). Aboriginal and Torres Strait Islander Australians often experience structural racism in health care by receiving fewer interventions in hospital settings than their presenting diagnoses require (McDermott et al., 2019). In South Africa, most occupational therapists are part of the public sector, and most public service users are uninsured, live in

poverty, and lack access to basic services such as water, electricity, and housing. These socio-political factors require that occupational therapists understand how these barriers, such as racism, may inhibit individuals' abilities to engage with occupations (Richards & Galvaan, 2018).

Purpose

This paper aims to explore the concept of anti-racist practice in occupational therapy and to help occupational therapists develop their own anti-racist practice throughout their lives and careers. Part of anti-racist practice is becoming comfortable with the terms white supremacy, structural racism, and racial oppression. While many additional terms related to anti-racist practice are important, these terms are highlighted because they focus on the widespread, systemic nature of racism. White supremacy is "the unnamed political system that has made the world what it is today" (Mills, 1997, p. 1). Structural racism is "racial bias across institutions and society . . . that systematically privileges white people and disadvantages people of color" (Annie E. Casey Foundation, 2020). Racial oppression "refers to race-based disadvantages, discrimination, and exploitation based on skin color" (Annie E. Casey Foundation, 2020). Many professions, including occupational therapy, often try to avoid using these terms to avoid feeling discomfort and replace them with more sanitized terms such as racial inequality or disparity (Christian et al., 2019). Occupational therapists must notice discomfort and breathe through that discomfort as part of building an anti-racist muscle.

Throughout this article, our purpose is to help expand anti-racist vocabulary, understand how the occupational therapy profession, as well as every other profession, perpetuates a white supremacist culture, whether intentionally or unintentionally; present some conceptual frameworks that can help ground an understanding of anti-racist practice; and develop strategies occupational therapists can use to think about how to dismantle racism on an individual, interpersonal, institutional, and structural level. Occupational therapists are invited on this journey as a lifelong process to help create a more equitable society for everyone. As the sagacious Rabbi Tarfon once said, "It is not your responsibility to finish the work of perfecting the world, but you are not free to desist from it either." Occupational therapists are vital for this critical endeavor.

Why Developing an Anti-Racism Practice is Important

A pandemic of state-sanctioned police violence against Black people in the US continues to persist with the unarmed killing of countless individuals, including Daunte Wright, George Floyd, Breonna Taylor, Sandra Bland, Philando Castile, Tamir Rice, Eric Garner, Trayvon Martin, Michael Brown, and too many others. Anti-Asian violence and discrimination has been building rapidly in the US since the COVID-19 pandemic began and dates back well over 150 years, including the 1882 Chinese Exclusion Act (Lee & Huang, 2021). Anti-Semitic violence continues to rise across the world (Greenblatt, 2021). American Indians in the US continue to experience health inequities because of the historical trauma of racism they have endured (Walters et al., 2011). Latinx people in the US experience heightened surveillance and racial profiling on a state and federal level. This surveillance is based on a theory that this group is unlawfully present. U.S. law often tolerates profiling under the guise of immigration enforcement (Chacón, 2021). It is imperative that health care professionals understand how a U.S. culture deeply rooted in racism continues to impact clients or patients and their families negatively on a personal, interpersonal, institutional, and ideologic level. This understanding can help occupational therapists develop an occupational consciousness, which Ramugondo (2015) defines as "an ongoing awareness of the dynamics of hegemony and recognition that dominant practices are sustained through what people do every day, with implications for personal and collective health" (p. 488). Since occupation influences

health, occupational therapists need to be aware of how a sole focus on individuals receiving health care services can hide power disparities and distract from the power differentials between health care professionals and their patients in the room (Mahoney & Kiraly-Alvarez, 2019).

Intersectionality and Centering Race

Law professor Kimberlé Crenshaw coined the theory of intersectionality in 1990 to highlight the interconnected nature of a person's race combined with other identities, including but not limited to sex, gender identity, class, sexual orientation, religion, disability, age, first language, and ethnicity. The theory was meant to center on how Black women's experiences of being both Black and women created a unique intersection and worldview that is different from white women's experiences or Black men's experiences (Crenshaw, 1991). Her theory argues against the 1976 DeGraffenreid versus General Motors Assembly Division court decision in which the court refused to recognize the vulnerability Black women experience around discrimination from the unique intersectionality of their race and sex. The court believed that Black men and Black women experience the same type of racism and that white women and Black women experience the same type of sexism. The court argued, therefore, that if racism and sexism are occurring in a workplace, these forms of discrimination will equally impact all Black people in the company and all women in the company (Carbado & Harris, 2019). While white people can have a unique experience around multiple intersecting identities (e.g., class, sexual orientation, religion, gender identity, disability), the term intersectionality uniquely centers on the racialized experience of people with melanin in their skin because of the amount of power, privilege, societal hierarchy, and systemic oppression that currently exists from a culture built on white supremacy (Bolding, 2020).

Self-Reflection

As occupational therapists read this article, we encourage self-reflection on how race continually influences and impacts any intersecting or intersectional identities you may have. Please note that you may feel charged, discomfort, anger, embarrassment, shame, defensive, guilty, excitement, relief, joy, or any other range of emotions the more you self-reflect. This is a common experience. Try simply to notice those feelings as well as any thoughts or judgments you have about them. This is how we build an anti-racist practice in our everyday lives.

Agent and Target Group Memberships

Throughout all human societies across the world and time, humans have developed rank systems that place value on specific groups of people (Nieto et al., 2010). Countless examples exist, including the Atlantic slave trade, the forcible removal and genocide of indigenous peoples all over the world, Japanese internment in the U.S., Nazi Germany, Israeli-Palestinian conflict, conflict in Darfur, apartheid in South Africa, police violence in the US, the insurrection at the U.S. capitol building, Rwandan genocide, Uighur concentration camps, and ethnic cleansing in Myanmar. This rank system creates agent and target group memberships. Members of social groups that are overvalued and benefit from unearned advantage are agents, while targets are members of social groups that are devalued, often "othered," and commonly experience marginalization (Nieto et al., 2010).

Using a Model to Conceptualize Agent and Target Groups

Hays (1996) developed a model using the acronym "ADRESSING" (age, disability, religion, ethnicity/race, social status, sexual orientation, indigenous heritage, national origin, and gender) to examine nine identities and the forms of oppression people with these identities experience based on agent or target membership. Other identities could be added to this model (e.g., first language, size,

documentation status). Note that this model serves as a beginning point for examining agent and target identities and is not exhaustive.

Equity and Equality

As a health care professional, it is important to understand the distinction between the concepts of equality and equity because it is easy to conflate these two terms. Julia Maxwell provides a concise definition of equality as "everyone is the same and the same rules apply," while equity "consider[s] the conditions in history" (as cited in Nieto et al., 2010, p. 18). Both concepts want people to have fairness and justice in order to enjoy full, healthy lives, but equality assumes that everyone starts in the same place and needs the same things, while equity focuses on understanding what people need and tries to meet those needs (Annie E Casey Foundation, 2020).

For example, if an occupational therapist is working with a family and child with multiple target identities, that family may require more help and resources than a family that has many agent identities. Let us assume that the therapist only has 90 min to work with both families. By spending 1 hr with the family with several target group memberships, the therapist would provide equity to both families. The therapist would be demonstrating an understanding that this family needs more time to effectively implement the intervention they have developed together. The therapist's intent to spend half the amount of time with the other family (since they can effectively implement the intervention through their access to more resources because of their agent identities) creates equity for both families through the decision to allocate a finite resource (the therapist's time) in a way that promotes fairness and justice.

Self-Reflection

Equity and equality highlight the individual and singular needs of clients, which is one aspect of client-centered practice. Client-centered practice complements the philosophy of the profession of occupational therapy, which focuses on occupational needs. We invite you to self-reflect on how you can increase your own client-centered practice through active listening when working with your clients. Brainstorm how you might use your active listening skills to create more equity for the people you serve.

Theoretical Concepts for Anti-Racist Practice

In this section, we provide some theoretical concepts we find helpful in grounding anti-racist practice. We offer invite all occupational therapists to build anti-racist practices with any of these frameworks. Part of anti-racist practice is using theories, conceptual frameworks, and tools that resonate. If something is difficult to grasp or understand the first time, keep practicing and building this new muscle around language. Anti-racist practice is a deeply personal process full of discovery and self-reflection. The more curious occupational therapists can become, the more possibility they may find in how to develop a meaningful anti-racist practice.

Cycle of Socialization

Every human being becomes socialized from birth to death. They are born into agent and target group memberships through no choice of their own. They have no say as to when or where they will be born. A history of oppression already exists related to their target groups. They do not give permission to receive these identities, but they must accept them. They then move through a cycle of socialization (Harro, 2018) as they navigate these identities and may not even be aware of how this cycle works, particularly if they have membership in many agent groups (see Figure 1).

Figure 1

Harro's (1997) Cycle of Socialization

The first socialization happens with the people around them and who are supposed to love them. They may unintentionally pass down messages they never critically examined themselves, such as ideas that "only girls can wear dresses," "emotion shows weakness," or "being queer or trans is a sin." Black parents may have "the talk" with their kids about how to interact with the police in order to stay alive. These messages can feel confusing, cause guilt, or any other host of emotions they may not fully understand when they are children. The next socialization is institutional and cultural. People consciously and unconsciously receive messages from institutions such as schools, places of worship, health care offices, government, businesses, and social services about what is and is not acceptable. For example, one of the authors learned that being Jewish meant that as a child he would constantly need to remind others that he did not celebrate Christmas or would remind his teachers that he needed to miss school in order to observe the Jewish high holidays.

The next socialization is enforcement. A system of rewards and punishments keeps everyone playing by the rules. The same author realized he was gay as he was moving through adolescence in a

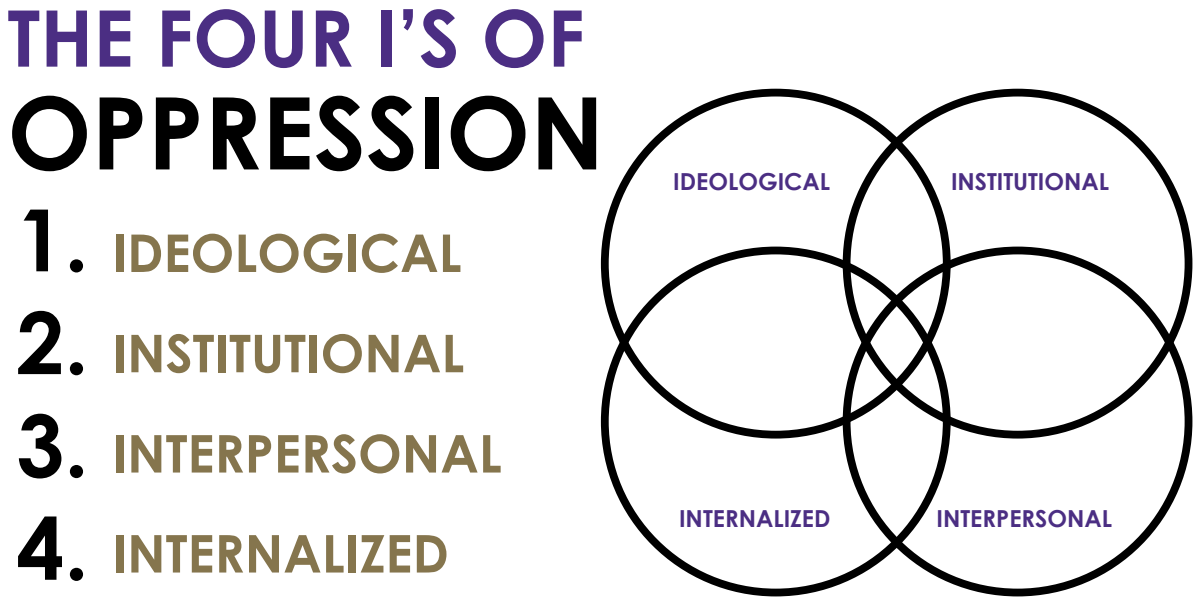
conservative town. To avoid bullying and to ensure his safety, he did not disclose his sexual orientation until he went away to college. The next piece of socialization is the results, which can lead to all types of feelings, including hate, self-hatred, violence, crime, trauma, and misperceptions. We can observe this stage of the cycle with the current pandemic of police killings of unarmed Black people in the US. Because of a cycle of socialization around racism, Black people continue to die, and police departments continue to murder Black people through conscious and unconscious bias. This cycle can either continue, and we can choose to live with this status quo and not question why so many Black people are dying from state-sanctioned violence. Or, the cycle can move away from a continuation to a direction for change in which we start to think, challenge, and question the system because we notice something is wrong. The core of this entire cycle of socialization is kept in place because of ignorance, fear, insecurity, confusion, and obliviousness.

Four I's of Oppression

Another useful framework to understand anti-racist work is the 4 I's of Oppression (Chinook Fund, 2015; Hardiman & Jackson, 2015). Oppression is a system that maintains advantages and disadvantages based on social group memberships (e.g., agents and targets) that often operates both intentionally and unintentionally on several levels (Hardiman & Jackson, 1997; see Figure 2).

Figure 2

4 I's of Oppression



Note. Hardiman and Jackson (1997).

The first level is ideological oppression, which is oppression at the level of ideas that the agent group is better than the target group. Throughout time and geography, white people have often been described as deserving, hardworking, intelligent, and capable, while these same people have created the idea that people of color are lazy, weak, incompetent, and undeserving. Examples of this language can be seen in the rhetoric around welfare support in the US (Thompson, 2018).

Ideological oppression then becomes embedded into institutions. For example, white people continue to benefit from tax cuts (a form of government assistance seen as "deserving"), while Black people in the US have still never received any type of reparations from the US's history of slavery. Many white people often will say that "slavery was a long time ago," which does not negate the impact it still has on the wealth of Black people today. In 2019, the median white household wealth was $188,200, almost eight times larger than the median Black household wealth of $24,100 (Moss et al., 2020).

Institutional oppression trickles down into oppressive interpersonal interactions between individuals or groups. People in the agent groups may unintentionally disrespect people in the target group, yet the disrespect is considered normal. These interactions are often called microaggressions, which are everyday slights that, on the surface, may seem harmless but commonly add up to create harm. They are often called "death by a thousand paper clips" (Sue et al., 2007). Common examples of microaggressions people of color face in the US include walking down the street past a white person and having the white person cross the street or clutch their valuables, people of color being followed in retail stores, and people of color being asked repeatedly "where they are from."

The ideological, institutional, and interpersonal oppressions commonly become *internalized*. The target group starts to believe that they are inferior to the agent group. For example, students of color may question if they deserve to be at universities and colleges that are predominately white because of all the oppression they endure. A person of color may also start to believe that they did not receive a promotion or get hired for a job because they were not as qualified as a white person. This type of oppression can become so commonplace that a person in the target group begins to act in ways that the agent group expects, thus creating a self-fulfilling prophecy (Merton, 1948).

Window of Tolerance

A *window of tolerance* is a term coined by neuroscientist Dan Siegel (2010) to describe how people can make personal changes in their lives. The idea is that people have to learn how to widen their window of tolerance so when they are faced with stressors in their lives (that may at one point have thrown them off balance), they know how to maintain steadiness. If a person moves outside of their window of tolerance, then they may experience hyperarousal (e.g., high anxiety and rigidity) or hypoarousal (e.g., a low or freeze response). When engaging in anti-racist work, occupational therapists have to learn how to expand their window of tolerance for conversations about race. If they learn how to expand their window of tolerance and invite discomfort in, they can be more receptive to antiracist work.

If occupational therapists do not expand their window of tolerance and attempt to have a conversation about race that feels too uncomfortable, their minds and bodies might encounter the following reactions: anxiety, an overwhelmed nervous system, fight/flight response, anger, or hypervigilance (all hyperarousal states), or they might become frozen, numb, depressed, shame, or shutdown (all hypoarousal states) because they are outside of their window of tolerance. Windows of tolerance can determine how comfortable they feel with specific memories, emotions, issues, and bodily sensations (Siegel, 2010) related to race. When they stay in their window of tolerance, their minds and bodies can feel grounded, flexible, curious, open, present, and self-regulated. We will discuss in more detail later in the article some techniques for expanding a person's window of tolerance.

Systems Theory

When thinking about anti-racism practice, it is imperative that occupational therapists consider a theoretical framework called systems theory. Ludwig von Bertalanffy is known as the founder of systems theory, in which he recognized the importance of examining the properties of a system holistically rather

than understanding a system through its separate parts (Bowers & Bowers, 2017). Uri Broffenbrenner used an ecological framework to expand on systems theory to look at human development. This ecological framework can help understand, for example, how a child and their family are impacted by their ecosystem. If the family continually experiences racism in their daily lives through the institutions they interact with (such as schools, health care settings, businesses, and police), then they are going to be less likely to be able to navigate their child receiving all of the occupational therapy services they might need because of spending time and energy confronting institutional racism. As an occupational therapist, it is critical to acknowledge how these experiences with institutional racism can negatively impact the development of both the child and the family (Bowers & Bowers, 2017). As part of anti-racist practice, keeping in mind how racism interrupts treatment and creates more barriers to care is important as occupational therapists help develop interventions with families.

Cultural Humility

Cultural humility is a concept that can help occupational therapists develop an occupational consciousness by bringing awareness that cultural differences will occur when people interact with one another. The cultural difference happens because of the interaction, not the identity of the person. Be careful not to inadvertently attribute the difference as a result of membership in a target group, regardless if that person is the occupational therapist or the family with whom the occupational therapist is working (Beagan, 2015; Hammell, 2013). Cultural humility is not cultural competence because competence assumes that someone must "know" an answer; cultural humility allows for curiosity and to "not know" (Tervalon & Murray-García, 1998).

While knowing as much as possible about the communities that occupational therapists serve is important, cultural humility encourages a practice of self-reflection and a commitment to a lifelong learning process. By allowing oneself to "not know," that person is developing a space for humility and flexibility to thrive and to let go of the "false sense of security" that stereotyping creates (Tervalon & Murray-García, 1998, p. 119). This humility and flexibility will allow the occupational therapist to explore the cultural elements of each family's experiences and to say "you do not know when you truly do not know" in order to search for and access resources that could significantly enhance the care of the family (Tervalon & Murray-García, 1998, p. 119). Developing a culturally humble practice is a significant way to expand an occupational therapist's window of tolerance and to build an anti-racist practice.

Somatic Racism

Racism and white supremacy are often understood as a belief system or ideology (and we have provided some frameworks to help understand white supremacy theoretically), but white supremacy is not cognitive. It is somatic, which means it lives in all bodies as some form of racial trauma. Resmaa Menakem (2017) suggests that a better term for white supremacy is *white-body supremacy* because white supremacy lives in the blood and nervous system regardless of how light or dark someone's skin may be. Everyone has inherited racialized trauma from generations of racism, which can manifest as either *clean pain* or *dirty pain* (Menakem, 2017).

Clean pain is pain that can help a person grow (expand the window of tolerance); it is that familiar pain a person feels when they know what to say or do in a situation, but they really do not want to but decide they need to say it anyway because they are responding from the best parts of themselves (Menakem, 2017). For example, a person might hear a family member make a racist comment, and instead of ignoring them (which may feel easier than addressing the comment), they decide to tell them not to make that type of comment because it is hurtful and untrue. *Dirty pain* is the pain that manifests as

avoidance, denial, or blame that comes from responding to a person's most wounded parts. An example of dirty pain could be an instance when someone says something that is racist or made a racist action but instead of owning up to it and taking accountability, might become more defensive or pretend as if they did not cause someone else harm. Beginning to understand how racism shows up in the body is critical for building an anti-racist practice. In the next section, we will provide some strategies to begin to build a somatic practice in everyday life so that occupational therapists can learn to choose to work with their own clean pain rather than with dirty pain.

Implications for Occupational Therapy

In this section, we provide some intervention strategies for building an anti-racist practice. This discussion is not exhaustive but rather an invitation for some places where occupational therapists might begin. Remember that occupational therapists are not aiming for perfection but rather some general themes to keep in mind as they think about how interventions are the strategies that can help increase one's window of tolerance for their own anti-racist practice, build cultural humility, and focus on their clean pain. Notice that the majority of interventions are on an individual level because to build a sustainable anti-racist practice, we all need to first focus on self-work. Therefore, we write directly to the reader in this section.

Self-Reflective Practice

Developing an ongoing and consistent practice of self-reflection is vital for anti-racist practice. In a world where we are all moving too fast, self-reflection can help us slow down and digest the thoughts, feelings, emotions, and ideas that bombard us on a daily basis. Self-reflection is not always a comfortable process, especially in the beginning. Self-reflection is critical for helping to "know yourself" and can help you "unlearn" some unhelpful learning you may have acquired through your cycle of socialization. A self-reflective practice can minimize barriers to you truly understanding the clients you work with and increase your understanding and engagement with them. A strong self-reflective practice can also aid you in learning how to interrupt racism and dismantle "concrete thinking" that is uncomfortable with "not knowing" (McDermott et al., 2019), thus creating more opportunities to embrace your own cultural humility.

Journaling is one way to make meaning of experiences you have, especially around race. When you journal, we encourage you to use pen and paper if you are able rather than an electronic device. The haptic sensation of writing can slow down your racing thoughts and help you unpack them. As you begin a practice around journaling, try to commit to about three to five minutes several times a week or whatever is realistic for you. It is more important that you start with something small so that you can build the practice. If you have never journaled or it is rarely part of your practice, deciding to do it every day for an hour a day is probably unrealistic for you (at least for right now) and will likely result in you feeling frustrated and giving up. By starting small, you can build successes that will lead to more successes, which may result in a regular journaling practice.

Another strategy for engaging in self-reflective practice can involve racial caucusing (JustLead Washington, 2019). Race caucuses are comprised of people from your own race to work together on deepening each person's anti-racist practice and have conversations about your racial identity. These groups do not need to be large (in the authors' experiences, a triad is often sufficient). It is most important that you and the others in your group commit to meeting consistently and staying connected, even when the conversations feel uncomfortable. This strategy is another way to expand your window of tolerance. Race caucusing will allow you to create scheduled learning opportunities to build your own self-awareness

(JustLead Washington, 2019) and to explore your clean pain. Caucusing can provide a supportive environment to help you explore the shame that may emerge from making mistakes, having unacknowledged privilege, or creating judgments about what you think should be "healthy" lifestyle choices for the people with whom you work (Nicholls & Elliot, 2019). JustLead Washington (2019) provides helpful guidance on how to develop a race caucus.

Building and Deepening Relationships

Learning how to build and deepen relationships with others is one of the most critical components of anti-racist practice. Relationships take time to build and need to be intentional (McDermott et al., 2019). Build relationships with others for the simple joy of creating connection. Relationships cannot sustain themselves when they are transactional and one-sided. They must be reciprocal, which is the only way to create deep trust. Patients may have a difficult time building trust with you because you are part of a health care system that may have broken their trust in the past. Acknowledge that you understand their concern because the simple act of validating their feelings will help you deepen your relationship with them and build trust.

You can also share with clients authentically about yourself on an ongoing basis (as you feel is appropriate) in order to help them get to know you better so that you can build trust over time (Richards & Galvaan, 2018). We often ask our clients many personal questions, so it is helpful if they know something about us too (as long as what you share will help build genuine connection rather than feel like a burden to the clients). Building relationships with clients generates relational power, which can create a more culturally humble and participatory approach. As you develop this type of reciprocal relationship, you will be able to provide opportunities for the clients to partner with you to identify the pressing needs they are seeking in their everyday lives and actions that can help promote change (Richards & Galvaan, 2018). Rather than "empowering" clients, you can let go of your own "power" so that you can help them identify institutional barriers that may be impacting their family system and ecosystem and work together to help them address these barriers (Gibson, 2020).

Deep Listening

The concept of deep listening is a crucial part of anti-racist practice that can easily be overlooked, especially when moving through busy and chaotic lives with a constant sense of urgency. You are likely familiar with the Western concept of active listening that focuses on listening for understanding, eye contact, and displaying empathy and concern (which are all important parts of listening). Deep listening includes all these important aspects but also emphasizes the value of a poly-attentiveness, meaning what is being said and what is not being said. This concept comes from Aboriginal modes of communication that focus on validation, comprehension, and authenticity (McDermott et al., 2019). For example, deep listening could reveal that a family with whom you are working does not know how to name the racism they have been experiencing while attempting to receive services for their child. By using deep listening skills, you might be able to help the family explore and name what is being unsaid because your poly-attentiveness picks up on something that has gone unaddressed.

When you are practicing deep listening, the author Adrienne Marie Brown (2020), offers the following questions that may be helpful to ask:

1. Why? Listen with "Why" as a framework. "Why" can be a revolutionary question because it can be a game-changing, possibility-opening question. We may be scared of the answer, which can be a sign that asking this question is important.

2. Ask, what can I learn from this? Asking this question can help us think about what we can learn about how to improve humanity.
3. How can my real-time actions contribute to transforming the situation? (versus making it worse). This question creates some of the hardest self-reflective work, because it shifts the focus from an external source to thinking about deep shifts in our own ways of being. If we truly want to create an anti-racist practice, we have to each begin to create a world where racial conflict and trauma do not define all of us but rather we learn to ask different questions and become curious (Brown, 2020) about others through our own deep listening and self-reflection. (pp. 70–73)

Body Awareness and Somatic Healing

Body awareness and somatic healing is described in depth in Resmaa Menakem's *My Grandmother's Hands* (2017). It is an exemplar book to guide you on an embodied anti-racist practice, meaning how to become resilient, focused, and mature by developing an awareness of how white body supremacy impacts your body. Even primary schools are beginning to teach mindfulness and somatics to young children (St. George, 2016). *My Grandmother's Hands* provides body and breathing practices after every chapter. Some of these exercises include humming, belly breathing, buzzing, slow rocking, rubbing your belly, singing aloud to yourself, chanting, grounding, and touching your discomfort. This type of somatic work can create transformative justice, meaning a transformation of broken people and communities into whole ones, which can result in greater trust, resilience, and interdependence among all of us (Brown, 2020). Menakem (2017) also describes the importance of taking care of your body through enough sleep, good nutrition, good hydration, regular exercise, taking part in simple pleasures that feel good to your body, and some form of meditation, prayer, or chanting. Menakem labels these activities as following your own *self-care growth routine*. A self-care growth routine is crucial for developing a sustainable anti-racist practice.

Reading

Reading is important because it helps expose all of us to new ideas, stories, and people we may not have encountered otherwise. Search anti-racism readings online and pick some books to read that will help you learn more about the history of racism in the US or abroad. Try to read stories that you might not typically choose to read. By reading stories and learning about the history of racism you may not have learned previously, you alleviate the burden people of color often feel to have to provide these resources. Search online for the manifold anti-racist reading lists that exist.

Conclusion

In this article, we provided some background information about anti-racist practice in occupational therapy. We discussed theoretical concepts and interventions occupational therapists can use to build a sustainable anti-racist practice. Some occupational therapists have identified that their own personal and social experiences outside of their practice have provided more useful information about clients of varying ethnic and racial backgrounds than on the job experience, their school curriculum, or in-service trainings at work (Giaratanno, 2016). As the COVID-19 pandemic has disproportionately impacted people of color (Scott, 2020), it is even more crucial for occupational therapists to strengthen their anti-racist practice. We hope the resources we have provided in this article will help guide occupational therapists to create a meaningful, critical, and transformative anti-racist practice.

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