



The Open Journal of Occupational Therapy

Volume 7
Issue 3 Summer 2019

Article 9

July 2019

Challenging the Status Quo: Infusing Non-Western Ideas into Occupational Therapy Education and Practice


Wanda J. Mahoney

Washington University School of Medicine, St. Louis - USA, wmahoney@wustl.edu

Anne F. Kiraly-Alvarez

Midwestern University - Downers Grove - USA, akiral@midwestern.edu

Follow this and additional works at: <https://scholarworks.wmich.edu/ojot>

 Part of the Higher Education Commons, and the Occupational Therapy Commons

Recommended Citation

Mahoney, W. J., & Kiraly-Alvarez, A. F. (2019). Challenging the Status Quo: Infusing Non-Western Ideas into Occupational Therapy Education and Practice. *The Open Journal of Occupational Therapy*, 7(3), 1-10. <https://doi.org/10.15453/2168-6408.1592>

This document has been accepted for inclusion in The Open Journal of Occupational Therapy by the editors. Free, open access is provided by ScholarWorks at WMU. For more information, please contact wmu-scholarworks@wmich.edu.

Challenging the Status Quo: Infusing Non-Western Ideas into Occupational Therapy Education and Practice

Abstract

The authors of this *Topics in Education* article, who are both occupational therapy educators, reflect on challenging concepts related to decolonizing occupational therapy education, an idea they first encountered at the 2018 World Federation of Occupational Therapists Congress. They acknowledge that Western views heavily influence the occupational therapy concepts they teach to their students. The downside of approaching occupational therapy education and practice primarily from a Western worldview is that occupational therapy students and practitioners may perpetuate societal inequities through their practices and are not well-prepared to address the occupational needs of individuals and communities around the world. This article describes existing alternative views, including occupational consciousness, cultural humility, and *ubuntu*, and how these concepts can be applied to occupational therapy practice and education. Practical recommendations are made about reconsidering how occupational therapy concepts are taught in educational settings and applied in practice.

Comments

The authors report that they have no conflicts of interest to disclose.

Keywords

colonialism, culture, occupational therapy, education, cultural humility, occupational consciousness, ubuntu

Credentials Display

Wanda J. Mahoney, PhD, OTR/L

Anne F. Kiraly-Alvarez, OTD, OTR/L, SCSS

Copyright transfer agreements are not obtained by The Open Journal of Occupational Therapy (OJOT). Reprint permission for this *Topics in Education* should be obtained from the corresponding author(s). [Click here](#) to view our open access statement regarding user rights and distribution of this *Topics in Education*.

DOI: 10.15453/2168-6408.1592

The purpose of this *Topics in Education* article is to draw attention to the drawbacks of teaching and practicing occupational therapy from an exclusively Western worldview, to propose alternatives to this approach, and to invite dialogue about this topic. Occupational therapy concepts from around the world are not sufficiently discussed in occupational therapy curricula in the United States, and this gap in occupational therapy education has implications for teaching and practice. Our examples and critiques come from our experiences in the United States, where we live and practice. The United States and other countries, such as Canada, Australia, New Zealand, the United Kingdom, and many European countries, are grouped together as Western countries, also referred to as the Global North. Although these countries consist of multicultural societies, they share historically predominant ideas and values that constitute a traditional Western worldview. This Western worldview, with values such as individualism, capitalism, materialism, and independence, has heavily influenced the development of occupational therapy (Hammell, 2013, 2018; Simó Algado, 2016). After introducing our own experiences of consciousness raising, this paper will discuss the concepts of occupational consciousness, cultural humility, and *ubuntu* (individual-community interconnectedness) as alternatives to the typical Western worldview of occupational therapy, and apply these concepts to occupational therapy clinical practice and education.

The ideas proposed in this article are not new, and scholars have been calling attention to these issues for many years (Iwama, 2003; Jungersen, 1992). However, ideas such as occupational consciousness and decoloniality remain elusive in the occupational therapy discourse in the United States, with which we are most familiar. We became aware of many of these ideas at the World Federation of Occupational Therapists (WFOT) Congress held in 2018 in South Africa during presentations about colonialism and the power dynamics in our professional knowledge and practice (Hammell, 2018; Ramugondo, 2018). These presentations challenged our ideas about occupational therapy and how we teach it, and we were not alone in reflecting on our experiences and the implications for practice (Dirette, 2018). As we explored resources, we felt embarrassed when we realized the amount of existing literature discussing these and similar concepts, some of which we were previously unaware and some of which we were aware but had not incorporated into our teaching and practice. These ideas challenge deeply held and often unexamined beliefs about our profession, but grappling with this challenge will likely strengthen our profession and the educational preparation of the next generation of occupational therapists.

Occupational therapy began in the Western world, and philosophical ideas behind occupational therapy originated in Europe and North America (Dsouza, Galvaan, & Kaushik, 2017). Western assumptions are often seen as the norm in occupational therapy; therefore, occupational therapy in the Western world may be described as the “dominant culture” of the profession (Beagan, 2015; Hammell, 2013; Nelson, 2007). Occupational therapy expanded into other countries through coloniality, transferring Western ideas into occupational therapy practice and education around the world without determining the relevance or importance of these concepts for the local context (dos Santos & Spesny, 2016; Dsouza et al., 2017; Simó Algado, 2016). Valuing Western ideas in occupational therapy without questioning cultural relevance sets up a power imbalance that diminishes non-Western values of interdependence and collectivism and that does not account for different views of occupation. These cultural conflicts and clashes have been identified, analyzed, and critiqued by occupational therapy scholars around the world (Bourke-Taylor & Hudson, 2005; dos Santos & Spesny, 2016; Gerlach, Teachman, Laliberte-Rudman, Aldrich, & Huot, 2018; Iwama, 2003; Jungersen, 1992; Nelson, 2007;

Yang, Shek, Tsunaka, & Lim, 2006). The common result of these analyses is a discussion about the need for decoloniality, which is the process of incorporating other, non-Western worldviews into the philosophy, education, and practice of occupational therapy (Ramugondo, 2018). As members of the dominant culture, occupational therapists in the United States and other Western countries have the responsibility to critically self-reflect upon and question how we perpetuate coloniality and unjust power dynamics in the ways we describe, teach, and practice occupational therapy (Beagan, 2015; Nelson, 2007). Occupational therapy educators likely have the most potential to foster this professional reflection among themselves and their students.

Consciousness Raising

We need to begin by acknowledging that we, the authors, belong and contribute to this dominant culture in occupational therapy. We live and work in the United States, and we learned, practice, and teach occupational therapy in the context of our Western views and values. For example, we teach definitions of occupation that fit into the middle-class, Western categories of work, self-care, and leisure (American Occupational Therapy Association [AOTA], 2017; Hammell, 2009b; Law et al., 2014). We use, and are proponents of, models of practice that were developed by Western scholars in the profession, such as the Person-Environment-Occupation-Performance model and the Model of Human Occupation (Christiansen, Baum, & Bass, 2015; Taylor, 2017). We work in a funding system that highly values independence, a Western value, and a main focus of our practice and teaching promotes independence, in spite of our own discomfort with this concept in light of our experiences working with individuals with severe cognitive and/or physical disabilities. Our work is guided by the *AOTA Code of Ethics*, whose most recent version explicitly removed social justice from its principles (AOTA, 2015). Even though we have approached our practice as a collaboration with individuals and their families, we work in a culture that values the expertise of health care professionals, which can result in unequal power dynamics between the professionals and the people with whom they work. This power differential stems from the fact that health care providers are often recognized as experts, and their patients may perceive that they do not have true choices in their interventions or treatments (Franits, 2005; Giangreco, 2004). Occupational therapy attempts to counter this phenomenon with client-centered practice, but health care systems in the United States that focus on reimbursement challenge the implementation of client-centered practice (Gupta & Taff, 2015). Further, client-centered practice is based on Western, middle class views that assume true choices are always possible when they are not (Dirette, 2018; Hammell, 2018; Ramugondo, 2018). This calls for additional analysis of the power dynamics between therapists and the people with whom they work and the need to consider incorporating non-Western ways of thinking in occupational therapy (Dirette, 2018; Ramugondo, 2018).

The language that we use to describe occupational therapy services can perpetuate unequal power dynamics and recognition of expertise. The words we use reflect and inform the way we think about issues, so the words we use to refer to our professional relationships are important. The profession's shift from primarily using patient to client in the United States prompted debate about how the terms reflected the medical, economic, and ethical aspects of the therapeutic relationship (Reilly, 1984; Sharrott & Yerxa, 1985; West, 1992). Scholars made the argument that "the word patient *need not* convey paternalism and passivity" since the term implied power differentials that favored the therapist (Sharrott & Yerxa, 1985, p. 403, emphasis added). When we use patient in this article, it is a deliberate choice to highlight these power dynamics. We use client or consumer to push back against this power imbalance, but it is from a Western, capitalist system that focuses on an economic transaction and it

implies that people have “free choice” in the services to which they have access, which is not consistently true (Reilly, 1984; Stricker, 2000, p. 1391). In an attempt to avoid these terms in this article, we struggled with the language to use. Referring to those providing and receiving occupational therapy services sets up a directionality of power in favor of the provider. It is common to discuss occupational therapy services for a certain population, which again, demonstrates a power differential in favor of the therapist. Having a discussion about the language we use to describe our professional relationship is one example of a way to raise our consciousness about these issues of power. Although wordy, we have chosen to refer to “people *with* whom occupational therapists work” as a means to challenge power dynamics that favor the therapist and to be inclusive of services with individuals and communities.

Alternative Views

The concepts occupational consciousness, cultural humility, and ubuntu offer examples of alternative ways of understanding occupational therapy knowledge and practice. The following sections describe these concepts and explain how they can inform occupational therapy.

Occupational Consciousness

Ramugondo (2015) described occupational consciousness as a continuous awareness of how unequal power dynamics are perpetuated through everyday practices of what we do. Occupational therapists recognize that occupation influences health, but our focus on individuals receiving health care services often hides the broader societal impacts of what people do. In addition to acknowledging the social, political, and societal impact of people’s occupations, occupational therapists need to consider how our own practices may create and encourage power disparities between ourselves and those with whom we work. Occupational therapy educators need to consider how we encourage and/or challenge therapist-patient power dynamics. We may perpetuate dominant practices that transfer into clinical and community practice through the examples we provide, the content we emphasize, our relationships with students, and the classroom dynamics. Using occupational consciousness to examine what we do as teachers to perpetuate power dynamics can be an important first step.

Cultural Humility

Cultural humility, especially when combined with critical reflexivity, provides a mechanism to foster occupational consciousness and use this awareness in therapeutic interactions. Cultural humility involves recognizing that cultural differences occur through the interaction of individuals, rather than placing the cultural difference on the person who does not belong to the dominant cultural group, whether they are the therapist or the person with whom the therapist is working (Beagan, 2015; Hammell, 2013). Culture encompasses all aspects of diversity, including ethnicity, race, class, socioeconomic status, gender, gender identity and expression, sexual orientation, and ability/disability (Hammell, 2013). Occupational therapists often recognize the intersectionality of cultural influences and identities on the people with whom we work, and students are often exposed to these ideas through self-reflection of their own cultural influences. Cultural humility challenges occupational therapists to build on this recognition of intersectionality to acknowledge that every encounter with another person involves cultural differences (Beagan, 2015; Hammell, 2013). Critical reflexivity, defined as self-reflection to understand one’s role in social inequities additionally challenges one to consider how power imbalances impact this cultural encounter (Beagan, 2015). Beagan (2015) offered multiple examples of questions for occupational therapists to consider to foster critically reflexive, culturally humble services, such as “how do staff unintentionally enact middle class-ness?” and “who is likely to feel welcome in this clinic, and why?” (p. 277). Notably for occupational therapy educators, similar to

how we teach therapeutic reasoning with students, cultural humility involves not “having right answers” but “asking good questions” (Beagan, 2015, p. 277). This process of asking questions to examine power relations and cultural differences is important for occupational therapy education and practice.

Ubuntu

Ubuntu is a South African philosophy that recognizes the interconnectedness of individuals and collectives or communities and attempts to remove the forced dichotomy between them (Cornell & Van Marle, 2005; Piper, 2016; Ramugondo & Kronenberg, 2015). All individuals are part of communities, and every community is made up of individuals; what happens with one affects the other in a “constant shared process of becoming” (Cornell & Van Marle, 2005; Ramugondo & Kronenberg, 2015, p. 12). Further, ubuntu emphasizes that individuals and the community have ethical responsibilities to the other. Ubuntu prompts us to ask, “How well are we doing together?” (Ramugondo & Kronenberg, 2015, p. 12). This question and concept has been applied to occupational science research and may also be useful in challenging Western assumptions and examining power relations among occupational therapists and those with whom they work (Lavalley, 2017). This emphasis on interconnectedness may be especially valuable to examine power dynamics between occupational therapy educators and students.

Implications for Occupational Therapy

While we recognize academic education as an area of occupational therapy practice, for clarity, the following sections delineate implications for clinical practice and education. The purpose of education is to prepare students for practice, and the concepts discussed in this article have relevance for educational preparation and clinical practice.

Implications for Clinical Practice

Most occupational therapists in the United States work in health care systems that oppress people with significant health needs and occupational issues through limited or variable access to quality occupational therapy and other health care services. Lack of access to services is a major factor leading to health disparities, especially for people who are low-income or from racial or ethnic minorities (Bass-Haugen, 2009; Bravemen, Gupta, & Padilla, 2013). The concepts discussed in this article prompt occupational therapists to question how our practices and larger health care structures may perpetuate these problems.

When considering occupational therapy beyond the Western conceptualization of our profession, it becomes important to promote concern for humankind and address broader occupational needs in society. Whether one thinks of this concern as social justice, occupational justice, or something else, it prompts occupational therapists to look beyond an individual receiving occupational therapy services. In order to do this, occupational therapists need to consider and challenge social structures, such as homelessness, violence, and structural racism, that inhibit or oppress participation in necessary and health-promoting occupations. Occupational therapists need to look beyond individual factors to consider and challenge societal issues that affect people’s occupational lives. Professional organizations have documents that can help occupational therapists justify their involvement in addressing broader societal issues, such as the WFOT position statement on human rights and AOTA societal statements on livable communities, youth violence, and health disparities (AOTA, 2016, 2018; Braveman et al., 2013; WFOT, 2006). To address health disparities, occupational therapists need to challenge structural racism, which comprises the “ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice” (Bailey et al., 2017, p. 1453). In addition to activism to promote societal changes and create

environmental changes in our own communities to address social determinants of health and consider population-based wellness approaches, occupational therapists need to question how our own services may contribute to injustice. It becomes necessary to question processes and practices in our own services to raise our occupational consciousness and promote cultural humility and critical reflexivity. If we accept the status quo in our own practice or in broader society, we perpetuate injustice and become part of the problem.

In addition to addressing systemic issues, occupational therapists need to examine power dynamics in our own clinical practice. As a starting point, we can use occupational consciousness to examine the power dynamics between the occupational therapist and those with whom we work. Cultural humility can help us to question how these power dynamics may play a role in therapeutic interactions, and ubuntu may help us to consider how we can explicitly share expertise with those with whom we work. The example below demonstrates how one occupational therapist examined and challenged power dynamics in her own practice.

Clinical practice application example. In addition to full-time academic work as an occupational therapy educator, the first author, Dr. Wanda J. Mahoney, worked with a few families in their homes through the early intervention system. Mahoney wanted to examine and challenge the power dynamics in her work with families in their homes, and this began when she made the conscious decision not to include her degree (PhD) on her business cards for early intervention or to inform the families of her faculty role. She was not attempting to hide the information that was readily available on the internet, but she did not want to draw attention to information that had the potential to further unbalance the power dynamics with the family deferring to her expertise as an occupational therapist and teacher. Home-based services naturally require negotiating typical power dynamics because the occupational therapist is entering the family's domain, so there is a stronger potential for shared power. To encourage this, Mahoney used family coaching as the primary means of supporting the child's and the family's occupational performance and development, an intervention approach to problem-solving that involves sharing expertise between the provider and the family members (Rush & Shelden, 2011). Coaching strategies are designed to recognize and build on the family's knowledge through guided questions, and although it is considered best practice in early intervention, it is not common where Mahoney practiced (Rush & Shelden, 2011). Mahoney often had to explain to families why she was not bringing toys to a session and that problem-solving with the family was the most important part of the session as a way to create change for the child. Therefore, there were frequent opportunities to practice how power dynamics impacted the intervention.

One such opportunity arose when changing the regular appointment time with a family. The mother spoke a little English, and Mahoney spoke a little Spanish, but the discussions during the occupational therapy sessions worked best with an interpreter to ensure that each person's message was clear. Mahoney understood enough Spanish to correct the interpreter occasionally when an idea or question was posed differently than intended. When discussing the schedule change, Mahoney said that she needed to make the change because she was going to be "in a class" on Wednesday mornings, deliberately leaving the information vague regarding her role in this class. The interpreter translated this to say that Mahoney was a *profesora* who taught occupational therapy at a university. Mahoney instinctively blurted, "That's not what I said" to the interpreter, but she had to clarify to the family that the information was true. After the session, Mahoney explained to the interpreter that she did not tell the families with whom she worked that she was an occupational therapy educator because it had the

potential to increase families deferring to her rather than recognizing their own expertise. This example brings up additional questions regarding the inherent power implied by withholding information from the families, and asking these and other questions can help an occupational therapist remain culturally humble. The purpose is not to demonstrate a perfect example but rather a real instance of occupational consciousness informing occupational therapy practice.

Implications for Education

In addition to changes that can be made in occupational therapy practice, there are direct implications for decoloniality in occupational therapy education, particularly related to our teaching approaches, definitions of occupation and occupational therapy, the teaching of theories and models of practice, and coordination of fieldwork and capstone experiences. Our approaches to teaching and learning as occupational therapy educators can incorporate the concept of ubuntu by reflecting on how we are “doing together” as educators and students. If we approach teaching as an opportunity to impart our knowledge of the content to students, we favor our expertise over the process of teaching and learning. When we acknowledge that students bring their own knowledge and experiences that can contribute to a better understanding of diverse concepts, we value the experiences of both educators and students. Further, such recognition helps both educators and students question what we know and how we know it, which is important for high level learning and critical reflexivity (Hooper, 2006). If we approach our teaching from the idea that students are co-constructors of knowledge, we can help them recognize expertise in learners as well as in teachers and value asking questions without expecting straightforward answers (Hooper, 2006, 2010). We can help students recognize that the people with whom they work are the experts in their own life experiences and should be actively included in the decision-making processes related to their occupational therapy services.

No single definition of occupation exists, and it is undeniable that occupational therapy scholars and researchers do not agree on how occupation should be defined. Scholars have critiqued definitions of occupation that primarily use work, self-care, and leisure categories and definitions of occupational therapy that focus too much on the Western value of independence (Guajardo, Kronenberg, & Ramugondo, 2015; Hammell, 2009a, 2009b). Although occupational therapy educators are required to prepare students for occupational therapy practice in their relevant contexts, educators can introduce additional approaches and definitions used in other regions or countries (WFOT, 2016). These introductions could include various efforts, including (a) sharing the WFOT document, “Definitions of Occupational Therapy from Member Organisations” (WFOT, 2017), (b) requiring readings from textbooks from international occupational therapy scholars, or (c) encouraging students to expand their literature searches to non-Western occupational therapy journals, such as *The Asian Journal of Occupational Therapy*, *Cadernos Brasileiros de Terapia Ocupacional/Brazilian Journal of Occupational Therapy*, *Indian Journal of Occupational Therapy*, *Revista de Terapia Ocupacional de Galicia*, *La Revista Chilena de Terapia Ocupacional*, and *the South African Journal of Occupational Therapy*, many of which are open access. These efforts will expose occupational therapy students to alternative worldviews and issues impacting occupational therapy practice around the world.

Regarding the teaching of occupational therapy theories and models of practice, evidence suggests that the Canadian Model of Occupational Performance and Engagement, the Model of Human Occupation, and the Person-Environment-Occupation-Performance Model are the most commonly taught occupation-centered models in occupational therapy programs across Australia, Canada, the United Kingdom, and the United States (Ashby & Chandler, 2010). Although research demonstrates

these models are applicable to and taught in non-Western regions, they have all been developed by Western occupational therapy scholars informed by Western values and assumptions (Sood et al., 2017). In order to prepare occupational therapy students to be globally connected and culturally humble, it would be worthwhile also to introduce them to theories or models that were developed by Global Southern scholars, such as the Creative Abilities Model (de Witt, 2014), or that incorporate non-Western values, such as the Kawa Model (Iwama, Thomson, & MacDonald, 2009). This exposure could better prepare students to question power dynamics in occupational therapy knowledge and meet the diverse needs of the people with whom they work.

Occupational therapy education programs use a variety of community-based and non-traditional or emerging settings for fieldwork and capstone experiences. These community settings are opportune learning environments to apply occupational consciousness and cultural humility. Educators can prompt students to question the differences in values, beliefs, and cultural practices that are present in their interactions and potentially challenge existing unequal power dynamics. Students need to ensure that they are not imposing their own values, beliefs, practices, and expectations onto the people with whom they interact. Rather, they need to take into consideration others' perspectives and work with people to bring about changes in their own lives based on their own values and beliefs. They also need to recognize and rely on the "local expertise" of the community members with whom they work (Piper, 2016, p. 109). While this is consistent with client-centered practice, occupational consciousness, ubuntu, and cultural humility provide additional questions to help guide students to limit the impact of Western assumptions. The example below depicts how an occupational therapy educator designed an in-class learning activity to address this need.

Education application example. In an introductory class for first-year occupational therapy students, the second author, Dr. Anne F. Kiraly-Alvarez, designed an in-class activity to introduce students to the concept of how culture and other contextual factors influence occupation. She began by showing a clip from the documentary "Babies," which highlights the first year of life of babies from four parts of the world (Balmès, Billot, Chabat, & Rouxel, 2010). The 2-min scene "Bath" depicts each of the babies being bathed by their parents. First, viewers see Bayarjargal from Mongolia, already lathered with soap in his mother's arms. His mother takes a mouthful of water from a bowl and, while holding him over a bucket, slowly lets the water dribble from her mouth onto his body to rinse him. Next, viewers see Haddie, from the United States, in her father's arms while he bathes her with a stream of water from a handheld shower head in a shower stall. Then, viewers see Ponijao with her mother, who is seated in the dirt in the shade of their simple shelter in the plains of Namibia. While embracing Ponijao in her arms, her mother methodically licks Ponijao's face and spits any dirt particles onto the ground. Finally, viewers see Mari, from Japan, in her mother's arms as her mother squirts breast milk over her face and then gently wipes it with a cloth.

After showing this clip, the second author facilitated a discussion with the class of occupational therapy students about their thoughts and reactions. The students were initially shocked or surprised at the variety of ways in which these babies engaged in the seemingly simple occupation of bathing. They expressed concerns about the hygiene or cleanliness of some of the methods depicted in the movie. Because of these initial reactions, Kiraly-Alvarez then encouraged the students to examine their biases. She reassured them that all of the babies have grown into healthy children who met all of the appropriate developmental milestones through different parenting practices. The students discussed their realizations about how much the physical environment, such as access to water or items such as soap or washcloths,

can change how an occupation is performed. They examined how cultural traditions may impact occupational performance and participation. This learning activity helped students to realize that there is not only “one way” or a “right way” to engage in occupations, and it challenged them to not assume that people participate in occupations in the same ways that they do themselves. It encouraged them to consider alternative cultures and explore how various contexts and environments impact occupation. It also prepared the students to be a little more culturally humble when working with diverse individuals and communities.

Conclusion

By sharing our own experiences of consciousness raising through discussions that began at the 2018 WFOT Congress, this paper proposes ways that occupational therapy educators can introduce and apply alternatives to the typical Western worldview of occupational therapy in our teaching and influence of occupational therapy practice. These ideas are not new, but asking questions and challenging the status quo through occupational consciousness, cultural humility and ubuntu can help to decolonize occupational therapy knowledge and practice in ways that enhance our profession. The responsibility for decolonizing occupational therapy knowledge and education lies with all occupational therapists, especially Western occupational therapy educators. While occupational therapists from the Global South and the people with whom they work are often the ones bringing these issues to the forefront, it is everyone’s responsibility to address power imbalances and injustices affecting occupational therapy knowledge and practice. Since Western society has been primarily responsible for perpetuating these unjust situations, it is the duty of occupational therapists from Western society to challenge the status quo by questioning and confronting issues with power dynamics through our teaching and occupational therapy practice.

Wanda J. Mahoney, PhD, OTR/L, is an associate professor of occupational therapy at Washington University School of Medicine, St. Louis, MO. Formerly, she was an associate professor of occupational therapy at Midwestern University, Downers Grove, IL.

Anne F. Kiraly-Alvarez, OTD, OTR/L, SCSS, is an assistant professor and the director of Capstone Development in the Occupational Therapy Program at Midwestern University, Downers Grove, IL.

References

- American Occupational Therapy Association. (2015). Occupational therapy code of ethics. *American Journal of Occupational Therapy*, 69(Suppl. 3), 6913410030p1-6913410030p8. <https://doi.org/10.5014/ajot.2015.696S03>
- American Occupational Therapy Association. (2016). AOTA’s societal statement on livable communities. *American Journal of Occupational Therapy*, 70(Suppl. 2), 7012410020p1-7012410020p2. <https://doi.org/10.5014/ajot.2016.706S01>
- American Occupational Therapy Association. (2017). Occupational therapy practice framework: Domain and process (3rd ed.). *American Journal of Occupational Therapy*, 68(Suppl. 1), S1-S48. <https://doi.org/10.5014/ajot.2014.682006>
- American Occupational Therapy Association. (2018). AOTA’s societal statement on youth violence. *American Journal of Occupational Therapy*, 72(Suppl. 2), 7212410090p1-7212410090p2. <https://doi.org/10.5014/ajot.2018.72S209>
- Ashby, S., & Chandler, B. (2010). An exploratory study of the occupation-focused models included in occupational therapy professional education programmes. *British Journal of Occupational Therapy*, 73(12), 616-624. <https://doi.org/10.4276/030802210X12918167234325>
- Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: Evidence and interventions. *Lancet*, 389(10077), 1453-1463. [https://doi.org/10.1016/S0140-6736\(17\)30569-X](https://doi.org/10.1016/S0140-6736(17)30569-X)
- Balmès, T. (Director), Billot, A. (Producer), Chabat, A. (Producer), & Rouxel, C. (Producer). (2010). *Babies* [Motion picture]. United States of America: Universal Studios Home Entertainment.
- Bass-Haugen, J. D. (2009). Health disparities:

- Examination of evidence relevant for occupational therapy. *American Journal of Occupational Therapy*, 63(1), 24-34. <https://doi.org/10.5014/ajot.63.1.24>
- Beagan, B. L. (2015). Approaches to culture and diversity: A critical synthesis of occupational therapy literature. *Canadian Journal of Occupational Therapy*, 82(5), 272-282. <https://doi.org/10.1177/0008417414567530>
- Bourke-Taylor, H., & Hudson, D. (2005). Cultural differences: The experience of establishing an occupational therapy service in a developing community. *Australian Occupational Therapy Journal*, 52(3), 188-198. <https://doi.org/10.1111/j.1440-1630.2005.00493.x>
- Braveman, B., Gupta, J., & Padilla, R. (2013). AOTA's societal statement on health disparities. *American Journal of Occupational Therapy*, 67(Suppl. 66S), S7-S8. <https://doi.org/10.5014/ajot.2013.67S7>
- Christiansen, C. H., Baum, C. M., & Bass, J. D. (2015). *Occupational therapy: Performance, participation, and well-being* (4th ed.). Thorofare, NJ: Slack Incorporated.
- Cornell, D., & Van Marle, K. (2005). Exploring ubuntu: Tentative reflections. *African Human Rights Journal*, 5(2), 195-220. Retrieved from <http://www.ahrlj.up.ac.za/cornell-d-van-marle-k>
- de Witt, P. (2014). Creative ability: A model for individual and group occupational therapy for clients with psychosocial dysfunction. In R. Crouch & V. Alers (Eds.), *Occupational therapy in psychiatry and mental health* (5th ed., pp. 3-32). Oxford, United Kingdom: John Wiley & Sons, Ltd.
- Dirette, D. P.-F. (2018). Decolonialism in the profession: Reflections from WFOT. *Open Journal of Occupational Therapy*, 6(4), 1-5. <https://doi.org/10.15453/2168-6408.1565>
- dos Santos, V., & Spesny, S. L. (2016). Questioning the concept of culture in mainstream occupational therapy. *Cadernos de Terapia Ocupacional da UFSCar*, 24(1), 185-190. <https://doi.org/10.4322/0104-4931.ctoRE0675>
- Dsouza, S. A., Galvaan, R., & Kaushik, A. (2017). History of occupational therapy in India and South Africa. In S. A. Dsouza, R. Galvaan, & E. L. Ramugondo (Eds.), *Concepts in occupational therapy: Understanding southern perspectives* (pp. 89-102). Manipal, India: Manipal University Press.
- Franits, L. E. (2005). Nothing about us without us: Searching for the narrative of disability. *American Journal of Occupational Therapy*, 59(5), 577-579. <https://doi.org/10.5014/ajot.59.5.577>
- Gerlach, A. J., Teachman, G., Laliberte-Rudman, D., Aldrich, R. M., & Huot, S. (2018). Expanding beyond individualism: Engaging critical perspectives on occupation. *Scandinavian Journal of Occupational Therapy*, 25(1), 35-43. <https://doi.org/10.1080/11038128.2017.1327616>
- Giangucco, M. F. (2004). "The stairs didn't go anywhere!": A self-advocate's reflections on specialized services and their impact on people with disabilities. In M. Nind, J. Rix, K. Sheehy, & K. Simmons (Eds.), *Inclusive education: Diverse perspectives* (pp. 32-42). London, United Kingdom: David Fulton Publishers.
- Guajardo, A., Kronenberg, F., & Ramugondo, E. L. (2015). Southern occupational therapies: Emerging identities, epistemologies and practices. *South African Journal of Occupational Therapy*, 45(1), 3-10. <https://doi.org/10.17159/2310-3833/2015/v45no1a2>
- Gupta, J., & Taff, S. D. (2015). The illusion of client-centred practice. *Scandinavian Journal of Occupational Therapy*, 22(4), 244-251. <https://doi.org/10.3109/11038128.2015.1020866>
- Hammell, K. W. (2009a). Sacred texts: A sceptical exploration of the assumptions underpinning theories of occupation. *Canadian Journal of Occupational Therapy*, 76(1), 6-13. <https://doi.org/10.1177/000841740907600105>
- Hammell, K. W. (2009b). Self-care, productivity, and leisure, or dimensions of occupational experience? Rethinking occupational "categories." *Canadian Journal of Occupational Therapy*, 76(2), 107-114. <https://doi.org/10.1177/000841740907600208>
- Hammell, K. W. (2013). Occupation, well-being, and culture: Theory and cultural humility. *Canadian Journal of Occupational Therapy*, 80(4), 224-234. <https://doi.org/10.1177/0008417413500465>
- Hammell, K. W. (2018). Building globally relevant occupational therapy from the strength of our diversity. *World Federation of Occupational Therapists Bulletin*, 1-14. <https://doi.org/10.1080/14473828.2018.1529480>
- Hooper, B. (2006). Epistemological transformation in occupational therapy: Educational implications and challenges. *OTJR: Occupation, Participation and Health*, 26(1), 15-24. <https://doi.org/10.1177/153944920602600103>
- Hooper, B. (2010). On arriving at the destination of the centennial vision: Navigational landmarks to guide occupational therapy education. *Occupational Therapy in Health Care*, 24(1), 97-106. <https://doi.org/10.3109/07380570903329636>
- Iwama, M. (2003). Toward culturally relevant epistemologies in occupational therapy. *American Journal of Occupational Therapy*, 57(5), 582-588. <https://doi.org/10.5014/ajot.57.5.582>
- Iwama, M. K., Thomson, N. A., & MacDonald, R. M.

- (2009). The Kawa model: The power of culturally responsive occupational therapy. *Disability and Rehabilitation*, 31(14), 1125-1135. <https://doi.org/10.1080/09638280902773711>
- Jungersen, K. (1992). Culture, theory, and the practice of occupational therapy in New Zealand/Aotearoa. *American Journal of Occupational Therapy*, 46(8), 745-750. <https://doi.org/10.5014/ajot.46.8.745>
- Lavalley, R. (2017). Developing the transactional perspective of occupation for communities: "How well are we doing together?" *Journal of Occupational Science*, 24(4), 458-469. <https://doi.org/10.1080/14427591.2017.1367321>
- Law, M., Baptiste, S., Carswell, A., McColl, M. A., Polatajko, H., & Pollock, N. (2014). *Canadian occupational performance measure* (5th ed.). Ontario, Canada: CAOT Publications.
- Nelson, A. (2007). Seeing white: A critical exploration of occupational therapy with Indigenous Australian people. *Occupational Therapy International*, 14(4), 237-255. <https://doi.org/10.1002/oti.236>
- Piper, B. (2016). International education is a broken field: Can ubuntu education bring solutions? *International Review of Education*, 62(1), 101-111. <https://doi.org/10.1007/s11159-016-9544-y>
- Ramugondo, E. L. (2015). Occupational consciousness. *Journal of Occupational Science*, 22(4), 488-501. <https://doi.org/10.1080/14427591.2015.1042516>
- Ramugondo, E. L. (2018). Healing work: Intersections for decoloniality. *World Federation of Occupational Therapists Bulletin*, 74(2), 83-91. <https://doi.org/10.1080/14473828.2018.1523981>
- Ramugondo, E. L., & Kronenberg, F. (2015). Explaining collective occupations from a human relations perspective: Bridging the individual-collective dichotomy. *Journal of Occupational Science*, 22(1), 3-16. <https://doi.org/10.1080/14427591.2013.781920>
- Reilly, M. (1984). The importance of the client versus patient issue for occupational therapy. *American Journal of Occupational Therapy*, 38(6), 404-406. <https://doi.org/10.5014/ajot.38.6.404>
- Rush, D. D., & Shelden, M. L. (2011). *The early childhood coaching handbook*. Baltimore, MD: Paul H. Brookes Publishing Co., Inc.
- Sharrott, G. W., & Yerxa, E. J. (1985). Promises to keep: Implications of the referent "patient" versus "client" for those served by occupational therapy. *American Journal of Occupational Therapy*, 39(6), 401-405. <https://doi.org/10.5014/ajot.39.6.401>
- Simó Algado, S. (2016). Terapia ocupacional, cultura y diversidad [Occupational therapy, culture and diversity]. *Cadernos de Terapia Ocupacional da UFSCar [Brazilian Occupational Therapy Notebooks]*, 24(1), 163-171. <https://doi.org/10.4322/0104-4931.ctoRE0677>
- Sood, D., Fisher, G., Mahaffey, L., Wong, S. R., Baum, C., & Cada, E. (2017). Occupation-focused models. In S. A. Dsouza, R. Galvaan, & E. L. Ramugondo (Eds.), *Concepts in occupational therapy: Understanding Southern perspectives* (pp. 139-158). Manipal, India: Manipal University Press.
- Stricker, G. (2000). Introduction: Listening to the voice of the c/s/x: Consumer/survivor/expatient. *Journal of Clinical Psychology*, 56(11), 1389-1394. [https://doi.org/10.1002/1097-4679\(200011\)56:11<1389::AID-JCLP2>3.0.CO;2-Y](https://doi.org/10.1002/1097-4679(200011)56:11<1389::AID-JCLP2>3.0.CO;2-Y)
- Taylor, R. R. (Ed.). (2017). *Kielhofner's model of human occupation* (5th ed.). Philadelphia, PA: Wolters Kluwer.
- West, W. L. (1992). Ten milestone issues in AOTA history. *American Journal of Occupational Therapy*, 46(12), 1066-1074. <https://doi.org/10.5014/ajot.46.12.1066>
- World Federation of Occupational Therapists. (2006). World Federation of Occupational Therapists position statement on human rights. Retrieved from <https://wfot.org/resources/human-rights>
- World Federation of Occupational Therapists. (2016). Minimum standards for the education of occupational therapists. Retrieved from <https://wfot.org/resources/new-minimum-standards-for-the-education-of-occupational-therapists-2016-e-copy>
- World Federation of Occupational Therapists. (2017). Definitions of occupational therapy from member organisations. Retrieved from <https://wfot.org/resources/definitions-of-occupational-therapy-from-member-organisations>
- Yang, S., Shek, M. P., Tsunaka, M., & Lim, H. B. (2006). Cultural influences on occupational therapy practice in Singapore: A pilot study. *Occupational Therapy International*, 13(3), 176-192. <https://doi.org/10.1002/oti.217>