

# **Occupational justice: New concept or historical foundation of occupational therapy?**



## **CAOT Archives Committee**

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# Session Objectives

In this extended session we will:

- present concepts of occupational justice
- describe the Settlement House Movement
  - societal context
  - development
  - principles
  - the occupational therapy connection
- describe the development of occupational justice in occupational therapy
- discuss with you how this material relates to contemporary occupational therapy practice

# Occupational Justice - Definition

Occupational justice is *“the right of every individual to be able to meet basic needs and to have equal opportunities and life chances to reach toward her or his potential but specific to the individual’s engagement in diverse and meaningful occupation.”*

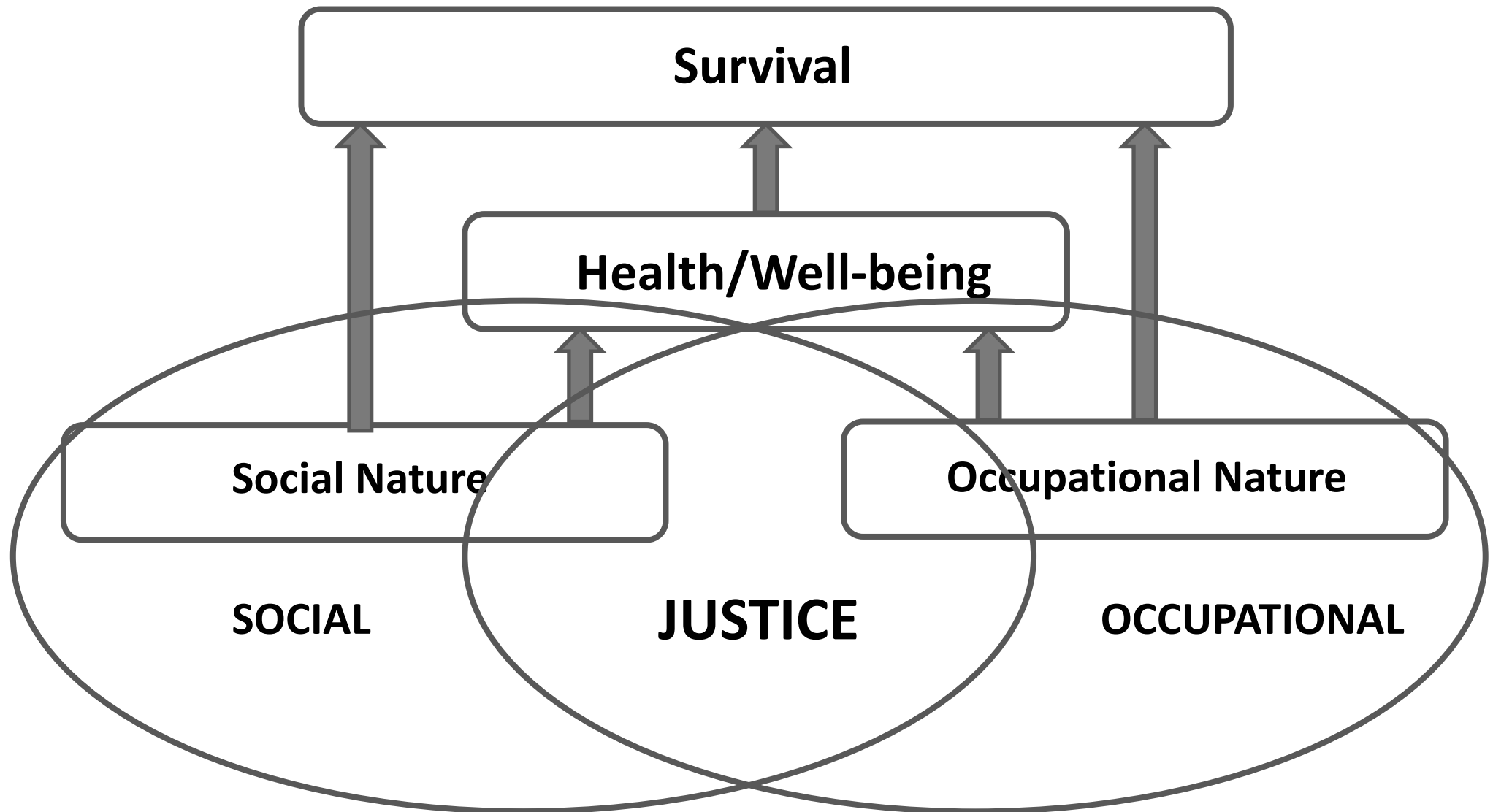
(Wilcock & Townsend, 2009, p. 193)



# Health, occupation and justice

- Occupation is a determinant of health, well-being and justice
- Health and justice work together to enable people to engage in meaningful occupation
- Being client-centered assumes advocacy for people to engage in meaningful occupations that improve their health and well-being
- It is a right to have access to occupations that are meaningful and valued

# Health, occupation and justice



# Empowerment

- Foundational to a democratic society.
- Alleviates powerlessness.
- Shared power.
- Power gains in engaging in occupations
- OT needs to be more about empowerment and less about medical model.
- People are empowered by engaging in occupations.

(Townsend, 1996)

# Four Occupational Rights

1. Right to experience occupation as meaningful and enriching
2. Right to develop through participation in occupations for health and social inclusion
3. Right to exert individual or population autonomy through choice in occupations
4. Right to benefit from fair privileges for diverse participation in occupations

(Townsend & Wilcock, 2004, p. 80)



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# Occupational Justice Beliefs

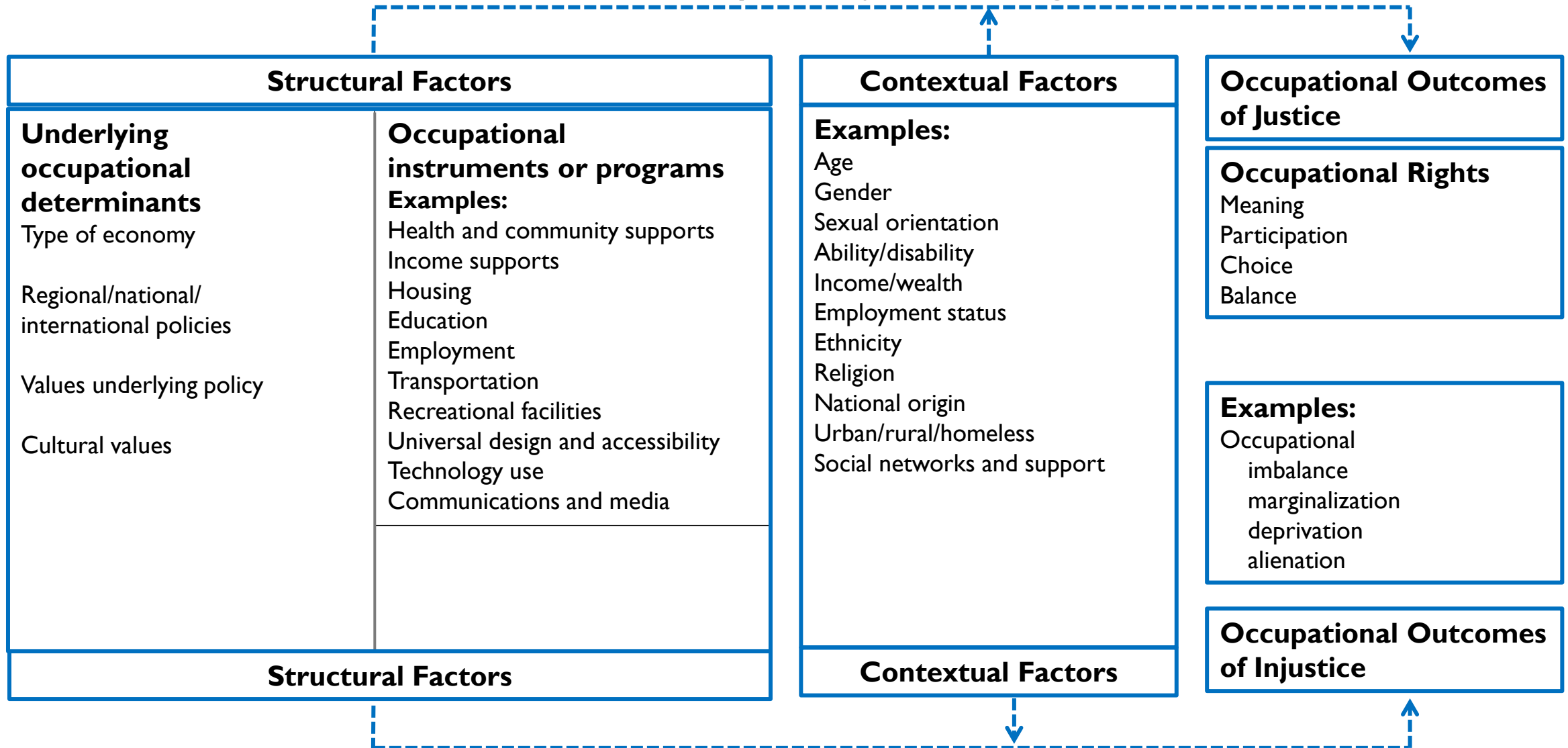
- People can voice what structures are in place to organize occupation
- Each individual's life circumstance and occupational needs are different; this needs to be acknowledged and honoured
- An occupational therapist can be an agent of change

(Townsend & Polatajko, 2013)



# A Framework of Occupational Justice

*Conditions of occupational justice leading to*



*Conditions of occupational injustice leading to*

# Outcomes of Occupational Justice

- Occupational Rights
  - Meaning
  - Participation
  - Choice
  - Balance

(Townsend and Polatajko, 2013, p. 81)

# Outcomes of Occupational Injustice

- Occupational imbalance
- Occupational marginalization
- Occupational deprivation
- Occupational alienation

(Townsend and Polatajko, 2013, p.81)

# Societal Context 1890 to 1920

- Canada was only 23 years old in 1890
- Total population was ~ 5 million, concentrated in Ontario and Quebec
- 55% were of British ancestry, 28% of French ancestry
- Immigration was high, mostly from eastern Europe – source of cheap labour
- Very much a “British Dominion”
- External affairs managed by Britain
- 68% of population rural, 32 % urban
- Economy primarily agriculture
- Migration beginning from rural to cities
- Widespread poverty, unemployment, slums
- Industrial revolution - conditions in workplaces (factories) appalling
- Factory work was repetitive, had no connection to end product, pay by piecework, long hours
- Sense of alienation in society



# Societal Context 1890 to 1920

- No standards for clean water
- Poor sanitation, sewage
- Women were the “keepers of health”, expected to keep the home clean
- Epidemics widespread – typhoid, cholera, smallpox, measles, diphtheria, whooping cough
- Tuberculosis the primary cause of adult death
- Health care available only to those who could afford to pay
- Poor were treated in hospitals, the wealthy were treated at home
- People with disabilities were sequestered, hidden away
- People with mental illness were kept in asylums, often for a lifetime

# Societal Context 1890 to 1920

- Care for the poor or ill was organized and established by religious groups, rather than by the state
- “Social Gospel”
  - Promoted social justice
  - Established in cities
  - Dealt with urbanizing population, unemployed, indigent, immigrants
  - Done in the context of “charitable acts”
  - Some church-run settlement houses and city missions were established
- By 1900 there was a clear need for social reform and social justice
- In response, a number of movements emerged
  - Mental hygiene/Moral Movement
  - Arts and Crafts Movement
  - Educational Reform Movement
  - Settlement House Movement

# Parallel Movements

## **Mental Hygiene/Moral Movement**

- Took place in asylums that housed people with mental illness
- Patients were treated with kindness and were protected
- Behaviour could be modified or controlled through engagement in activities
- Occupation could decrease the need for restraints
- Occupation gave order and meaning to patients' lives
- Occupations could divert patients' morbid thoughts
- Occupation was in the form of work for the institution itself, or was diversionary in the form of crafts

# Parallel Movements

## Arts and Crafts Movement

- Arose in Britain as a socio-political response to the industrial age
- With industrialization people felt disconnected from nature, from work and from society
- Factory-produced goods were cheap, poorly designed; the work itself was dehumanizing
- John Ruskin and William Morris sought to reform society through art, promoted decorative arts, especially crafts, and extolled the use of one's hands
- Craftsmanship was a way to help the unfortunate by providing them with skills
- Morris promoted the concept of a mutually-dependent and supportive community of craftspeople
- Creativity and “joyful work” were considered health-giving.



# Parallel Movements

## **Educational Reform**

- Manual training was part of educational reform at the turn of the 19<sup>th</sup> century
- The movement was away from learning by rote to learning by doing, “active engagement”
- The term “occupation” was used to describe arts and crafts
- Manual training was used in schools to promote good work habits, independence and dexterity
- John Dewey advocated manual training to prepare children for daily life; knowledge through problem-solving
- Meaningful experiences help the individual connect with his/her environment

# Settlement House Movement – What was it?

- Physical space
- Situated in “poor” section of large cities
- Staffed by volunteers that ideally lived on site
- Promoted health and well-being of the entire community
- Programming focussed on immigrants, poor and disabled
- Education provided to “enable” individuals and families to be independent and therefore less dependent on social supports
- Common programs included language lessons, home management skills, health knowledge and arts & crafts.

# Settlement House Movement Development

- Late 1800s in UK (Octavia Hill)
- First settlement house in North America opened in 1886 in New York eventually increasing to 400 houses
- First Canadian house established in 1902 by Mary Bell and Sarah Carson in Toronto. Grew to 13 houses (six in Toronto)



# Settlement House Movement – OT Connection

- Elizabeth Casson (UK) – worked with individuals with mental illness and incorporated ideals of engaging them in activities and having staff and patients live together.
- Hull House in Chicago – strong emphasis on the value of arts and crafts.
- Future OTs provided craft lessons and practical life skills.  
Most famous – Eleanor Slagle

# Settlement House Movement - Principles

- Arouse social conscience
- Everyone has the right to be the “best selves” (James, 2001, p.6)
- Poor and disadvantaged had the right to be self-sufficient
- Independence was preferred over dependence on “the state”
- Well-being of the community
- People needed the opportunity to “re-connect” to their roots in the rural communities (connection to the land)

# Development of Occupational Justice

- Work with returning veterans from WW I and WW II
  - Right for returning injured soldiers to contribute to society and be engaged in meaningful occupations
  - Retraining activities
  - Use of occupation to increase morale
- Loss of focus – fitting in with the medical model
  - Desire for credibility began to outweigh client-centered practice
  - Scientific knowledge outweighing the knowledge of the person
  - Crafts and activity minimized and viewed as antiquated
- Return to our roots



## Occupational Theraphy Described At Quota Club

Occupational Therapy was described as "any activity, mental or physical, definitely prescribed for the purpose of contributing to or hastening recovery from illness," in an address to the Winnipeg Quota club Tuesday in the Royal Alexandra hotel, by Miss Dorothy Herzer, B.A., University of Manitoba. Miss Herzer took a two-year course in occupational therapy in Toronto, then a six months internship period—three months in the State Mental hospital in Zurich, where one of Europe's leading psychiatrists is in charge, and three months in a private sanatorium, run by a family, and around which the social life of the town centred. Here arrangements were being made by Miss Herzer and co-workers to start a training school in occupational therapy when the war broke out. Miss Herzer went to England where she was given a position in a hospital in Bristol and while there started departments in occupational therapy in four other hospitals.

"Though a relatively new profession, occupational therapy as a cure is as old as medicine," Miss Herzer said. "Usually the doctor prescribes the exercise and the leaders the craft. Emphasis is laid on an activity that will keep the patient interested. Keeping busy keeps the mind off itself. In tuberculosis the trouble is part physical and part mental; since most patients are young, they worry about the expense and about

their chance of working when they leave the sanatorium. It is necessary to give them something to look forward to. They are given things to make that will sell. Slight physical activity and mental rest are the ideal combination."

In mental hospitals, said the speaker, the patient was first given the thing he liked most to do; later something more worth while might be substituted.

The president, Mrs. James Hercus, occupied the chair and before introducing the speaker presented Mrs. R. F. McWilliams, honorary member, with a corsage of red roses. Mrs. George A. Warren thanked the speaker.

Miss Iva Withers, accompanied by Miss Ella M. Buchanan, sang Pasing By, Why I Love You, Wanting You, and Somewhere Over the Rainbow.



May Hamilton, OT,  
circa 1944



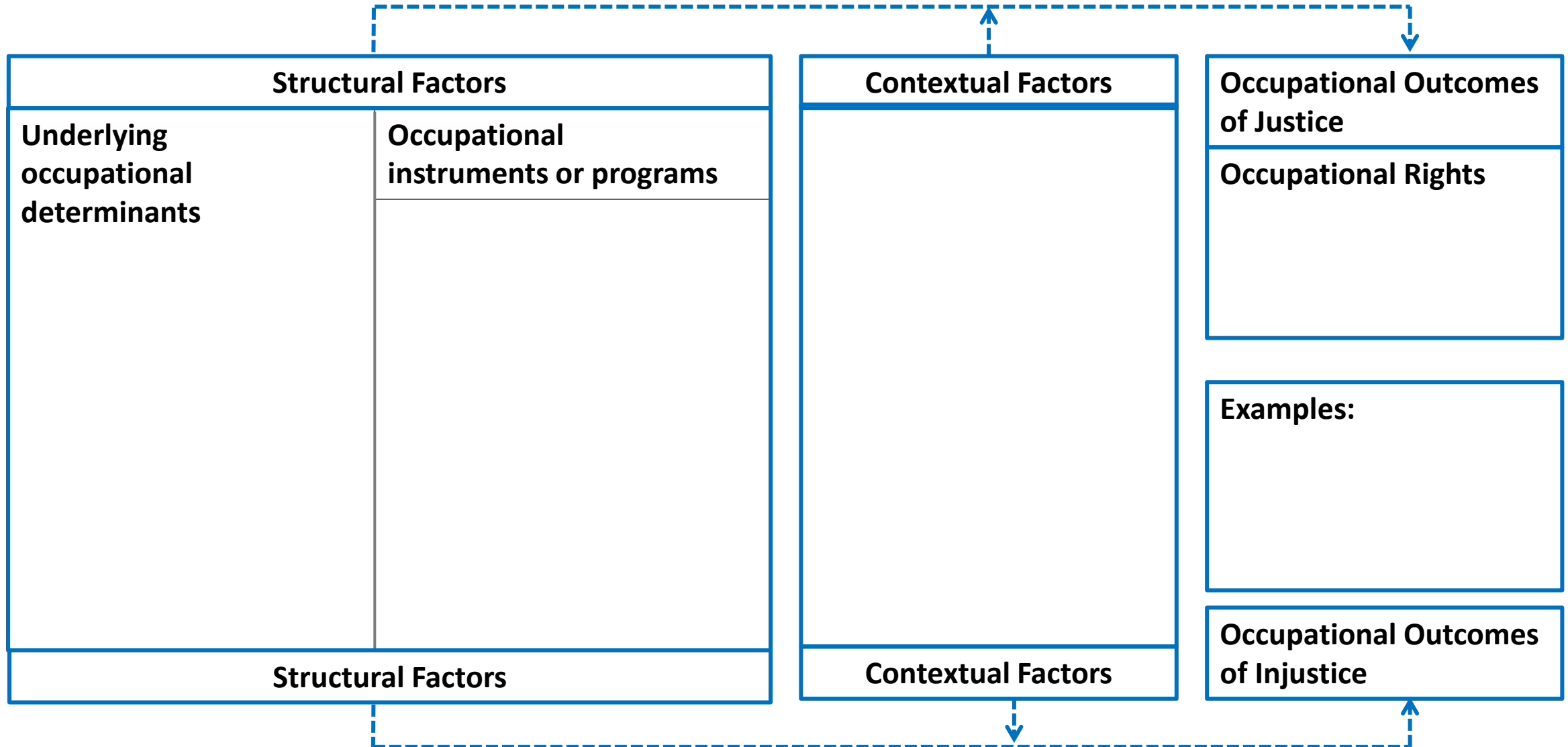
# A Case History

- male, 28 years old
- born in Toronto, Canada
- to Egyptian and Palestinian immigrants who became Canadian citizens
- parents disliked some of the Western social influences
- grew up in Afghanistan during the war
- pushed into military combat at very young age by father
- severely wounded after being shot in the back twice
- convicted of war crimes by a United States military tribunal at the age of 15
- tortured for information during his imprisonment
- plea agreement signed after 10 years of detention without charge. He accepted an eight-year sentence, not including time served
- 2012 was repatriated to Canada and then released on bail in May 2015
- Plans to pursue an education in the health sciences



# A Framework of Occupational Justice

*Conditions of occupational justice leading to*



(adapted from Townsend & Polatajko, 2013, p. 81)

*Conditions of occupational injustice leading to*

# Considerations for Contemporary Practice

1. What are examples of components and principles of occupational justice and the Settlement House movement
  - that are reflected or you would like to see in your occupational therapy practice?
  - that are reflected in occupational therapy practice in Canada?
2. What does the concept of occupational justice mean for occupational therapy practice in Canada?
  - at the level of the individual practitioner?
  - at the level of local or provincial occupational therapy communities/organizations?
  - at the level of our national organization?
3. What recommendations do you have for CAOT about occupational justice and contemporary occupational therapy practice?

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