

All About Occupation - Seminar One: 26.05.21. ‘The COVID-19 pandemic and ensuing occupational disruption: Exposing the lie that “we’re all in this together”’.

Dr Karen Whalley Hammell’s responses to comments submitted by participants.
28.05.21.

First, I’d like to express my sincere appreciation to everyone who submitted one of the many, many nice comments about my talk. It should not be a surprise to anyone that there are many in our profession who do not like my work - what I write or how I write it - so I always appreciate the kind words and support of those who do. Thank you.

I also wish to make known that I don’t engage in any social media discussions. I’m not on facebook, twitter or any other platform. I don’t dismiss the value of interactive forms of social media communication; I just don’t have enough hours in my days to participate. I barely keep up with the volume of email correspondence I receive from all over the world...Iceland, India, Iran, Ireland, Italy... (that’s just the “I”s). I’m sorry.

But I hope the following will be helpful in providing some of my further thoughts on the issues raised in the recent seminar. Thank you to everyone who commented or posed a thoughtful question. I’m sorry this response is so long; it’s a rare opportunity for me to convey some ideas in writing that are unfiltered and uncensored by reviewers and editorial boards. I hope you find it useful.

Before I begin to address the questions posed to me I wish to make a statement. This week, the remains of 215 children – some as young as 3 years old – have been located in an unmarked, mass grave beside the Kamloops Indian Residential School in British Columbia, Canada. This school, one of many run by the Catholic Church at the behest of the colonial Canadian Government, was integral to advancing the imperial agenda of forced assimilation and genocide of Indigenous people. It opened in 1890 and closed in 1978, meaning that Indigenous children were being forcibly seized from their parents and confined in this institution during a time at which I, too, was attending school. Of course, even if I’d attended school in a British colony and not in Britain itself my parents would not have faced the horrific prospect of my sister and me being ripped from their loving care and sent to an Indian Residential School where children were subjected to cultural, spiritual, emotional, physical and sexual abuse. We are White.

I started school in Stanmore when I was 4 years old. I graduated from the Liverpool occupational therapy programme when I was 21. How is it possible that I undertook 17 years of education – including three in a city central to Britain’s slave trade - yet graduated with zero knowledge of the cruelty, brutality and depravity that accompanied the greed, theft and domination that constituted Britain’s global colonial project; knowledge I only began to discover when I was in my twenties? And how is it possible

that when the history of the Anglophone occupational therapy profession is recited, this fundamental shame is never mentioned?

To be clear: I love England, where I have family and special friends whom I visit as often as I'm able. But because of the widespread historic - and ongoing - collusion with silence that exists to this day I still have much to learn about colonialism, about occupational therapy's continuing role in perpetuating the injustices deeply rooted in a colonial past and present, and about the unjust advantages that have accrued to me as a White person raised in Britain and currently residing in Canada. Please bear this in mind as you read my thoughts; I still have much to learn.

Here we go with the questions. I was asked:

[What do you think Karen in stepping aside and sharing space with other presenters during the presentation opportunities you are given, who identify as BIPOC, thus role modelling positive action and promoting representation?](#)

This was an inevitable question - the "low hanging fruit" - and one to which I had already given considerable thought. During the past year I have discussed this issue with critical BIPOC and queer colleagues and friends and the decision I have made to speak alone is a result of those thoughtful deliberations. I am well aware that I am an easy target for criticism – and I am subjected to a lot of criticism. For many in positions of power I am a treacherous threat to the status quo; disrespectful of the profession's élites; an annoying and irreverent disrupter. To some others, I am utilising more than my share of space; I'm not woke enough; I don't cite their work often enough; I neglect to praise them in my lectures....I've heard it all. But because the question/challenge posed to me speaks to an important issue; because I really *have* thought a great deal about this; and because I respect and honour the place from which the question was clearly posed, I'm addressing it first. My response is lengthy because this question enables me to address a number of important issues.

First, you need to know that although I have, indeed, been invited to speak all over the world, at WFOT's recent congress in South Africa, and in every other English-speaking nation I have never had the opportunity to do so in the UK. Despite 40 years of membership in RCOT (formerly, COT, and before that, BAOT) I have never before been asked to speak to my colleagues in my home country. I resigned my British RCOT membership in 2020, choosing to end my annual remittance of hundreds of pounds to support a professional body that carefully chose, year after year, to snub me. I aspire to humility but RCOT wore me down. I'll get back to RCOT later....

Second, and much more importantly, I do not believe we can dismantle one form of oppression – racism – while leaving all other forms of structural oppression intact. Yes, we have to confront racism in all its odious and insidious manifestations – we absolutely do - but confronting racism is not a sufficient response to our shared colonial legacy.

Racism is interlinked with ableism and with cis-genderism: each is a manifestation of the hegemonic colonial and neoliberal ideology that upholds certain bodies as normal, desirable and appropriate; that upholds as “natural” the inequitable privileges and opportunities that flow to those with white, able, cis-gendered bodies (and especially to male bodies); and that effectively marginalizes those who do not conform to these constructed “norms” (Hammell, 2022). I have written elsewhere that the inequities of occupational opportunity that are perpetuated by racism, sexism, patriarchy and misogyny, heterosexism, ableism, disablism, classism and cis-genderism – and to the intersections of these injustices - are rarely noted in a professional literature centred on individual dis-abilities; and that the unfair occupational advantages that accrue to the dominant group are consistently rendered invisible. As a White, temporarily able, comfortably middle class, straight, cis-female, I believe I have a legitimate – and important - role to play in naming and shaming the inequitable and unearned advantages and occupational opportunities that have been designed to flow one way: towards those who look like me.

Moreover, I do not believe in a hierarchy of injustices and inequities. In a world wherein girls and women of every race, ethnicity, class, caste and religion are vulnerable to male dominance, violence and femicide; wherein girls and women are still bought and sold; wherein the penalty for being LGBTQI2+ in many nations is death; and wherein disabled people, everywhere, remain the most vulnerable to extreme sexual, physical and emotional abuse I cannot support the premise that racism is the only abhorrent form of oppression that has to be confronted and addressed.

I believe it is up to all of us to contest the inequities of the status quo; that the onus of responsibility to educate White occupational therapists about White privilege and its unjust occupational practices rests with White occupational therapists. I do not believe occupational therapists from marginalized groups have the responsibility to do this work for us.

Moreover, I believe that each one of us – including those identifying as BIPOC - has to do the hard work of examining how we each may consciously or unconsciously engage in the oppression of others who deviate from established norms in ways that may differ from their own oppression. Achieving equity for those who identify as BIPOC cannot be achieved without simultaneously achieving equity for those who identify as disabled, or as LGBTQI2+. If some of us are not equal, none of us are equal.

It is a regrettable reality that when people who identify as BIPOC cite examples of the racism they endure in every dimension of their life, in every occupation, and as occupational therapists and students, this is often dismissed as whining, as making excuses, as --- (fill in the blank). It is a regrettable reality – and I do, sincerely lament this – that as a White person who has nothing at all to gain and much to lose from

critiquing and striving to dismantle the systems of privilege from which I am a beneficiary, my observations on White privilege, on racism, classism, ableism, cis-genderism, homophobia, heterosexism, ableism, disablism and classism cannot be so readily dismissed. White folk have to admit that I don't have a horse in this race; there's nothing in this struggle for me. In fact, my email inbox would contain fewer abusive messages if I kept my mouth shut; this would be nice. (Incidentally, I never accept financial compensation for lectures on White privilege or ableism – inequities from which I already unjustly benefit).

I've been trying to raise my concerns about the Western, White, classist and ableist norms in which our profession is deeply embedded for two decades and have become extremely wary of tokenism masquerading as "diversity inclusion"....Adding a BIPOC voice or two to my White one might make me feel like I'm some sort of enlightened, woke role model but will do little to contest and dismantle structures of oppression impacting people who are Black and queer, Indigenous and trans, White and disabled..... In the space of a 45 minute seminar, the sort of inclusion that would be required to be truly (not symbolically) inclusive of an adequately representative sample of BIPOC folk, LGBTGI2+ folk, disabled people and those with working class backgrounds would surely result in brevity, banality and tokenism. Forgive me for repeating myself, but I truly do not believe we can dismantle one form of oppression – racism – while leaving all other forms of structural oppression intact. It seems to me – and perhaps I'm wrong - that a person who identifies as a straight BIPOC would feel every bit as unrepresented if a White, disabled gay man (for example) co-presented with me as they likely did by hearing me present alone. And they will therefore understand that for a queer disabled person, having one straight White able-bodied and several straight Black able-bodied presenters (for example) feels no more inclusive than having the White one on her own.

However, I'd like to contextualise these thoughts by observing that this particular seminar was ostensibly concerned with the COVID-19 pandemic. I incorporated some thoughts on racism and other forms of structural oppression because this is part of my modus operandi and leaning towards academic activism (see below); it's what I try to do. Had this been a seminar series specifically addressing racism, then it would clearly be inappropriate for each session to be presented by a White person.

And finally; and I know this will sound self-serving – and will be incomprehensible to my critics – but I hear from many, many students and occupational therapists around the world (including many in the UK) who tell me that they felt alienated within the world of occupational therapy until they discovered my publications. BIPOC folk, disabled folk, LGBTQI2+ folk – and even straight, "able" White folk who haven't "bought into" the profession's rhetoric and didn't feel as if they had a home within the profession – have apparently appreciated discovering that they are "not alone": that their perspectives are

respected, valued *and articulated* by someone else. For some, this recognition encouraged them to complete their education programme. These are people who actually wish to hear *me* speak; they already know about the experience of being marginalised, unwelcome and disrespected within the occupational therapy profession and our educational programmes. And recall that if they are in the UK, they have never heard me speak before.

I understand that others do not agree with my position – one to which I have given a great deal of thought. That's ok: I respect your view point. It's going to take a lot of effort by a lot of people to change the status quo of occupational therapy and occupational science. We'll only be successful if we respect, support and learn from each other.

Next question.

I was asked about “abolitionist occupational therapy”. My understanding of this term pertains to defunding the police, and it is on the basis of that understanding that I am responding. (If the person who posed the question intended me to understand the term differently, I do apologise). If occupational therapy was to broaden its chosen mandate, from the pursuit of “enabling” individuals’ “normal” functioning’ and the “maximisation” of individuals’ abilities’ to the ‘pursuit of everyone’s occupational rights’ and the ‘maximisation of equitable opportunities for everyone’ we could offer an alternative to the status quo that sees marginalised groups vulnerable as targets of aggressive police action. I want to acknowledge that this is not a new problem. When I was about 13, I recall my father requesting a meeting with those in power at the Metropolitan Police in London to contest the “stop and search” tactics that targeted young Black men, and only young Black men. Some of these young men told my father that they had been stopped and questioned by the police more than a dozen times in a single day. That was half a century ago.

As occupational therapists, we could provide an occupation-based alternative for funding that might otherwise be directed towards increasing police militarisation. Research evidence supports the use of occupation-based programmes to keep kids engaged in education, engaged in enhancing and building their communities, engaged in sport, arts and music; out of gangs, away from street drugs and the misuse of alcohol; simultaneously building skills, self-esteem, belonging, and a sense of purpose, fulfilment and hope for the future. These are all elements that might effectively limit the exposure of Black youth to police surveillance and violence. There is a role for everyone in this endeavour; occupational therapy could make a valuable contribution if funding was made available.....

I was asked why professional bodies don't examine their own practices. Why would they? The status quo continues to work well for those already in positions of power. If

you can name a form of power (colonial? male? White? Religious?....) that relinquished its dominance without a struggle, I'd be surprised. [And I was also asked "how will the profession represent and work with people from different ethnicities"](#). To both these questions I want to say – if we're talking in code here about RCOT, then I want to emphasise that this is *your* professional association. It's yours. You don't work for RCOT; RCOT exists to represent the values and priorities of its members. Those who work at RCOT work for you. Collectively, the membership can create the changes it wishes to achieve; but introspection within professional bodies such as RCOT won't happen, and changes won't happen unless the membership demands this.

[Similarly, I was asked if our professional bodies should do more to expand our focus beyond the clinical.](#) Clearly, I think they should. Adherence to a medical model focused on fixing individual dysfunctions and deficits is an inadequate response to inequities in occupational rights; abilities are of little use without opportunities. We've spent decades exhorting disabled people to enhance their abilities so they might better fit in a world designed for others; and it's not been enough to ensure their equitable participation in societies that are theirs as well as "ours". RCOT could begin to learn from exciting initiatives happening in other global places. But changes will not occur without demands from the membership.

In Canada, very significant changes are occurring within our national association, thanks to the collective efforts of some "diverse" and determined people, working together, supporting each other, learning from each other, and supported, also, by some visionaries in leadership positions. For example, in the past year the profession's "core competencies" (the minimal standards for education) have been revamped with a strong focus on equity and justice; the profession's Position Statement on "Diversity and Inclusion" has been completely rewritten and instead now (hooray) addresses "Equity and Justice"; the COTF body that filters money towards occupational therapy research initiatives now has a stream for funding research that specifically addresses issues of equity and justice; and following the murder last May of George Floyd in the US, CAOT swiftly released a powerful statement declaring "No silence in the face of inequality and injustice" (it's available online – compare it to the RCOT statement). The situation in Canada is not perfect, but we're moving together towards something fairer and better – not solely for the membership, but much more importantly, for the people we are paid to serve. RCOT is bigger; it could do more.

[I was asked about occupations undertaken to contribute to the wellbeing and future of others, and occupational therapy's role in all this.](#) This is a huge topic, so perhaps I can refer you to my 2020 book: *Engagement in living: Critical perspectives on occupation, rights and wellbeing*. (CAOT Publications), which explores the contribution of occupation to wellbeing at considerable length. The person posing the question about the centrality

of community-focused occupational engagement to wellbeing might also find this book helpful.

I was also asked how we might decolonise occupational therapy knowledge and services. Some of the references I've listed, below, may provide some helpful ideas; I've also discussed this topic at some length in the following, forthcoming chapter: Hammell, K.W. (2022). "Time's up" for White occupational therapy: Toward decolonizing, anti-oppressive, structurally-competent and globally-relevant theories and practices. In: S. Baptiste & S. Shann (Eds.), *Routledge International Handbook of Occupational Therapy*. London: Routledge.

I had referred on Wednesday to "academic activism", and someone asked me about this. The idea of "intellectual activism", as articulated by the critical Black feminist scholar Patricia Hill Collins (2012), pertains to the potential role of intellectuals in achieving societal change. The idea of "academic activism", which evolved from this idea, has been developed, notably by critical Black educators and scholars, in recognition that teaching is a political act: one either teaches in ways that collude with and uphold the status quo, or one teaches in ways that critique, challenge and resist the status quo. Neutrality is an impossible fiction. (My earlier example of my own lengthy educational process during which Britain's colonial sins were never mentioned is an example of the fact that silence is collusion, not neutrality).

I was asked about critical race theory and critical pedagogy. There's a lot of really excellent literature in these areas; some usefully exploring intersections of critical race theory and critical Black feminist scholarship, queer theory, postcolonial theory and critical disability theory. (It's 2021; why is critical disability theory not a foundational course in every occupational therapy programme?) I'd like to draw your attention to some of the recent – brilliant - critical occupational therapy scholarship that addresses some of these issues. I believe two are available through your RCOT members' portal:

Emery-Whittington, I. (2021). Occupational justice – colonial business as usual? Indigenous observations from Aotearoa New Zealand. *Canadian Journal of Occupational Therapy, early online*.

Grenier, M-L. (2020). Cultural competency and the reproduction of White supremacy in occupational therapy education. *Health Education Journal, 79 (6)*, 1-12.

Grenier, M-L. (2021). Patient case formulations and oppressive disability discourses in occupational therapy education. *Canadian Journal of Occupational Therapy, early online*.

And I was asked the Big Question: How might we build back fairer? How can we make change happen? Clearly, this requires effort from everyone, whatever our position. I've always believed that if we adhere to inadequate theories and models to inform our

interventions and practices – and we do – then our interventions and practices will also be inadequate; and they are. CAOT is currently revising its model of practice and I think this is going to be a huge leap forward. As occupational therapists, we can refuse to use forms of assessment that are designed solely to measure individuals' deficiencies (we treat what we measure, so what we measure matters); we can refuse to undertake research that is designed in ways that cannot capture the environmental factors determining people's abilities to act; we can refuse to teach students to collude with injustice. And we can compel our professional organisations to *lead* our collective efforts in these endeavours. This is not an individual responsibility.

I want to finish by reiterating that, as occupational therapists, we are not going to single-handedly dismantle the structures of oppression that so inequitably afford unearned advantages to some folk while denying them to "others"; notably, disabled people. But as professionals who are paid to work in the best interests of disabled and other marginalised people we can refuse to collude in individualizing problems that are inherently social, refuse to collude in depoliticizing the systemic social and economic inequalities that create stress and illness, and refuse to promote the colonial values of neoliberalism, racism, sexism and ableism.

We could be all in this *struggle* together.

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