

# Occupational therapy: a feminine or feminist profession?

## *Terapia ocupacional: uma profissão feminina ou feminista?*

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**ABSTRACT** Considering that most occupational therapists are women, and that the profession was initially thought of as a women's profession, this essay restores the presence of the feminist movement in the soil in which occupational therapy germinated and its possible contributions to the development of the profession today. The essay is based on a theoretical, historical, and critical study that revisits the origins of occupational therapy as a field of practices and knowledge related to care, to present exercises for a genealogy of occupational therapy, emphasizing the presence of political activism and feminist thought in the emergence of the profession in the United States of America in the early 20th century. In this way, we aimed to problematize the contours traditionally imposed on the profession and reactivate the ethical-political dimension that strongly marked its emergence by questioning the gender inequalities that permeated the profession during these little more than 100 years of existence. The approach of feminist epistemology was fundamental to this path, which sought to give visibility to the potency of occupational therapy to escape the restrictive models of life and work in the contemporary world.

**KEYWORDS** Occupational therapy. Feminism. Health occupations.

**RESUMO** Considerando que a maioria das terapeutas ocupacionais são mulheres e que a profissão foi pensada, em seu início, como uma profissão feminina, este ensaio recuperou a presença do movimento feminista no solo em que germinou a terapia ocupacional e suas possíveis contribuições para o desenvolvimento da profissão na atualidade. O texto foi construído a partir de um estudo teórico, histórico e crítico, que revisitou as origens da terapia ocupacional enquanto campo de práticas e saberes ligados ao cuidado para apresentar exercícios para uma genealogia da profissão, enfatizando a presença, em seu surgimento, nos Estados Unidos da América, no início do século XX, do ativismo político e do pensamento feminista. Dessa forma, buscou-se problematizar os contornos tradicionalmente impostos à profissão e reativar a dimensão ético-política que marcou fortemente sua emergência, questionando as desigualdades de gênero que a atravessaram ao longo desses pouco mais de 100 anos de existência. A aproximação de epistemologias feministas foi fundamental para a realização desse percurso, que buscou dar visibilidade à potência da terapia ocupacional para escapar às modelagens restritivas da vida e do trabalho no contemporâneo.

**PALAVRAS-CHAVE** Terapia ocupacional. Feminismo. Profissões em saúde.

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## Introduction

It was no accident that occupational therapy emerged in the United States of America (USA) at the beginning of the 20th century. World War I created an exceptional contingent of people who are severely limited in their lives and in the performance of their daily activities. It was left to women to take care of this population contingent, mostly men, to recover their capacity and prepare them to return to work. They were the professionals of reconstruction<sup>1</sup>.

Thus, an extemporaneous profession appeared. Not because it was ahead of its time, but because it arose on the basis of humanism, which focused on the repair of human beings and their capacity for work, in a century when human labor was becoming increasingly redundant and the modern image of man was beginning to disappear from the horizon. With the financialization of the economy and the establishment of cognitive capitalism, capital is now generated by capital accumulation itself, in conjunction with the exploitation of brains in cooperation<sup>2</sup>, and labor is no longer the main wealth-producing force. In this context, the contingent of the excluded only grew, culminating in the production of an incalculable number of people wandering without a place to go – refugees, indigenous peoples deprived of their land, landless groups, the homeless – people whose lives were marked by the struggle for survival and who, throughout the century, were imprisoned and treated as superfluous lives<sup>3</sup>, that, unable to be mourned<sup>4</sup>, became killable lives<sup>5</sup>.

The philosophies and rationalities that sustain and cross occupational therapy have a long history. Authors in the field, in Brazil and abroad, refer to several ancient peoples, such as the Greeks, Egyptians, and Persians, for whom engaging in activities played a fundamental role in health and well-being<sup>6,7</sup>. The philosophies and rationalities that

sustain and cross occupational therapy have a long history. Authors in the field, in Brazil and abroad, refer to several ancient peoples, such as Greeks, Egyptians and Persians, for whom the engagement in activities would have a fundamental role in health and well-being. Somehow, this heritage puts the field of knowledge and practice of occupational therapy in mismatch with the time in which it appears, either in relation to the capitalist mode of production or in relation to the positivist perspective that dominated science at the time. Moreover, perhaps it is this same element of dissonance that makes it possible, through its lenses, to see other worlds and other forms of life yet to come.

However, since it emerged as a profession at the beginning of the 20th century, the constituent lines of modernity and the events of that century were crucial to this emergence and to the forms that occupational therapy took in the years that followed.

This essay, built on a theoretical, historical and critical study, attempts to problematize the origins of occupational therapy as a field of practices and knowledge related to care, and presents some elements for a genealogy<sup>8</sup> of the profession: moral treatment, industrialization, the Arts and Crafts Movement, pragmatist philosophy, and feminism<sup>7</sup>. In the following pages we will briefly return to these elements and look at how they influenced the emergence of the profession and how they were obscured by its institutionalization. In particular, we will focus on the forces that came together to identify the profession as one suitable for women<sup>9-11</sup>, as well as the presence of political activism and feminist thought on the soil where occupational therapy germinated and its revival today<sup>12-14</sup>. In this way, we seek to reactivate the ethico-political dimension that has strongly marked the emergence of the profession and to problematize the gender inequalities that have permeated it during these little more than 100 years of its existence.

## Exercises in Genealogy: the emergence of a field of knowledge and practices

The moral treatment emphasizes the close connection between occupational therapy and discipline. For William Tuke, work has a stronger binding power than all forms of coercion; and in the treatment of the mentally ill, regular work is the most effective of all means of inducing the patient to restrain themselves<sup>7(168)</sup>.

In addition to moral treatment, however, there were elements related to philosophical perspectives and political practices that played an important role in the emergence of occupational therapy, e.g., the Arts and Crafts Movement, pragmatic thought, and the feminist movement<sup>7(15)</sup>. These elements situate occupational therapy in its time, paradoxically in disengagement and struggle against the hegemonic forces of the time, through its association with ideas and movements opposed to the modern Western way of life and the capitalist mode of production.

These elements were found in a Chicago experience, in an urban settlement where young women, mostly middle class, lived together under the principles of cooperation to address the social, economic, and health problems of immigrants and other disenfranchised minority communities. These women were associated with the feminist movement in its early years, fighting for universal suffrage, seeking a profession and an opportunity to act in the public sphere, and finding themselves in an experience that would greatly shape occupational therapy.

At that time – when immigrants were coming to the United States in large numbers from impoverished regions, bringing with them strange cultures and habits – the prevailing idea was that urban growth, female labor, and immigration led to social decay and favored the spread of disease. As a result, many immigrants had to live

in deplorable conditions or in internment places. In this context, in 1889, two socialist activists, Jane Addams and Ellen Gates Starr, founded the Hull House, the most important and influential social settlement for immigrants in the United States, which quickly became an incubator for social programs<sup>16</sup>.

Located in an area of Chicago densely populated by Jewish, Italian, Irish, German, Greek, Russian, and Polish immigrants, who were joined by Africans and Mexicans in the 1920s, the Hull House in the early twentieth century comprised a complex of 13 buildings in a structure that included a gymnasium, a theater, an art gallery, a library, a music school, workshops, a kitchen, a cafeteria, a cooperative dormitory for working women, a clinic, nursery, a kindergarten, a meeting room for trade unions, and housing for the staff. This complex became a cultural center with music, theater, and a space for social, educational, and artistic programs, where the neighborhood's residents, immigrants of various backgrounds, gathered to socialize, eat, study, and debate, and where they found support, assistance, and tools they needed to live in their new country<sup>17</sup>.

Wilcock quotes in his book an extract in which Jane Addams describes this settlement:

An experimental effort to aid in the solution of the social and industrial problems which are engendered by the conditions of life in a great city... It is an attempt to relieve at the same time, the over accumulation at one end of society and the destitute at the other<sup>7(175)</sup>.

The residents of the settlement were low-income working families and people who preferred to live at the Hull House. Together with the regulars, they elaborated and developed activities so that coexistence and cultural exchange were favored. In the first two decades of the 20th century, this group of people participated in the struggles for the creation of public policies related

to education, health, housing, work, and sanitary conditions, for the introduction of protective laws for women and children, as well as laws related to safety and health in the workplace, compulsory education, protection of immigrants, and women's suffrage.

Thus, the work developed at the Hull House helped to broaden women's social participation in various fields and to consolidate their political strength. When they began a professional caregiving practice, these women found themselves in a situation very similar to that of the people they would work with, due to the lack of employment opportunities, limited participation in public life, and being prevented from engaging in political activities—what Wilcock refers to as occupational deprivation<sup>7</sup>.

An important collaborator in this social experiment, Julia Lathrop, created in 1908 a course for psychiatric hospital staff on Occupation and Curative Recreation, which included practical training in occupational therapy and lectures on mental illness and its treatment. Another collaborator of the Hull House was Eleanor Clarke Slagle, who is often referred to as the founder of occupational therapy. Slagle became very interested in the social problems and changes taking place in the country at the time, separated from her husband, and decided to join the social reformers. In 1911, she moved to Chicago, where she attended the Curative Occupation and Recreation Course. Soon after, she began teaching similar courses in psychiatric institutions. Her connection with the psychiatrist Adolf Meyer laid the groundwork for the creation of the new profession. Meyer proposed an innovative vision of mental illness and its treatment, advocating for patients to remain in their communities. He believed that life experiences played an important role in the etiology of mental illness and held that treatment through therapeutic occupations should aim to develop skills and resources that

would enable patients to live and participate in society. Following the pragmatic ideas, according to Wilcock<sup>7(179)</sup>, the psychiatrist stated that “doing, acting and experiencing is being” and that “the activities expressed in life demonstrate mind-body synthesis”.

The Hull House was also a center where themes of pragmatism and ideas of the Arts and Crafts Movement were experienced<sup>18,19</sup>. This movement emerged in the second half of the nineteenth century in England, in the midst of the Industrial Revolution, when increasing industrialization and the mechanization of labor were changing the mode of production and the daily lives of workers, creating a different reality characterized by mass production and consumer society. With roots in Romanticism and utopian socialism, this aesthetic movement sought to resist the rapid changes in modes of production by defending the participation of creativity in craftwork and overcoming the distinction between craftsman and artist. The movement also proposed a return to a simple life in which the body and mind could be engaged in meaningful, relevant work that mattered to the makers and their community<sup>19</sup>.

The pragmatist ideas of William James and John Dewey, in turn, strongly influenced Adolph Meyer and were central to Slagle's work. Pragmatism is characterized by a radical empiricism that focuses on concrete acts and everyday life. It postulates that actions form the axis on which the interpretive activity that characterizes knowledge is sustained. Thus, thinking comes from experience, and the process of knowledge is linked to what a person does, and at the same time influences what he can or wants to do. For William James, thought and action are interwoven in the uninterrupted flow of experience, forming an embodied, active consciousness that reveals a complex, organic whole moving in a particular environment. Every conscious attitude is already an action in

the environment in which the body is immersed<sup>20</sup>. John Dewey, who worked at the University of Chicago and was devoted to education and social reconstruction, also exerted a great influence on occupational therapy. He considered that knowledge comes from experience and believed that activities were a way to intervene in and change learning and health<sup>7</sup>.

In 1917, besides social worker Eleanor Clark Slagle, architects George Edward Barton and Thomas Bessell Kidner, physician William Rush Dunton, and arts and crafts teacher Susan Cox Johnson<sup>7</sup> joined forces to found the American National Society for the Promotion of Occupational Therapy. Nurtured by the ideas of pragmatism and touched by the Arts and Crafts Movement, this group of founders of occupational therapy, although quite heterogeneous, considered the relevance of action to human life and shared the idea that engaging in activities would promote development, health, and social participation and could help people who found themselves excluded from this participation or in situations of suffering or illness.

## **Exercises in Genealogy: the Institutionalization of the Health Professions**

The institutionalization of occupational therapy as a profession took place in a rapidly developing North America, and with it the capitalist mode of production. In the process, an emerging field of practices and knowledge—which had been constituted in close connection with struggles for the rights of all people, problematizing the form that work took with industrialization and the processes of exclusion that characterized those unable to participate in the labor market—while seeking regulation and recognition as a health profession, subordinated itself to medical knowledge

and power, and lost its political and activist character.

In 1917, at the time of its official foundation, with the creation of the American National Society for the Promotion of Occupational Therapy, occupational therapy was associated with the American Army and the American Medical Association – two of the most powerful and conservative institutions in the country<sup>15</sup>. In the same year, the United States entered World War I, leading to an increase in the number of seriously injured and the development of medical and surgical techniques accompanied by training focused on rehabilitation and professional reorientation<sup>21</sup>.

Thus, occupational therapy, which had emerged from a humanist and socialist perspective, abandoned its activist roots, its connection to feminism, and its philosophical perspective in the following years in order to combine with individualist perspectives, thus weakening a critical approach that takes into account exploitation in industrial labor under capitalism.

Furthermore, the professionalization in the health field of a practice that originally included elements of education, art, and social work, subordinated occupational therapy knowledge to medical knowledge and required occupational therapists to strive to increase their credibility and gain recognition by investing in content and practices that were considered scientific, which had a severely limiting effect<sup>7</sup>.

The unequal balance of power that arose decisively influenced the development of the profession and determined its shift in emphasis. The literature of the early years was predominantly medical and sought to explain scientifically the effects of the activities on the individual's body. As the philosophical perspectives present in the emergence of the profession could not be reconciled with the prevailing scientific models to form a coherent synthesis, they were gradually displaced and abandoned,

and the training programs in occupational therapy began to have an eminently technical character.

The emerging profession was thus exposed to the pressures of reductionism and the biomedical model, which led to the development of rehabilitation whose aim was to bring the person under care up to a standard of normality, ignoring the singularities of life and its potencies. Soon the effervescent power of the early years was captured and silenced.

The attempt to make occupational therapy scientific was related to the search for recognition and investment for the area. After all, the more scientific a field of practice and knowledge becomes, the more *status* and recognition it receives, and the easier it is to obtain funding. This, at least, was the belief of the professionals. However, despite being under pressure to justify their work through evidence-based knowledge, these professionals often faced barriers to the development of their careers and a chronic lack of investment in the training and preparation of researchers, which undermined all their efforts<sup>22</sup>.

In this process, the intellectual and philosophical basis of occupational therapy lost its prominent place in education and was abandoned in favor of technical training, which long prevented the invention of ways of producing knowledge that could do justice to the uniqueness of the field, which is finally happening, when the profession seeks its legitimacy in other bases.

Although the perspective developed at the Hull House and its political radicalism have remained on the fringes of the mainstream of the profession in Europe and the United States, Gelya Frank and Ruth Zemke see it as a precedent for political engagement and the search for social change in the field<sup>15</sup>.

The lines of force that marked the political, theoretical, ethical, aesthetic, and clinical adventure at the Hull House in

Chicago have remained alive in the soil of occupational therapy. In this experience, we can find foundational myths that can serve to construct what Daniela Melo<sup>23</sup> calls the *ethos* of the profession. Thus, for occupational therapists, the image of women defying their time and refusing their allotted place by entering the public arena emerges.

The feminists and socialists at the beginning of the century in the United States were not only fighting for their own rights: faced with the disenfranchisement in which they found themselves, they realized they shared a common plan with many other people who had the same condition. In an experience of horizontality, they went to live with settled immigrants, and transformed a place of exclusion into a space of encounter, coexistence, education, development, and cultural production. In this way, they transformed a space of exclusion and concealment into a public space where political life could take place.

To think and study a way of doing occupational therapy that reactivates this heritage, it is necessary to approach other ways of doing science and gaining knowledge.

## **Feminist epistemologies: opening other perspectives on knowledge production**

Feminist thought, black feminism, and academic and activist research informed by these theoretical strands have produced a blunt critique of contemporary science by identifying, in the structure of the mode of knowledge prevalent in Western knowledge spaces, the maintenance of the figure of the white male and his intention to know and control everything.

Feminist critiques point out that the Western worldview and science, as it has developed since the Enlightenment era, are strongly marked by the political,

economic, and social conditions of the patriarchal order, which have long excluded women from scientific work and intellectual activity. This critique not only raises epistemological and ethical questions, but also problematizes women's experiences in academic and scientific environments, where they often feel disqualified in their own fields of specialization and come into conflict with the forms of interaction and practices that prevail there<sup>24</sup>.

Different feminist movements, especially black feminism, have pointed out that the hegemonic way of doing science corresponds to a particular way of being and acting in the world. Patricia Hill Collins notes that many African American women have recognized a connection between what someone does and the way someone thinks, and draws our attention to how variations in the experiences of men and women lead to differences in perspective – and, of course, these different perspectives, emanating from groups with different power relations, do not have equal prominence in academia and scientific institutions. Groups with unequal power consequently also have unequal access to the resources they need to assert their perspectives outside their respective groups, which causes them to be discredited and suppressed<sup>25</sup>.

Nevertheless, the feminist critique does not want to wage a crusade against knowledge and science. The natural sciences, social sciences, and humanities are sites for the production of worlds and can constitute more cooperative ways of living and social orders as well as ways of addressing collective problems. If science itself reproduces inequalities and relations of oppression, this gives rise to the need to think about and propose ways of producing and validating knowledge on bases that cannot be reduced to power games or scientific arrogance.

It is important to remember that there is no unique feminist point of view, since points of view are rooted in concrete real

and material conditions<sup>25</sup>. Nevertheless, it may be possible, by transversalising women's different views, to find a commonality in feminist propositions: an ethics and politics of localized, bounded, situated, embodied, and accountable epistemologies that restore the connection between thought and life.

Feminists want to strengthen the partiality of scientific claims, their contingency and their dependence on concrete events. They therefore argue for a scientific practice that favors dialogue, contestation, and networking, so that it is possible to change systems of knowledge and ways of life.

In this context, Haraway<sup>26</sup> proposes a project of science that insists on the irreducible difference and radical multiplicity of local knowledge produced by bodies rooted in specific situations. Localized knowledge also means taking into account the agency of what is to be studied. The world encountered in research becomes an active entity to the extent that a scientific practice is able to actually relate to it.

We are not in charge of the world, Haraway<sup>27(31)</sup> says, we live here only as mortals trying to engage into conversation with those who live with us. We are in the midst of a multitude of interconnected and related existences:

Here an animal, there a sick child, a village, herds, laboratories, neighborhoods, industries and economies, ecologies that connect natures and cultures without end.

To research is to be in the midst of relationships with things and beings that matter and that require response. Responsiveness is the ability to take responsibility for what one does within those relationships.

As early as the 1980s, Patricia Hill Collins<sup>25</sup> noted that alternative epistemologies challenged certified knowledge and raised the question of whether what was assumed to be true could withstand the test of alternative ways of validating knowledge.

The existence of independent viewpoints of white women, black women, cis women, trans women, and so many other kinds of experiences that disagree with the hegemonic way of being, thinking, and doing science produces multiple feminist epistemologies, challenges the content of what is understood as truth, and simultaneously challenges the process of truth discovery.

## Science, feminism, thought and occupational therapy

In 2010, at the final conference of the World Federation of Occupational Therapists Congress, the first to be held in the southern hemisphere, Sandra Galheigo<sup>28(60)</sup> spoke about a generation of occupational therapists who, in the 1980s in Brazil and Latin America, in their work with people excluded from access to rights, decided to look for answers and theories that could explain the “real problem of social problems”. For professionals, arose the need to understand the complex relationships that linked the suffering of people receiving occupational therapy services to the political, economic, and social context. Thus, occupational therapists approached issues such as the influence of social structure, ideology, culture, the microphysics of power, discipline, and social control as they approached people to listen to and learn from their stories and struggles.

The 1980s and 1990s represented a turning point in the constitution of a Brazilian occupational therapy, both in professional practice and in the construction and transmission of knowledge and the training of new therapists. Participation in the struggles for re-democratization and rights for all, the development of local theories and methodologies, the emergence of the first professional journals, work in interdisciplinary teams, and postgraduate training in different fields of knowledge, including the arts and humanities, were crucial in

strengthening a critical perspective within the profession. In this context, there was an expansion of critical debate in the field, which was combined with the creation of a culture of resistance, expressed through participation in various social movements, dialog with music, theater, literature and art, and the study of critical thinkers.

In this process, actions in the fields of health, education, culture, work and social welfare have been transversalized and an ethical-esthetic-political perspective has been brought into the field. An ethical approach is necessarily linked to a political position, when knowledge and practices are committed to the improvement of living conditions in the broadest sense, and it is necessarily esthetic, because it includes a dimension of the creation of practices, thoughts and forms of relationships. This also shows that new methodological and epistemological approaches are needed.

The introduction of the feminist approach to research in the field and the resumption of philosophical reflection have highlighted the importance of these articulations, enabled the questioning of the scientific model imposed on the field, and helped to problematize the power relations based on gender inequalities that were crucial to the domestication of the revolutionary forces present in their germination<sup>23</sup>. It has thus been possible to rewrite the history of occupational therapy, revealing moments of submission and oppression, but also moments in which it affirmed and reinforced its strong feminine and feminist character<sup>11,14</sup>.

Considering that professions reflect exercise and power relations, authors such as Gelya Frank<sup>12</sup>, Ann Wilcock<sup>7</sup> and Daniela Melo<sup>23</sup>, among others, have highlighted the strong gender bias that characterizes the division of labor in health care. From this perspective, the acceptance of subordination to medicine by the first occupational therapists is understood as an expression of the gender segregation that was present in

all spheres of society. As in other health professions that were subordinate to medical power, occupational therapy was identified early in its institutionalization as a task to be performed by women, thus establishing itself as a female profession<sup>9-11,13</sup>.

However, what would it mean for a profession to be considered feminine? For Sakelarios and Pollard, the identification of professionals with gender stereotypes and the long absence of a feminist and critical approach to the subject led to an acceptance of patriarchal functioning and logic, expressed in an attempt to form alliances with medicine and to keep professionals trapped in a male-ordered world in which principles considered feminine, such as caring and nurturing, were and are often devalued<sup>22</sup>.

In their efforts to professionalize based on a scientific, medical, and masculine model, the first occupational therapists, like other health professions, accepted a subordinate role in health care structures that placed men in a position of power, believing that only through an alliance with medicine could occupational therapy gain the recognition it deserved. This division of labor was also characterized by an unequal division of roles in the production of knowledge, which had a major impact on the profession. The fact is that, despite their best efforts, occupational therapists were unable to give scientific legitimacy to their practice and activity analyses conducted in the field in the terms of a biomedical science. According to Sakelarios and Pollard<sup>22</sup>, the discrepancy between occupational therapists' expertise and research production remains a problem for the profession, as the kind of results that can be interpreted in a generalized way are rarely produced in the field, often giving the impression that the complexity of occupational therapy cannot be approached from a scientific perspective.

According to Frank<sup>12</sup>, this remained valid until recently, when feminist studies formulated a challenge to health research

practices based almost exclusively on a medical and male worldview, while other epistemologies were introduced into the field, along with a critical approach to the problems associated with the profession.

It is evident that there was a discrepancy between the mode of action, the problems with which it deals, the tools and procedures of occupational therapy, and the conception of science to which occupational therapists had to conform. The knowledge that emerges in the field needs other epistemologies that affirm the importance and value of localized and embodied knowledge.

Critical perspectives, feminist epistemologies, and Southern epistemologies were embraced by occupational therapists in Brazil and other Latin American countries, contributing to important advances in discussions of the profession's philosophical and epistemological frameworks and strengthening professionals' political and ethical commitment to human rights and social justice. The increasing strengthening of critical thinking in Latin America corresponds to a practice developed in dialog with local needs and contexts. Authors such as Morán and Ulloa<sup>29(424)</sup> propose a "Latin American critical perspective in occupational therapy" and point to the urgent need to adopt an attitude of "epistemic disobedience", which would mean adopting a radical ethical-political-cultural position, in a movement away from the hegemonic universalist understanding towards a pluriversity of occupational therapy. The point of this proposal is to promote processes of integration and solidarity at the global level through the recognition and understanding of local histories and realities that allow for the "decolonization of human employment".

The denial of the uniqueness of the field and the desire to conform at all costs to the dominant and prevailing perspective of science create an ethical problem for professionals and engender an environment of accusation and disqualification,

as if occupational therapists are unable to articulate their competence or the basis of their positions.

Approaching feminist epistemologies can help to understand and address the gender inequalities that constantly permeate the lives of occupational therapists, so that one recognizes the historical opportunity to radically question the foundations of scientific thought. Here, as in all fields of our culture, women experience oppression in the form of symbolic disqualification, disadvantages in access to resources, reduced bargaining power, situations of humiliation, and limited opportunities to extricate themselves from abusive situations<sup>24</sup>. In different contexts and in different parts of the world, it is observed that occupational therapists, despite participating and trying to actively engage in the dominant male power structures in universities, health services, and the broader social, cultural and political context, face a lack of opportunities for personal and professional development on a daily basis<sup>22</sup>.

Moreover, we cannot ignore the fact that disciplines and academic fields develop within a system of knowledge and power that is much broader than individual disciplines. The current academic environment in which we live, with the strangulation of different fields of knowledge, paradoxically offers the possibility that a political analysis of the occupational therapy situation can flourish in new alliances, in interdisciplinary exchanges, from which conceptual tools for practice in specific contexts and places can emerge, which is already happening in promising ways in some fields. These alliances could point not only to the end of predatory acts against any form of existence, but also to the construction of forms of knowledge based on relationships of solidarity, in which differences are expressions of the desired vitality of thought.

If we are facing a situation that exacerbates in an extreme way the harmful consequences

of a form of social organization from which occupational therapy emerged at the beginning of the twentieth century, the practices in this field can be framed as strategies for coping with this situation. The anti-capitalist component of these practices opens up possibilities for unusual associations between the profession and forms of resistance that emerge in a variety of corners, in experimentation with other ways of living, acting, working, and researching, as well as with new forms of producing common ground and occupying public space<sup>30</sup>.

Today, occupational therapists have increasingly recognized the important political and ethical components of their professional practice. They have set themselves the responsibility of making occupation and participation a fundamental human right – and this is not limited to the care of particular people and groups, but extends to the heart of the communities to which these people and groups belong.

For Kronenberg and colleagues<sup>31</sup>, with its focus on human occupation, occupational therapy was led to address issues of inequality and to work to promote fundamental principles, such as the right of all people to shape their own destiny through employment, and to expand perceptions of the important role of social, economic, and political factors in significant improvements in health.

There is currently an international movement in occupational therapy for political engagement and social change. A group of occupational therapists from around the world have come together to form the ‘Occupational Therapy Without Borders’ project and are campaigning for immigrants, homeless people, refugees, communities in war zones, and disadvantaged people and communities living in extreme poverty to have more opportunities to engage in relevant and meaningful activities<sup>32</sup>.

In Brazil, occupational therapy has expanded and strengthened a critical approach to the profession, with social concerns and

political engagement. Such approaches go beyond the biomedical perspective and the treatment of pathologies to address a range of concerns related to economic and social inequalities, disparities in the protection of human rights, and barriers to cultural and political action and participation, representing a significant change in the ways of thinking and acting in the field<sup>28</sup>.

These perspectives, which have strengthened in the profession, resonate with feminist activism, which was present in its emergence and changed the way we think about the relationship between occupational therapy and politics. Perhaps it can be said that occupational therapy is not just a health profession that, when necessary and under certain circumstances, takes on political significance. Occupational therapy is intrinsically political because its landscape is the active life and the shared world, that is, the political sphere of human life that develops in the public space<sup>33,34</sup>, into which people are introduced who have been excluded from this experience by processes of exclusion and devaluation. In the encounter with these people, perception is de-automated, sensibilities are expanded, and possibilities of life as yet unsuspected are explored. Through the power of action, occupational therapy touches those areas where, according to Spinoza, every human being can find peace and joy, which arise from the possibility of looking at oneself and one's own capacity for action<sup>35</sup>.

## **Fabricating the issues of the present**

For Foucault, the story of a thing is the story of the succession of forces that take possession of it, the variation of meanings that it acquires, the analysis of the limits that are placed upon it, and the exploration of their possible overcoming. It is thus marked by ruptures, continuities, cover-ups, revelations and disclosures, and serves to think the present<sup>36</sup>.

Occupational therapy was created during the First World War in a world that was falling apart, as one of the strategies for its recovery, and was introduced in the post-World War II period in Brazil and other countries in Latin America. However, the world that the profession and its professionals found here was different. Brazilian occupational therapy developed in a context that was very different from the situation in which it was created: here there was no longer a world to restore, and the whole challenge was to build and experience other worlds after the catastrophes that were the massacre of the original peoples of the regions that now make up the country and the enslavement of people brought from Africa.

Therefore, it is not about trying to give the scattered genealogies a unified and solid theoretical basis<sup>8</sup>. Rescuing elements for a genealogy, decolonizing them, valuing and circulating these heterogeneous elements of the occupational therapy field, serves to affirm a heritage, something valuable that has been left to us, perhaps without a will, and that we must decode, designate, and reactivate<sup>37</sup>. This heritage is related to a statement: to stand before the world in the struggle for the 'right to have rights'<sup>3</sup> for all people – which means that we need to bring into the political, research, and thinking arenas, care and ways of doing and thinking that do not conform to the dominant model of work and science. This heritage has been reactivated by occupational therapists in Brazil and around the world.

Recently, occupational therapists have become interested in conceptual issues and there is a movement to re-engage with philosophical underpinnings and create a practice that is inextricably linked to thinking. This has led to a revival of ideas present in the origins of the profession, while vanishing lines are drawn in practice scenarios and in academia, starting from a particular vision of how to build a socially necessary and ethically committed knowledge.

In this context, the feminist perspective

has made an important contribution. Testa and Spampinato<sup>11</sup> emphasize that ignoring gender issues in the profession depoliticizes the approach and invisibilizes the consequences of power asymmetries constituted by facts, devices, events, and processes that are socially and subjectively reproduced. Morison Jara<sup>14</sup> points out the importance of considering research that has focused on feminist perspectives and critiques of gender in rescuing the memory of occupational therapy, as feminism allows for denaturalizing systematic practices of injustice and arbitrariness that produce vulnerable subjects and for exercising practices of resistance.

The genealogy exercises conducted here help problematize the fact that most occupational therapists are women and that their practice is shaped by the place reserved for women and the feminine in our culture, which simultaneously gives the profession less power and the potency of the minority.

It is possible, then, to glimpse the power of occupational therapy to escape the restrictive models of life and work in the contemporary world precisely because it does not bind itself to the dominant models. What maladaptations accompany these women, and today many men, who are touched by the desire to be different<sup>38</sup>? Women who are committed to caring for lives and subjects that have been historically invisibilized, considered

insignificant or incomprehensible; who seek to accompany people who move at different speeds in order to escape, at least a little, from a world of acceleration; who do not want to reinforce a way of life that is already on the road to exhaustion, thus exhausting bodies, subjectivities and the world. What place can this extemporaneous profession have? What darkness can it make us see?

By affirming the place of non-conformity and extemporariness of our profession in relation to the world that surrounds us and to the time that is ours, we occupational therapists can finally make it contemporary – in the sense of disintegrating the modern world – and thus help map the darkness of our time.

For Giorgio Agamben<sup>39</sup>, the contemporary is the inactual, through which it is possible to take a stand in the face of the present. The one who truly belongs to his time, says the philosopher, is he who is not in perfect conformity with it, and therefore is more capable than others of perceiving his own time. To be contemporary is to look at one's own time and perceive not only its light but also its darkness.

## Collaborator

Lima EMFA (0000-0003-0590-620X)\* is responsible for the preparation of the manuscript. ■

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