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Occupational Therapy: A Partner for Justice in Jesuit Higher Education

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Abstract

The commitment to justice spans disciplines across Jesuit higher education, including the health sciences. At least 12 Jesuit colleges and universities offer occupational therapy programs, but the profession has been somewhat overlooked as a partner for justice on those campuses. Through a case example focusing on Saint Louis University’s Department of Occupational Science and Occupational Therapy (SLU-DOSOT), this article aims to illustrate the ways in which occupational therapy can be a partner in the promotion and pursuit of justice. A brief overview of the profession’s perspective on occupational justice precedes the description of SLU-DOSOT, and selected examples illustrate the range of contributions that this perspective can make to university-wide justice-focused efforts.

Introduction

Ignited by Pedro Arrupe’s 1973 address to the European Jesuit Alumni Congress, the Society of Jesus General Congregation committed in 1975 to the need for “a well-planned strategy to make the world just.” Part of that strategy involved focusing Jesuit education on the development of the “whole person” who could demonstrate “a well-educated solidarity” with unjust suffering “in the real world.” Joseph Daoust declared in 2001 that justice must be “at the heart of [Jesuit] educational character,” and Dean Brackley argued in 2005 that Jesuit higher education “should prepare [students] to transform an unjust world, not function comfortably, ‘successfully’, within it.” Just last year, Bryan Massingale challenged Jesuit colleges and universities to publicly reaffirm the “legacy of seeking justice as a vital component of our identity and mission” or risk “failing to embody what makes us unique among institutions of higher education.”

As Jos Welie and Judith Kissell’s 2004 edited volume illustrated, Jesuit health sciences programs—including the professions of medicine, nursing, dentistry, and physical therapy—began to take up this mantle in the early 2000s. In Jesuit institutions, health professions are seen as being more directly connected to the “real world” than some other disciplines given their need to “deliver graduates for whom care for the poor and vulnerable is not a matter of optional kindness and charity but a defining aspect of their professional practice.” However, one health profession has been overlooked in the conversation about justice and Jesuit higher education: occupational therapy. This omission is striking because a dozen Jesuit colleges and universities offer occupational therapy degree programs and the profession at large has developed its own discourse around justice.

Through a case example, this article aims to demonstrate how occupational therapy programs can contribute to the promotion of justice in Jesuit higher education. After describing the formation of occupational therapy, the development of its core concept of occupation, and the emergence of the profession’s focus on justice, I describe how Saint Louis University’s Department of Occupational Science and Occupational Therapy (SLU-DOSOT) has shaped its educational activities, vision, and mission around the promotion of justice. Based on this example, I conclude with suggestions for how to better engage occupational therapy programs in Jesuit higher education’s promotion of justice.

A brief history of occupational therapy and occupational justice

The profession of occupational therapy was founded in the United States in 1917. The
profession’s founders hailed from a range of disciplines and were contemporaries of notable Progressive Era figures, including philosopher John Dewey, reformer Jane Addams, and psychiatrist Adolf Meyer. It is well known that Dewey and Addams, as well as Dewey and Meyer, directly influenced each other’s ideas, but these associations only indirectly impacted the formation of occupational therapy. Eleanor Clarke Slagle, one of the profession’s founders, worked at Hull House with Addams and at the Phipps Clinic with Meyer, but she never worked directly with Dewey. Despite the lack of contact between Dewey and Slagle, Dewey has long been credited with inspiring the profession’s central concept of occupation, which refers to everyday activities such as work, parenting, leisure, and self-care. Dewey’s writings framed occupation as “an indispensable instrument for free and active participation in modern social life” based on his experiences with Addams at Hull House. This understanding of occupation grounded Addams’ suggestion that occupational therapy should be “a social, critical, and community discipline.” However, it was not Dewey’s but Meyer’s therapeutic framing of occupation, along with ideas about habit training and diversional activities, that ultimately dominated the profession and conscribed its focus to medical issues. This defining moment for occupational therapy explains why the profession may not be the most obvious partner for promoting justice. Until the early 2000s, the view of occupation as a “mode of activity…which reproduces, or runs parallel to, some form of work carried on in social life” was the main remnant of Dewey’s influence on occupational therapy. At first glance, this understanding of occupation seems more related to “learning by doing” than to justice; however, developments over the past 25 years have brought the social and political roots of Dewey’s ideas—and thus, the justice-focused core of occupational therapy—to the foreground.

Twenty years after Father Arrupe’s address to international Jesuit alumni, Elizabeth Townsend argued that justice was occupational therapy’s “social vision.” Shortly thereafter, Townsend further suggested that “personal and social transformation lie in consciously using occupation both for the practical processes of personal growth and interpersonal interaction, and for the emancipatory processes of equity and justice.” These claims signaled a return to the Progressive Era social ideals—specifically those espoused by John Dewey—that inspired the profession’s founders. These ideals stimulated an exploration of social justice and occupation that yielded a separate but complementary concept: occupational justice. The notion of occupational justice highlights people’s “right to equal opportunities to engage in varied and meaningful occupations in order to meet basic needs and maximize their potential.” This notion of justice draws attention to the conditions of everyday life that impact occupational engagement and health. The inverse idea of occupational injustice urges occupational therapists to redress “situations in which people are unable to access or participate in meaningful occupations due to factors beyond their control.” The conceptual clarity of occupational justice and injustice, and the feasibility of promoting justice through occupational therapy practice, continue to be debated. However, the elaboration of an occupational justice perspective of health has influenced occupational therapy in important ways. An occupational justice perspective of health involves “the promotion of just socioeconomic and political conditions to increase population and political awareness, resources, and opportunity for…occupations that meet the prerequisites of health and each person’s and community’s different natures, capacities, and needs.” Given this definition, occupational therapists have increasingly explored ways to focus their practices “on the margins” where conditions of injustice are most visible, and occupational therapy educational programs are beginning to include an explicit focus on justice and human rights within their curricula. Reflecting a more Deweyan understanding of occupation, these activities illustrate how a concern for everyday occupation entails a concern for social issues and structures that perpetuate injustice. After 100 years of existence, occupational therapy is realizing that it can be a powerful partner in the promotion of justice, and this moment holds great potential for transdisciplinary and interprofessional justice-focused collaborations at Jesuit institutions.
Case example: Saint Louis University’s Department of Occupational Science and Occupational Therapy

SLU-DOSOT was founded in 1992, one year before conversations about justice emerged in occupational therapy. Since that time, SLU-DOSOT has expanded beyond its original Bachelor of Occupational Therapy program to offer a Bachelor of Science in Occupational Science (BSOS) degree, a Master of Occupational Therapy (MOT) degree, and a Post-Professional Doctor of Occupational Therapy (PP-OTD) degree. As these degree programs evolved, so did SLU-DOSOT’s focus on justice. In 2012, a core course of the BSOS program was redesigned around the concept of occupational justice, creating new opportunities for SLU-DOSOT students to connect their academic major and eventual career with the Jesuit commitment to justice. The course redesign also laid a foundation for some students to apply professional knowledge to justice-related activities in the community. Following this undergraduate course redesign, SLU-DOSOT created a core course on occupational justice for its new PP-OTD curriculum, making justice a hallmark of its doctoral program. One of the first graduates of that program, who was simultaneously a doctoral student and SLU-DOSOT faculty member, designed new justice-related content for SLU-DOSOT’s MOT curriculum as part of her capstone project. She continued to influence the MOT curriculum after completing her doctoral degree by helping to incorporate discussions about justice into a new community-based practice course. These infusions of occupational justice into SLU-DOSOT’s curricula refined the department’s vision and mission. Although SLU-DOSOT has always valued its Jesuit context and the associated idea of justice, it now explicitly aims to “be at the core of innovative practice, teaching, research, scholarship, and service that enables occupational engagement, social inclusion, and the promotion of justice.” By publicly proclaiming its intention to “promote social and occupational justice locally, nationally, and globally,” SLU-DOSOT preemptively answered the challenge that Massingale issued to Jesuit higher education.

SLU-DOSOT draws on the notion of justice to ground service learning activities and, like other health professions, connect with the Jesuit ideals of being men and women for and with others and the preferential option for the poor. However, SLU-DOSOT also emphasizes the application of frameworks and existing critiques to encourage students to problematize the theory and practice of occupational justice. The goal of SLU-DOSOT’s efforts is not to have students unquestioningly adopt an occupational justice perspective of health; rather, the aim is to help students form their own ideas and critiques about occupational justice as a goal for professional activities. These educational efforts seem to have impacted the identities and practices of SLU-DOSOT graduates. In a 2017 survey of alumni who graduated from SLU-DOSOT’s MOT program between 2006 and 2016, 44% saw their current professional or personal activities as contributing to the pursuit of justice. A majority of the alumni who held this view graduated in 2011 or later, following the redesign activities described above. In 2017, incoming SLU-DOSOT freshmen were also surveyed about the extent to which a focus on justice influenced their choice to attend SLU-DOSOT programs. More than 70% of respondents indicated that they chose to attend Saint Louis University for a reason other than its focus on justice, and more than 85% of respondents indicated that their choice of major was not greatly influenced by the SLU-DOSOT focus on justice. These survey results suggest that SLU-DOSOT’s programs provide a transformative learning experience that increases occupational therapy students’ commitments to justice.

Engaging occupational therapy in the promotion of justice

The foregoing paragraphs illustrate through a case example how the promotion of justice can be foregrounded in Jesuit occupational therapy programs. This section highlights potentials for university-wide partnerships based on further examples from SLU-DOSOT.

From 2013–2017, Dr. Katie Serfas provided pediatric primary care occupational therapy services as part of Saint Louis University’s Health Resource Center. This interprofessional, community-based, student-run clinic enabled Dr. Serfas to pursue occupational justice by redressing
structural conditions—specifically, access to health care services and resources—that impacted community members’ occupational engagement. Her practice focused on both children and their families, taking a holistic approach to understanding the conditions that shaped pediatric clients’ development and occupations. Dr. Serfas and her students completed developmental screenings on 82 clients over a two-year period (2015-2017) at the Health Resource Center. By mentoring occupational therapy students as they collaborated with other health sciences students, Dr. Serfas demonstrated how justice-focused health care practices can be collaborative. Dr. Serfas’ practice exemplifies the potential of involving occupational therapy faculty members and students in interdisciplinary Jesuit health care centers.

Dr. Lisa Jaegers and Dr. Karen Barney have spearheaded the Transformative Justice Initiative (TJI) at Saint Louis University.33 The TJI uses a community-based participatory approach to develop research and services to transform criminal justice facilities. Programming within the TJI focuses on people who are incarcerated, people who are transitioning to the community following incarceration, and correctional workers. Community agency service providers work with the TJI to assist with participants’ pre- and post-release needs and to identify improvements within systems of transition and correctional workplace health and safety. SLU-DOSOT occupational therapists within the TJI collaborate with faculty members and professionals from law, medicine, business, nursing, nutrition and dietetics, social work, and psychology to develop services. The TJI also provides applied learning opportunities for occupational therapy, social work, and psychology students. As of mid-2018, the TJI had served 50 clients in pre- and post-release capacities and generated information about correctional worker health (N=560) in six facilities in rural and urban locations. The TJI exemplifies the range of contributions that urban Jesuit universities can make to justice-focused, transdisciplinary efforts.

Since 2001, Dr. Debra Rybski has provided community-based occupational therapy services to children who experience early toxic stress and families that are homeless or poor housed. Dr. Rybski has completed screenings and implemented surveillance programs in poor housed and homeless transitional living centers to identify developmental trauma in children.34 She also conducts research on mothers’ sense of competence to inform family-centered, community-based occupational therapy practices with families experiencing homelessness.35 Her work has led to the development of curricula for occupational therapy education programs, guided research and practice opportunities for occupational therapy students, and occupational therapy protocols for community-based organizations. Dr. Rybski’s work illustrates how occupational therapy practitioners and researchers can contribute to broader Jesuit efforts to address social issues like homelessness.

Conclusion

Occupational therapy was created to resolve problems of everyday living that stemmed from unjust social conditions and health needs. The profession’s orientation around justice dissipated for several decades as occupational therapy established itself in the medical domain. However, that orientation has re-emerged over the past 25 years as the notion of occupational justice has matured. At Saint Louis University, the Department of Occupational Science and Occupational Therapy manifests its commitment to justice within and beyond the university campus through teaching, scholarship, practice, and service. Through transdisciplinary partnerships, students and faculty members demonstrate the contribution that occupational therapy can make to the wider promotion of justice within Jesuit higher education. As new justice-focused initiatives arise in Jesuit institutions, occupational therapy will be there, ready and waiting, to contribute its perspective to the cause.

Notes


7 Kolvenbach, “The Service of Faith,” 12; Jos V. M. Wele, “For Whom and for What? Education and Research in the Medical and Dental Sciences” in *Jesuit Health Sciences and the Promotion of Justice*, 111.


25 Madeleine Duncan and Jennifer Creek, “Working on the Margins: Occupational Therapy and Social Inclusion” in
Aldrich: Occupational Therapy


26 Aldrich, “Reinforcing Community Ties.”


30 Massingale, “The Ignatian Witness to Truth.”


32 Katie L. Serfas, “Pediatrics in Primary Care: Insights and Experiences from One Faculty Practice Model,” OT Practice 21, no. 18 (2016): 15.


34 Debra Rybski and Heidi Israel, “Social Skills and Sensory Processing in Preschool Children Who Are Homeless or Poor Housed,” submitted to Journal of Occupational Therapy in Schools and Early Intervention.

35 Debra Rybski and Heidi Israel, “Impact of Social Determinants on Parent Sense of Competence in Mothers Who Are Homeless or Poor Housed,” Occupational Therapy in Mental Health 33, no. 4 (2017): 342-359, DOI: 10.1080/0164212X.2017.1344901

36 Aldrich, Boston, and Daaleman, “Justice and U.S. Occupational Therapy Practice.”