

# "It is important to put the discussion about the political and social dimensions of occupational therapy service delivery on the table"

Five questions for Ana Malfitano

Sandra Schiller



Prof. Dr. Ana Malfitano

Prof. Dr. Ana Malfitano is an occupational therapist and Associate Professor of Occupational Therapy at the University of Sao Carlos in Brazil. Internationally, she is one of the leading authors on occupational therapy with groups in the community. In August 2022, she spoke as a keynote speaker at the 18th WFOT Congress in Paris on how occupational therapy practice can be oriented towards social life. Ten years ago, when interest in this question led to the founding of the German Occupational Therapy Association's Working Group on Community Development in Occupational Therapy (DVE AG Gemeinwesenorientierte Ergotherapie), the impetus for this also came from Brazil, where occupational therapy in the social field has long been established as a field of practice for occupational therapy (see "Further Reading", page 3)



Dr. Sandra Schiller

In 2021, the foundational work of Brazilian social occupational therapy became available in English translation to an international audience in the format of a book for the first time. For Sandra Schiller, head of the German Occupational Therapy Association's Working Group on Community Development in Occupational Therapy (DVE AG Gemeinwesenorientierte Ergotherapie), this was an occasion to have a conversation with Ana Malfitano, who co-edited the book with Roseli Esquerdo Lopes.

## 1 The title of the book translates as "Social occupational therapy: theoretical and practical designs" – how did the book come about?

The original edition of the book was published in Brazil in 2016. Previously, there were only scattered journal articles and book chapters on social occupational therapy in Brazil. In 2016, all the authors were gathered in one volume for the first time, so this was an important step, because the book truly is a collaborative project. The emergence of social occupational therapy as a specific

area of practice and theory was also a collective process. The discussion of social occupational therapy had existed in Brazil since the 1970s, but in the 1990s, through the initiative of Denise Dias Barros, Roseli Esquerdo Lopes, Sandra Galheigo, and Maria Isabel Garcez Ghirardi, who founded the Metuia Project, currently Metuia Network\*, interest emerged in exploring and sharing research and practice in the field in more detail. These developments within Brazilian occupational therapy were influenced by social developments. The unfortunate experience of the military dictatorship in Brazil (from 1964 to 1985) made occupational therapy more political. In addition, poverty and the neoliberal orientation of the economy increased in the 1990s. Thus, the question of civic engagement arose, as well as how to influence such developments in one's professional practice. Thus, engagement with the political arena is part of the story of occupational therapy in Brazil

\* Metuia Project is an inter-institutional group for studies, education, and actions directed to the citizenship of children, adolescents, and adults undergoing processes of rupture of social support networks. At the end of 2019, with the expansion of the area of social occupational therapy in higher education institutions in Brazil, it was renamed Metuia Network - Social Occupational Therapy.

in general, and of social occupational therapy in particular.

## 2 What is the focus of the book?

On the one hand, the book is about the theoretical and practical occupational therapy experience or occupational therapy practice in the social field. We want to stimulate discussions about occupational therapy contributions in the social field. This is because we advocate that occupational therapy should not limit itself to its traditional role in the health care system, but should also see its professional contribution in the social sphere. Beyond the health sector, we can work in the education sector, in the justice sector, in the welfare sector. We have the opportunities, we have the tools, and we can make an independent contribution. A substantive focus of the book consists of field reports and research on occupational therapy projects in public schools and in disadvantaged neighborhoods, where there is a focus on the appropriation of urban space and on project work with youth experiencing poverty and crime.

Beyond that, however, our book is also about how to think about the theoretical background of occupational therapy in general by putting the social problems or the social contexts of people at the center of occupational therapy action in all areas of work. This is about political action, about the contradictions in our society and about the role of occupational therapists. And these questions concern occupational therapy as a whole. The connection between individual and collective action, i.e. between possibilities for individual and collective activities, also needs to be explored here. We should exchange ideas about how an understanding of the political level can become part of professional thinking and action in occupational therapy. After all, we can't just look at our services; we also need to talk about social policy and government actions, of which occupational therapy is one. Our goal is to promote the social participation of different groups, but in doing so we must not overlook the contradictions within society that set limits to our professional actions and influence. So we are not only talking about occupational therapy in the social field; even when I work as an occupational therapist in the health system, I should think about its political

dimensions. The time has come for us in occupational therapy worldwide to realize that we have more to offer than a view of functionality, a contribution from a biomedical perspective. It's important to have that as well, but that's not the whole of occupational therapy. We can make use of multiple perspectives.

## 3 What form does the interaction between the persons and institutions involved have? Does it primarily take place at the macro level of society?

The impression is wrong that in social occupational therapy we are only concerned with acting on the institutional level and with thinking about the influence of the macro level of society. The micro level is also important, and with it the question of how people live in everyday life. In occupational therapy, we predominantly look at the micro level and try to develop goals based on that. To give a concrete example: It is said that children from poor neighborhoods are more vulnerable to mental illness in school. That's not true, because it's not the children who are more vulnerable, but rather their context. So, we try to change the traditional way of thinking. We avoid individualizing explanations because they are simpler, but do not correspond to reality. In trying to get away from that kind of explanation, we talk a lot about the macro level. But, of course, we also need approaches to deal with the child who suffers from this situation. Occupational therapy practices in the everyday life of people mean taking an individual approach to help someone who is in a certain situation and needs support, without saying, "This is your problem," but by understanding the context and knowing how to deal with it. That's a challenge. We look at the individual and work with the individual, but with a collective or social perspective. For example, we worked in a school where the principal said, "We have a problem with this boy, he's gay and he has problems with his classmates." We decided not to talk to this boy alone, but to discuss the issues of gender and diversity in the school, also with the teachers. In such a case, it is not about talking solely to the person concerned, because it is not only him who has a problem. But the person who is suffering also needs individual support. So we typically have to do both at the

same time. This is a dialectical challenge that informs our practical occupational therapeutic work.

We therefore need to reflect on the professional role of occupational therapists: Why do we need occupational therapists when we live in such an unequal society? How can we work collaboratively with people within the existing social and health care system? It is not easy to explain to students and practitioners that we need to talk about social policy because that is part of our work as occupational therapists. But it should play a role in all occupational therapy settings: When I work with people with mental impairments, I have to ask myself how their life situation is affected by the politics in my community and how I can make my voice heard in the community or in the administration as an occupational therapist.

## 4 What are the similarities between community-oriented occupational therapy in Germany and social occupational therapy in Brazil?

There are many similarities. In the German discussion, however, it could be emphasized more strongly that occupational therapists in the community can also contribute to social issues. Explanatory approaches that exclusively refer to the health system and the promotion of health to explain occupational therapy work in the community lead to medicalization, i.e. a medical monopoly of interpretation on social forms of life, and to the individualization of the effects of social problems. There is a multitude of social problems, but occupational therapists are (supposedly) not allowed to deal with them because they are limited to working with people with health problems. Or they get involved in the social field because they want to help, but they don't do it officially because it's not part of their job. When we talk not only about health, but also about these situations, we contribute something new to occupational therapy and show that we could contribute to other areas.

If we are interested in looking at experiences of exclusion and not primarily at health issues, then we need to talk within occupational therapy about why we look at some things from a health

## Further Reading



As additional information, the article by Margaret Schmidt, "Soziale Ergotherapie – ein Fachbereich der Ergotherapie in Brasilien", published in January 2013, can be found under [download.schulz-kirchner.de](http://download.schulz-kirchner.de) > **ERGOTHERAPIE UND REHABILITATION** > Fachartikel > Jahrgang > 2023 > Ausgabe 3

perspective because that has certain advantages. We need to talk about the question why, without meaning to, we contribute to an individualizing explanation for problems that are not individual problems. But often people refer to health topics because health services are more likely to be funded. But we need to also talk about why social services are so poorly funded compared to health services. That's a political discussion that we should also have as part of the rehabilitation process when we talk about economic support and vocational rehabilitation, when we talk about the health of the specific groups we work with. This is a structural problem, not a local problem on site and not something occupational therapists can solve on their own.

The people occupational therapists work with also need social support. Part of our job is to advocate for that. The other thing is how we can implement strategies very concretely in practice. If we can articulate this more clearly, we are more likely to see our goals and strategies and to develop services that are not based on individualizing explanations and that do not target individualizing activities. By the way, this does not only apply to occupational therapists. So we should also exchange more with other professional groups about the existing structures and the resulting social policies.

It would be really interesting to see how the Brazilian discussion on social occupational therapy can be used in

the German context. What adaptations would be needed for this? How can we apply this kind of theoretical approach to enable collaborative action in the German context? In order to discuss our many similarities, we would need to look more closely at the projects that have already been developed in Brazil and in Germany. From this we could develop strategies for more occupational therapists to use these approaches. This would be really interesting, also for occupational therapy in general, considering the fundamentally different economic and cultural contexts in Brazil and Germany.

## 5 How has occupational therapy developed in the social field in Brazil and what effect do you hope it will have on the international discourse in Occupational Therapy and Occupational Science?

The field of social occupational therapy has been developed in Brazil and nowadays there are academic positions in this field in almost all universities, also there are more practitioners in the field throughout the country. In 2011, the work of occupational therapy in social services was officially and legally recognized in the Brazilian welfare policy, and today around 10% of the Brazilian occupational therapists work exclusively in this field. Another important development is the graduate programme in Occupational Therapy at the Federal University of Sao Carlos, which has graduated students from different parts of Brazil and other Latin American countries in master and PhD studies. There are more and more occupational therapists who understand this approach and relate it to other approaches in occupational therapy in South America, such as the human and social rights approaches or the community approach. We represent a certain southern perspective within occupational therapy, discussing topics like the social situation or certain theoretical approaches that are the same in these countries and that are specific to these countries.

We can advocate for developing a critical social perspective in occupational therapy as a whole and making social action the core of occupational therapy. At the same time, we can develop occupational therapy in the social field as a field of occupational therapy and say occupational therapy is a profession that works in prisons, in homeless shelters, in schools, and in other types of social services. This is already taken for granted in Brazil, but in the international context, people always ask what is the difference between occupational therapists and social workers. Instead, however, it should be asked how occupational therapists can fit into a field, whether occupational therapy guidelines can be adapted to it and what specific contributions occupational therapy can make.

The political and social dimensions of occupational therapy service delivery haven't been considered enough. It is important to put this discussion on the table. This is our contribution to the discussion in international occupational therapy.

*The conversation was led by Dr. Sandra Schiller*

### Commentary

*In our conversation, Ana Malfitano and I had an informal exchange about Social Occupational Therapy as an important source of inspiration for Gemeinwesenorientierte Ergotherapie (Community Development in Occupational Therapy) in Germany. For those interested in the topic, the 2021 book mentioned in the first question, "Social Occupational Therapy. Theoretical and Practical Designs" is highly recommended. It contains substantiated theory building as a background and self-understanding of occupational therapy in the social field as well as many concrete practice examples.*

**Translation of the original German-language article by Dr. Sandra Schiller**