

Inclusion in occupational therapy

Awele Odeh reflects on discrimination in occupational therapy, sharing her own personal experiences in an occupational therapy context, to shine a light on this rarely-discussed issue



In this article, I have used the Gibbs' reflective cycle (1998) to structure my reflections on experiences of discrimination within the context of my occupational therapy undergraduate experience and practice as a clinician.

In utilising Gibbs' model, I have structured my reflections under the following themes:

- Description of experiences.
- Feelings – what was I thinking and feeling?
- Evaluation – what was good and bad about the experience?
- Analysis – what sense can I make of the situation?
- Conclusion – what else could I have done?

During my undergraduate studies I was one of three students who hailed from an African origin, while in the cohort of 40 there was only one male student. This was not the first time I had been a minority in a learning environment, but it was the first time I had been away from home and the diversity of London where I came from.

Description

As a student, some of my experiences included a friend who described me as her 'first black friend', and someone stating in class that 'Black people were less intelligent than whites'. One student made racial slurs, while another asked: 'Can I touch your hair?' Yet another stated: 'I find black skin so interesting that I just want to stare and stare at it'.

Often on placement, as an opening comment from people, I would be asked: 'Where are you from?' This would be the case from both patients and staff alike. On one placement a patient called me a n****r. There was no follow-up by any members of staff after this incident, which happened in front of the whole team.

As a practising occupational therapist, a client stated: 'I would like a nice, white occupational therapist', in group work with other occupational therapy staff and clients present. The patient countered with 'no offence' and a conciliatory wave in my direction. I brought this up afterwards with an occupational therapist colleague and they avoided acknowledging the comment.

I had one patient persistently refuse to engage in an activities of daily living assessment with me, which involved going shopping in the local community; this was peculiar as they engaged with other occupational therapy activities. On another occasion, a patient enquired if I had 'done my training in this country'.

One manager described me as 'exotic', and yet another stated, in response to a tense working environment, 'I hate racism', while looking deliberately in my direction. This was a manager that I experienced as repeatedly disrespectful and dismissive in their attitude.

In one conversation the manager asked me: 'How long have you been qualified? Is it less than five years?' I responded that it was 12 years, and the manager looked shocked. Their attitude towards me changed from then on; they would consult me in cases, rather

than dictate the clinical decisions I should make with my clients. The change in their behaviour was remarkable.

In group work with clients, a member of staff made a derogatory comment about black people. I discussed this with my supervisor – who said that I should discuss it with the staff member. And that was the last spoken on the matter.

This manager also made derogatory comments about black people, notably when there were only three young black staff members present.

My experiences have been racial, age and gender based, although the former have been more prevalent.

Feelings

Being regularly asked 'Where do you come from?' while on placement wore me down. I had never before lived somewhere where my origins were such a point of interest.

In the preceding 20 years I had grown up in culturally diverse London. I had not realised that a geographical shift by a few hundred miles could make such a dramatic difference; I felt like such an outsider that I struggled to withstand the three years of the course.

When I was called 'n****r' by a patient, I was shocked and felt ignored by staff, as there was no acknowledgement of the situation, nor any attempt to reassure me. I found this bizarre, but to be expected.

When I finished my course and returned to London and started my first role in the London-Essex border area, it was a relief to no longer feel like such an oddity; I felt like a normal person.

My experiences have been racial, age and gender based, although the former have been more prevalent.

Evaluation

There was nothing good or redeeming about these experiences; they were all 'bad', but they happened and reflecting on them affords me the opportunity to acknowledge that those experiences were carried out by people who were ignorant and backwards in certain respects, often under the guise of being superior in some way.

Writing this article has also afforded me the opportunity to remember times when I have discriminated against others; there was an occasion when I assumed a fellow occupational therapist was less qualified because of her cultural background.

Another time, I spoke with a patient in a less than respectful way when I would not have spoken to a member of staff like that.

In the first experience I apologised, but in the second I did not and I should have. I also have assumed that a person who shared a protected characteristic with another person would automatically understand one another or 'get along', when of course, this is not so. This was ignorant on my part.

I can discriminate and I can learn and do better. However, the problem arises when someone feels entitled to discriminate and will defend their discriminatory position.

Analysis

The experiences as a student could be due to curiosity on the part of my fellow students, many of who came from small towns and villages, and this was the second main difference.

When I was called a 'n****r' by the patient on placement, I believe the situation should have been handled seriously, the patient asked to apologise, and a plan put in place to ensure I was informed of how the situation would be followed up.

None of this happened – it was a complete mismanagement of the situation and moreover a shame. This could be identified as an example of systemic racism.

With the patient who wanted 'a nice, white occupational therapist' I did attempt to discuss this, but the person I spoke to appeared so uncomfortable that they shut it down, when normally we could discuss work matters quite freely. This was disappointing; discussing it would have created an opportunity for that person to commiserate with me, but alas, this opportunity was lost.

These matters are a concern because, as occupational therapists, we work with a range of diverse populations and it is important to understand our own biases so that we can do something about them.

My experiences have shown me that some occupational therapists can have deep seated biases, while some are blissfully ignorant, and both can impact on the quality of care we as occupational therapists provide and the quality of care our clients receive.

Conclusion

I wanted to openly reflect on these experiences to shed light on what remains a little discussed matter; discrimination in occupational therapy and working relationships.

I have deliberately shared my personal experiences as a way to do this, reflecting on some of the powerful feelings these experiences left with me.

I know there will be many others with similar experiences across a range of protected characteristics. I believe that discussion and open dialogue about these experiences can lead to understanding, without which we remain ignorant and stagnant.

My wish is to encourage occupational therapists to have these conversations. It is worthy of note that, in my experience, racial discrimination seems the most difficult to discuss of the protected characteristics.

It is our responsibility to support and be supported through such issues. As a manager, it is important

to take the lead through what can be a difficult and uncomfortable process.

The following quote perfectly encapsulates my experience: 'I never really thought of myself as "Black" until I started my current job. I guess I was very fortunate that as a kid, I lived in an ethnically diverse part of London. Moving out of the big city however, I started to experience not overt discrimination but lots of minor incidents. Not being invited to things, an inference that I was different, which put me on the margins' (Race in Counselling Contexts).

Action plan

If these types of situations arose again, and no doubt they will, then I would openly discuss it with a person in authority, and if they did not take up the matter accordingly, I would put it in writing to their manager and be prepared to file a grievance.

However, I have learned that it is worth selecting your battles, and what you 'should' do can be very different from what you feel capable of at the time.

My experiences, at a minimum, have highlighted the need for personalised discussion or training regarding diversity and inclusion.

The more we discuss these concerns, the easier it becomes to discuss, and the better we can work towards the goal of truly inclusive practice in occupational therapy.

A useful approach is to begin with a situation where you have experienced discrimination of some sort: What support would you have considered appropriate? And what did you receive?

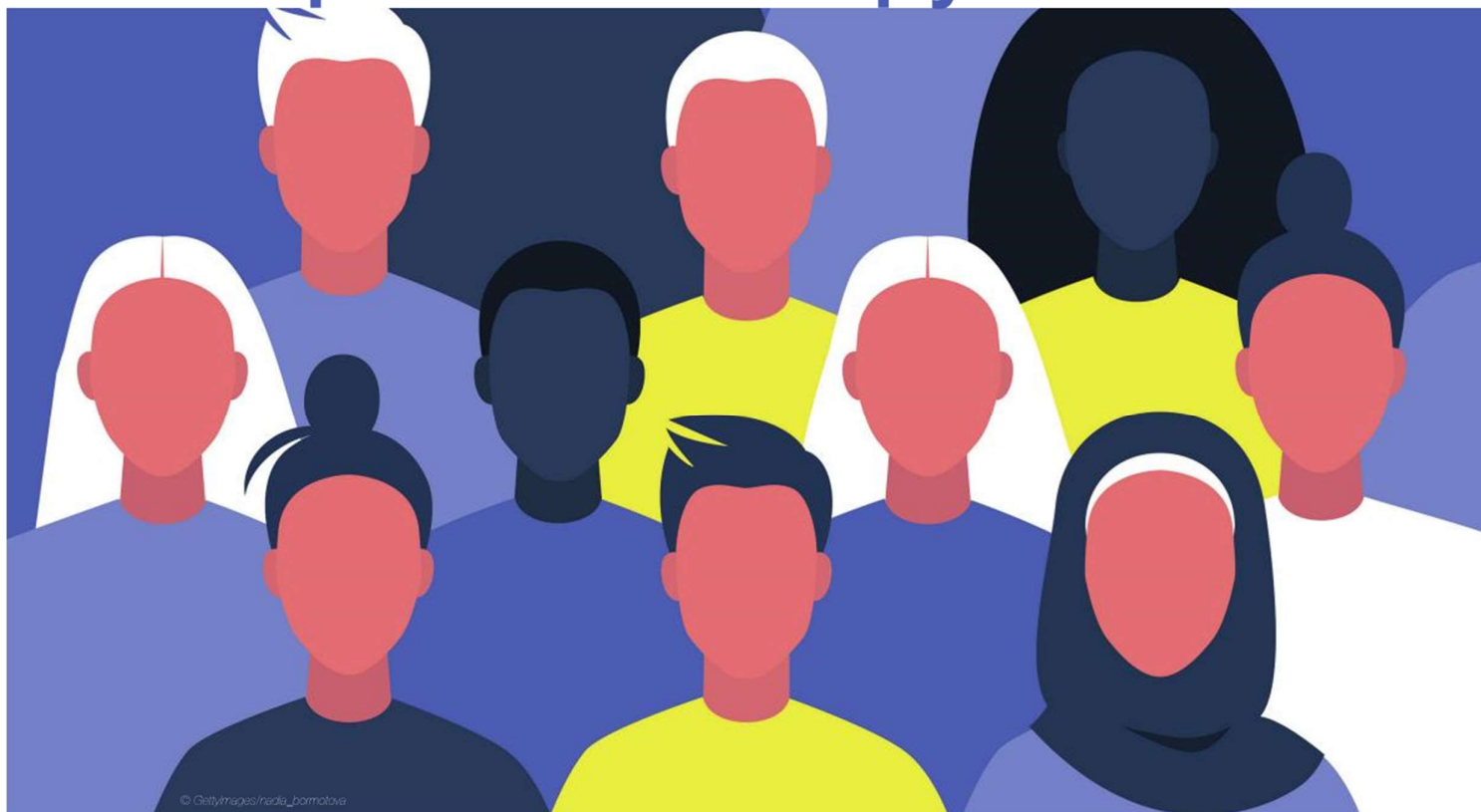
Reference

Gibbs G (1988) *Learning by doing: A guide to teaching and learning methods*. London: Further Education Unit

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The author would like readers to know that this article was written before the death of George Floyd in the US, however this and the subsequent global have served to shed light on this issue. Awele Odeh is happy to engage in conversation with anyone who wishes to discuss anything raised in this article, and to consult on diversity training for staff.

Occupational therapy and me



Somia Elise Jan, an occupational therapist of dual heritage, reflects on her own personal journey to becoming a practitioner

Since global events in June compelled occupational therapist Somia Elise Jan to reflect more deeply on her own experience of coming from a minority background, she is urging the occupational therapy profession to be more open, and for others enduring similar hardships to share their experiences.

'I am absolutely devastated by the current events around the world with regards to race,' she says. 'I simply cannot comprehend how, in this day and age, you can still be brutally murdered, or targeted and bullied, all because of the colour of your skin.'

'Unfortunately this is not a one off incident, it is just one that has fortunately been caught on camera. And I do say fortunately, because I think it is forcing the world to open their eyes to racism that is happening everywhere and every day.'

Somia is of a dual heritage: English on her mother's side and Pakistani on her father's side.

She stresses: 'I do not want to take anything away from this powerful and overdue #BlackLivesMatters movement, however it has forced me to identify with

some of my own experiences that I have perhaps suppressed, both the positive and negative.

'I think that this suppression is part of the problem minorities face, and an important aspect of this movement. We often accept that in some situations we will be treated a little differently, but why? Why do we accept this?'

'I'm sure that, if we are more open with our experiences, we would be welcomed. Or maybe not. But, if we aren't, we can address this and challenge and implement change.'

Somia has made the decision to push herself out of her comfort zone and share her journey into becoming an occupational therapist, as an attempt to spread awareness of both a culture and a profession she is immensely proud to be a part of.

In sharing her story, she hopes to reach others who are struggling on their journey and to remind them they are not alone.

'I hope it helps attract more minorities into this wonderful profession, because we need you and your uniqueness more than you know,' she says.

The start of the journey

The path to choosing a university degree was not without challenge for Somia. While studying A levels with a view to attending university, originally she was destined to study pharmacy; a dream that was not her own, but more of her father's.

'He meant well,' she stresses, 'but culturally there is an unspoken pressure within the Asian community that the women either stay at home, or become successful. However, successful is only recognised in limited forms, such as a doctor, pharmacist or lawyer.'

Despite writing a personal statement to apply for pharmacy courses, and even volunteering in a pharmacy to get experience, Somia knew that she did not want to do this for a living.

'I had personal experience with an occupational therapist, which is how I knew about the profession,' she explains. 'I decided to seek further voluntary experience to ensure this was the path for me. And it was. I fell in love with the profession instantly. So I made the decision to sit down with my father and tell him I was no longer pursuing pharmacy as a career.'

'I was anxious and delayed this for as long as I could. I felt like I was letting him down somehow. Unfortunately when I sat him down and had the conversation about my future, my fears were confirmed. He did not support my decision and could not understand why I would want a job that is unheard of and not as well paid.'

'Despite my efforts to sell my decision, it was not well received and he believed I was making a huge mistake. The reason I am sharing this is not to blast my father, because he is an amazing man, and he now sees the reason behind my decision and wholeheartedly supports me and is proud of me.'

'But the culture he has been brought up around created this idea of what my life should be like. Before I'd even begun my course I felt I was in a battle against this expectation, as I was also the first female from his side of the family to go to university.'

University life

Like most students, Somia was extremely nervous on her first day at university. 'I remember looking around the room to see my new cohort (of around 60). I distinctly remember seeing a range of ages, but not a range of colour, within my class,' she remembers.

'This instantly left me feeling isolated. As the morning continued, I felt myself naturally drawing towards the three other students of colour (one of these students left at the end of first year to pursue a different career).'

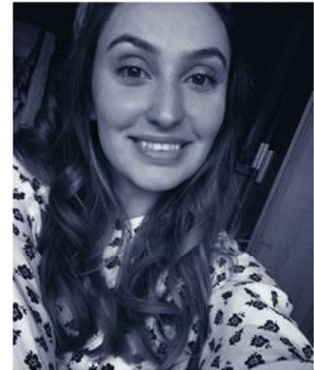
'Although I got closer to other students over the course of the year, I would be lying if I said I didn't spend the majority of my time with the other students of colour.'

From conversations with others, Somia knows she is fortunate that she doesn't recollect any negative experiences from either fellow students or lecturers. 'I think in my first year I was my own biggest oppressor, in terms of not stepping outside my comfort zone, and I don't entirely know why,' she reflects.

When it came to her first placement, which was in a high secure male unit, she remembers: 'I felt physically sick and genuinely



Somia Elise Jan



petrified around how service users might react to me wearing a hijab. Would I be safe?

'I remember going on my pre-placement visit and sheepishly asking "Will the patients try to strangle me with my own scarf?"'

'I think this was a combination of anxiety around being in the unfamiliar setting of a high secure unit and my own anxieties about responses I might get for wearing a scarf. My educator was lovely and reassured me where she could.'

'She was not aware of any other staff members who wore the hijab, but advised I tucked my scarf in as a precaution. Again, fortunately, I went through the placement with no problems from staff or service users, and in fact my hijab sparked off some positive conversations with both staff and service users about Islam.'

While during the summer before starting university Somia had made the decision to wear a hijab (headscarf) for religious reasons, a year into her journey she took the personal decision to remove her hijab.

'I did this for many reasons,' she says, 'but primarily I felt I was not doing the hijab justice as I was not practising all elements of my religion. So, for me personally, it did not feel right to wear it at that time.'

'While I had no negative experiences while wearing it, I felt a sense of relief, almost like I fitted in more with my cohort and I spoke to more people in the remaining years. I don't think this was because others could approach me more easily without the hijab, or perhaps it was. I can only comment on my feelings at the time.'

'Without my hijab I oddly felt I was able to speak out more freely and have more conversations. This has left me feeling uneasy as I have become closer to my religion. I realise now I should never be ashamed of my religion, I should be proud, and I am. This is something that has come to me over time and through personal growth.'

While throughout the rest of her time at university or on placement, particularly after removing her hijab, Somia was not asked about her religion or culture – 'I'm not sure if this is because, on the surface, I do not look like I am of mixed ethnicity, as I am quite pale skinned' – her name would generally spark some conversation on pronunciation.

'In some situations I have shortened my name to Mia,' she says. 'For whatever reason, people generally struggle with my name and I have found it really difficult to continually correct them.'

'Somewhat ridiculously, I feel I am being rude if I do, so I just either let people pronounce it wrong or shorten it. Unfortunately, this is still a problem for me even today. I should make more effort to correct people of my name, but it sometimes feels like people are not really that interested in hearing how to say it properly.'

Life as a qualified occupational therapist

Since qualifying, Somia has worked in a range of settings across physical and mental health, but, she says, 'has barely come across other occupational therapists of colour'.

She adds: 'Some days I find myself asking why? Why are we few and far between? But then, when I reflect on my journey, I think about how I found myself conforming for a lot of my educational and professional journey.'

'I didn't really bring any attention to my uniqueness, which makes me wonder how many others are struggling with integrating their personal and professional identity? I am sure this isn't simply limited to just aspects of race or religion.'

She adds: 'I have always taken pride in my ability to engage service users by using their unique qualities, asking them about their cultures, beliefs and values. This is so important because they all impact on our occupational performance. How can we begin to understand what is meaningful to them if we aren't exploring this?'

'I love when people ask me about my religion. I love sharing that side of me and now I offer information without being asked, as I finally put an end to my self-oppression. I think the more I have grown professionally, the more confident I have become in speaking up on behalf of my service users, which has given me further confidence to speak up about topics that feel important to me.'

'I also think that, if we speak out more about our experiences, both positive and negative, we will attract a more diverse audience to our profession. To me it is crucial that no one should feel like they can't do something because of culture, skin colour or beliefs.'

'We can do anything we put our minds to. I think the more diversity within our profession, the more approachable we are to a range of service users.'

Somia's most recent post is in perinatal mental health, where she has been able to successfully support a number of mothers with her interventions, using meaningful occupations that incorporate religion and culture.

'I had begun working with one mother who felt that she had lost her identity since becoming

a mother and struggled to do things that were meaningful to her. By listening to her story and unpicking her interests I discovered that reading around her religion was important to her, but she felt she had no time to do so while looking after a new born.'

'We took what was meaningful to her and incorporated this into a co-occupation (something she could do with her baby); this was done by finding children's books that she could read to her baby.'

'This left her feeling like she was still connecting with her religion while sharing this with the baby, which were both important to her. This led to her adapting many other aspects of the religion into co-occupations (such as praying and cooking), and on completing the intervention, she said she felt like a newer version of herself.'

Somia also believes that her background has helped her to reach out to people who might not otherwise have accessed services, because she is readily able to identify with their cultural needs.

'Within the Pakistani culture, mental health is somewhat frowned upon and some families believe mental health does not exist at all,' she asserts. 'Traditional interventions involve going to an Imam (Muslim leader) for support, which can range from prayers been read on the person affected or advice on how to change their daily life, normally to incorporate the five pillars of Islam.'

'Having this knowledge of my own culture has allowed me to enter people's homes and acknowledge the above, but also to widen what the service user can access in terms of interventions.'

She concludes: 'This is just my experience, and I am not generalising a whole culture... and perhaps some of my experiences have been a little bit self-inflicted, but actually I believe the world around us has influenced me into thinking this way.'

'It is easier to blend in than stand out. I share my story with the hope it reaches either professionals or students experiencing similar hardships. To those sat in a room full of people feeling completely alone, I say reach out. You are not alone in this and I believe together we will get there.'

'It is time to be open and share our experiences and to spread awareness of diversity in occupational therapy. Through this we can inspire others to join us in doing the same.'

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