

Colliding Identities and the Act of Creating Spaces of Belonging in the Occupational Therapy Profession

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Abstract

Introduction. Despite numerous initiatives to recruit a more diverse health professional workforce, those entering the health professions from marginalized groups experience significant barriers to inclusion. The occupational therapy (OT) profession is no exception. The profession, despite language of inclusion, is heavily influenced by colonialism and ableism, and positions itself largely under a Western world view. Literature points to OT students and clinicians from marginalized groups experiencing discrimination and racism, alienation, and internal conflicts between their own sense of identity and that which is expected in the OT profession. Lack of belonging can be a major barrier to success and fulfillment for those wishing to enter the profession. **Objective.** To highlight the invisible work done by those from marginalized groups to create spaces of belonging in the OT profession, through telling personal stories. **Key Issues.** Feelings of personal and professional belonging deeply impact the ways diverse OT students and clinicians engage meaningfully with themselves and their communities. Given the profession is currently aiming to identify its largely uninterrogated Western underpinnings, we must listen and learn from and with those from marginalized groups to create systemic, meaningful change. **Implications.** Creating community and supports within the profession in the context of a marginalized identity takes a significant amount of time and robust mentorship. We must begin to highlight this additional “invisible” work to create systemic changes and solutions and ease the burden for diverse peoples entering the profession.

Keywords: Occupational therapy; Indigenous health; belonging; marginalization

The Inception of Occupational Therapy

The occupational therapy (OT) profession emerged in the early 1900s through the arts and crafts movement as well as the moral treatment movement (Prince Edward Island Occupational Therapy Society, n.d.). In its early development, the profession aimed to support individuals with a broad range of injuries and illnesses to engage in daily activities. After the First World War, veterans

required structured activity and supports to transition back into their daily roles and responsibilities. In 1918, the University of Toronto launched the first OT training program in Canada, lasting six weeks in length, which educated numerous young women as occupational aides (Prince Edward Island Occupational Therapy Society, n.d.). Since then, the profession has become a core health profession focused on holistic health and well-being across the lifespan, with therapists in

private and public facilities working in areas of practice including but not limited to mental health, acute rehabilitation, and return to work (Canadian Association of Occupational Therapists [CAOT], n.d.).

OT is a health profession focused on supporting people and communities to engage in activities that they want or need to do, often in situations of injury, illness, or disability (CAOT, n.d.). Occupations are far more than simply “jobs,” but rather are all the activities we do that take our time, energy, and focus. The profession has historically classified occupations as being part of self-care, productivity, and/or leisure, aiming to mitigate or remove barriers that impede someone’s ability to fully engage in their daily activities (CAOT, n.d.). Increasingly, the profession emphasizes how what we do (occupation) connects to who we are and how we fit in the social world around us (Hitch & Pepin, 2021; Wilcock, 1998, 2007). The profession of OT is holistic in nature and grounded in client-centredness, emphasizes spirituality, and aims to challenge the biomedical model that has underpinned health professions and health professional education in Canada for decades (Egan & Restall, 2022). Yet, critiques of the profession have been continually emerging over recent decades (e.g., Grenier, 2020; Hammell, 2009, 2019; Hunter & Pride, 2021; White & Beagan, 2020; Valavaara, 2012), particularly surrounding equity, diversity, inclusion, and an overemphasis of Western ideologies and ways of knowing.

The OT profession in Canada was established in a context of colonialism, cultural imperialism, and white supremacy, and is therefore influenced primarily by a Western world view (Hammell, 2019; Hunter & Pride, 2021; White et al., 2021). The profession is infused with mainstream (Western) cultural assumptions and biases that often go unnoticed and unchallenged (Hammell, 2019; White & Beagan, 2020; White et al., 2021). Despite this, the profession is in the early stages of identifying Western underpinnings embedded in the profession and is beginning to critique its claims of universality. This work will ideally provide

grounding to begin considering how other ways of knowing, being, and doing are equally as valuable to the profession of OT, and how utilizing multiple ways of seeing the world will benefit all—both clients and clinicians. These longstanding, uninterrogated influences on the profession have grave implications for those who are entering the profession from diverse communities and backgrounds. Although little research has been done to date on diverse student and practitioner experiences, a recent study by Beagan, Sibbald, et al. (2022) points to systemic racism and a lack of belonging for occupational therapists entering the profession from diverse backgrounds.

From the moment of entry into health profession education programs, learners from racial, ethnic, gender, 2SLGBTQ+, and other historically marginalized groups may experience this lack of belonging. Often this arises as “imposter syndrome,” a feeling of self-doubt and sense of being a fraud (Rivera et al., 2021). Students and new graduates who experience imposter syndrome may be less likely to seek and apply for leadership positions in educational and academic roles later in their careers (Rivera et al., 2021). In comparison, learners and graduates from dominant privileged groups, who see themselves reflected in their textbooks, classrooms, and fieldwork placements, may be less likely to feel imposter syndrome and more likely to see leadership positions as attainable and realistic (Rivera et al., 2021). This may perpetuate the cycle, as those from under-represented groups then continue to see only people with identities very different from their own in leadership roles, intensifying the sense of being a fraud or imposter.

In OT, professional identity strengthens as students progress through the educational program and engage with the curriculum (Boehm et al., 2015). However, lack of minority representation in OT education programs and on admissions boards hinders potential diversity among students and lessens the likelihood of role models to assist students from non-traditional backgrounds navigating their OT career paths (Dawes, 2020; Lucas, 2017).

Ongoing under-representation at all levels undermines a sense of belonging for occupational therapists and students who are Indigenous, Black, people of colour, people with disabilities, or members of the 2SLGBTQ+ community, who grow accustomed to not seeing themselves reflected in many professions and educational institutions. Therefore, OT students who may not share the same cultural values, beliefs, identities, and privileges as their peers and educators are left at the margins and may experience incongruence between the expected professional identity trajectory and their own personal identity.

Diverse Student Experiences in OT: Illuminating a Systemic Issue

With ongoing calls to dismantle systemic racism, ableism, and other problematic systems of power, literature is now emerging on the experiences of diverse students and clinicians in the profession. For example, students entering the profession from working-class backgrounds experience class-based shame and stigma, and may attempt to “pass” as a higher class to belong (Beagan, 2006). Indigenous occupational therapists have described a lack of belonging and support for Indigenous ways of knowing, being, and doing within the profession (Valavaara, 2012; White et al., 2021). Although there is very little research on racialized OT student and therapist experiences, a paper by Beagan and Chacala (2012) from an Irish context points to experiences of discrimination and challenges for both colleagues and clients; a recent paper by Vazir et al. (2019) notes similar experiences among racialized Canadian physiotherapists. Experiences of 2SLGBTQ+ clinicians are also almost non-existent in the literature, but new research by Beagan, Bizzeth, et al. (2022) highlights the complex negotiations related to identity concealment and disclosure that LGBTQ+ health professionals undergo during their careers. Researchers are just beginning to illuminate experiences of systemic racism within the OT profession (e.g., Beagan, Sibbald, et al., 2022), pointing to the importance of peer support and community building for

diverse students and practitioners entering the profession. The purpose of this paper is to discuss how historical underpinnings have informed the concept of belonging within the OT profession, supported by reflections on the authors’ personal journeys through OT education programs in Canada.

Taff and Blash (2017) suggest that “Diversity and inclusion are not simply elements of a greater professional vision; they are also antecedents for supporting occupational therapy’s growth and visibility internationally” (p. 72). Although the authors recognize this is not a new idea, they emphasize a need for action plans that “support a more diverse workforce” (p. 72). This point cannot be overlooked, particularly with respect to the goal of increasing diversity within OT programs and subsequent entrance into the workforce. If recruitment, education, and organizational restructuring is increasingly integrating diversity initiatives into the frameworks used within the profession, then there must be support systems, resources, and decision-making processes in place that include the perspectives of marginalized students and clinicians. Without a solid foundation of people from historically marginalized populations “at the table” for decision-making, curriculum creation, and student support (such as fieldwork, academic accommodations, and mentorship opportunities), the profession runs the risk of continuing to perpetuate the white supremacy and ableism that have been pervasive to date (Grenier, 2020, 2021).

Occupational belonging

When it comes to research and education on occupational belonging, the focus remains primarily on clients, families, and communities. For instance, existing theories, models, and frameworks conceptualize belonging as something experienced (or not experienced) by the client(s) in relation to the environment and the occupation. In OT education, students are taught that occupational participation can facilitate a sense of doing, being, becoming, and belonging (Wilcock, 1998).

In other words, engaging in occupations can influence relationships between people, activities, environments, and sense of self-identity. However, in their review of how belonging is conceptualized in existing theoretical ways of knowing, Hitch and Pepin (2021) note that the concept of belonging is “under-developed in relation to doing and being” (p. 21) which results in less information being available on what exactly is meant by belonging. Further, while models do include belonging as a vital part of human occupational experiences, there is little to no discussion about belonging *within* the OT profession for students and occupational therapists.

There is well-established literature on how individuals may conceal or downplay their identities to fit into certain spaces. In the context of stigma management and personal safety, Goffman (1963) notes that individuals may engage in various strategies to fit in or belong in particular spaces. He notes that individuals may engage in “passing,” whereby they aim to appear as a member of a dominant group, or “covering,” whereby they downplay their stigmatized identity to better fit in. Passing provides invisibility of the marginalized identity, whereas covering is related to the “acceptability” of the identity—acknowledging its existence but where “its significance is downplayed” (Beagan, Bizzeth, et al., 2022, p. 2). These strategies are often deliberate and done to reduce personal harm related to particular identities one may hold that are placed on the margins within society (Yoshino, 2006). In the context of OT, these ideas are less defined; however, other studies emerging from nursing and medicine highlight the ways diverse students and practitioners engage in strategies of stigma management (e.g., Eliason, DeJoseph, et al., 2011; Eliason, Dibble, et al., 2011; Etowa et al., 2011; Mansh et al., 2015; Nunez-Smith et al., 2008; Riordan, 2004; Toman, 2019). Specific to OT, a recent paper by Beagan, Bizzeth, et al. (2022) highlights the negotiations LGBTQ+ individuals must undertake regarding identity concealment and disclosure to fit in and minimize harm.

In any socially marginalized group, some members hold the privilege of being able to conceal a marginalized identity, passing easily as members of the dominant group with minimal effort. White-seeming privilege is defined as the occurrence when “a person who identifies as something other than white is mistakenly seen as white and gains access to privilege through mistaken identification” (Downey, 2018, p. 2). It is important to note that this experience includes both erasure of an identity (e.g., Indigeneity, cultural values) and simultaneous advantageous positioning with access to new or different privileges that may be less available if the racialized identity were known or visible. Academic use of “passing” most often frames it as someone being assumed to be part of a dominant or other identity category that is different from how one self-identifies. For instance, light-skinned Indigenous people may be assumed white despite being Indigenous, consequently “passing” as a white person and gaining aspects of white privilege. With respect to the 2SLGBTQ+ community, the term passing is used to describe situations where heterosexual and/or cisgender identities are assumed, when in reality the person does not identify in those ways. Both situations described above occur when assumptions are made about identities and social position.

This paper builds on previous work in the OT profession highlighting its colonial (White & Beagan, 2020; White et al., 2021) and white supremacist (Grenier, 2020; Hunter & Pride, 2021) underpinnings, as well as the often negative experiences of marginalized OT students and practitioners in OT programs (Beagan, 2006; Beagan, Bizzeth, et al., 2022; Beagan & Chacala, 2012; Beagan, Sibbald, et al., 2022; Valavaara, 2012).

Building Community

Whalley Hammell (2021) describes how, in dominant OT models and frameworks, many occupations are discounted and excluded. These may include culturally significant occupations such as connecting with “ancestors and ancestral lands, gods and spirits, cultures and

nature ... occupations undertaken to contribute to the wellbeing and future of others, to enact reciprocity ... and occupations enacted as acts of resistance” (pp. 447–448). By dismissing or excluding these occupations from discourses surrounding meaningful occupations—and more specifically from OT education—students may not learn to value diverse ways in which people engage with their environments, communities, and selves. Additionally, students and emerging occupational therapists who value these occupations may feel they are outliers or that they do not belong, particularly because the categories of leisure, self-care, and productivity are limiting and perpetuate a Western perspective of occupation that has become normative (Hammell, 2019; White & Beagan, 2020; White et al., 2021).

It is important to note the amount of effort it takes for OT students and clinicians from marginalized groups to build community connections, an experience largely taken for granted by their peers who may readily accept and subscribe to the hegemonic environment. Rather than being able to count on peers and faculty sharing a similar world view or culturally grounded way of being and knowing, students from marginalized groups seek these experiences through pre-existing friendships and relationships within their own families and communities. There is frequent evaluation of the safety of the social space and, at times, selective disclosure, both of which take tremendous energy and attention to the social and physical environment (Beagan, Bizzeth, et al., 2022). Rather than having an automatic sense of belonging, marginalized OT students and clinicians are tasked with navigating personal and professional identity while working to attain a sense of belonging within the profession. To further demonstrate this, the authors now share their experiences as students from marginalized groups in the profession.

Our Stories of Identity, Belonging, and OT

Holly’s Story

My journey to becoming an occupational therapist began in 2012 when I met with an

instructor and told him all the ways the program I was in wasn’t aligning with my values and world view. His response would change my life forever: “Have you heard of occupational therapy? What you are describing sounds more closely aligned to what occupational therapists do.” I went home, did a little research into the profession, and that was it—I knew I wanted to become an occupational therapist. I’m very grateful to him for taking the time to listen and ultimately guide me in the OT direction. I transferred to university and started over to obtain an undergraduate degree in Kinesiology, and then started in an OT program in 2017. Once I was accepted into that program, I moved to a city much bigger than my small hometown. I didn’t know many people there, and I realized I was in for a big adventure—I was away from my family for the first time in my life, starting a master’s degree, and I quickly learned I could explore my identity in ways I never considered. So who was I now? I was excited about what the future held.

When I started school in August that year, there were social activities for us to start to get to know each other, and throughout the coming weeks and months we all started to find our place. Within the first few months I experienced an emergence of a new sense of self and an authentic expression of my identity, which involved a lot of unlearning. I felt relieved and started seeking out people who identified in similar ways. This period was my entry into the 2SLGBTQ+ community, and that identity has only strengthened as I have matured and done the internal identity work necessary to counter the homophobic and transphobic messaging I had internalized for my whole life up to that point, as so many of us do.

There was another part of my identity that I was navigating, which is the fact that I am Métis and was one of only two Indigenous students in my class at that time, as far as I am aware. Since my father is a white immigrant from Scotland, I benefit from white-seeming privilege, or white-passing, as people do not assume I am Indigenous based on my appearance. With this privilege comes the potential erasure of my Métis identity, which I

fear also risks erasing the stories of my ancestors who survived despite efforts of settlers and the Canadian government to ensure they did not. I have come to learn that my Métis family struggled with their own sense of belonging. My great-grandmother wore white face powder to appear lighter skinned and also changed her name and birth date in an attempt to conceal her Métis identity. There are likely many reasons she did this, ranging from fear of her children being apprehended to being ashamed of her Indigeneity. Since our family identity was largely hidden, I did not grow up knowing I was Métis, and thus I am still on the journey of learning my place of belonging. I walk the line of not feeling Indigenous enough while also noting how my world view does not align with dominant Western ideologies, so where do I belong? I began questioning whether I needed to create new spaces of belonging. In OT school I kept these stories close to my chest and did not disclose to most of my classmates, preceptors, and clients these things about myself. I recognize this in itself is a privilege because selective disclosure is not available to everyone. I no longer have the ability to choose when I disclose my gender identity and sexual orientation, as they are often assumed based on my self-expression and appearance.

I thoroughly enjoyed my time in the OT program. It was challenging at times, but I felt nurtured and supported in my professional development. On my second placement I went to a rural northern community for six weeks. During that time I had an exceptional preceptor who was incredibly supportive and enthusiastic about helping me develop my skills, knowledge, and confidence as an emerging occupational therapist. This was the first time I saw myself really being able to find my place in the profession, and it helped with my feelings of imposter syndrome or being a fraud. Being a student is a vulnerable experience, similar to how it feels entering into a new space and trying to learn how to belong. I was often asking: am I enough?

By my second year in the program I no longer put as much energy or focus into connecting with other students in the program,

because I felt as though I kept coming up short. More and more I found that my relationships with my preceptors, clients, and the faculty were connections that felt better suited to supporting my professional development, whereas I relied on my existing friendships and my family for the emotional support I needed. I sought out new connections with others in the 2SLGBTQ+ community and focused on learning how to belong within that space. The more time I spent in those contexts, the more I realized that some queer spaces were problematic in that issues like exclusion, racism, and ableism existed there too. This is when I first really observed how being from one marginalized group does not mean other forms of exclusion and oppression do not take place. My interest in intersectionality flourished during this time and continues to be what motivates me to do the PhD work I am now doing.

I didn't make a lot of close friendships while in school, though I did make a handful of connections that I still really value. I have since reconnected with multiple former classmates whom I am closer with now than when I was in school. I think being out of the standardized and colonial environment of a classroom has enabled me to see these people differently, and to be seen differently. I could have made a stronger effort to connect with the Indigenous community on campus during school but I didn't have the energy to add this to my full-time schedule between exams, placements, and trying to navigate my emerging identities at the same time. This time around as I return to academia, I am approaching things differently. I am actively engaging in Indigenous-led and focused programs, workshops, and conferences. I have met some incredible people and look forward to continuing my journey toward what it can look and feel like to belong as an Indigenous person within academia and OT.

OT is a profession that operates on the premise that everyone should have a sense of belonging, and it is through enacting and engaging in our occupations that we can foster belonging. I hope the work I am doing both personally and professionally will contribute to that goal, particularly for those who have

historically experienced and presently still experience a sense of not belonging because of who they are.

Tara's Story

My journey into OT began in 2017 when I was finishing my undergraduate degree in Psychology. I knew there were virtually no job prospects with just an undergraduate psychology degree, so I decided to explore some graduate programs. I was always particularly interested in health and health care, but didn't want to enter nursing or medicine because of the long work hours. Also, as an Indigenous student, I knew quite a few folks who went into typical "biomedical" health care professions and often experienced racism, discrimination, and tensions between their ways of knowing, being, and doing and what was being asked of them in conventional Western health programs.

One of my good friends was planning to apply to OT, and the more I explored the profession, the more I found it resonated with the ways I viewed health, well-being, and health care generally. I was originally drawn to how many spaces and contexts occupational therapists could work in, and how broad the profession was. I applied to OT school, got in, and began the two-year journey toward becoming an occupational therapist. Being from the territory and having my family, friends, and partner here all influenced my choice to stay close to home for my graduate degree. I had a very solid support system here and went into OT school excited and optimistic about what my future held.

My experience in OT school was generally a good one. I had spent many years at that point grappling with my Indigenous identity in relation to colonialism and colonial violence in Canada. My father was adopted into a white family in the 1960s and had all his connections to community and family severed at that time. In relation to education broadly, I had been educated in Western systems for my entire life and was quite easily able to make myself "fit" into these spaces, at least on the outside.

Although I am a Mi'kmaw woman, I am able to "pass" as a white person, given my light

skin tone. This meant that I had the *privilege* to choose when, to whom, and how I disclosed my identity, and I was also able to mitigate overt discrimination and racism often experienced by other Indigenous students. My outward appearance allowed me to, at least on the exterior, fit in. Another major piece of myself and my upbringing I was able to disclose (or not) was my working-class background. As a first-generation university student, I found graduate school a foreign space to be in, despite already having an undergraduate degree. None of my family were able to help, either. During my OT education, I spent a lot of my spare time in paid work, which made me feel like a bit of an outcast. Not a lot of other students in my program had part-time jobs, and we were discouraged from working outside of school because it would likely lower our grades. The decision not to work was not a privilege I had—and this meant that I missed out on a lot of get-togethers and school activities meant to foster support and belonging in our OT cohort.

It wasn't until I started to learn more about the profession in the first year that I started to realize some congruencies, as well as incongruencies, with my own upbringing, experiences, and identity. Although our profession is described as holistic and client-centred and aligns itself more with a biopsychosocial model of health, it is also elitist, colonial, and exclusionary in many ways as well. I found that a lot of what is taught in OT school is from a particular viewpoint or world view, and other diverse ways of seeing the world were excluded—never talked about. This made me question whether I belonged in this space and consequently led to imposter syndrome. It felt as though I would have to privilege my Western upbringing and sacrifice many of the teachings and ways of knowing that I've come to learn and understand and that resonate with me as an Indigenous person. I didn't really talk to anyone outside of my closest friends about this at the time, but looking back, I see how different my school experience was in comparison to that of many other students in my program.

At the end of my first year, I encountered a professor I got along with, and I shared my

interests in exploring OT through the lens of my Indigenous identity. She used her time, expertise, and resources to support me in exploring who I was, as a Mi'kmaw woman in an OT program, and for that I am forever grateful. It was through that connection that I feel my journey to belonging in the profession really began. I was sure I was one of very few Indigenous students in my cohort, if not the only one, and was eager to get to know more Indigenous occupational therapists to see if they experienced similar tensions and struggles.

In 2018, I connected with two Indigenous occupational therapists in other provinces who welcomed me with open arms (virtually). They met with me on their own time and not only listened to my experiences but validated them. These informal meetings, connections, and conversations continued outside of my formal OT training and work time, and my network of Indigenous occupational therapists began to grow as they supported me in meeting others from across the country. For the first time, I began to feel like I truly belonged in the space I was creating. It was these friendships and connections that fostered my interest and confidence enough to do a PhD exploring the experiences of Indigenous occupational therapists in Canada.

In 2021, six Indigenous occupational therapists committed to sharing our experiences at the annual Canadian Association of Occupational Therapists Conference. This was one of the few pieces of work “out there” in academia highlighting the experiences of Indigenous occupational therapists. Although all of us are busy, and consistent communication among us ebbs and flows, the importance of community never wanes. I know that there are other Indigenous occupational therapists out there who have similar experiences and an understanding of where I come from and what I’m going through. Since then, I’ve continued to build relationships with other Indigenous occupational therapists across the country and have created long-lasting relationships that have changed me as a person, as an occupational therapist, and as a scholar. It made me realize that belonging is not about the place, but about

the people—and I’m just now starting to see how I belong in and fit into this profession.

Many people talk about the great friends that they made in OT school, and I made a few good ones, too. But my most important relationships and my sense of belonging within the OT profession were formed outside of my OT program, on my own time. I spent many evenings and weekends on the phone or Zoom talking with other Indigenous occupational therapists. I am blessed to be continually making these important connections through my doctoral work, but a resounding statement I hear from Indigenous OT students and practitioners is how much work goes into creating community when you don’t automatically belong or see yourself reflected in mainstream spaces (e.g., academia, health care). My story highlights the effort, and need, to create spaces where people can and do feel like they belong. Although my experience is but one of many, I hope that the work I’m doing will contribute to necessary changes in the profession so that Indigenous OT students and practitioners feel supported and valued in the profession.

Conclusion

This paper aims to highlight the invisible work that those from marginalized groups must undertake to create spaces of belonging in the OT profession. Despite language of inclusion in the profession, OT—like most health professions—remains mired in colonialism, heterosexism, ableism, and racism. Though often focusing on how to create spaces where clients feel valued and included, the profession continues to overlook the importance of belonging for clinicians and students. Learners from marginalized groups may enter but often remain not-fully-belonging in the profession. One major barrier to creating spaces of belonging for all is that the world views espoused in the profession and shared by classmates, professors, and preceptors often convey messages of not-belonging, even if unintentionally. Therefore, Indigenous entrants to the profession—and queer entrants, along

with others from marginalized groups—need to forge their own pathways to belonging, something granted readily to members of dominant privileged groups. The energy-intensive, emotional burden of creating spaces of belonging when one does not automatically feel like they belong may be recognized at the time, or upon reflection years later. Either way, this burden placed on learners and clinicians from marginalized groups must be acknowledged, recognized, and addressed. Peer support and community-building is important to survive, thrive, and continue to improve the inclusivity of the OT profession.

Key Takeaways

- The OT profession is currently in a state of flux, with clinicians beginning to identify and interrogate the narrow Western ideals and underpinnings while emphasizing the changes needed to support diverse peoples.
- Feelings of personal and professional belonging (or not) inherently impact the ways OT students and clinicians are able to engage with themselves, clients, and their communities in authentic and meaningful ways.
- Creating community and supports within the OT profession in the context of a marginalized identity takes time, space, and often mentorship. This additional “invisible” work must be recognized, and systemic changes and solutions must be put in place to ease the burden for diverse peoples entering the profession.

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