

Original Article

# Experiences and perceptions related to gender in the professional practices of male occupational therapists

## *Experiências e percepções relacionadas ao gênero nas práticas profissionais de homens terapeutas ocupacionais*

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### **Abstract**

**Introduction:** Feminist studies have contributed to the understanding of the gender roles assigned to women and men as socially constructed and not biologically determined processes. In health work in Brazil, marked by the numerical predominance of women, the sexual division of labor is influenced by the naturalization of care as a female attribute. In occupational therapy, according to the Regional Council of the category, only 3.7% of professionals in the State of São Paulo are male, which gives uniqueness to gender relations in the profession. **Objective:** We seek to identify and analyze gender-related experiences and perceptions among self-declared male occupational therapists. **Method:** Qualitative exploratory study, carried out through in-depth interviews with five occupational therapists in the city of São Paulo, SP, Brazil, later analyzed through thematic analysis. **Results:** Respondents identified experiences that they consider to be undisguised gender privileges, especially regarding access to employment and professional development. They perceive that, in the professional environment, there are stereotypes linked to the pattern of behavior attributed to the male gender, associating it with strength, authority and power. When it comes to care relationships with users, some participants do not perceive the presence of gender norms, which seems to converge with the social invisibility of these processes. **Conclusion:** Gender issues are present in the professional experiences of the respondents, who, in general, perceive them from a critical perspective. It is relevant for Brazilian occupational therapy that new studies increase reflections and address different aspects of gender relations in professional practice.

**Keywords:** Occupational Therapy, Health Occupations, Gender-Based Division of Labor.

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### **Resumo**

**Introdução:** Estudos feministas contribuíram para o entendimento dos papéis de gênero atribuídos à mulher e ao homem enquanto processos socialmente construídos e não biologicamente determinados. No trabalho em saúde no Brasil, marcado pela predominância numérica de mulheres, a divisão sexual do trabalho é influenciada pela naturalização do cuidado como atributo feminino. Na terapia ocupacional, segundo o Conselho Regional da categoria, apenas 3,7% dos profissionais do Estado de São Paulo são homens, o que confere singularidade às relações entre gêneros na profissão. **Objetivo:** Busca-se identificar e analisar experiências e percepções relacionadas ao gênero entre terapeutas ocupacionais autodeclarados homens. **Método:** Estudo qualitativo de tipo exploratório, realizado por meio de entrevistas em profundidade com cinco terapeutas ocupacionais no município de São Paulo, SP, Brasil, posteriormente analisadas por meio de análise temática. **Resultados:** Os entrevistados identificaram experiências que consideram ser privilégios de gênero não dissimulados, principalmente no que tange ao acesso ao emprego e à valorização profissional. Percebem que, no ambiente profissional, atuam estereótipos ligados ao padrão de comportamento atribuído ao gênero masculino, associando-o à força, autoridade e poder. Em se tratando de relações de cuidado com usuários, alguns participantes não percebem a presença de normas de gênero, o que parece convergente com a invisibilidade social desses processos. **Conclusão:** Questões de gênero estão presentes nas vivências profissionais dos entrevistados, os quais, de modo geral, percebem-nas sob uma perspectiva crítica. Mostra-se relevante para a terapia ocupacional brasileira que novos estudos adensem reflexões e abordem distintas faces das relações de gênero na prática profissional.

**Palavras-chave:** Terapia Ocupacional, Ocupações em Saúde, Divisão de Trabalho Baseada no Gênero.

## **Introduction**

### **Gender issues in occupational therapy work**

This is a study interested in reflecting on the conditions experienced and currently perceived by occupational therapists who declared themselves to be male, considering their working relationships in the field of occupational therapy in health.

According to the Regional Council of Physiotherapy and Occupational Therapy, which covers the State of São Paulo, only 219 (3.7%) reported being male, among the 5,906 registered occupational therapists (Conselho Regional de Fisioterapia e Terapia Ocupacional, 2021). The significant predominance of women in occupational therapy, however, is part of a broader and not recent scenario. According to Silva (2020), based on data from the Brazilian Institute of Geography and Statistics in 2013, professional careers in the biological sciences, health and related sectors already had 65.2% of the female workforce. In that same year, women accounted for 73.4% of enrollments in higher education courses in the healthcare area, with emphasis on Nursing and professions related to Rehabilitation (Silva, 2020), indicating one of the faces of what

some studies have called feminization of health professions in Brazil (Matos et al., 2013).

It is worth remembering that the presence of women in the job market in general, as well as in the world of health work, has been analyzed with different interests. Among these, there are those who seek to understand the social processes that condition this reality, as well as others that emphasize the historical relationships that connected the female universe to the care given to other human beings.

In occupational therapy, Vogel et al. (2002) discussed this theme from the perspective of the association between female stereotypes, social class references and the origin of the profession, taking into account its roots in the United States, when Eleanor Clarke Slagle, social worker and one of the founders of occupational therapy in that country, established infinite kindness, patience and gentleness – in addition to adequate physical expression and a pleasant voice – as prerequisites for becoming a professional in the field. They also recalled that, by indicating the “maternal spirit” as part of the requirements for occupational therapy students in the first courses created, the profession was practically banned for men (Vogel et al., 2002).

Figueiredo et al. (2018), considering the literature that addresses the history of occupational therapy and female work, reiterated the importance of the relationship between the expansion of the presence of women in extra-domestic spaces in the first decades of the 20th century and the origin of occupational therapy. According to the authors, the gender segregation model had an influence on the creation and development of the profession and its connection with the female stereotype that attributes to women the natural function of care, insofar as it corresponded to social normativity, articulating the expected behavior of a certain segment of women. Thus, they say, if, on the one hand, women from privileged social classes began to perform activities outside home spaces, entering the labor market and at higher levels of education, on the other hand, they were restricted to professions considered adjusted to the expected social roles of women, like occupational therapy. In this sense, the link between occupational therapy and activities carried out in the private sphere and in the context of daily life was a relevant factor in choosing the profession at that time (Lopes, 1999; Figueiredo et al., 2018). Monzeli, Morrison and Lopes (2019), when studying the creation of professional training programs from the 1950s onwards in Latin American countries, also reflect in this direction, considering that the origin of these programs articulated processes of subordination of the female gender that involved teaching at the university level and entering the labor market from less prestigious positions in the medical hierarchies.

Approaching gender issues from another angle, some studies have shown important aspects about the reality of male professionals in occupational therapy. In Canada, a country where the proportion of approximately 8% of male professionals has been a matter of concern in the professional category, there was a study that applied a questionnaire to 37 professionals in Ontario (Birioukova et al., 2012) and identified that the majority of them experienced related problems to stereotyped norms of gender, such as being asked to transfer heavier users, containing users in aggressive episodes and repairing service equipment. Among study participants, 26% expect to leave the profession within 10 years. More recently, Beagan & Fredericks (2018) have questioned the extent to which gender balance should continue to be treated in Canada as an issue

of equity in occupational therapy, where increasing the recruitment and retention of men has been an ongoing effort in practice on the grounds that there are benefits in workforce diversity. In the proposed discussion, they underlined data from studies that showed men more present in management positions, concentrated in some areas of professional activity and part of them treating occupational therapy as a “step” in the career. Maxim & Rice (2018), in a study using online questionnaires with women and men occupational therapists from Ohio, in the United States, concluded that, despite differences in perceptions about the profession depending on gender, men and women professionals are satisfied and secure, and feel they are contributing to society.

Considering the presence of gender-related issues in occupational therapy, our study aimed to explore and discuss the perceptions of male occupational therapists on this topic. Starting from the intention of understanding them not as portraits of the “men's place” in the profession, but as one of the expressions of the dynamics of gender relations established in the professional field, we take feminist studies as fundamental references.

### **Feminist studies, gender and masculinity issues**

Whether as a way of thinking or as a set of political and social practices, since the end of the 19th century, feminism has been giving visibility not only to women and women's issues, but also to the perverse forms of exclusion that are expressed, above all, in the public sphere of Western societies (Rago, 1996; Pinto, 2010; Biroli, 2016). Feminist theoretical productions, consisting of different strands, embodied the deconstruction of essentialist conceptions of sexuality, feminist readings of history and new conceptualizations and problematizations in the apprehension of differences and singularities, among other original interpretations of social inequalities and socially built hierarchies between men and women.

Among the various issues in the field of feminist criticism, the debate on gender, in particular, confronted epistemological orders and consolidated dialogues between feminism, as a social movement, and the academia, producing important impacts on scientific production (Matos, 2008). Notably from the mid-1970s onwards, gender studies, or even social relations between genders, crossed the sociological discourse with new reflections, bringing results that involved the denunciation of sexist, ideological and cultural domination (Scott, 1995; Rago, 1996; Pinto, 2010).

Several of these productions operated based on the thinking of Joan Scott, who advanced in the critique and application of the term “gender”, coined by American feminists in the 1970s to emphasize the social character of distinctions based on sex (Scott, 1995). In 1985, the author defined it as a “[...] constitutive element of social relations based on perceived differences between the sexes” and as a “[...] primary way of giving meaning to power relations” (Scott, 1995, p. 86).

This was the moment when the second wave of feminism started, which unlike the first wave (in the 19th and early 20th century), valued the political affirmation of differences and issues related to diversity. What happened from then on, for Matos (2008), was the generalization of the use of the concept of gender as an analytical and empirical instrument in such a way that, in addition to its expansion into several other disciplines, there was also a conformation from many of these studies to a “diffuse feminism” or even the disengagement of these studies from feminist thinking.

Although the concept of gender as an instrument of theoretical-analytical elaboration has essentially served to explain the processes of subordination of women to men, it also opened up space for questions about the *male* and *masculine* categories (Matos, 2008). As stated by Gardiner (2002) dealing with this relationship, misogyny created feminism and, in turn, feminism created the possibilities to understand that men were also incarnated as a specific gender, defined according to cultural ideals for people with similar bodies.

Thus, it was in the convergence between feminist studies on patriarchy and interest in the process of construction of masculinities and femininities in real life that the concept of hegemonic masculinity was formulated, in the 1980s, by a group of Australian researchers of which Raewyn Connell was exponent.

The concept, which strongly influenced the creation and development of a field of studies on masculinity, was defined as a critical perspective on the theory of roles, the notion of “male sexual role” and the universalizing notions about the male category. Furthermore, as pointed out by Connell & Messerschmidt (2013), other sources such as the gay liberation movement were important. By dealing centrally with the concepts of difference and power, the movement developed a sophisticated analysis of males being oppressed and male oppression, giving visibility to a hierarchy of masculinities through homosexual men's experiences with heterosexual violence and prejudice. In this sense, hegemonic masculinity was treated as a pattern of practices (and not just expectations) that impose the supposedly most appropriate way of being a man, demanding that all men take a stand in relation to it. It is a practical configuration that guides the position of men in the structure of gender relations and, as such, it is understood as a fundamental element in the production of the continued domination of men over women (Connell & Messerschmidt, 2013). Rooted in the sphere of production, in political arenas and in various social practices, hegemonic masculinity is based on the appreciation of competition, the search for power and success, expressions of strength, virility, trust and mastery and control, as also discussed Bento (2015).

Taking into account the criticisms directed at the concept of hegemonic masculinity, which occurred with the expansion of its application in later decades, Connell & Messerschmidt (2013) consider it important to incorporate new perspectives associated with the concept but emphasize the importance of maintaining the refusal to define it as a fixed or toxic character trait, as seen in some of its more recent appropriations. Indeed, Connell (1995) also drew attention to the existence of a conventional narrative about the construction of masculinity, which states that all boys are led to adopt behavior and feelings because of pressure – from families, schools, media, organizations and the political system, among other social groups – to distance themselves from female behavior and repress feelings. Although he agrees with the basis of these statements, the author emphasized their incompleteness, highlighting aspects such as the active dimension of the subjects in appropriating this masculinity, as well as the fact that other masculinities are also produced concomitantly in society. It is, therefore, convenient, according to him, to always consider that there are “masculinities” in continuous dispute in the social game (Connell, 1995). In it, some masculinities are subordinated to others.

In Brazil, the influence of gender studies and the dynamics of the male-female relationship in the debate on masculinities can also be noted, and a set of them was brought together in 1998, in a collection of texts organized by Margareth Arilha

(Arihla et al., 1998). The publication expresses an important aspect of Brazilian production.

Nolasco (1993), on the other hand, having gone in a different direction from these studies, highlighted the intensity of the tensions experienced by men to align themselves with a social performance that does not include their own desires and limits, based on their experience with groups of men in psychological care office. He emphasized the argument that men's daily lives are characterized by participation in a value system in which certain behaviors are prohibited by a construct that reduces them to "being masculine" (Nolasco, 1993). Emphasizes the socialization of boys as a process in which the denial and devaluation of affective demands makes room for the illusion that to embody the male stereotype will respond to their needs, crediting this model with the tutelage and control of men's desires. The model, in turn, would be fed back by the simplification of imprisoned male subjectivity.

This approach, among others, was criticized by Oliveira (1998, 2004) in more than one work in which he took it as a component of a discourse that places men as victims of a set of social and psychological factors, in the context of articulation between the typical dynamics of capitalism and the construction of masculinity. In it, even the expressions of strength through violence are taken as masks for male fragility and insecurity, in an inversion operation that transforms the defendant into a victim. In this way, the problem shifts: the culprit is not the males themselves, but the male role, says Oliveira (2004).

It is also from this perspective that Oliveira (2004) criticizes certain approaches to the so-called "masculinity crisis", which as a reflection of the feminist movement of the 1960s would have led to a malaise among men and to the undertaking of a search for a new model for the expression of subjectivities. Since they are formulations that the author calls victimizing, they fulfill the function of blurring the perception that, before being victims, men are beneficiaries of the gender system. The result of this approach, then, would be a call for the flexibilization of roles and attention to men's needs, not for the equal distribution of power between men and women.

Although with another central concern, Silva (2006) also addresses the masculinity crisis. The author emphasizes the inadequacy of the new models of masculinity that unfolded from this debate, as it would be limited to stick to the creation of patterns of opposition to traditional models of masculinity that define men in a negative polarized structure (cannot cry, cannot demonstrate feelings, cannot be a weakling or loser) and affirmative (being a parent, leader, courageous, virile, independent), through the notion of "having" (having muscles, money, steady job and as many women as possible) and notion of "power" linked to behavior, such as "having a child", "having sex with several women", "supporting the family", among others (Nolasco, 1993).

Finally, it is worth remembering the considerations of Hirata & Kergoat (2007) who attributed to feminism the theoretical bases that would renew the understanding of the sexual division of labor. The authors recall that it was from the awareness of a specific oppression linked to work – that carried out gratuitously and invisibly by women in the name of nature, love and maternal duty – that the movement began. In this sense, the work of feminist anthropologists in the 1970s was fundamental to understanding that the sexual division of labor did not just reflect a complementarity of tasks, but a power relationship between men and women. Hirata & Kergoat (2007) make it clear: the

conditions in which men and women live are not a biological destiny, but social constructions. Moreover, work represents a material basis in which social sex relations express themselves and shape the sexual division of labor, in ways historically adapted to each society. Although this division has as its central characteristic the priority allocation of men to the productive sphere – with apprehension of functions with strong added social value – and of women to the reproductive sphere, it is neither rigid nor immutable, comprising different dynamics and continuous reconfigurations that must be investigated.

The study carried out sought to answer, in the first instance, whether issues related to gender have been perceived by male occupational therapists as part of their professional practices, involving their interpersonal relationships with users and co-workers. Based on this guidance, we seek to identify and understand how they perceive and give meaning to their professional reality as subjects of gender.

## **Methodological Course**

A qualitative exploratory study was carried out with male occupational therapists who work in the field of health in the city of São Paulo. Anchored in the foundations of social research, the method includes theoretical conceptions chosen for the construction of the object (Minayo et al., 2016) and was developed using in-depth interviews with professionals who met the requirement of being graduated for at least three years. This inclusion criterion was defined in order to enable the participants to have, probably, accumulated significant experiences in the profession.

The first participant was recruited through his voluntary manifestation, which took place in response to the dissemination and call for the study on a virtual social network. Given the low number of men working in occupational therapy in Brazil, the other collaborators were defined using the snowball sampling technique, which consists of a chain approach for the selection of participants (Aktinson & Flint, 2001): the first respondent indicated the second and so on, until the expected number was reached. Participants voluntarily accepted the invitation to speak to the researcher as *male* occupational therapists, which allowed us to infer that they perceive themselves as belonging to this category.

Seeking to create a process that favored the dialogue in its most spontaneous dimension, a space for interaction was produced to let the most significant professional perceptions and experiences were the central elements of the narratives. Thus, the guiding question of the interviews was: *how has your professional experience been as a man in occupational therapy, which is mostly made up of women?*

Between June and November 2019, 5 (five) occupational therapists who work professionally in different units of the Unified Health System (SUS) in the city of São Paulo, in contexts where there is teamwork, collaborated with the research. A face-to-face interview was carried out with each of them, in a public place of their choice, with an average duration of 60 minutes.

The interviews were recorded and transcribed in full shortly after their completion. The texts resulting from this process were subjected to thematic analysis, which as Duarte (2004) advised, must go through the steps of trust checking, editing, fragmentation into units of meaning and, finally, the interpretation of each of these

units, in a way to generate a regrouping into analysis categories (or thematic axes, as the author mentions). In the study developed, the analysis categories were not previously defined, having emerged at the time of analysis, in dialogue with the proposed objectives.

Finally, the empirical material was interpreted considering the referenced literature, which allows for the analysis of gender relations and their resonances in the world of labor.

The research project was assessed and approved by the Research Ethics Committee of the Faculty of Medicine of the University of São Paulo, under opinion nº 3.731.614 in June 2019. The rights of the participants were protected by providing all relevant information about the study, including its risks and benefits, as well as compliance with the regulations that regulate research with human beings. Anonymity was preserved using fictitious names in the releases of study results.

## Results and Discussion

Most of the participants worked, at the time of the research, in the field of mental health and had already had professional experiences in more than one care unit, as shown in Table 1.

**Table 1.** General data of the collaborators.

Participant	Age	Years graduated	Professional experience by type of service provider unit
Caio	33	10 years	CAPS IJ, SRT* and IES*
Daniel	29	6,5 years	Physical rehabilitation clinic in an outpatient hospital*
Lucas	28	3,5 years	CR, CAPS AD* and Adult CAPS
Mateus	26	3,5 years	CAPS AD*
Roberto	31	7 years	UBS, Secondary hospital* and' SAE – DST/AIDS*

\*Current workplaces. Source: own elaboration.

The participants reported working or having worked in the following units: Psychosocial Care Center (CAPS) – in care for users of alcohol and other drugs (CAPS AD), in care for adults (adult CAPS) and care for children and youth (CAPS IJ) -, Rehabilitation Center (CR), Basic Health Unit (UBS), Secondary Hospital, Physical rehabilitation clinic in and outpatient hospital, Therapeutic Residential Service (SRT) and Specialized Care Service in Sexually Transmitted Diseases and Syndrome of Acquired Immunodeficiency (SAE – DST/AIDS). In addition to exercising care, one of the respondents also worked as a professor in an undergraduate course in occupational therapy.

The time of entry into the labor market ranged in the group of respondents between 3 and a half and 10 years. Four of the five employees have graduated from public educational institutions and all are relatively young, with an average age of 29.4 years.

## Gender relations in occupational therapy practices: undisguised inequalities between professionals

All participants considered experiencing on different occasions, and in different ways, what they consider to be gender privileges in the exercise of their profession. In relation to entering the labor market, preference has been explicit in selection processes, as reported by Lucas.

*I am remembering now, too, that there were two situations where I was called to work [...] And I didn't go to either of these two. But there was the speech: it will be great to have a man on the team! So, without me doing anything, [for] pure privilege, because I am a man, it would have been good to work there.*

Roberto also had the same perception in situations that he experienced when looking for a job opening. “Wow! A male OT”, he said he had heard. “People want that, they almost offer it to you. They give you other things, other privileges...”, he said. The “People” he mentions are managers or other workers responsible for selecting candidates for the position.

Unequal access to more prestigious activities was also identified by respondents as an example of men's advantages in occupational therapy and in the health area in general. With regard to the occupation of more socially valued positions or posts, Caio comments that he has noticed many men “[...] in places that are places of power, in coordination, direction...”. And that he has also observed several male occupational therapists performing professional activities in higher education, which seems to him to be an expression of gender inequalities, since this insertion would not correspond to the proportionality between men and women in the profession.

These perceptions seem to express what Hirata & Kergoat (2007) indicated as the organizing principles of the sexual division of labor arising from social relations between the sexes: the separation principle and the hierarchical principle. The first refers to the fact that there are jobs considered for men and others for women. The second concerns the fact that men's work is socially interpreted as having greater “value”. Thus, we see that, despite “care” having been naturalized as female work - thus categorized by the principle of separation -, the work of men in professional fields that encompasses it, such as occupational therapy, gives them greater prestige and recognition by the team when compared to female colleagues, a phenomenon governed by the hierarchical principle. Roberto says: “[...] I was more listened to when compared to female OTs [occupational therapists] or [...] with other professionals who were women. I have always felt that they actually listened to me more.”

Still confirming the inequalities, some respondents note that there are positive characteristics unduly attributed to them, in a clear demonstration of an overvaluation of their professional capacity, their opinions and their authority. “I had a female colleague and I felt that a lot of things came back more to me. And [...] for no other reason than the fact that I was a man”, says Roberto.

Roberto details situations in which he noticed that he was perceived as having superior qualities in relation to women, due to the sole fact that he was a man:

*[...] I work with a woman, her in the morning shift and I in the afternoon shift. Then they often come to me for some things so I am more of a [professional] reference than she is, and to me, she knows a lot more than I do [about that topic].*

It also reflects on the consequences that result from attributing more value to their professional opinions just for being a man, and not for other factors related to their qualifications. He states that he feels more listened to by colleagues “[...] compared to female occupational therapists or [...] with other female professionals”, which ends up bringing him professional recognition that he did not dedicate himself to obtaining: “*I became a kind of reference without intention*”.

The respondents' perceptions also led us to the relationships between the world of work and other markers, in addition to gender - such as sexual orientation and race - in support of what Biroli (2016) states: the hierarchy of relationships between men and women is founded not only in gender, but also in the race and class variables, through an interdependent relationship that configures the dynamics of inequality. For the author, it is necessary to understand and face the gender patterns produced at work through the intersection between these three variables (Biroli, 2016). Some respondents, declaring themselves homosexuals, stated that, even not expressing themselves according to the heteronormative behavior pattern, they are privileged in relation to women at work. “[...] *Even so, the fact that you are a man puts you in another place*”, says Caio, suggesting that he recognizes the existence of different masculinities in the context of health work, the hierarchy that organizes them and the privileged position that men occupy in relation to women.

For part of the respondents, privileges are the result of the patriarchal structure of Brazilian society, which puts the male at the forefront in public sphere relations. And these are, in various ways, reproduced in health services. Several of them critically mentioned male chauvinism as an organic component of interprofessional relationships, considering its strong influence in the field of differences between men and women in occupational therapy. Caio even mentions that reflection on this scenario has led him to develop attitudes that are more attentive:

*[...] I stay in this exercise of coming and going all the time, because I know that [...] this male figure puts me [...] automatically a few steps ahead of a woman. [...] If it is a black woman, I am millions [of steps] in front of her. [...] So, I keep discussing this with myself all the time, you know? The way I present myself..., the way I speak..., in what ways do we try to think about this issue of gender equality..., how we can put it into practice...*

The occupational therapists' narrative about their privileges leads us to observe similarities between the perceptions and characteristics of our respondents in relation to the group of men participating in the study by Bento (2015), to which the author attributed the expression of a “critical masculinity”. In this well-defined group, composed of relatively intellectualized and psychologized middle-class men, the author identified a segment that critically reflects on the modes of primary socialization of men and denies, or even repulses, those who performatize the traditional model of masculinity, reinforcing the phenomenon of social coexistence of multiple masculinities.

## Men that are occupational therapists in their relationship with service users

There are differences in professional performance among occupational therapists, according to some respondents. This statement, however, was brought up to emphasize that the observed differences could not be explained by supposed natural characteristics, but rather by previous professional experiences. From this perspective, skills previously learned and exercised, even if in a different specialty area than those in which they currently work, would be transposed and updated as important references for technical-professional reasoning, leading to important differences among occupational therapy professionals. Thus, for Roberto, “[...] *since she [occupational therapist from the same unit] has more experience in rehabilitation, and I have a little experience in mental health and primary care, this influences our view a lot*”. In the above example, Roberto highlights an identification criterion that is widely recognized and adopted in the profession. The so-called “areas of action” are references constituted not only by epistemic and methodological contours, but also by symbolic components that act in the dynamics of relationships between professionals.

In this same line of argument, these participants valued biographies as agents for the construction of particularities in the relationship with service users, as Caio expresses: “[...] *there is a difference much more due to my life story, to the experiences that I went through, the place I occupied throughout the process*”. And, from this perspective, Daniel also states that “[...] *we [occupational therapists] follow the same philosophy, [...] but we are different people*”.

Although the meaning sought by the respondents in these statements seems to be the reiteration of the refusal to associate professional characteristics and qualifications with factors that precede social life, it is up to us to look at what is left out of this interpretation, as they do not pay attention to the daily and incessant construction of the gender identity, which happens in a tenuous way in time, composing the life stories and the common cultural reality. According to Butler & Lourties (1998), the foundation of gender identity is the stylized repetition of performative acts that involve bodily gestures, postures, speeches and enactments that are molded in power relations that reinforce a binary gender structure and acquire effects through of its reification and naturalization. From this point of view, the uniqueness of biographies is constituted, not independent, of gender performance.

Based on this reflection, we note that some respondents combine contradictory narratives about gender performance, leading us to ask about the support that the reproduction of traditional roles - such as the identification between the male gender and games with motor emphasis - receive from knowledge that integrate the professional environment. For example, Caio refers to the importance of their presence in playful activities carried out with boys at CAPS IJ and reports that, in that space, they sought activities considered more masculine: “[...] *the games were a little more grotesque, in the sense of fighting, or something like that. And the girls chose to stay with the women there*”. Here, we observe the narrative of a typical situation in which the male presence is naturally associated with a greater diversity of motor, cognitive and psychosocial experiences, and identified with part of the arguments that support the desired gender parity in the profession, defended in countries like the US and Canada. On the other hand, taking the feminist perspective, what we should be promoting is the reflection on

how occupational therapy professionals could contribute to avoid the reproduction of universalizing gender patterns that, present in different interactions since childhood, not only limit vital experiences and naturalize elements of the order of culture, but also perpetuate gender inequalities (Scott, 1995).

Note that if, on the one hand these participants claimed not to handle professional environment based on a binary gender perspective, on the other hand they also did not clearly identify it as a space for contingent construction of femininity and masculinity. In other words, they did not observe that work, not being just a sphere of expression of gender roles, has a creative sense, that is, it also builds gender conformity.

In some interviews, we found other narratives that, equally, seemed to us to be reflections of the naturalized reproduction of notions and concepts that inform the profession with regard to the relationships between professionals and users. They state how easy it is for male occupational therapists to create bonds with users of the same gender and, consequently, to open up a potential space for handling issues directly related to the body and health, as well as to the male imagination - the which, according to these participants, could not occur in the relationship between male users and a female professional. This positive meaning regarding the place of men in the profession appears in Roberto's perception, when reporting an experience of attending a user referred to him after not having had the proper professional connection with a teammate. In the process, he says, he realized that the interaction problems between the user and the professional who preceded him reflected difficulties based on gender: “[...] *he created a bond with me and once he told me he had an issue with women... and that it was difficult for him*”.

Reinforcing what he understands as an ease in the relationship between occupational therapists and male users, Lucas reflected on the relationship between different masculinities based on his experiences as a dissident from the hegemonic model. In his perception, in the case of CAPS AD users, with whom he coordinated a therapeutic group, the fact of being homosexual, or even the lack of adoption of heteronormative behavior patterns, did not interfere negatively in the production of care:

*It was a group that only men went to and they were always there. And I feel like I was able to take great care of it [...] even though I am gay, even though I do not respond to all the stereotypes either, it happened.*

It would, however, be appropriate for new reflections to unfold beyond the perception that dissident masculinity does not represent an impediment in professional practice, considering the possibilities that dissident masculinities generate different representations of care relationships and establish new configurations of care bonds and care, contributing to breaking patterns. In a context in which tensions for hegemony involve complex and often invisible strategies, unveiling different ways of performing the genre can compose the analysis of resistance and subordination in the processes of inequity constitution (Grollmus, 2012).

## Stereotypes of masculinity in professional practice

In the context of mental health actions, reports of a certain preference in hiring men to form teams and develop activities that would, in theory, be more appropriate to the male nature, such as, for example, the physical restraint of users in crisis, point to the reproduction of male stereotypes (Nolasco, 1993), involving the predisposition to take initiatives, to take offensive, firm or intransigent positions. Lucas reports:

*I see cases in which we had to contain, verbal and/or physically a user: I was always on the scene, I was always called. I think that happened because I am bigger, stronger and such, but I think there is something really symbolic, which is reproduced, like, of man being an authority.*

In the same way, Caio narrates: “*I have heard from colleagues who are managers [...] that they have an option to be able to make this mixture in the gender issue within mental health. So men have a slight advantage.*”

The participants' perceptions refer to the fact that the professional behavior expected of men in conflict situations at work must impose respect and authority, in order to express themselves in two main ways: through the articulation of verbal discourse and/or by the presence of the body male in spaces. Addressing this phenomenon, Figueiredo & Schraiber (2011) problematized the materiality of the body as an incorporation of gender practices or even a social incarnation of gender, affirming the impossibility of ignoring the meanings that the body acquires in the social interpretation of gender and the constructions about it to establish representations and ways of living and practicing it in everyday life.

These are considerations that add to the conclusions of studies carried out in other areas. In her work in Nursing, Pereira (2008) argued that the discourse based on an alleged female nature, and that places women in the position of caregivers to act as nurses, is the same discourse based on a supposed male nature and that results in the placement professional of men in specific areas of Nursing. As can be seen, part of the construction of the male and female categories occurs through “[...] *prescriptions and judgments that account for and shape skills and preferences, with strong expression in the scope of the division of responsibilities and work*”, as stated by Biroli (2016, p. 720).

Despite having been longed for in their work environments, some participants note that, in the first interprofessional contacts, it is common for colleagues from other professions to express expectations that a male professional performs functions different from those more commonly assigned to the occupational therapist in that context, as Lucas reports: “*When I arrive, it is common to be asked if I am a doctor [...]*”. He also highlights episodes lived in a Rehabilitation Center, in which they considered him to be a physiotherapist – “*Because I think people had an expectation that, if I am a man, I had to be the physiotherapist in that space*”. As Pereira (2008) reminds us, jobs that refer to politics and production are associated with males, while females are associated with functions linked to the domestic universe and subordinate positions to men, accentuating the existing dichotomy in the world of work and perpetuating the stereotyped delimitations around female and male professional activities. Thus, it is worth questioning how the men who work in professions constructed as feminine, such as occupational therapy, have been socially interpreted. Regarding your professional

status, can they be in a privileged position in relation to women and an inferior one in relation to other men? Are they being seen as subjects with conflicting relationships with the established gender norms?

These facts converge, moreover, with the reality that Beagan & Fredericks (2018) found regarding the reinforcement attitudes to heteromascularity directed at male occupational therapists in Canada. In their studies, the authors worked with data that attested that men occupational therapists are more present than women in management positions and in entrepreneurial work and that stereotypes cross professional contexts, triggering internal gender divisions in the profession. As an example, they show that men are taken to management positions (better paid and supposedly with greater professional prestige), sometimes even unintentionally. These are promotions that predominate in practices that involve care for children or care that requires extensive physical contact with patients, such as those related to hygiene, transfers and feeding, intentionally removing men from such functions. This would happen, for Beagan & Fredericks (2018), due to the presence of stereotypes – in this case, linked to an alleged lack of control by men over their sexuality – that generate discomfort among people who receive the services and, consequently, influence the configuration of gender relations in occupational therapy. In addition, the authors identified informal processes of maintenance and reinforcement of heteromascularity through gender segregation in the profession, noting in discussions on social media the encouragement of inclusion of men in areas such as hand therapy and less in areas that demand greater physical intimacy, such as those directly related to activities of daily living. The authors, however, conclude that men may face discomfort in a profession predominantly made up of women, but that, in the case of occupational therapy, they are not converted into structural barriers. The men ultimately benefit from professional promotions.

Involving the limits posed by gender issues, four of the five respondents stated that they perceive that being a man has a restrictive influence on the first reception of women victims of violence. Lucas says: “[...] *when I get to this dimension of life, I have difficulties, I need a little more tact and sometimes things do not really go deep. I don't have the same input that maybe a female colleague has*”. Another respondent, Caio, mentions his experiences in recognizing these situations:

*I think it is about us being able to look [...] more carefully and [...] sharing. To be able to say [...]: look, I think it is a little difficult here; is it okay for you to continue? If the person says no, [I say]: ok, then we stop here. I call another colleague to [...] continue, on another day.*

In other circumstances, it is women who set this limit, refusing to receive care from male professionals, as Mateus reports: “*This has already happened to me: look, there are issues in my life history, events in my life with the male gender which I cannot [deal with you]*”.

In these narratives, we find the body intrinsically related to men's discomfort in welcoming women victims of violence, dialoguing with the difficulties mentioned by Schraiber & D'Oliveira (2008). The authors showed that, because they perceive themselves as perpetrators of violence, even in the symbolic dimension, male professionals can occupy embarrassing social places, compromising care practice.

## Final Considerations

Gender-related issues cross different interactions between occupational therapists, between them and other workers and also their relationships with service users. These issues, which accompanied and marked the experiences of the occupational therapists with whom we dialogued in our study, are perceived as part of the inequalities that integrate social relations between genders in society in general and, to a large extent, are transposed as privileges for professional spaces of the category. In the perception of these occupational therapists - who work in health care units and in the country's largest metropolis -, inequalities between gender are linked to situations of injustice and male domination in the world of work, which suggests that there is between them a high level of awareness of the implications of gender in interprofessional relationships - which does not happen with the same clarity when the focus is placed on relationships with users.

Given the results and discussions allowed by the study, it is worth thinking that several other aspects, which were not addressed, may be present in the composition of a more complex picture of gender issues in occupational therapy in Brazil. We recall, in particular, that the study carried out focused on the experience and perception of male occupational therapists, not covering what also seems to be an urgent task: listening to women about gender issues at work.

Furthermore, we know that the hierarchical principle of the sexual division of labor creates important wage inequalities between male and female professionals who perform the same functions (Hirata & Kergoat, 2007). More recently, Silva (2020) observed that, despite the professions in the biological, health and related sciences being predominantly exercised by women, they receive, on average, remuneration equivalent to 60% of the salary of male professionals in the same area. While, in Canada, this salary difference between occupational therapy professionals has been regularly identified - with the average salary of women occupational therapists being 79.5% of the salaries received on average by men in 2015, according to Beagan & Fredericks (2018) -, in Brazil, we still do not have these data to integrate into the discussion.

Finally, it is worth stating that, although the foray into feminist studies throughout the development of the research was only introductory, this was the essential condition for us to be able to adopt a perspective from which the presence of men in the profession was understood within the scope of relationships effectively experienced between genders in the professional universe.

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Gabriel Paiva Ferreira: study design, organization of sources, data collection and analysis, text writing and final review. Marta Carvalho de Almeida: study orientation, support in data analysis, text writing and final review. All authors approved the final version of the text.

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