

Original Article

# Social participation as a possible way forward for social and occupational justice<sup>1</sup>

## *A participação social como um caminho possível para a justiça social e ocupacional*

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### Abstract

**Introduction:** Social justice, occupational justice, and social participation are terms used by occupational therapists and occupational scientists to guide, build, and inform their practices, professional training, research, and theoretical productions.

**Objective:** To identify and reflect on the possibilities, limits, and challenges of Brazilian occupational therapists' practice in the search for social participation and how this may or may not contribute to the construction of social and occupational justice. **Method:** Through a collaborative methodology, academics, and assistance occupational therapists, working in the state of São Paulo, Brazil, were invited to answer a questionnaire. This instrument characterized the collaborators, and their work in teaching, research, and assistance, and identified how they discuss and carry out social participation in the theoretical and practical fields. **Results:** The 65 collaborators were inserted in public, private and philanthropic institutions, in different fields of knowledge and practice, and developed work and studies with/for various populations with specific demands and needs. They described different possibilities of social participation, some of an individual nature, focused on the subject and functionality, and others oriented towards and from the collective. The limits and challenges were related to work institutions, individual, collective, and structural aspects, and the field of knowledge and practice of occupational therapy.

**Conclusion:** Based on the experiences of the collaborators and the professionals' understanding of social participation, it is considered that this may be a theoretical, conceptual, and practical path to reflect on and seek occupational and social justice with individuals, groups, and communities.

**Keywords:** Human Rights, Social Justice, Social Participation, Occupational Therapy.

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## **Resumo**

**Introdução:** Justiça social, justiça ocupacional e participação social são termos utilizados por terapeutas ocupacionais e cientistas ocupacionais para nortear, construir e informar suas práticas, formação profissional, pesquisas e produções teóricas. **Objetivo:** Identificar e refletir sobre as possibilidades, limites e desafios da prática de terapeutas ocupacionais brasileiras na busca pela participação social e como isso pode ou não contribuir para construção da justiça social e ocupacional. **Método:** Por meio de uma metodologia colaborativa, terapeutas ocupacionais docentes e da assistência, atuantes no estado de São Paulo, Brasil, foram convidadas a responderem um questionário. Com esse instrumento, buscou-se caracterizar as colaboradoras, conhecer o trabalho desenvolvido nos contextos de ensino, pesquisa, extensão e assistência e identificar como discutem e realizam a participação social nos campos teórico e prático. **Resultados:** As 65 colaboradoras estavam inseridas em instituições públicas, privadas e filantrópicas, em diferentes campos de saber e de prática, e desenvolviam trabalhos e estudos com/para várias populações com demandas e necessidades específicas. Elas descreveram distintas possibilidades de participação social, algumas de natureza individual, focada no sujeito e na funcionalidade e outras orientadas para e com base no coletivo. Os limites e desafios estiveram relacionados às instituições de trabalho, aos aspectos individuais, coletivos e estruturais e ao próprio núcleo de saber e de prática da terapia ocupacional. **Conclusão:** Com embasamento nas experiências das colaboradoras e na compreensão das profissionais sobre participação social, considera-se que esse pode ser um caminho teórico-conceitual e prático para refletir e buscar justiça social e ocupacional junto a indivíduos, grupos e comunidades.

**Palavras-chave:** Direitos Humanos, Justiça Social, Participação Social, Terapia Ocupacional.

## **Introduction**

Occupational justice and social participation are terms used by occupational therapists and occupational scientists to guide, build and inform their practices, research, and theoretical productions. Occupational justice does not have a fully completed, understandable, and accepted definition by occupational therapists and occupational scientists in Brazil and around the world (Hammell, 2017, 2020). Similarly, in the occupational therapy literature, there are still inconsistencies in the definition of social participation, either through indiscriminate use or because of divergent perspectives (Silva, 2021). Therefore, this introduction makes some approximations of how these terms are understood and disseminated in occupational therapy.

## **Occupational justice and social justice**

Wilcock introduced the term “occupational justice” for the first time in 1998 (Wilcock, 1998). Currently, after subsequent reviews and descriptions, we can understand it as equitable opportunities and resources that allow people to engage in meaningful, desired, and necessary occupations (Hammell, 2017; Hocking, 2017; Wilcock & Townsend, 2000).

Occupational justice proposes engagement in occupations as a human right and needs that should positively contribute to the health and well-being of individuals and communities (Hammell, 2017). Otherwise, mainly from the point of view of theoretical and practical work in social occupational therapy in Brazil, we believe in the transforming potential of the activity<sup>2</sup>, for greater insertion of people (individual and collective) in community and political life, with a view to personal and social transformation, identification and management of the causes and impacts of socioeconomic inequality and disruptions in support networks (Lopes, 2016; Malfitano, 2016).

For Hammell, for divergences and inconsistencies in the definition of occupational justice, occupational therapists and occupational scientists should join the debates on social justice and then defend and use the term “occupational right” – which means the right of all people to engage in occupations. In this sense, occupational law enters the scope of human rights, protected by social justice (Hammell, 2020). This position is not consensual among professionals, researchers, and students in the area. There are also confusion in articulating the concepts of justice and rights and some limitations in the definition and use of occupational justice, whether in North or Latin American countries (Córdoba, 2020; Hammell, 2017; Hocking, 2017).

By the way, the term social justice has been crossed by different understandings. One of the main theorists on the subject was the philosopher and political scientist John Rawls (1921-2002). For him, a just society is based on guaranteeing fundamental freedoms and rights, and equal opportunities and on maintaining inequalities only to favor the most disadvantaged (Rowls, 2016). In this way, social justice, which depends on the functioning and organization of society, represents the distribution of wealth and equitable access to opportunities, rights, and resources, to reduce differences between individuals and enable people to have a full and healthy life (Hocking, 2017; Rowls, 2016; Stadnyk et al., 2010).

On the other hand, the discussions of philosopher Martha Nussbaum (2011, 2013) and professor Amartya Sen (2012) establish a perspective of social justice beyond what people have, that is, the idea of distributive and contractual justice proposed by Rowls. There is no better theory of social justice than another; all of them aim to expand or complement conceptions and overcome gaps left by their authors.

In the theories of Nussbaum and Sen, well-being, happiness, respect for diversity and the protection of human life are a matter of equitable opportunities to choose to do and to be. What each person is capable of doing and being, based on available resources, is called by Nussbaum and Sen human capabilities. They are shaped and related to individual and collective abilities, freedoms, opportunities, and circumstances during life, and the influences of organization and social structures (Hammel, 2016, 2020; Nussbaum, 2013).

The capabilities approach intends to make social justice viable and, for that, it encompasses the fundamental right of all people, regardless of their characteristics and singularities, to be included in the community, social and political decisions and organizations and in the construction of life projects that minimally meet their needs and interests (Hammel, 2016; Nussbaum, 2011, 2013).

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<sup>2</sup> Some Brazilian occupational therapists opt for the term “activity” (instead of “occupation”) as a guiding element of the profession, as it is better suited to the context and language of Brazil and because the term “occupation” refers to a foreign foundation (Anglo-Saxon, Canadian and American origin, in occupational science and/or in the human occupation model).

The capabilities approach brings two important premises to occupational therapy. The first posits that theories about this approach can inform theoretical and practical productions in occupational therapy regarding occupational rights and occupational equity<sup>3</sup>. The second recognizes the right of each person to have capabilities, to make choices, and engage in valued, desired, and necessary occupations that positively contribute to individual, family, and community health and well-being (Hammell, 2020).

From these premises, we also have another discussion, equally important for the construction of an occupational therapy oriented toward human rights and social justice. In neoliberal ideologies, everyone has the same opportunities and resources, independence, and autonomy to engage or not in certain occupations. However, Hammell (2020), based on different theoretical references, evokes a debate on the existence of factors (economic, political, cultural, social, religious, and institutional) of social inequality, which determines the opportunities for choice and action, involvement in occupations and health-enhancing behaviors. In this way, the search for social justice, through the defense of occupational rights, also takes the form of identifying barriers and circumstances, both structural and systemic, that violate these and other rights and that restrict or prevent opportunities to access resources and make choices. The same is true of recognizing what the effects of these barriers, circumstances, and violations are on human life, both individually and collectively.

These notes do not exhaust the understanding and debates around the occupation, social and occupational justice. It suggests the need to continue productions and dialogues on the topic. On the other hand, it is necessary to make it clear that most of the productions developed by occupational therapists of different nationalities demarcate the ethical, political, and social responsibility of occupational therapy in the search for equity in the distribution and access to resources and rights of the assisted populations. Furthermore, in proximity to the discussions by Nussbaum, Sen, and Hammell, we reaffirm the importance of the human right to choose what one wants to do and be in, with, and for the world, and which aspects allow, hinder or prevent being and the act according to values, needs, and interests.

## **Social participation**

Without theoretical foundations or grounded in the human sciences, in the area of health, public policies, paradigms, approaches, and care models, occupational therapists present social participation with multiple theoretical, practical, and institutional contours. In this way, social participation corresponds to the relationships of coexistence between people, family members, peers, and groups; freedom of movement and access to spaces; engaging in activities (or occupations) of everyday life (Berger et al., 2013; Lopes & Matsukura, 2018; Pritchard et al., 2015); and engagement in public and political life (Silva & Oliver, 2019a; Sosa et al., 2015). In other cases, it is synonymous with inclusion; it results from or is part of the processes of social inclusion, at school and work (Alves et al., 2016; Aoki et al., 2018); it corresponds to attachment and belonging to social support networks (Bolaños et al., 2017; Prudente et al., 2018) and the performance of social roles (Faria-Fortini et al., 2017; Hersch et al., 2012).

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<sup>3</sup> According to Hammell (2020, p. 392), occupational equity is “the conditions under which full and fair substantive freedom of access to occupational opportunities necessary to satisfy occupational needs and rights to health and well-being is available to all people of fair way, regardless of their differences.”

We also understand that the exercise of social participation can be one of the objectives of the therapeutic-occupational action and/or a way to reach other ends, such as facing collective problems, strengthening citizenship, promoting health, and rescuing occupational engagement (Silva & Oliver, 2021).

From another perspective, the authors of this article state that social participation in its theoretical-conceptual and practical dimension can be a possible way to build actions and debates around the existence, problems, or lack of possibilities to be and do and equity in opportunities to access occupational, civil, political and social rights. According to Rudman (2018) and Townsend & Marval (2013), it is up to occupational therapists, as a professional, moral, and ethical obligation, to carry out debates and actions that direct their theoretical and practical framework for occupational justice and conditions of injustice. In this way, occupational and social justice is placed as a guideline for the development of practices.

Faced with the multiple contexts, experiences, and adversities in which people's lives and productions in occupational therapy are woven, we have the question of whether, as a professional category, we have managed to build actions based on rights and occupational and social justice. Therefore, this article aims to identify and reflect on the possibilities, limits, and challenges of the practice of Brazilian occupational therapists in the search for social participation and how this may or may not contribute to the construction of occupational and social justice.

## **Method**

The construction of the data in this study was mediated by principles of collaborative methodology. It is an interactive and reflective activity between the researcher and his collaborators with the aim of co-producing knowledge, developing new knowledge, advancing understandings, and generating theoretical-practical transformations (Ibiapina, 2016). The collaboration took place when occupational therapists were invited to examine the reality in which they worked, seeking to understand the intertwining of their work and social participation. They were encouraged to reflect on their thoughts and values, references they were linked and the contradictions, challenges, and possibilities of care in occupational therapy.

This article is part of another larger research whose main objective was to identify and analyze occupational therapists' conceptions of social participation in their fields of knowledge and practice (Silva, 2021). The authors propose new reflections and other developments of this research, specifically on the possible connections and distances between social participation, and occupational and social justice in the context of occupational therapy practice.

## **Collaborators**

Professors occupational therapists who worked in public and private higher education institutions (HEIs) in the state of São Paulo and with active courses in occupational therapy and occupational therapists inserted in the care field of the same state were invited to participate in the study. We chose this place because it covers the largest number of professionals and HEIs in Brazil (Oliver et al., 2016). To be included, occupational therapists should have at least one month of professional experience.

## **Ethical considerations**

The research was approved by the Ethics Committee for Research on Human Beings (opinion number 2,736,911) and all collaborators electronically signed the Informed Consent Form (ICF).

## **Procedures**

In the first phase, we developed two questionnaires: one directed to the professors and the other to the assistance professionals. The questions aimed to characterize the collaborators, to know a little about the work developed in the contexts of teaching, research, extension, and assistance, and to identify how they discuss and carry out social participation in the theoretical and practical fields.

In the second phase, the mapping and registration of the e-mails of the professor occupational therapists were carried out, through consultation of the electronic sites of the HEIs and access to the researcher's files. To reach occupational therapists inserted in different fields of assistance, social facilities, and regions, a partnership was established with the Council that maintains the register of professionals working in the state of São Paulo - the Regional Council of Physiotherapy and Occupational Therapy (*CREFITO- Conselho Regional de Fisioterapia e Terapia Ocupacional*).

In the third phase, the questionnaires were organized and made available online by a statistical consulting company. In addition to the questions, there was the ICF and an explanatory note regarding the questionnaire and the survey. In February 2019, each identified professor received, by e-mail, an invitation to participate in the research and an individual address and password to access and respond to the questionnaire. CREFITO did not make available the data of the registered occupational therapists, thus, in June 2019, it sent the professionals a message with the invitation and the address to access the questionnaire.

The answers were organized by the consulting company in the Excel spreadsheet editor. Then, the fourth phase of the research began, which corresponded to the data analysis process conducted by the first author and under the guidance of the second author.

## **Data analysis**

Following the recommendations of Pádua (2004), we carried out an analytical and interpretative reading of the answers to recognize and describe the data and identify the main and secondary themes related to the objective of this research. The authors endeavored to carry out a critical reflection directed towards collective, socio-political, economic, and cultural issues that shape and/or make the exercise of social participation unfeasible, therefore, the construction of practices more directed towards occupational and social justice. Informed to the study by Gerlach et al. (2018), critical reflection contributed to questioning ideas, knowledge, and actions aligned with reductionist and individualizing perspectives that tend to reinforce socioeconomic injustices and inequalities.

## Results

### Collaborating with occupational therapists and professional insertion

Sixty-five occupational therapists collaborated with the study. Thirty-eight (58%) were professors and twenty-seven (42%) were care professionals. Because both groups of collaborators are women, we decided to present the results with the gender in a greater number of representatives; in this case, they are “the professors”/ “the collaborators”/ “the occupational therapists”/“the professionals”. To preserve their identity, some statements were cited and referenced by the acronym “OT” followed by the letter “P” to indicate professors or the letter “A” for assistant professionals and an identification number.

All the professors taught the undergraduate courses in occupational therapy and some of them were also linked to the *stricto* and/or *lato sensu* graduate course. Among the areas of teaching, research, extension, practice, and subjects taught, the following were described: Collective Health; Mental health; Physical and Psychosocial Rehabilitation; Health and Work; Inclusion through Work; Assistive Technology; Public and Social Policies; Social Occupational Therapy; Art and culture; Body Practices; Community Based Rehabilitation; Hospital Contexts and Palliative Care; Geriatrics and Gerontology; Neuropediatrics; Special and Inclusive Education; Fundamentals, Theoretical-Methodological References, and History of Occupational Therapy; Activities and Resources; Ethics and deontology; Ethnic-Racial Issues and Gender and Sexuality Studies.

The collaborators said they carry out studies and care with individuals and groups of all age groups and with different demands and problems (people with disabilities, chronic and/or neurological diseases; populations in psychological distress, in social vulnerability, in situations of poverty and social exclusion; populations in processes of rupture of support networks; ethnic and refugee groups; homeless people; young people in compliance with socio-educational measures; children with neuropsychomotor development delay; people with drug abuse and people in illness, hospitalization and/or palliative care).

The care collaborators were inserted in different social facilities (public, private and philanthropic) in the health area (in Primary Health Care - PHC and the Medium and High Complexity levels), education, social assistance (basic protection), and work. The population assisted were children, adolescents, adults, and the elderly population; people with disabilities (physical, intellectual, and multiple); patients admitted to a general hospital and their families; children with developmental disorders; people with neurological sequelae; psychoactive substance users; adults with psychological distress (severe and/or persistent); people with autism spectrum disorder; homeless and/or socially vulnerable populations and workers employed in a private company.

### Possibilities, limits, and challenges for social participation in occupational therapy

As presented in the occupational therapy literature (Silva & Oliver, 2019b), the collaborators also understood social participation from different points of view. In general, the occupational therapists' answers showed that social participation corresponds to involvement in public and political life, coexistence relationships, the chance to come and go between streets, territories, communities, and cities, and to engage in different activities of domestic, family and community life, work, education, leisure, sport, and culture. They

also recognized that the search or construction of social participation can be one of the objectives and tools in occupational therapy care and, to a lesser extent, related to social inclusion processes. Thus, by the characteristics of the populations assisted/studied and their needs and demands, the work institutions, the lines of research, and the theoretical-conceptual and methodological affiliation, the collaborators described different possibilities of social participation, as shown in Table 1.

**Table 1.** Possibilities of social participation in the therapeutic-occupational practice.

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Organization of reflection groups on citizenship, society, and illness processes.
Availability of information and guidance on public policies, the availability of social facilities and services, and access to rights and spaces for debates (forums, groups, assemblies, management councils).
Carrying out collective and group activities dedicated to coexistence and interaction and articulation with the community and social facilities of the network.
Organization of spaces for expression (dance, soirees, cinema, creative writing), artistic and craft workshops, conversation circles, activities for self-esteem, and encouragement.
Carrying out tours and circulation in spaces that are public and/or private (squares, parks, markets, and shops).
Performing/training instrumental activities of daily living.
Insertion in community activities (religious, art and culture, leisure and social activities).
Offering of activities that awaken or develop individual and collective protagonism.
Construction and strengthening of support networks and health care networks.
Clinical and rehabilitation intervention focused on functional performance, prevention and reduction of deformities and physical and emotional pain, and adaptation of antalgic movements.
Insertion and adaptation in formal and informal work.
Organization of meetings between people assisted by occupational therapy, their families, and public spaces (health services and management councils, for example).
Collective construction of singular projects of care and entry and permanence in public and collective spaces (of social control and claiming rights).
Engagement in Councils and Conferences (such as Social Assistance, Elderly, Persons with Disabilities) and social movements.
Access to rights and usufruct of material and cultural goods.
Engagement of occupational therapists in public policy planning.

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According to the information in Table 1, there are practices of an individual nature, focused on the individual and his biological, psychological, and functional dimensions, and others oriented towards and based on the collective, as they involved groups, communities, equipment, public spaces and services and the connection that can be established between them.

Most occupational therapists (80%) mentioned that it is possible to facilitate social participation, but eventually, some factors prevent it and this partially explains the characteristics of their practices. With the precariousness of public policies and the lack of access to basic rights (such as food, housing, education, and transport), all that remains as alternatives of common construction for some populations and occupational therapists are coexistence groups, group guidelines, information distribution, activity workshops, and conversation circles. Otherwise, specific theoretical-methodological

approaches can prioritize, among other things, activities, daily life, and relationships of coexistence. Therefore, in the reality of professional practice, the specificity of the fields of action, within what is possible in the services, some practices do not always reach the exercise of social participation, especially in the dimension of political practice (such as the search for rights, the supervision of public policies, the formation of public spaces and the involvement with sectorial Councils and Conferences).

In the context of occupational therapists' practice, whether in care or research and professional training, several limits and challenges surround the possibilities of social participation. They are related to work institutions, individual, collective and structural aspects, and the very core of occupational therapy, as we can see in Table 2.

**Table 2.** Limits and challenges to seeking social participation in occupational-therapeutic practice.

Occupational therapist's work institution	Dynamics of functioning, organization, and administration.
	Lack of material, financial and human resources.
	Structure and management of services based on the biomedical model.
	Excessive workload.
	Non-commitment to the protagonism and social participation of the subjects.
	Functions and attributions of occupational therapy are pre-established and controlled by the institution.
	Relations and the power struggle between managers, workers, and service users.
	Fragility in intersectoral work.
Living conditions and characteristics of populations and subjects assisted	No access to rights (social, civil, political, and occupational).
	No access to Assistive Technology resources.
	Suffering is caused by social and economic inequalities.
	Exclusion results from poverty, prejudice, and stigma.
	The fragility of support networks.
	Non-adherence, disinterest, and resistance of the subject and/or family members to the occupational therapist's proposals.
Macrostructural issues (politics, social, values, culture, economy)	Little or no understanding of civil society participation in public and political decisions.
	Physical, mental, and psychosocial impediments of each subject and their families.
	Society's intolerance of human diversity.
	Creation of physical and attitudinal barriers.
	Reduction of material and financial resources.
Aspects related to occupational therapists and occupational therapy	Devaluation of the social participation of subjects and groups and participatory democracy.
	Absence or non-compliance with public and social policies.
	Problems in the training of occupational therapists.
	Fragmentation of knowledge.
	Non-recognition of social participation as an objective of intervention by the profession.
	Non-recognition of social participation as a necessary occupation in everyday life.
	Influences of the biomedical model.
Production of care is distant from political, cultural, historical, and social issues.	
(Re)production of enabling, normalizing, and discriminatory perspectives and practices.	
Theory-practice transposition	

Political, social, and economic transformations in the capitalist and neoliberal context demand efforts from the public sector to maintain its services and actions. With the reduction of material, human and financial resources and the imminent danger of institutions closing or losing jobs, the number of visits and/or pragmatic compliance with priority lines of care is valued. Two collaborators inserted in PHC, in the scope of teaching, research, and care, understood that social participation is related to community and political actions in the identification and resolution of collective problems. However, the priority demands established by health policies and services limited actions to/for social participation.

Regarding the influences of the biomedical model, some actions are strictly focused on the diagnosis and treatment of diseases to recover health, minimizing disabilities and symptoms. It is still common for the structure and management of health and rehabilitation services and teams to be centered on the figure of the physician and medical knowledge. Certainly, this is a multi-factor problem; according to OT-P 35, this problem begins in professional training, when “*specialties and the fragmentation of knowledge*” and/or “*purely biomedical aspects*” are prioritized. As a result, many practices and analyzes of certain realities, experienced with and by the individuals, are conducted under a “*technical view*” and distant from political, cultural, historical, and social issues. All this can be even more serious as a society or the professional does not recognize the meanings and needs of exercising social participation in everyday life.

Other answers highlighted situations of vulnerability and socioeconomic inequality marked by the violation of rights, fragility of support networks, lack of accessibility, and the existence of attitudinal and physical barriers. Civil, social, and political rights are guaranteed through public policies, programs, and projects. However, not all of them are implemented and effective to face these social issues and promote social participation. Other policies, depending on government management, go through setbacks and there are difficulties in the political dialogue between civil society, managers, and public sectors, to guarantee rights and their enjoyment, create spaces for social participation and respond to the needs and demands of populations.

In the attitudinal barriers, some collaborators highlighted the issue of stigma and prejudiced and excluding behavior. In this direction, we also paid attention to the risk of occupational therapists being captured by these ways of receiving and being with others and negatively affecting the processes of inclusion and social participation. Therefore, the challenge is to shift the gaze “*to the physical and attitudinal barriers; for public policies; [...] for social technologies [...]*” (OT-P 36).

On the other hand, three occupational therapists recognized that the challenges are in the individuals. These are the “*organic limitations*” (OT-P 34); the “*physical, mental and psychosocial limits of each client and family*” (OT-A 19); resistance or unwillingness to “*take over and participate in community decisions, in Councils, etc.*” (OT-P 19) and the mismatches between the subjects’ “*expectations, desires, interests, and potentialities*” to carry out activities and social participation (OT-P 34).

## Discussion

According to the results, the possibilities of social participation in the therapeutic-occupational practice, in different fields and with different populations, needs, and

interests, have been consistent to achieve occupational and social justice. In other words, consistent with performing the right of people to choose and engage in occupations and offering opportunities and resources for being and acting with themselves and with others. In some cases, as described in Table 1, the practice can be a path to occupational justice and the fulfillment of an occupational right. For example: inserting the individuals in formal and informal work and religious, art and culture and social activities; facilitating access to rights and usufruct of material or non-material goods; organizing reflection and guidance groups on different topics and building unique care projects.

From an optimistic perspective, connected to the discussions by Townsend & Marval (2013), it is possible to affirm that the collaborators, through these practices, (perhaps) manage to build occupational justice. Talking about social participation or putting it as a process and/or objective of practice, even though there are many limits and challenges, already outlines an awakening to the (im)possibilities of participating with/for/in society and, therefore, for the conditions of occupational and social justice and injustice. However, in the effort to also carry out a theoretical-conceptual analysis on social participation, occupational and social justice, and occupational law, other reflections on what can be understood about these practices and the terms in question deserve attention.

The way of understanding social participation and building the practice seems to bring more elements to the theoretical-conceptual confusions and/or weaknesses in the area. After all, does expand the opportunities to choose, to be, and to act and favor access to rights, whether social, political, civil, or occupational, correspond to social participation or occupational justice? Or would it be social justice?

Based on the classifications and vocabulary used by occupational therapy, investing in personal relationships, building and strengthening support networks and creative spaces, moving between places, and carrying out various activities/occupations<sup>4</sup> in public and private spaces have been directed towards occupational justice. On the other hand, based on studies by Hammell (2017, 2020) and Córdoba (2020), and considering that many of the discussions on human occupation and occupational justice are dominated by the Western perspective (with socioeconomic, political, cultural, and geographic), it seems to be coherent to say that the possibilities of social participation, reported by the Brazilian collaborators, are closer to social justice - whether related to the distribution and access to civil, political, social and occupational rights and/or to equity of opportunities for being, do and lead a dignified, full and healthy life. We also observed that some of the challenges and limits for social participation are the same that make the chances of choosing and getting involved in activities/occupations unequal and unfair, such as society's intolerance of human diversity and exclusion arising from poverty, prejudice, and stigma.

Occupational therapy has a wide vocabulary that expands as it builds the space in different areas and is affiliated with multiple knowledge, paradigms, models, and references. This is inevitable and necessary, as it is part of the development of the

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<sup>4</sup> The expression "activity/occupation" used a few times throughout the text aims to respect the different position of the collaborators, since some prefer the term "activity" to "occupation" and vice versa. Therefore, the expression does not mean that the terms are synonymous and interchangeable.

profession, but it can cause some theoretical-conceptual and methodological inaccuracies, especially when there is no clear communication that seeks to identify and deal with possible ambiguities. Consequently, doubts are cast about what occupational therapists are trying to say about their theoretical-practical productions. These doubts can hinder the path of occupational therapy in the construction of language and specific and common actions (interprofessional and interdisciplinary) and the recognition of its (potential) contributions in certain fields and for certain populations, their problems, and their demands.

Without making a value judgment between the concepts of social participation, the authors of this article argue that this concept must be understood from the perspective of involvement in public and political life and, therefore, not be reduced to coexistence, circulation, the performance of activities/occupations and social inclusion. Based on the human sciences, the authors define social participation as the “social and political involvement of individuals in social groups and/or in public and community spaces, to produce a dignified human existence and transform living conditions and daily life, marked by illness, violence, mental and psychological suffering, social injustice, socioeconomic inequality, prejudice, exclusion, and oppression”. At a macro and micro-social level, in the construction of dialogue and collective action and the problematization of the established reality and injustices, social participation aims to support collective needs and interests (especially of those people who directly suffer the consequences of socioeconomic inequalities) and then be a means for social transformation (Silva, 2021).

The authors also understand that social justice and occupational justice are not limited to the granting of resources and rights, but, above all, are related to the identification and overcoming of the conditions and mechanisms that give rise to the violation of human rights. In this way, social participation can be a key concept and a necessary tool to raise awareness and intervene in the impacts of the violation of rights in the lives of people and communities and, perhaps, can contribute to the identification, confrontation, and/or resolution of the causes and determinants of social and occupational injustice. Some of the actions shown in Table 1 exemplify this idea, such as the offer of activities that awaken or develop individual and collective protagonism; the construction and strengthening of support and care networks; the availability of information and guidance on public policies, and the availability of equipment and social services.

Characterized by its collective dimension, social participation facilitates and provides for the involvement of individuals and groups in situations of injustice and all those and/or everything that oppresses, excludes, generates poverty and inequalities. It is public and social policies, civil society and the State, occupational therapists and public, private and philanthropic institutions, which must discern their position and influence in power relations, in the organization and functioning of society and their structures, and the mechanisms of justice and injustice.

Hammell (2008), Hocking (2017), Malfitano et al. (2019), and Ripat et al. (2010) also highlighted political involvement and collective and collaborative approaches as keys to addressing occupational rights and occupational justice and, especially, their impediments in the face of contexts of oppression, poverty, and social exclusion. There is a conformity with the collaborators' statements about occupational therapists

assuming a sociopolitical role in society; organizing meetings with the people assisted, their families, and public spaces; building projects for entry and permanence in spaces of social control and claiming rights, and facilitating engagement in Councils, Conferences, and social movements.

Therefore, practices only focused on performing and training instrumental activities of daily living and clinical and rehabilitation intervention focused on functional performance, prevention and reduction of deformities and physical and emotional pain are called into question. These practices make sense for individuals who have health demands and for greater autonomy and independence in daily activities. However, the search for social participation, occupational and social justice, without disregarding the subjectivities, particularities, and demands of each person, requires attention to the geographical, political, social, economic, and cultural aspects and problems that involve people's lives and of their communities. Aspects and problems that design greater or lesser opportunities and resources to do, be, and, as stated by Wilcock & Hocking (2015), belong and become.

It also does not seem cohesive to point out the individual as responsible for the limitations and challenges to participating, as demonstrated in the answers that indicated the physical, mental and psychosocial impediments of each individual and their families and the problems with lack of adherence, disinterest, and lack of resistance to the occupational therapist's proposals. For some collaborators, this way of thinking and structuring the practice becomes a challenge for occupational therapy, as well as the challenge of overcoming scientific rationality and the hegemony of biomedical knowledge.

In addition to dealing with macro-structural issues (such as the devaluation of social participation, the inexistence or non-compliance of public and social policies, and society's intolerance of human diversity), occupational therapists also deal with aspects related to their ways of thinking and do in occupational therapy. These modes are not always created or reproduced under a collective, contextualized, inclusive vision and are directed towards citizenship and civil, political, social, and occupational rights.

If favoring social participation is one of the objectives of occupational therapy (Silva, 2021; Silva & Oliver, 2021; Lopes, 2016), as well as the construction of greater possibilities for autonomy and social inclusion (Lopes, 2016) and the search for occupational and social justice (Townsend & Marval, 2013), there is a need for greater theoretical-practical articulation of the profession with issues of citizenship, living conditions, the State, cultural diversity, rights, justice, and human capabilities. It is also necessary to advance in critical reflections in occupational therapy, to identify, question, and overcome knowledge, actions, and discourses inside and outside the profession that create, shape, and maintain conditions of injustice, socioeconomic inequality, illness, and suffering (Farias et al., 2019; Galheigo et al., 2018). At the same time, legitimize vocabulary, knowledge, and local contexts, so that solutions are constructed that are coherent with the problems faced by populations.

Within these reflections, social participation, in addition to constituting an objective of the work of occupational therapists, can be a key concept and tool to support a critical profession that resists modern western and reductionist perspectives and everything that opposes the civil, political, social and occupational rights of individuals and groups and to live with dignity, pleasure, and meaning.

## **The emergence of thinking and acting with and based on the collective**

The search for social participation and justice (whether social or occupational) is connected to issues of human life and everyday life, which are related to micro and macro-social contexts and structures. Making life happen in a full and meaningful way requires occupational therapy approaches and collective perspectives, especially when austerity policies are effective and injustice persists.

The collective, in addition to expressing a set of individuals, understands the plane in which human life is woven and indicates the power of a participatory arrangement, which proposes a certain degree of autonomy and protagonism of people in the exercise of responsibility for themselves and the other. Collective actions are those that involve an articulation between communities, support networks, institutions, social facilities, services, and public policies, to debate and deliberate on common/collective interests and/or problems and build actions for and with the collective (Malfitano et al., 2021).

Therefore, understanding and approaching social participation from the point of view of the collective and collective actions also enhance professional performance that aims to achieve greater equity in the way people are treated, in the possibilities of access to rights and opportunities. to choose and engage in activities/occupations. Faced with the complexity and discrepancies in the way people want and can (or cannot) lead their lives and carry out their activities/occupations and the dimension of the causes and repercussions of socioeconomic inequalities, it is coherent to think about the proposition of intersubjective work methodologies.

In occupational therapy, reflections on collective actions and the development of practices with collective orientation (as well as those from critical and emancipatory perspectives) were incorporated through questions about social structures and the production of inequalities and theoretical-conceptual, methodological problematization and practice of the profession. In this process, occupational therapists shifted their actions to the individuals' daily lives, their territories, and communities, public and social spaces, streets, and squares (Galheigo et al., 2018; Malfitano, 2016).

The debates and the promotion of actions and practices with and based on the collective present certain reflective, theoretical, and practical contours. It implies, for example, addressing social participation, questions about social and occupational (in)justice, territory, community, social networks, and political articulation (Lopes, 2016; Malfitano, 2016; Malfitano et al., 2016). In addition, it challenges the occupational therapists to overcome the dichotomy between individual and collective and build their praxis beyond perspectives focused only on the individual disconnected from the sociopolitical, geographic, religious, economic, and cultural context.

## **Final Considerations**

Based on the collaborators' experiences and what they understand about social participation, this can be a theoretical-conceptual and practical way to reflect and seek occupational and social justice with individuals, groups, and communities. There are multiple possibilities and limits and challenges for them to be implemented in occupational therapy practice.

In this article, the authors conduct discussions so that practices and theories on social participation are directed towards violations of rights, their causes and determinants, and their impact on people's lives, such as the socioeconomic context and poverty, work, education, and the field of occupational therapy's knowledge and performance. In this sense, occupational therapists are faced with the need to approach macro and micro-structural issues that, directly and indirectly, influence people's social participation and their opportunities to be, do, belong and become and to access and enjoy social, civil, political and occupational rights.

Under a critical reflection and in the defense of social and occupational justice as a guide for studies and actions in occupational therapy and as a possible result of their practices, the authors strengthen the argument that social participation must be understood and facilitated based on involvement in the public and political life. However, regardless of the meanings attributed to social participation, we concluded that this is also an objective of the work of occupational therapists, a key concept, and a tool, to build debates and actions around social and occupational justice, especially when it is thought from a perspective of the collective and collective actions.

Occupational justice and social justice are phenomena in constant construction, as well as theories about justice and positions regarding occupational rights. Added to the historical diversity of contexts, the difficulty faced by professionals in proposing exact and universal definitions is reaffirmed. Therefore, it seems to be more useful to follow theoretical, methodological, and philosophical trends that point to more coherent and meaningful paths for each reality, interests, and needs of the profession, its competences, and the populations it assists.

## **Study Limitations and Future Directions**

This article is the result of an effort to add discussions on occupational and social justice and contribute to practices in the area, especially in the Brazilian context. However, as it also came from another study, the collaborators were not directly questioned about the proposed theme and, despite representing different fields of assistance, teaching, and research, their experiences do not reach the full plurality of ideas and practices in occupational therapy in Brazil.

We believe in the potential of the article, especially for its collaborative nature, to (re)think and continue to problematize the places of occupational therapy in society and contexts of violation of rights. Furthermore, given the impossibility of universalizing concepts in the face of historical, political, geographic, socioeconomic, and cultural differences, the objective of continuing to produce other reflections on social participation, justice, and rights-based on and with Brazilian occupational therapy is supported.

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