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Power, Prejudice and Personal Taste: Does it Matter What Clients Wear?

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Abstract

An earlier opinion piece considered the professional issues surrounding the occupational therapist's dress code within the work place (Davys et al, 2006). This second paper considers the role of the occupational therapist when a client choice of clothing may conflict with social expectations and negatively impact upon social inclusion. Three practice based scenarios are presented, which serve as the prompts for reflection upon informed choice, professional responsibilities and the therapeutic relationship. This paper concludes that there needs to be debate about the conflict between each of these areas and the concept of social inclusion.

Introduction

As occupational therapists, we often work with groups of people who may be held in low social regard and possibly devalued by the general population because they present in some way as different. The U.K. government has set out its action plan to improve the life chances of those who suffer, or may suffer in the future, from disadvantage (new ref). This raises an interesting debate on informed choice and decision making that may support social inclusion with particular reference to client's choice of clothing and the role of the occupational therapist within this process.

Scenarios and reflections from occupational therapy practice

Stephen*.

I have a clear memory of working in a learning disability service and feeling a real sense of shock and concern when I saw a young man who I recognised walking down the street with two support workers wearing a T shirt which in my opinion had an offensive logo emblazoned across the back of it. This man, Stephen, had a significant degree of learning disability and behaviour that would be described as challenging. As such, the T shirt was not an item of clothing about which Stephen could have made a conscious decision. When I asked staff about this at a later date, it was explained to me that the support workers were trying to “help” Stephen to be age appropriate and “trendy”. They were off to the local pub which would be considered by the local community as an activity that enhances community presence and participation (Ref here Gates / Valuing people). In my opinion however, it was likely that the combined effect of Stephen’s disability and the offensive t-shirt would serve to further alienate him from acceptance within the local community and make it more difficult for him to hold socially valued roles (Wolfensberger 1995).

Sylvia

Sylvia and I were sitting together on the bus on our way to a luncheon club as part of her community rehabilitation. People turned to look at us. Not only did Sylvia conduct her conversations loudly, but she was also wearing a bright yellow satin dress which she had proudly brought home from a charity shop a week before. I was part of the multidisciplinary team who had played a part in resettling Sylvia, after about 30 years in a long stay psychiatric hospital, into one of five supported flats in a newly converted house in a residential area. It was the first time in thirty years that Sylvia had had a home of her own. The team all wanted Sylvia’s resettlement to succeed. It was a new project and it was important that the neighbourhood was accepting of her.

Sylvia was 65 years old, she was very overweight, she was deaf (hence the shouted conversation), and experienced psychotic symptoms. With her new-found freedom and independence she had found that she enjoyed scouring the local charity shops for brightly coloured girlish dresses (often several sizes too small). I reflected on whether it was ethical or an abuse of power (COT 2005), to try to persuade Sylvia to dress more discretely. My motives were sincere. From both a personal and professional perspective, I didn't want Sylvia to attract unwelcome attention because I didn't want her to be laughed at and hurt, and I didn't want her to jeopardize the project as a whole, by making the residents stand out as 'different' in the neighbourhood.

John

John and I were sitting in the drop-in centre having a chat over a cup of coffee. John mentioned that whilst he was committed to becoming a woman he was struggling with people openly staring at him whilst he was out in public. This conversation was interesting to me as it prompted several questions that would need careful consideration.

John was 36 years old and had been referred to the psychiatrist by his GP due to his wish to have a sex change operation. Like most men in his position John had difficulty looking like a woman due to his masculine features e.g. large head, square jaw and, during the transition phase, difficulty with stubble. As an observer however, it was mine and the multidisciplinary team's opinion that people may well be staring at him not because of his transgender issues but due to how he had dressed himself. John would often wear what subjectively could be said to be too much make-up as well as often wearing mini skirts which, it could be argued, drew attention to his long and masculine looking legs. I therefore felt faced with a dilemma; is it the patient's right to dress as he chooses and should I remain completely client-centred (Sumison 2006) by continuing along the path that the patient had chosen, or should I help him to see

that the way he is choosing to dress is possibly what is drawing attention to him, not the fact that he was transsexual.

The dilemmas considered.

These three stories are about different individuals with varying needs, but the themes of informed choice, professional responsibilities and the therapeutic relationship run throughout.

Informed choice

Within the United Kingdom at present there is a call to develop policy and practice concerning informed choice for clients in the health and social care sector (Young et al, 2006).

As occupational therapists, our Code of Ethics and Professional Conduct (COT 2.1.1, 2005) states that we need to support clients in making choices and decisions about their own health care and independence and that their choice should be respected *even when this conflicts with our professional opinion*. In order to make an informed choice, clients need to have all relevant information to hand. There is however, a crucial issue regarding *understanding* and choice in contrast to *information* and choice. The provision of information does not necessarily lead to understanding (Baker et al, 2004).

Both Stephen and Sylvia could have been given information related to the choices open to them. Due to his learning disability however, Stephen did not have the cognitive skills required to enable him to assimilate the information and therefore to understand the meaning of that information. Similarly, Sylvia could be described as having an impaired capacity to understand information and her ability to make an informed choice may have been diminished by 30 years of institutional living and a chronic mental health problem. The ability to be able to act on the information given, requires the individual to have an appreciation of the risks and benefits around that choice (Kuhn, 2002). It is important to note however that potential risks and benefits are much more difficult to define and

evaluate with regard to the psychosocial context, which includes social identity and that which is culturally valued. In this arena, it is not possible to provide clear cut certainties about benefit or potential harm to clients (Godophilin, 2003). Not only is the problem solving process more complex but it also raises the question of who should take the overall responsibility for making the final decision.

Occupational therapists strive to realise the ideal of client-centred practice (sumsion 2006), incorporating the principles of informed choice, but in some situations, clients may need to learn how to gain information, how to understand it, filter it and then use it to their best advantage. The concept of client-centred practice also suggests informed choice is an ongoing and evolving concept, not necessarily the client coming to a one off decision. It is a long term issue for both client and professional that requires the application of appropriate professional skills, such as counselling and the ability to provide information to a client in a culturally sensitive manner.

Professional responsibilities

Despite the complexity and uncertainties of scenarios such as those described within this article, occupational therapists have a professional responsibility to convey as clearly as possible the predicted outcomes that a choice of clothing may lead to so that clients are able to make an informed choice wherever possible. Due to his cognitive disability, Stephen was not in a position to make informed choices about his own clothes, nor the possible outcomes of choosing an offensive logo on his t-shirt. Staff had chosen this item of clothing for him in the belief that it was age appropriate and fashionable. Given that this man was at risk of being viewed in a negative way due to his disability (REF), staff in fact could be described as unprofessional and negligent in their duties by putting him in a situation which was likely to lead to further social devaluation (REF..)

The therapeutic relationship

As therapists we do not come to the therapeutic relationship as objective observers. We come to the client with our own opinions, values and preferences, all of which are likely to impact upon the information we present to clients, the way that it is presented and how it is interpreted by the clients. The information provided is also given within a social, political and cultural context, which could set limitations on an individual's expectations and social behaviour (Young et al, 2006). These points particularly relate to John who, whilst having the cognitive ability to understand the information provided did not necessarily understand the social, political and cultural contexts of being a woman. In order to fully enable John to understand the risks and benefits of each option available to him, the therapist has to be acutely aware of his or her own values and opinions.

Debate

Who then has the right to decide what are acceptable levels of understanding for whom and how might understanding be effectively developed for those expected to make choices? (Young et al, 2006). This is an issue that requires open debate and awareness within the profession of responsibility and sensitivity to the prevailing social and cultural context in which an individual lives.

1629 words

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