


## Occupations are not Neutral: Toward Anti-Caste Occupational Therapy Praxis in India

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## ABSTRACT

Occupational therapy is often grounded in theoretical frameworks that conceptualise occupation as an expression of individual choice, motivation, and ability. While such approaches emphasise personal agency and functional performance, they frequently obscure the structural forces that shape occupational possibilities. Drawing on occupational science, occupational justice, and anti-caste scholarship, particularly Ambedkarite and Dalit feminist frameworks, this conceptual paper theorises caste as a structural determinant of occupation within the Indian context. It argues that caste produces enduring conditions of occupational marginalisation, alienation, and occupational apartheid by determining access to education, labour, safety, dignity, and social recognition. The paper challenges the dominant assumption of “occupation as choice,” demonstrating how this notion is largely illusory for Caste-oppressed communities whose occupational trajectories are constrained by inherited social location, stigma, and systemic exclusion. In response, the paper offers a theoretical reframing of occupational justice through an anti-caste Ambedkarite lens, advances an epistemic critique of caste neutrality in occupational therapy, and highlights implications for curriculum reform and practice.

**Keywords:** occupational Justice, anti-caste, anti-oppressive practice, decolonial praxis, occupational therapy education, occupational therapy practice, India

### INTRODUCTION

According to the World Federation of Occupational Therapists (2025), occupational therapy promotes health and wellbeing by enabling engagement in meaningful activities that individuals desire, require, or are socially expected to undertake. Within occupational therapy, occupation is commonly conceptualised as the everyday activities through which meaning and life structure are constituted, encompassing self-care, productivity, and leisure, and is typically framed in relation to individual needs, choices, and roles. However, this framing risks assuming neutrality, suggesting that individuals have equal

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opportunities to engage in meaningful occupations. In deeply stratified contexts such as India, this assumption obscures how structural forces shape everyday life. Caste, as an enduring system of social hierarchy, continues to regulate access to labour, education, dignity, and social participation, often constraining occupational possibilities across generations. For many, daily occupations are not a matter of free choice but are shaped by survival, constraint, and the ongoing negotiation of dignity within oppressive systems.

This paper examines how caste operates as a structural regulator of occupational possibilities in India and considers what an anti-caste Ambedkarite framework would demand of occupational therapy theory, practice, and education. Drawing on occupational science and occupational justice scholarship (Kronenberg, 2025; Kronenberg, Pollard, and Sakellariou, 2011), it analyses how caste produces occupational marginalisation, alienation, and occupational apartheid. The paper advances a theoretical reframing of occupational justice through an anti-caste Ambedkarite lens and develops an epistemic critique of claims to caste neutrality within occupational therapy.

### **Positionality**

This article is situated within the positionality of a Dalit, neurodivergent woman, an Indian occupational therapist and mental health practitioner, whose scholarship and practice are informed by lived experiences of caste-based marginalisation, neurodivergence, and sustained engagement in community and advocacy-oriented work. These experiences inform a critical stance toward dominant, ostensibly neutral models of occupational therapy that often obscure how power, privilege, and structural inequities shape occupational participation in India.

At the same time, the author acknowledges the responsibility and ethical tension of writing within academic spaces that have historically marginalised Dalit, Adivasi, disabled, and neurodivergent voices. Rather than claiming objectivity or neutrality, this article adopts a reflexive and justice-oriented approach, recognising that knowledge production is inherently political. The arguments presented are informed by critical occupational science, decolonial scholarship, Ambedkarite thought, and the lived realities of marginalised communities, which are treated as valid and essential sources of knowledge. This positionality shapes the article's commitment to occupational justice, conscientisation, and the reimagining of occupational therapy in India as a profession accountable to social transformation, collective liberation, and ethical solidarity.

This paper adopts a conceptual and critical analytical approach, drawing on occupational science, occupational justice scholarship, and anti-caste Ambedkarite social theory to examine caste as a form of structural occupational regulation in India. The analysis is informed by occupational science literature, occupational justice theory, and interdisciplinary scholarship from caste studies, feminist theory, and decolonial thought. Foundational occupational therapy and occupational science texts that conceptualise occupation, participation, and justice are critically examined alongside Indian scholarship on caste, labour, and social stratification. This integrative approach enables a dialogical reading of occupational therapy theory through an anti-caste and anti-oppressive lens.

### **Caste as a Structural Determinant of Occupation in India**

The caste system in India is often traced to the varna framework articulated in

Brahminical Hindu texts, which organised society into hierarchical categories associated with differential status and forms of labour (Ambedkar, 1916/1936; Dumont, 1980). While rooted in these religious formulations, caste has evolved into a complex socio-political system that extends beyond scriptural origins, structuring material relations, labour distribution, and social power over time (Omvedt, 1994; Rege, 2006). Central to this system are Brahminical notions of purity and pollution, which have historically legitimised the hereditary allocation of occupations and the exclusion of caste-oppressed communities. Within critical caste scholarship, terms such as *Dalit*, *Savarna*, *Bahujan*, and *Adivasi* are used to describe social location within this system, emphasising relational power rather than individual identity alone.

***Dalit*** refers to communities historically positioned outside the dominant caste hierarchy and subjected to practices of untouchability, systemic exclusion, and caste-based violence (Ambedkar, 1936/2014; Guru, 2009). While originally imposed as a marker of social degradation, the term has been politically reclaimed by Dalit movements as an assertion of dignity, resistance, and collective struggle against caste oppression (Paik, 2014). Dalit communities have faced enduring restrictions on access to land, education, and socially valued occupations, resulting in persistent forms of occupational marginalization, segregation, and alienation that directly impact health, participation, and well-being (Teltumbde, 2010).

In contrast, ***Savarna*** refers to caste groups situated within the four traditional varnas, Brahmin, Kshatriya, Vaishya, and Shudra, who have historically benefited from caste-based privilege and social dominance (Guru and Sarukkai, 2019). Although there are significant differences within these groups, the

term is used analytically to describe those who are structurally advantaged by the caste system and generally insulated from the forms of stigma, exclusion, and coercion imposed on caste-oppressed communities (Deshpande, 2011). Savarna social location often affords greater access to education, professional occupations, and institutional power, thereby shaping which occupations are normalised, valued, and rendered visible within systems such as healthcare, education, and professional practice, including occupational therapy itself (Rege, 2013).

The term ***Bahujan***, meaning “the majority of the people,” is used as a political and socio-cultural category to collectively describe historically marginalised caste groups, including Dalits (Scheduled Castes), Adivasis (Scheduled Tribes), Other Backward Classes (OBCs), and, in some contexts, religious minorities subjected to structural exclusion from power and resources (Guru, 2009; Jaffrelot, 2003). Rooted in anti-caste thought articulated by figures such as Jyotirao Phule and later B. R. Ambedkar, the concept of Bahujan challenges Savarna dominance by foregrounding numerical majority, shared experiences of structural oppression, and possibilities for collective political assertion (Guru & Sarukkai, 2019). Contemporary scholarship uses the term to emphasise solidarity across caste-oppressed communities while remaining attentive to internal hierarchies and differences (Rege, 2013).

***Adivasi***, translating to “original inhabitants,” refers to Indigenous peoples of the Indian subcontinent who predate the caste-based social order and have historically lived in close relationship with land, forests, and local ecosystems (Xaxa, 1999). Constitutionally recognised as Scheduled Tribes, Adivasi communities possess distinct cultural, linguistic, and occupational traditions that are

not organised through caste hierarchy but have nonetheless been profoundly disrupted by colonialism, state-led development, mining, and conservation programmes (Béteille, 1986; Shah et al., 2018). These processes have resulted in widespread dispossession, criminalisation of traditional livelihoods, and forced occupational transitions, producing severe occupational marginalisation and alienation (Xaxa, 2008).

### **Occupational Science and the Caste System**

Caste hierarchy, grounded in the varna system of Hinduism, operates as more than a form of social categorisation. This produces a stratified occupational order in which certain communities are systematically confined to stigmatised, hazardous, or devalued forms of labour, while others are afforded access to occupations associated with dignity, mobility, and social recognition.

Caste does not only regulate access to labour but extends deeply into everyday occupations, including self-care, mobility, social participation, and rest. Practices rooted in Brahminical notions of purity and pollution shape who can access water, sanitation, public space, and social interaction, thereby structuring even the most basic activities of daily living. Within occupational science, this can be understood as a form of structural occupational stratification, where opportunities for participation are unevenly distributed along caste lines, resulting in conditions of occupational marginalisation, alienation, and occupational apartheid.

Occupational marginalisation is evident in the restricted access of caste-oppressed communities to basic resources and public spaces. Studies have documented how Dalit communities continue to face exclusion from common water sources, temples, and shared

village infrastructure, limiting participation in everyday occupations such as bathing, social interaction, and community rituals (Deshpande, 2011; Shah et al., 2018). These restrictions extend to mobility and access to education and healthcare, shaping constrained patterns of occupational participation across the life course.

Occupational alienation is starkly visible in caste-based sanitation labour, particularly manual scavenging, where individuals are compelled to engage in degrading and hazardous work under conditions that deny dignity and autonomy. Empirical reports highlight how such labour is experienced as coercive, stigmatised, and harmful, with workers facing chronic health risks, social exclusion, and intergenerational entrapment in these occupations (Safai Karmachari Andolan, 2018; National Campaign on Dalit Human Rights & Dalit Arthik Adhikar Andolan, 2022). In such contexts, occupation becomes a site of humiliation rather one of meaning or self-determination.

Caste-based segregation produces conditions of occupational apartheid, where entire communities are structurally excluded from spaces and opportunities for participation. Research has documented spatial segregation of Dalit settlements, exclusion from schools and public institutions, and systemic barriers to accessing housing, employment, and social services (Jaffrelot, 2003; Shah et al., 2018). These forms of institutionalised exclusion create enduring inequalities in access to safe, meaningful, and socially recognised occupations. These conditions demonstrate that caste operates as a pervasive structural force that organises not only labour but the entirety of everyday occupation, producing layered forms of exclusion across domains of life.

### **In Adivasi contexts**

Relational and community-oriented engagements with occupation, particularly in Adivasi contexts, offer an important standpoint from which to critically examine dominant occupational therapy models. Such perspectives foreground occupation as collective, ecological, and interdependent, resonating with concepts of collective occupation and co-occupation within occupational science (Ramugondo & Kronenberg, 2015; Pickens & Pizur-Barnekow, 2009). These perspectives challenge both caste-based hierarchical divisions of labour as well as Western individualistic assumptions, expanding on how occupation can be theorised.

### **Framing occupation as personal choice or ability**

Mainstream occupational therapy, including its dominant forms of practice and education in India, has historically conceptualised occupation through an individualistic lens, framing occupational engagement as an outcome of personal choice, motivation, or ability. Rooted in Western biomedical and rehabilitative paradigms, this perspective privileges internal capacities, functional performance, and individual responsibility, often overlooking how broader structural and sociopolitical conditions shape occupational possibilities (Kielhofner, 2008; Law et al., 1996; Townsend & Polatajko, 2007). As a result, barriers to occupational engagement are frequently individualised, obscuring the role of systemic forces and misattributing structurally produced exclusion to personal deficit. This framing conceals how occupation is deeply structured by social hierarchies and power relations. In the Indian context, caste, class, gender, disability, and religion play decisive roles in determining access to occupations, the conditions under which they are performed, and the degree of dignity and

safety they afford. Caste continues to regulate which forms of labour are considered respectable or polluting, while gender norms restrict women's access to leisure, mobility, and economic autonomy. People with disabilities encounter not only infrastructural barriers but also entrenched stigma that constrains participation across life domains (Chichaya, et al., 2020). By failing to foreground these structural realities, occupational therapy risks reinforcing the very inequities it seeks to address.

The implications of this framing become particularly evident when considering the occupational lives of caste-oppressed women in the Indian context. Caste-based allocation of sanitation labour, including manual scavenging, continues to disproportionately affect Dalit communities, particularly women, as documented in civil society reports (Safai Karmachari Andolan, 2018; National Campaign on Dalit Human Rights & Dalit Arthik Adhikar Andolan, 2022).

Within individualistic occupational therapy paradigms, a Dalit woman engaged in caste marked labour, such as sanitation work or domestic caregiving, may be misinterpreted as demonstrating limited occupational aspiration, low motivation, or inadequate skill development. Therapeutic interventions may therefore focus on enhancing personal agency through skill training, confidence-building, or behavioural change. Such interpretations, however, obscure the structural conditions that regulate her occupational possibilities, including the caste-based division of labour, gendered expectations of unpaid care, exclusion from formal education, unsafe mobility in public spaces, and the persistent threat of social and economic violence.

In these contexts, occupational engagement cannot be understood as an expression of free choice or individual capacity, but rather as a constrained negotiation within intersecting systems of caste and patriarchy. Locating barriers to participation within the individual risks reproducing casteist and gendered logics that depoliticise structural injustice and misattribute systemic exclusion to personal deficit.

In India, the caste-based hierarchy of labour assigns dignity unevenly, confining Dalit communities to devalued and precarious occupations such as sanitation work, manual scavenging, and informal labour, while simultaneously restricting access to education, professional mobility, and leadership roles (Teltumbde, 2010). Raviraj Shetty's work further illustrates how caste functions as a system of structural occupational regulation, rendering "choice" largely illusory for marginalised communities whose occupational pathways are governed by inherited social location rather than individual aspiration or ability (Shetty, 2020).

In contrast, a justice-oriented occupational therapy approach would situate occupational engagement within these structural realities rather than within individual pathology. From this perspective, the Dalit woman's occupational patterns would be understood in relation to caste- and gender-based occupational segregation, economic precarity, and restricted access to safe and dignified work. Intervention would therefore extend beyond individual skill development to include advocacy for fair labour conditions, access to education and childcare, and collaboration with community organisations supporting Dalit women's rights.

Meaningful occupation is defined not by conformity to dominant norms of productivity or

upward mobility, but by the individual's own priorities, including safety, rest, collective solidarity, and culturally situated practices. From this perspective, occupational therapy is positioned as an act of solidarity that supports resistance, dignity, and collective well-being, rather than as a mechanism that individualises or normalises oppression. By construing occupation as neutral or primarily individual, occupational therapy risks obscuring the structural conditions that shape occupational possibilities and, in doing so, may inadvertently reproduce the very inequities it seeks to address. This exposes the fallacy of "occupation as choice" and underscores the urgent need to locate occupational justice within explicitly anti-caste and anti-oppressive frameworks.

### **Developing occupational consciousness in the Indian context**

To contest claims of neutrality, occupational therapists must cultivate what Elelwani Ramugondo and Frank Kronenberg term occupational consciousness, that is, a critical awareness of how everyday activities are constituted within and reproduce relations of power (Ramugondo, 2015; Ramugondo and Kronenberg, 2015). Occupational consciousness requires recognising how structural inequities such as caste-based division of labour, economic stratification, gendered expectations, and ableist norms govern participation in social life.

For Indian practitioners, this awareness is not optional but essential. The profession must critically examine how its own practices may inadvertently uphold social hierarchies such as by idealizing productivity, independence, or normative ways of living that exclude many marginalised realities. For example, promoting "independent functioning" may overlook interdependence as a valued cultural and survival-based mode of being in

many Dalit, Adivasi, or disabled communities.

Moreover, the occupational therapy profession itself must confront its complicity in epistemic exclusion. Shetty and Nayar (2023) found that marginalised communities particularly Dalit, Bahujan, and Adivasi groups are almost absent from published Indian occupational therapy research. Their scoping review of the Indian Journal of Occupational Therapy revealed that occupational therapy scholarship has largely centered on Privileged-caste, urban, and middle-class narratives, reflecting how the profession's knowledge base reproduces the same structural inequalities it should challenge.

A justice-oriented occupational therapy must therefore position itself not as a neutral service but as an act of solidarity and resistance. It must advocate for the transformation of environments and systems to enable marginalised communities to reclaim rest, creativity, and dignity through occupation, aligning with liberation centred and decolonial perspectives advanced by Ramugondo (2025), Hammell (2015), and Galheigo (2011).

### **Accessing occupational therapy services as a socio-political issue**

Accessing occupational therapy services in India itself carries significant sociopolitical implications. The profession remains largely urban, English-speaking, and privatised, making it accessible primarily to privileged-caste and middle-class populations. For many Dalit, Adivasi, rural, or disabled individuals, the cost, distance, and cultural inaccessibility of OT services render participation impossible.

Rural and marginalised populations face severe disparities in accessing occupational therapy services, where reach remains minimal. This limited access is fundamentally

driven by constrained governmental investment and a shortage of practitioners, which is exacerbated by migration of many qualified occupational therapists abroad or their attrition into unrelated careers. Consequently, occupational therapy often reproduces existing hierarchies of privilege by serving those already positioned to access private or institutionalised care.

This structural inequity is not incidental; it mirrors the broader hierarchies that organise Indian health care systems. The framing of occupational therapy as a specialised, clinic-based, and individualised service reflects neoliberal and dominant-caste models of wellness, which can alienate those whose distress is rooted in caste violence, poverty, and exclusion. Consequently, the very act of accessing occupational therapy services becomes political: it reveals who the profession serves, whose occupations are valued, and whose are rendered invisible.

Within this reality, occupational justice must be reimaged through an anti-caste framework. Caste has historically structured occupational roles in India, assigning dignity, value, and social worth to certain forms of labor while rendering others invisible or untouchable. These hierarchies persist in shaping who is seen as deserving of therapeutic support and whose occupations are pathologised, ignored, or devalued. An anti-caste occupational therapy practice therefore extends beyond individual rehabilitation, it demands structural awareness, community-based engagement, and solidarity with movements for caste annihilation. Such a framework positions therapists not as neutral service providers but as co-actors in dismantling occupational and social injustice, ensuring that healing and participation become tools of collective liberation rather than instruments of exclusion. To move toward

justice, occupational therapy in India should expand from clinical and privatised approaches to community-based, culturally responsive, and anti-caste practices that prioritise collective well-being and accessibility over professional elitism.

A significant proportion of Indian-trained occupational therapists migrate abroad in search of better professional opportunities, contributing to workforce shortages within the country (Mani & Sundar, 2019). While estimates suggest that this migration may be substantial, these figures are often based on limited samples and may not be nationally representative. This workforce imbalance perpetuates a cycle of limited access, particularly for Dalit, Adivasi, and low-income populations. The profession's human resource structure thus becomes a socio-political determinant of health deciding whose lives are deemed worthy of therapeutic attention and whose are left out of care.

### **A Call to Action**

Need for anti-caste and decolonial praxis in occupational therapy education: Occupational therapy education must move beyond value-neutral and individualistic frameworks toward explicitly anti-caste and decolonial praxis. Such curricular shifts are essential to preparing occupational therapists who can recognise and resist occupational injustice, rather than inadvertently reproducing oppressive structures through professional practice. Table 1 outlines the identified key structural limitations within occupational therapy education in India and proposes corresponding educational interventions grounded in anti-caste and decolonial praxis.

### **CONCLUSION**

**Reimagining occupational therapy toward liberation** Occupational therapy in India stands at a critical juncture. Engaging

with decolonial and anti-caste frameworks requires a shift from viewing occupation solely as an individual therapeutic outcome to understanding it as embedded within structures of power, inequality, and collective struggle. This reorientation calls for a profession that is not only clinically responsive but also socially and politically accountable.

An anti-caste occupational therapy praxis would require:

**Centering structural analysis:** Recognising caste as a fundamental determinant of occupational possibilities and explicitly addressing how power, exclusion, and historical injustice shape participation in everyday life.

**Transforming practice and education:** Critically reworking existing occupational therapy approaches in relation to the Indian caste system, ensuring that practice does not reproduce caste-based inequities but actively addresses structural barriers to occupation.

### **Use of Generative AI**

Generative artificial intelligence was used as a supportive tool for language refinement, clarity, and organisation of academic writing. Specifically, OpenAI's ChatGPT (GPT-5.2 version) was used to assist with paraphrasing, improving sentence flow, and structuring sections of the manuscript based on author-generated ideas and arguments. Conceptualisation, critical analysis, and interpretation were undertaken by the author. No generative AI tools were used to generate original theoretical claims, analyse data, or make interpretive decisions. All content was reviewed, edited, and finalised by the author.

**Table 1: Structural Problems in Occupational Therapy Education and Proposed Educational Interventions**

<b>Structural Problem in OT Education</b>	<b>Implications for Knowledge &amp; Practice</b>	<b>Proposed Educational Interventions</b>
Occupation framed as neutral, individual choice	Obscures how caste, gender, class, and disability regulate occupational access; reinforces victim-blaming	Introduce critical occupational science modules that examine occupation as socially, politically, and historically constructed
Absence of caste as an analytic category	Normalises dominant-caste experiences as universal; renders caste-based occupational injustice invisible	Integrate anti-caste scholarship (Ambedkarite, Dalit–Bahujan perspectives) into core theory, case discussions, and assessments
Overreliance on Western biomedical paradigms	Marginalises Global South knowledge and collective forms of occupation and care	Decolonise curricula by centering Indian, Indigenous, and Global South epistemologies of occupation, health, and interdependence
Emphasis on independence, productivity, and normalization	Devalues care work, rest, interdependence, and resistance as legitimate occupations	Critically examine normative occupational ideals and include alternative outcomes such as dignity, belonging, and collective well-being
Lack of attention to power and therapist positionality	Reproduces professional elitism and savarna / class privilege in practice	Embed occupational consciousness and reflexive practice exercises that examine students' social location and power
Limited engagement with gender, sexuality, and ableism	Pathologises non-normative bodies, identities, and ways of living	Incorporate feminist, queer-affirmative, and disability justice frameworks into teaching and supervision
Urban- and clinic-centric fieldwork models	Reinforces inequitable service distribution and neglects marginalised communities	Expand fieldwork placements to community-based, rural, and grassroots settings emphasizing collective and rights-based practice
Assessment focused solely on technical competence	Undervalues ethical reasoning, advocacy, and structural analysis	Include evaluation of critical reflection, community engagement, and anti-oppressive practice skills

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