

# South African Occupational Therapy Values: 1997 submission to the Truth and Reconciliation Commission

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## ABSTRACT

*The Occupational Therapy Association of South Africa made some important commitments to professional development during the closing years of the last century. This article reflects on one of these, a submission to the Truth and Reconciliation Commission Health Sector Hearings, and points out its enduring values and significance. The impact of the submission has never been measured, so this article looks both back and ahead, raising questions and commenting on current realities as it explores the document's content and intent. Readers are invited to engage with ideals that the TRC statement embodies and to take them into account in their daily work.*

**Key words:** Reconciliation, Transformation, Agency

## Taking stock

1996 was the year that the Occupational Therapy Association of South Africa (OTASA) introduced a new constitution, changed its name and approved a forward-looking strategic plan.<sup>1</sup> At about the same time the Association made a submission to the Truth and Reconciliation Commission's (TRC) Health Sector Hearings.<sup>2</sup> It was a period of review, renewal and hopefulness. I want to look beyond this and share some thoughts about occupational therapy's work and outlook after 1996, in a period marked by transition both in our country's development and for our profession. A critical approach was adopted in writing this article because it helped to raise questions about the extent to which our thinking and practice have changed during the intervening years. It also encourages debate and questioning in an effort to uncover some new truth or insight.<sup>3</sup> So, with this in mind, I ask how we view our professional contribution, sphere of expertise and responsibilities now i.e. post the TRC statement.

The TRC submission was made in a spirit of regret, reconciliation and determination to do things differently in the future.<sup>3</sup> Positive changes have occurred since then, but Laloo,<sup>5</sup> reflecting on the first ten years of OTASA, recently posed the following questions: "Has the Association changed; has the Association transformed, and if so, to what extent? Have we actively looked at diversity

within the profession? Who are the decision makers and do they really represent us?"

Change is never easy to achieve. Lousanda<sup>6</sup> draws an analogy between successful adoption of a child and 'failure' to conceive. The adoption of a child obscures, for the future welfare of all, what is inevitably a painful past. While adoption is achieved via an arrangement, this may happen at a time when those who must receive the child are not necessarily fully prepared to make the transition. Compare this with the period when the TRC statement was written. Many South Africans were involved at that time reviewing past shortcomings, both personal and professional, and there was a spirit of anticipation about the future. It was exciting to embrace a vision of unity and development. The TRC statement created an opportunity for a new beginning and was a collective acknowledgement of past failures. What part did we have in this as individuals? Have those of us who were practicing then fully acknowledged that we were unable to recognize and accommodate difficulties and differences of opinion, and, what have we done since then to facilitate change? The statement signaled a commitment to redirection, and a willingness to reposition the profession as relevant, vital and politically aware. It still provides signposts for all



The South African Association of Occupational Therapists became the Occupational Therapy Association of South Africa in July 1996. This followed a period of reflection about the Association and examination of its past and future. The process was led by a steering committee and involved occupational therapist throughout the country. Prior to this the Association excluded occupational therapy assistants from membership and was generally not supported by Black members of the profession.

The profession of occupational therapy is founded on a belief system that values human dignity, individuality and holistic health. Ethical standards form a close-knit fabric within which occupational therapy is practiced. The content of the 'code of ethics' of the Association was accepted by the World Federation of Occupational Therapists, and helped to prevent the exclusion of South African occupational therapists from the world body during the apartheid years 1960 – 1994, despite vigorous lobbying from some member countries.

This submission addresses the role which the Association played during the period under review by the TRC. Individual therapists met the challenges, traumas and problems of the times each in their own way. During the late 1980's and early 1990's the Association wrote a series of protest letters to various Government authorities, including the State President of the time, the Minister of Law and Order and the Minister of Health. The daily difficulties and dilemmas of members of the Association were not openly discussed however, and few experienced overt support for what they tried to do when confronted with the impact that apartheid was having on the daily lives of their patients/clients. The personal burden of guilt and despair could not be shared within the Association, which was perceived as preferring not to become involved in 'politics'. Members were afraid to test the strength of their convictions within the context of the professional organisation. The solidarity of the Association became more important than the welfare of individual members, and the people who they sought to serve. The Association lacked a corporate voice, and failed in some instances to join the outcry about improved standards of health care for all citizens, equity, and the wellbeing of disaffected citizens. We wonder if individual members experienced a sense of isolation and despair, and do not know today how many left the profession as a result of this.

It is the earnest intention of the Occupational Therapy Association of South Africa to inform all occupational therapy staff and students about the necessity for vigilance in all matters concerning their accountability, honour and service responsibilities. As co-guardians and partners with all other health workers of the health and welfare of our patients, the Association will endeavour to play a constructive part in the future. This will be effected by keeping our members and students informed about basic human and health rights and alerting them to all forms of bias, with particular respect to the ethics of occupational therapy practice. Furthermore, the Association is resolved to speak out against any practice or event that threatens or harms the rights of our clients in the future.

Kim Phuc, who was a victim of the bombing that occurred during the Vietnam war, said years after the event: "We cannot change history but we should try to do good things for the present and the future to promote peace."<sup>5</sup>

of a society in transition, point out that those life-long-learning skills are essential if occupational therapy staff (i.e. occupational therapists and occupational therapy assistants and technicians) is going to meet the demands of global change and professional redefinition.

Without any published assessment we do not know how the South African occupational therapy community responded to the TRC statement, or how the values and obligations that it embodies have been interpreted with reference to every aspect of our working lives. Initially the statement seemed to have dropped into a silent world. Perhaps more should have been done at the time to dialogue about our past by exploring different perspectives and sharing apartheid histories, and by debating the statement to find ways to apply its essence. Seven years after publication of the TRC statement an anonymous contributor to the opening session of the OTASA conference in 2004 said the following:

"As a group we are still passive and politically inactive – I consider that we have not yet in any way followed through on promises made at the TRC Health Sector hearings to be vigilant in the future."<sup>8</sup>

In the rest of the article I attempt to bring the contents of the TRC statement to our attention and help it to live in our minds as relevant, powerful and pertinent, for the truths that it contains are foundational to appropriate practice, guiding us to learn from the past and commit to human rights, dignity for all and freedom in the future.

## Enduring truths and our response to them

### Human rights

The Association's TRC submission was prefaced by a quotation from Hendrik Ibsen "One is never completely relieved of responsibility and complicity vis-à-vis the society to which one belongs...or without a share in its guilt."<sup>9</sup> While international and local documents spell out the rights and privileges of all people within democratic states as declarations of intent, no amount of wisdom captured in proclamations can be relied on to change human hearts. The realisation of lasting change must be supported by the conviction of committed people. We should therefore familiarise ourselves with the content of significant documents e.g. The Universal Declaration of Human Rights<sup>10</sup> and the South African Bill of Rights<sup>11</sup> so that we have an opinion about them and can talk about their application. Documents of special importance to us are the United Nations 22 Standard Rules for the Equalization of Opportunities for Disabled People,<sup>12</sup> the World Health Organization's Community Based Rehabilitation guidelines,<sup>13</sup> and the World Federation of Occupational Therapists Position Statement on Human Rights.<sup>14</sup> The latter emphasizes people's right to occupation, and names conditions that may threaten or violate their participation at personal and societal levels. A summary statement reads as follows: "Global conditions that threaten the right to occupation include poverty, disease, social discrimination, displacement, natural and man-made disasters and armed conflict. In addition, the right to occupation is subject to cultural beliefs and customs, local circumstances and institutional power and practices." Embodied in this statement and included for the first time in WFOT literature, are new dimensions of service responsibility, suggesting a broader scope for occupational therapy in the future.

### Occupation for all?

"Alerting occupational therapy staff and students to all forms of bias"<sup>2</sup>

Antje Krog in her book "Country of My Skull,"<sup>15</sup> refers to definitions of guilt that German theologians formulated for use after the Second World War. The one that applies here is "moral guilt, for those who did not do enough, who did not resist, who were passive." OTASA made a commitment to its members, affiliates and students to try and prevent a repetition of past failures, and to "endeavour to play a constructive part in the future." The challenge for change is not about assuaging the guilt that we may feel, but has to do with a new understanding about our own beliefs and attitudes and a genuine appreciation and respect for the beliefs and attitudes of other people.

Figure 1 The Truth and Reconciliation Commission submission from the Occupational Therapy Association of South Africa, September 1997.<sup>2</sup>

of us that we can use to gauge a route, a desired destination and progress along the way.

### Upholding occupational therapy values

Health, equity and well being are named in the third paragraph of the TRC statement, recognising that not enough was done to promote them during the apartheid years. A commitment was therefore made by OTASA "to play a constructive role in the future," by helping occupational therapists to be "accountable, honourable and alive to their service responsibilities"<sup>3</sup> in the future. Duncan and Macmillan,<sup>7</sup> writing about responsiveness to the development needs



attitudes and a genuine appreciation and respect for the beliefs and attitudes of other people.

It is part of normal development to notice differences and label objects and people within the environment. By the age of four or five, children have internalised the biased messages that exist in their worlds, and start to play and interact according to these values. It is uncomfortable to have to acknowledge that bias is not easily reversed when exposed to new information, and therefore needs to be addressed through increasing awareness of entrenched ideas and attitudes, and by the identification of personal stereotypes and prejudices. In this way false, hurtful and unjust partiality to values, beliefs and systems that are assumed may be avoided.

Most of the time our thoughts, like water, run in familiar channels; it takes a special effort to change. The more we question biases, the greater our awareness grows and the easier it is to adapt and unlearn them. Many South Africans have taken up this challenge and made the effort to move beyond guilt and anger by engaging in personal and interpersonal processes, while acknowledging that racism and internalised oppression will always exist. South African experts in early learning are convinced that collective experiences that increase peoples' ability to recognise, understand and appreciate differences are an effective tool for supporting transformation in South Africa.<sup>16</sup>

In a Focus Newsletter editorial message Magotsi's 17 comments on the need for people of different cultures to engage in OTASA and appeals for new/other voices that represent the profession's diversity to participate in the development and transformation of our profession. If we want to act in all matters without prejudice then positive steps are needed not only to avoid discrimination and to ensure that opportunities are open and available to everyone, but also to positively uphold such developments. One way of doing this is to create an environment that is conducive to debate about how the lasting effects of the legacy of apartheid, and the ongoing impact of the cultural capital accumulated by whites, continues to influence OTASA's progress. It is important to remember past injustices because redemption depends on accountability and forgiveness.<sup>18</sup>

An extensive Internal Reconciliation Commission took place at the Witwatersrand University's Medical School following their submission to the TRC, which focussed on reconciliation between students and staff. More recently (2006) the executive of the Western Cape Branch of OTASA initiated dialogue sessions for all occupational therapy staff, whether or not they were members, to promote engagement and to foster better understanding between them about the great need for inclusiveness, and the role and function of the Association in this regard. This sort of project directs attention towards avoiding past mistakes and creating unity. Median groups for occupational therapy students fulfil a similar role, by supporting the exploration of self-awareness and the meaning and practice of cultural competence.<sup>20</sup>

### **What are we doing about bias?**

"Ethics of occupational therapy practice"<sup>2</sup>

Ethical codes are only a guide; true ethical behaviour depends on the moral conviction and personal integrity of the individual,<sup>21</sup> but morality cannot be taken for granted. It is helpful therefore that within postmodern perspectives we are able to combine moral reasoning with structured ethical principles. While principled ethics are a useful guide, the uniqueness of each situation demands that we account for the particularity and dynamic interaction of all the elements that influence a specific dilemma. If the welfare of a client, group and/or population is our goal, each circumstance will guide us toward a particular approach, suggesting that there are many overt and covert factors that need to be considered e.g. individual needs, power dynamics, worldviews.

The specific influences that alert us to client's rights to choice, the avoidance of harm, and the fair distribution of resources<sup>22</sup> can only be adequately uncovered through direct interaction with them (or, if they are unable, their representatives). The positivist paternalistic approach to 'correct' professional behaviour assumes

responsibility for others, while the Ethics of Care<sup>23</sup> and Participatory Ethics<sup>24</sup> advocate interdependence and mutual trust. We need to be aware that when we encounter cultural differences our own moral code does not automatically carry us through appropriate interactions. Our behaviour must be embedded in an acute alertness to every nuance of influence within a situation e.g. environmental, socio-cultural, political etc. It is at this level that personal integrity becomes our guide, developed and nurtured through critical thinking, clinical reasoning,<sup>25</sup> reflexivity and sound communication. We all hope to make some difference through our work; part of which is changing ourselves so that we are able to help other people with their struggles.

### **Socially responsible ethics**

"Play a constructive part in the future"<sup>2</sup>

General awareness and interest in current affairs equips us to become informed, and thereby able to ascertain if government, political institutions and civil organisations are working in the interests of the public, particularly with respect to health services and occupational justice. Cutting edge service, research and academic development in occupational therapy is about identifying the interests of our society and learning how to translate these for the benefit of our clients. We may need to acquire the skills of discernment and negotiation as well as additional information to do this, so that the important insights and information we have can be shared and used in a broader arena than the confines of our daily work. In order to establish our credibility, sphere of influence and ability to contribute to policy, it is essential that we operate in the public domain, gaining and exercising power by establishing the position that only we can fill. Navigating an ever-changing environment is complex and demands that we acquire particular skills of engagement, negotiation and collaboration. There are different ways of getting involved.

One way is to use opportunities to share occupational therapy knowledge and experiences nationally and internationally, learn from each other and identify similarities and differences. It is striking that there are more than 100 publications available on occupational therapy and diversity, but very few of the authors are South African.<sup>26</sup> Readers might consider why we do not write about the experience of working in a multi-cultural society. Our learning needs to be shared and distilled into portable knowledge. Another way to get involved is to expect the unexpected<sup>27</sup> and to imagine the impossible.<sup>28</sup> Affording our work greater exposure may stimulate this. We need to bring together researchers, practitioners and policymakers to generate knowledge-based networks and communities of practice within which information and experience can be created, shared and preserved. Lessons learnt ought to be grounded in local cultures and institutions, and shaped by many participants. Transdisciplinarity i.e. simultaneous modes of thinking that cross professional boundaries to generate new ideas, is a powerful way of identifying complimentarity and clarifying uniqueness. Max-Neef points out that a "transdisciplinary approach is necessary for understanding the convergence of politics, economics and health."<sup>29</sup> It is often when different specialists come together that new understanding and solutions become possible.

Occupational therapists often complain that they are misunderstood, unappreciated and thin on the ground. Patterson<sup>30</sup> urges us to break traditional boundaries, be more entrepreneurial in our outlook, take our possible role as consultants seriously, and embrace the notion of strategic intent, turning our visions into reality. This approach claims double benefit for effort.

### **Being politically active**

"Support for what they tried to do"<sup>2</sup>

During the apartheid years some occupational therapists could not openly acknowledge differences of belief and affiliation, or find common ground with their colleagues. Support for people who were engaged in the struggle and fighting against injustice was therefore not forthcoming from the Association. The acknowledgement and encouragement that may be needed now is of a different



nature. Any cohesive and healthy community is empowered to look beyond their own needs and convictions to the welfare of others, and to take initiatives to strengthen development. Ndungane (2006) writes: "Broad participation and inclusivity are the logical outcome of collective ownership. When people believe that they have a responsibility to do something, and the power to make decisions, their participation becomes almost automatic."<sup>31</sup>

Our earlier naivety about the role of politics in professional and public affairs blinded us from seeing clearly that millions of people were denied their right to meaningful and health-promoting occupations.<sup>32</sup> "People who are not given choice of where to live, who to live with, where to work, what supports they receive and by whom are not being allowed to live as full occupational beings. Occupational beings need control over their own destinies and opportunities to make choices (and mistakes) in order to engage in occupations/co-occupations important to them."<sup>33</sup> Politics can never be left out of the equation if equalisation of opportunities is to occur.

Reviews at the end of the first decade of South African democracy revealed rising unemployment, income poverty and inequality (using standard income measures), but improvements in social indicators and access to public services.<sup>34</sup> If occupational therapy is to contribute and make a difference where it matters, in our own sphere as well as beyond, we must be able to stand alongside one another, encouraging and applauding efforts both to sustain what is good and to change where necessary.

### **United we stand?**

"A corporate voice"<sup>2</sup>

The variety of practice modes, particular South African service needs and adaptability fatigues suggest that the profession finds it difficult to present a united public front. Our collective image and identity is blurred. Yet progress depends on our agreement about certain essentials. Western factual based education compels us to learn and remember specifics, and so we have a tendency to concentrate on things already known but fail sometimes to take account of what we do not know. We may therefore be unable to truly estimate opportunities because we are, "...too vulnerable to the impulse to simplify, narrate, and categorise, and not open enough to rewarding those who can imagine the impossible."<sup>35</sup>

### **Imagining the future**

### **The TRC statement and the future: moving into unfamiliar territory**

The past ten years have seen unprecedented growth on many fronts in South African occupational therapy. There are positive signs of development, like more and a greater diversity of graduates, community service and posts in places away from the main cities, larger numbers of people working in the field, more postgraduate qualifications and research, some exciting publications, increasing international involvement and recognition, and others that I leave the reader to think about. However, many challenges embodied in the TRC statement remain for us to think about and deal with, as they always will because of their continuing value. The last section notes some possible developments in the next decade, bringing together the information, thoughts, questions and ideas that have been covered in the rest of the paper.

Firstly, it would be good to focus more on methods and means to bring occupational concerns to the fore in ways that will capture public support, but first we must be clear about what unites all occupational therapy staff. Van Niekerk thinks that what shapes occupational therapy identity is the occupational therapists' concern about the occupational engagement of the people we work with. This is our primary concern, not someone's impairment or health condition.<sup>36</sup> My recent conversations with economists, anthropologists, sociologists and human geographers amongst other professionals convinces me that people who know nothing about our professions' health orientation understand the importance of

occupation for the health and well-being of all citizens, as understood by occupational therapists, without difficulty.

Secondly, acting strategically, deciding where we want to be positioned in the future, and planning how to get there are fundamental for progress. To do less than this is to deny the public access to what only we have to offer. I suggest that the uniting theme here is occupational justice. South African occupational therapists that work for NGO's and in the public sector are confronted daily by the challenges of poverty, disability and occupational deprivation, alienation and unfulfilled potential amongst the people who they serve.<sup>37</sup> These citizens are marginalized, vulnerable and severely impacted by a lack of freedom to do and to be the people that they have the right and ability to become. An occupationally just society is one where "no-one is denied participation in occupations that he or she needed or wanted to do to build their individual lives or their communities."<sup>38</sup> An ongoing study which looks at the dynamic relationship between poverty, disability and occupation<sup>39</sup> is demonstrating that consequential ill-being impacts profoundly not only on the lives of individuals in the present, but also affects future generations. Promoting the human potential and health through occupation of marginalised persons is essentially a fight against inequality.

Thirdly, where is the concentration of occupational therapy resources in South Africa at present? (I wish I could hear your answers!) Equity, one of the cornerstones of primary health care, is about a fair distribution of resources, and has been addressed to some extent by the national health authority, but I don't think that occupational therapy as a profession has taken a long hard look at this critical aspect of justice. One of the most successful strategies for development is an ability to absorb new issues and perspectives rather than being defensive and resistant. It would be rewarding for the profession and the public if OTASA took a lead here and worked towards establishing what the majority of people need from occupational therapy, and discovered ways of achieving a fair distribution in access to and type of services.

Lastly let us consider future directions of the profession in South Africa. Development is supported by occupational therapy's associated arts and science disciplines and by the language and growing knowledge base of occupational science, which now has international recognition in spite of being comparatively recent. It provides a foundation for occupational therapy practice and a background against which the profession can contribute to socio-cultural, political and health planning.<sup>40</sup>

Any new direction in occupational therapy must include the people who are in a position to effect change, particularly policy makers, who in turn should be open to public opinion and wisdom. Research makes an important contribution here because it can influence policy "...if it fits within the political and institutional limits and pressures of policy makers, and resonates with their ideological assumptions- or if sufficient pressure is exerted to challenge those limits."<sup>41</sup> The commitment voiced in the TRC statement to "play a constructive part in the future" 2 challenges present day occupational therapists to think more broadly, and in so doing to embrace an understanding and appreciation of the occupational and therapeutic needs of individuals, groups and populations.<sup>42</sup> A shared sense of agency would enable practitioners to optimise the vision and opportunities which democratic governance affords and to practice in the spirit of the TRC submission.

### **Conclusion**

Fromm writes "Only the idea which has materialized in the flesh can influence man; the idea which remains a word only changes words."<sup>42</sup> Readers of this article are probably already aware of most if not all of the content. It's not the article but hopefully what might follow on from it that matters. As we engage in the ongoing process of personal and collective transformation let us remain aware of the Association's commitment, and endeavor to assess whether or not we are living up to the promises made on our behalf. OTASA needs the support of all occupational therapy staff as they endeavor to uphold the pledge and obligations associated with the TRC statement.

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