

Occupational Therapy and the Quest for Human Dignity: Why Human Rights matter

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ABSTRACT

Human rights are often regarded as an encumbered term. People, who are marginalised by socio-political factors beyond their control, grapple with the relevance of human rights to their everyday life experience. Based on South Africa's history many citizens have experienced discriminatory barriers of some sort, therefore educating students and clients in human rights is imperative. This paper explores a critical view of the relevance of human rights to occupational therapy in terms of the various offices an occupational therapist occupies. An overview is given of possible challenges that might need to be overcome in applying the human rights framework in everyday life and practice with the view to stimulating discourse on cultivating a human rights culture in the occupational therapy profession's quest for human dignity.

Key words: occupational therapy, South Africa, human rights, human dignity

Every man bears the whole form of the human condition.

Michel de Montaigne (France 1533-1592)

Introduction

In 2007 I attended the 'Training-the-Trainers in Human Rights and Health Course' presented by the Department of Public Health, University of Cape Town (UCT). It was a week-long course that dealt with, among other things, a thorough understanding of the rationale behind the need to educate students in health care practice in South Africa about the relationship between human rights and health. I have always harboured a keen interest in the rights of vulnerable groups¹ but I remember reflecting on my understanding of human rights as a rather abstract concept, something that had relevance outside of my every-day-thinking. Of course, this type of thinking is symptomatic of a citizen who was raised in a political era of a government where consciousness of human rights awareness was denied by the ideology of apartheid and masked ethno-nationalism². At that time I viewed human rights in a dichotomous manner; something that is of theoretical importance but which I was unable to integrate into my thinking and doing as a health care practitioner and lecturer. After research in the area of ideology critique, I soon realised that human rights and the violations thereof, are ubiquitous in our micro and macro environments, from the level of professional discourse to the public level of discourse regarding lacking health systems^{3, 4}. In view of the then recently-released Health Professions Council of South Africa (HPCSA) document on the proposed curriculum on human rights, ethics and medical law, I returned from the Training-the-Trainers Course very motivated to present contextual knowledge to my students about the connection between human rights and health⁵. However, I was astonished to find that the topic of human rights failed to excite my students in the same manner as it did me. They seemed to view the South African Constitution and Bill of Rights as nothing more than empty politically correct rhetoric. How was it possible that students who had no temporal experience of apartheid could harbour such a degree of disillusionment and antipathy regarding human rights? Jonathan Jansen refers to this phenomenon as "bitter [indirect] knowledge"⁶. One explanation could be as the literature points out, that teaching moral reasoning from only a theoretical and intellectual knowledge

base, might lead to students becoming cynical and estranged from the content when teaching ethics^{7, 8, 9}.

In order to practice ethically we need to have knowledge of the role and potential power of advocating for the rights of clients and patients who are the most marginalised^{10, 11}. Exploration of how to effectively address the topic of human rights and moral reasoning deserves attention in view of the themes of ethics, human rights and medical law being prescribed by the Health Professions Council of South Africa (HPCSA) as core curriculum and included in the exit level outcomes for the graduate occupational therapist^{5, 12}.

In this paper, I will give a compact overview of the background of human rights, and then argue why human rights have relevance within the occupational therapy profession and curriculum in South Africa. Some challenges that the human rights paradigm holds within a broader view will be identified. In conclusion, a possible approach regarding the cultivation of a human rights culture within the context of occupational therapy is reasoned.

Human rights

Although the idea of the rights of people has been documented as early as 1215 by the Magna Carta of Britain, human rights as a concept which required international law-making attention originated after the atrocities of the Second World War¹³. After the United Nations declared the advancement of human rights as a main focus in 1945, the Universal Declaration of Human Rights was widely adopted in 1948 "as a common standard of achievement for all people and all nations"^{14, 313}. Ironically, South Africa introduced the system of apartheid in the same year but eventually adopted its first democratic Constitution in 1996, which includes a Bill of Rights^{15, 16}.

Three generations of rights are distinguished in the South African Bill of Rights, which are sometimes referred to as red, blue and green rights. The first (red) generation rights entail the rights to privacy, dignity, equality, freedom of religion, freedom of expression, freedom of association and the right to vote. The aim of recognising and ensconcing the first generation rights was to control or limit the power of governments (in general) and to create a private zone in which the individual could be free of state control. These human rights are also referred to as negative rights. This means that although the state may not entrench these rights, the state also does not have the obligation to actively do something to ensure that it happens. The second generation of human rights (blue) was established after it became clear that despite individuals having civil and political rights, their human dignity was still not adequately protected and the focus moved to the person's well-

¹For the purposes of this paper, ideology is not viewed as a neutral term but as a negative one that is indicative of systematic and deliberate distortion of values and perceptions across an extensive array of societal norms and practices. (Visagie, PJ. Pretorius JL. The ideological structure of minority right discourse in South Africa. *South African Public Law* 1993, 8 (1): 52-67.)



being. Blue rights are associated with socio-economic rights and are seen as positive rights. It implies that the state has to act upon them (within reason) in order for them to be realised. Second generation rights consist of the rights to education, health, housing, welfare and affirmative action. The first official comment on these rights was made by Franklin Roosevelt in his Four-Freedoms-Speech in 1941 where he referred to the "freedom from want"¹⁷. The third generation of rights (green) evolved from the threat of nuclear wars, environmental degradation and the loss of culture and languages in the context of globalisation. Green rights are rights pertaining to the environment, culture and language^{18,19}.

Human dignity

The universal concept of human rights was formalised to ultimately prevent people from being treated inhumanely. It could, therefore, be argued that the concept of human dignity lies at the heart of human rights²⁰. Recognising and valuing the humanness in each other allows one to respect our commonalities. Yet, often when people feel threatened in other aspects of being human, in more individualistic or even communalistic categories or identities such as language, religion, race, being able-bodied or of sound mind, they tend to relativise their human commonalities and in the process deny each other basic human dignity. During this process a fallacy is committed by inaccurately deducing that practising a certain religion, talking a certain language, belonging to a certain race or having certain abilities implies that some persons (or groups of persons) might enjoy hierarchical degrees of being more human than others. In actuality then, one is in fact also denying one's own human dignity and defying self-respect^{20,21}.

For the occupational therapist, being human means the ability to be able to participate in meaningful and purposeful occupations of one's choice. One of the core values of occupational therapy is occupational justice which entails the struggle against occupational deprivation, alienation, imbalance and occupational marginalisation¹. One may therefore argue that there is a direct link between occupational justice and human dignity. Participation in meaningful and purposeful occupations enables human dignity as stated by Kronenberg and Pollard:

"Occupational therapy is said to be based on the belief that there exists a universal and fundamental relationship between people's dignified and meaningful participation in daily life and their experience of health, well-being, and quality of life"^{22:619}.

In the South African context human dignity is often linked with the African worldview of Ubuntu. Antjie Krog quotes Gyekye who argues the Ubuntu worldview from a perspective of humanism: "a philosophy that sees human needs, interests and dignity as of fundamental importance and concern"^{23:360}. In view of the difficulties and controversy in understanding the concept of Ubuntu, especially from a Western worldview, Krog very aptly depicts the term Ubuntu as 'interconnectedness-towards-wholeness' and explains it as follows:

"Wholeness is thus not a pervasive state of nirvana, but a process of becoming in which everybody and everything is moving towards its fullest self, building itself; one can only reach that fullest self though, through and with others which include ancestors and universe"^{23:355,ii}.

As mentioned before, human rights are really something that are omni-present in a person's life, including in his or her roles. Occupational therapists are very familiar with a core assumption that one of the aspects of being human is to be able to fulfil certain

ⁱⁱMy introductory remark is further elucidated by the difficulty of integrating my initial thoughts of human rights into everyday life by Krog's profound self-confession in which she states that as a white South African interconnectedness (a basic value within human rights) for her occurs as a "second thought". She experiences the fact troubling and attributes it to a western worldview of thinking as an "unattached individual" as opposed to an African worldview that circumscribes values that are more communalistic.

roles, or offices e.g. being a sibling, or a parent, or a student or a citizen. It should be noted that these offices are not compartmentally isolated but rather interlinked units that form part of a whole. In the next section I will describe three of the offices held by occupational therapists namely: a) one human being to another, b) occupational therapist and c) adult educator. The third office is not limited to an academic domain but also applies to the role that each and every qualified occupational therapist holds toward junior colleagues and students.

Our (Primary) office: from one human being to another

The first and foremost office that we occupy is 'from one human being to another'²⁴. When standing in this primary office we recognise each other's humanity, each other's human condition²⁵ and ultimately our own and the other person's human dignity. By doing this, we transcend possible value-bound barriers, which when doing so, creates a space of freeness to communicate on equal ground. When we allow ourselves to surpass apparent religious, language and class boundaries and to recognise each other's human condition, only then will we be able to communicate about what might be "good" for the other. We acknowledge and act upon each other's humanness through the vehicle of communication. Jeager contends that communication with the other goes beyond merely empathising (when appropriate) and needs to be extended to a "communicative ethics of interpretation", a physical dialogue with another that is based on openness to each other's humanness^{8,26}.

This is an office that is not only relevant to occupational therapists but to every human being. This is the office that allows one to transcend the obvious visible and socially constructed boundaries of language, race, abilities and status to connect with the human commonalities and human dignity in each other. For the occupational therapist this could mean that before we therapeutically engage with our clients, and yes, before we read the file to see 'what the diagnosis is so that we can help the person', we need to occupy an office that allows true equality: the office of one human being to another.

The office as an occupational therapist

The second office to which human rights are related in everyday life is the professional office of being an occupational therapist. In South Africa, 15 years after this country's democracy was established, it is not debatable that the occupational therapy profession has a responsibility and duty to attempt to correct the injustices of apartheid of which the profession was a part^{6,27}. Whether our part in those injustices was intentional or not is irrelevant. What is relevant is that our professional body (then the South African Association of Occupational Therapists, now Occupational Therapy Association of South Africa or OTASA) made a submission to the Truth and Reconciliation Commission (TRC) in 1997. The submission stated that we accepted responsibility for our part in apartheid due to our naïve passivity in view of a belief that it was 'unprofessional' to become politically involved²⁸. We committed ourselves to henceforth making an effort to keep "our members and students informed about basic human and health rights and alerting them to all forms of bias"^{28,19}. Engagement in the inevitable process of healing is an imperative office. No citizen of South Africa, whether having a temporal experience of Apartheid or not, is left undamaged and all of us in a direct or indirect manner have an "affected humanity"²³.

The office as an occupational therapist is two-pronged because we are not confined to our professional roles on a national basis only, but also internationally:

"Citizens who cultivate their humanity need, further, an ability to see themselves not simply as citizens of some local region or group but also, and above all, as human beings bound to all other human beings by ties of recognition and concern. The world around us is inescapably international"^{29,10}.

Based on globalisation it is argued that we live in an age of increasing accountability^{30,31}. As occupational therapists that form

part of an international profession, we have the innate professional obligation to advocate for and enable occupational justice and counter occupational deprivation, imbalance, alienation and occupational marginalisation^{1,22,32,33,34}. We will be unable to advocate for occupational justice without practising in the relevant contexts of the communities that are served. One cannot practise in context without cultural sensitivity as well as cultural competence, both in the national and international realms^{34,35}.

The office as an adult educator

Table 1 gives an outline of the ethnicity of the 3 328 qualified occupational therapists that were registered with the HPSA during 2009³⁶.

Table 1: Ethnicity classification of registered occupational therapists in SA, 2009

Asian	African	Black	Coloured	European	Other	Unknown	White
226	350	5	149	12	4	541	2 041
6,79%	10,52%	0,15%	4,48%	0,36%	0,12%	16,26%	61,33%

Complex and multitude factors are arguably at play here such as the definitions of ethnicity in the statistical classification used by HPSA. The fact remains however that most of our occupational therapy students during the course of their clinical training and as newly qualified occupational therapists in their community service year, engage with persons from a different cultural context. The question remains: are we training occupational therapists who are culturally competent? Thibeault contends that the international occupational therapy body continues to teach future occupational therapists with paradigms in theory that are not contextually-bound and that "we [are unable] to train students as global citizens and not only as members of wealthy societies"^{34,159}. Some South African universities continuing to produce mainly white females as qualified occupational therapists perpetuates the unequal representation of academics at educational institutions as well as clinicians in the field, who do clinical training of occupational therapy students.

Finally, the office of being an occupational therapy educator is closely linked with the essence of a university. This office should entail educating occupational therapists by stimulating and establishing, not only critical thinking, which relates to the skill of reasoning and argumentation, but also intelligent thinking, which pertains to adaptivity and contextuality³⁷. This office of being an occupational therapy educator also holds the crucial task of cultivating responsible citizenship. Practically, it could imply that one has to literally hand a copy of the Constitution of South Africa to each student to discuss, and to link human rights and dignity in clinical settings with its relevance to advocating occupational justice.

It is encouraging to see that the promotion of human dignity is implied in OTASA's recently adapted definition of occupational therapy that reads as follows:

"Occupational therapy uses scientifically-chosen meaningful activities to assist diverse clients with a range of problems to maximise their function. This empowers them to be as independent as possible and to experience dignity and quality of life at work, at home and play"³⁸.

However, if we as South African occupational therapists are serious about honouring our commitment toward promoting human dignity within a context of diversity, we need to become critical of the epistemologies that are Western worldview-bound. We need to start engaging with our African counterparts regarding ways that African-based knowledge foundations can be created. South African occupational therapists are ideally positioned to become pioneers in establishing authentic epistemologies that are not situated in Eurocentrism but perhaps more based in African worldviews³⁹.

A broader picture: Some challenges for and critique of the human rights paradigm

Human rights, in the sense of the relationship between the state and its citizens, were formally conceptualised as a counter-force

to ideologies practised by governments to the detriment of their citizens⁴⁰. As mentioned earlier, the human rights paradigm is not problem-free as it is also subjected to a broken reality (just as all humans are) and is hence tainted by agendas that often serve as a mask for the practice and maintenance of other ideologies^{40,6}. Inevitably there are, and should be critiques against it.

Austin, for example, indicates that there are several arguments against the human rights paradigm including that it is "theoretically unsound, legalistic, individualistic and based on assumptions that there is a given universal humanness"¹³. Zizek reasons that human rights are paradoxically withheld from people the moment they are "reduced to a [universal] human being" and that the "Human Rights of the Third World suffering victims effectively mean [...] the right of the Western powers themselves to intervene"^{41,8-9} and that people are thus stripped of their humanity in the process. Mutua is of the opinion that the human rights movement is a solely Western bound value system that embraces a "savages-victims-saviours" metaphor that is viewed as "alien in non-Western societies" and deserves to be re-thought into a more culturally pluralistic model of human rights that has less paternalistic undertones⁴².

The above critique could be viewed as valid when the human rights paradigm is practised in an ideological manner, for example as Mahmood Mamdani aptly refers to as "human rights fundamentalism"⁴³ and which may come to dominate other imperatives such as ethics or law. However, human rights as a concept that encapsulates the quest for human dignity, remains a universal subject and a necessity that most humans can relate to¹³.

Investigating cross-disciplinary interaction as a possible solution

The philosopher Martha Nussbaum, together with Amartya Sen, an economist, developed the Human Capability Approach in which they identify ten human capabilities. This approach asks what a person is "actually able to do and to be", which resonates very strongly with Wilcock's classical paper in the 'doing, being and becoming' of a person as an occupational being^{44,45}. According to Garrett, Nussbaum's capability approach is also based on "an Aristotelian question: What activities characteristically performed by human beings are so central that they seem definitive of a life that is truly human?"⁴⁶. Nussbaum's description of these capabilities is:

- 1) Life: to be able to live to the end of a human life of a normal length [...]
- 2) Bodily health: being able to have good health; including reproductive health; to be adequately nourished; to have adequate shelter.
- 3) Bodily integrity: being able to move freely [...]; to be secure against violent assault (including sexual and domestic); having opportunities for sexual satisfaction and for choice in matters of reproduction.
- 4) Senses, imagination and thought: [...] cultivated by adequate education [...] being able to use imagination and thought in connection with experiencing and producing works and events of one's own choice: religious, literacy, musical and so forth, (associated with) freedom of expression...
- 5) Emotions: [...] in general, to love, to grieve, to experience longing, gratitude, and justified anger [...]
- 6) Practical reason: being able to form a conception of the good and to engage in critical reflection about the planning of one's life [...]
- 7) Affiliation: [associated with freedom of association] both personal and political [...] the social basis of self-respect and non-humiliation [as well as] protection against discrimination on the basis of race, sex, sexual orientation, religion, caste, ethnicity, or national origin.
- 8) Other species: being able to live with concern for and in relation to animals, plants, and the world of nature.
- 9) Play: being able to laugh, to play, to enjoy recreational activities.
- 10) Control over one's environment: (both material and social) 'being able to hold property'^{47,23-24}.



Are the parallels not evident between the Human Capability Approach and occupational justice?^{48,49} Nussbaum's capability approach is based on social justice^{7,48,49}. Social justice deals with the comparative distribution of resources to maintain fairness while occupational justice is more individualistically based⁵⁰. Townsend and Wilcock motivate that human beings are both social and occupational beings and that "[o]ccupational justice appears to complement and extend understandings of social justice"^{1,77}. It seems as if there is a resonance between the Human Capability Approach and occupational justice pertaining to occupational rights as outlined by Townsend and Wilcock:

- a. to experience meaning and enrichment in one's occupations
- b. to participate in a range of occupations for health and social inclusion
- c. to make choices and share decision-making power in daily life
- d. and to receive equal privileges for diverse participation in occupations"^{1,75}.

Both occupational justice and the Human Capability Approach aim to ensure quality of life, and hence human dignity. One may subsequently pose the question whether the Human Capability Approach could be investigated as one mechanism through which we can bring human rights into our teaching, learning and practice.

Summary

At the nucleus of human rights lies human dignity. The quest for human dignity resonates strongly for those occupational therapists who know and understand that their clients' health is based on the clients' right to occupational justice and agency to actualize those rights⁵¹. In the strive to integrate abstract human rights notions with daily practice, it is argued that an occupational therapist needs to acknowledge the different roles, or offices that are occupied in the profession and that those distinctive roles require specific types of awareness and reflections regarding the meaning of human rights.

One other option that may deserve further investigation in the pursuit to link the theory of human rights into practice, is the Human Capability Approach that seems akin to the occupational rights that are embedded in the principle of occupational justice. This social justice approach also seeks quality of life and human dignity for marginalised people.

The newly adapted OTASA definition of occupational therapy is indeed an affirmation that the profession in South Africa is increasingly integrating the principle of human dignity and occupational justice, and is looking to protect and promote people's rights. Within the South African context all occupational therapists are accountable to advocate for human rights in a society that is attempting to recapture its human dignity in view of a traumatic history of human rights violations.

It could be dangerous however to view the human rights paradigm as the absolute and only path of promoting human dignity. The paradigm carries a dualism in the sense that, while it is a topic that might be perceived at times as 'politically correct empty rhetoric' by students and occupationally marginalised people alike, it is crucial to spread knowledge about human rights and dignity in a meaningful way. The answer for disseminating such knowledge with effect may be positioned more from a value, experiential perspective than from an approach that emphasises the theory or mere technical knowledge. The first step in entrenching an understanding of the relevance of human rights in occupational therapy practice and education is that each and every occupational therapist reflects on his/her own ideologies that are hindering that person from committing to advocate for human rights and dignity.

⁴⁸The author could only find one other publication in an occupational therapy related source where the author refers to Nussbaum's capability approach namely Elizabeth J. Yerxa ("Habits in Context: a Synthesis with implications in occupational science", *Journal of Occupation, Participation and Health* 2002; 2). The author finds no other publications in a occupational therapy related source that address the parallels between Nussbaum's capability approach (based on social justice) and occupational justice, as it is referred to in occupational therapy.

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References

1. Townsend E, Wilcock A.A. Occupational justice and client-centred practice: A dialogue in progress. *Canadian Journal of Occupational Therapy*. 2004; 71:77
2. Schoeman PG. *Ideology, culture and education*. Bloemfontein: Tekskor BK, 2000: 56-57.
3. Visagie JP. Ideology and culture: Reflections on posthumanism, multiculturalism and Africa. *Acta Academica*, 2004; 36:57-96.
4. Van der Merwe T. The influence of ideologies on health care in South Africa. Chapter 13. In: T. Falola, M.M. Heaton, editors: *Health knowledge and belief systems in Africa*. Durham, North Carolina: Carolina Academic Press, 2008: 239-248.
5. Health Professions Council of South Africa. *Proposed core curriculum on human rights, ethics and medical law for health care practitioners*. 2007. Pretoria.
6. Jansen DJ. *Knowledge in the blood. Confronting race and the apartheid past*. California, USA: Stanford University Press, 2009: 114-143, 53.
7. Wintrup J. Widening participation through a foundation degree: Using ethical capability concepts to understand the meaning of social justice within caring relationships. In, Society for Research into Higher Education Annual Conference: Annual Conference, Liverpool, UK, 09-11 Dec 2008: 1-8. <http://eprints.soton.ac.uk/65560/> (1 June 2009).
8. Jaeger, S.M. (2001). Teaching Health Care Ethics: The Importance of Moral Sensitivity for Moral Reasoning. *Nursing Philosophy*, 2 (2): 131-142.
9. Leget, C. (2004). Avoiding Evasion: Medical Ethics Education and Emotion Theory. *Journal of Medical Ethics*, 30: 490 – 493.
10. Pollard N, Kronenberg F. Working with people on the margins. Chapter 30. In: J. Creek, L. Louher, editors: *Occupational therapy and mental health* (4th Edition). Philadelphia: USA: Elsevier Limited, 2008: 553-577.
11. Cage A. Occupational therapy with women and children survivors of domestic violence: Are we fulfilling our activist heritage? A review of the literature. *British Journal of Occupational Therapy*, 2007; 70:192-198.
12. Professional Board for Occupational Therapy, Medical Orthotics/ Prosthetics and Arts Therapy. Submission of a qualification for registration with SAQA, 2006. Pretoria.
13. Austen W. Using the human rights paradigm in health ethics: the problems and the possibilities. *Nursing Ethics*, 2001; 8(3): 183-195.
14. Gruskin S, Tarantola D. Health and human rights, Chapter 4.1., In: R. Detels, J. McEwen, R. Beaglehole and H. Tanaka, editors: *Oxford textbook of public health* (4th Edition). New York: Oxford University Press, 2002: 313.
15. Kathambi Kinoti. 2008. Sixty years of the Universal Declaration of Human Rights. <http://www.awid.org/Issues-and-Analysis/Library/Sixty-years-of-the-Universal-Declaration-of-Human-Rights> (27 May 2009).
16. South African Constitution and Bill of Rights of 1996.
17. Roosevelt F. "Address to Senate." American Rhetoric, Speeches 2009:6 <http://www.americanrhetoric.com/speeches/fdrthefour-freedoms.htm> (6 June 2009)
18. London L, Baldwin-Ragavan L. 'What are human rights?' Training Trainers for Health and Human Rights. Workshop Course notes. 2007. University of Cape Town, Department Public Health presented by Prof Leslie London (Department Public Health, UCT) and Prof Laurel Baldwin-Ragavan (Luce Prof. in Health & Human Rights, Trinity College, CN, USA).
19. Karbanee, S. 'What are human rights?' Health and Human Rights: Train-the-Trainer Course. Lecture Notes. 2000. University of Cape

Town, Department Public Health presented by Prof Leslie London (Department Public Health, UCT) and Prof Laurel Baldwin-Ragaven (Luce Prof. in Health & Human Rights, Trinity College, CN, USA).

20. Hinman L.M. *Ethics, a pluralistic approach to moral theory* (4th Edition). Belmont, USA: Thomson Wadsworth, 2008: 180-181.
21. Achmat Z. Public lecture on human rights. University of the Free State. March 2009.
22. Kronenberg F, Pollard N. Political dimensions of occupation and the roles of occupational therapy. Plenary Presentation 2006. *The American Journal of Occupational Therapy*, 2006; 60:619.
23. Krog. A. 'This thing called reconciliation...' forgiveness as part of interconnectedness-towards-wholeness. *South African Journal of Philosophy*, 2008; 27:360.
24. Nussbaum M. Patriotism and cosmopolitanism. *The Boston Review*, 1994:1-8 <http://www.soci.niu.edu/~phildept/Kapitan/nussbaum1.html> (24 January 2007)
25. Morin E. Seven complex lessons in education for the future. Paris: UNESCO. In Thibeault R. Globalisation, universities and the future of occupational therapy: Dispatches for the majority world. WFOT Congress. *Australian Occupational Therapy Journal*, 2006;53: 162-163.
26. Benhabib S. The generalised and the concrete other: the Kohlberg-Gilligan controversy and moral theory. 1987:415-416. http://2007.hegelsummerschool.info/files/readings/HSS08_Benhabib_preFraser.pdf (2 June 2008).
27. London L. Human rights: A professional responsibility and institutional obligation. *South African Journal of Occupational Therapy*, 2008; 38:1.
28. Watson R.M. South African occupational therapy values: 1997 submission to the Truth and Reconciliation Commission. *South African Journal of Occupational Therapy*, 2008; 38:19.
29. Nussbaum M.C. Cultivating Humanity, A classical defense of reform in liberal education. USA: President and Fellows of Harvard College, 1997:10.
30. Townsend E. Enabling occupation in the 21st century: Making good intentions a reality. *Australian Occupational therapy Journal*, 1999; 46:147-159.
31. Whiteford G. Knowledge, power, evidence: a critical analysis of key issues in evidence based practice. In G. Whiteford & V. Wright-St Clair (eds.) *Occupation and Practice in Context*. Marrickville: Australia, Elsevier Australia, 2005:46.
32. WFOT (World Federation of Occupational Therapists). Position Statement on Human Rights, July 2006:1-2. www.netf.no/internasjonal/Human_Rights_Position_StatementFinal.pdf (29 October 2006).
33. De Witt P.A. The "occupation" in occupational therapy. *South African Journal of Occupational Therapy*, 2002; 32: 2-7.
34. Thibeault R. Globalisation, universities and the future of occupational therapy: Dispatches for the majority world. WFOT Congress. *Australian Occupational Therapy Journal*, 2006;53: 159-165.
35. Watson RM. Being before doing: The cultural identity (essence) of occupational therapy. WFOT Congress 2006. *Australian Occupational Therapy Journal*, 2006; 53:151-158.
36. HPCSA statistics, 12 May 2009. Interview with Yvette Daffue, Occupational therapy helpdesk and statistics, tel: 021-338-9354, 1 June 2009.
37. Zaaiman A. Personal Communication. (12 January 2010) Available at a.zaaiman@ndibano.co.za
38. OTASA Website. (Rated at Coucil 31-2001). <http://www.otasa.org.za> (4 June 2009).
39. Joubert R. Are we the victims of our history? Editorial. *South African Journal of Occupational Therapy*, 2009; 39: 1.
40. Van der Merwe T. Occupational therapy and Ideology: A critical perspective. Thesis in full requirement of Master's in Occupational Therapy. University of the Free State, Bloemfontein. 2006:
41. Zizek S. The obscenity of human rights: Violence as symptom. Slavoj Zizek-Bibliography, Lacan.com, 2005: 5 <http://www.lacan.com/zizviol.htm> (9 December 2007).
42. Mutua M. *Human Rights, Political & Cultural Critique*. Philadelphia, USA: University of Pennsylvania Press, 2002:10-31.
43. Mamdani M. Beware human rights fundamentalism! Mail & Guardian, 2009:1-5. Available at <http://www.mg.co.za/article/2009-03-20-beware-human-rights-fundamentalism> (20 January 2010)
44. Nussbaum MC. *Women and human development*. Cambridge: Cambridge University Press, 2000:7.
45. Wilcock A.A. Reflections on doing, being and becoming. *Australian Journal of Occupational Therapy*, 1999;46: 1-11.
46. Garret J. Martha Nussbaum on capabilities and Human Rights. The human development and capability association website 2008:3. <http://www.wku.edu/~jan.garrett/ethics/nussbaum/htm> (17 May 2009).
47. Nussbaum MC. Human rights and human capabilities. *Harvard Human Rights Journal*, 2007; 20:23,24 <http://www.law.harvard.edu/students/orgs/hjrj/iss20/nussbaum.pdf> (23 July 2008).
48. Nussbaum MC. Capabilities and disabilities: Justice for mentally disabled citizens. *The Religion and Culture Web Forum*. Chicago University, 2003: 1-31.
49. Mitra S. The capability approach and disability. *Journal of Disability Policy Studies*, 2006; 16:236-247.
50. Sakellariou D, Simó Algado S. Sexuality and disability: a Case of occupational injustice. *British Journal of Occupational Therapy*, 2006; 69: 70-71.
51. Wilcock A.A. *Occupation for Health, Volume 1, A Journey from Self-Health to Prescription*. London; UK: British College of Occupational Therapists. 2001:5.

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