

The Wisdom and Skill of the Great Mother Elephants

Our Profession has many persons who have left us a great legacy, the legacy of being able to make professional decisions. They were able to leave us such a legacy, as their skill as teachers and clinicians put them in a position where they realized that only a professional base would be sufficient to inform the basis of occupational therapy.

A professional base is one in which decisions are only formed once proved or through use have become part of the professional basis. This is self evident one might say. Let me remind you that our profession still seeks its encompassing scientific base and will do so for some time to come. In seeking this basis it has over the decades accumulated a great deal of evidence that has helped the profession grow but is not yet integrated in a wider model of occupational therapy.

What does this have to do with the wisdom of mother elephants?

As you well know, the elephant matriarch through many years of experience remembers how and where the best watering holes and feeding places are and even where members of the herd died. This grows both with her experience and with the experience of her mothers. She leads the herd to these when appropriate. Similarly, those aspiring to her status must build on her memories and expertise. Likewise we must not forget the path we have come lest history repeat itself first as a tragedy and secondly as a farce: the tragedy of repeating work that has already been done and secondly, the farce of wasting time.

In the early part of my occupational therapy career I was registered blind. As Ruth Watson has reason to tell you this was a mixture of fun and grief. She had the dubious honour of teaching me to do basketry and to weave. I still have the articles to prove it.

Crafts were still a large part of the teaching in the profession. My first meeting with the profession was a visit to the orthopaedic O.T. department at the Pretoria hospital. The first occupational therapist I saw busy with a client was Elna Jooste, my predecessor here at Kovsies, using one of the first Pretoria Multi-motivational therapeutic apparatuses with wood-turning as the motivation. A contrast of the times, the move from crafts to more work-related activities. Today speaking about ethics in teaching students was Dain Van de Reyden, also one of my first lecturers and clinical supervisors. I remember fondly working under Dain in a ward of 68 chronic schizophrenics, all of whom had been in hospital for at least 15 years and not a drug that you would recognize between them. What did we use as a therapeutic medium? – Creative participation in its infancy.

The Pretoria college classrooms were full of weaving looms, basketry basins and potter's wheels, although it also had a wonderful wood and metal workshop.

During my first and second year of practice I worked in work assessment and during this time Estelle Shipham and Judith Farrell joined us to form, in my opinion, still one of the most successful work units SA has ever had. Here to me was real independence not only of the self but at a competitive level, the realization that recreation was important for work-related preparation to take your place in the labour market (in the community). This was as near as one got then to community work.

Some others at Pretoria hospital at that time were Christa Meyer who taught me all about paraplegiac sport and how important it was to teach clients to use their splint or technical aid before taking delivery of it. My first memory of Holly Holsten was of her sitting in a very starched white dress, wee all around her, with a group of post-polio kids whom she was teaching to use their calipers. Robin and Pat were fellow students. Robin as usual was up to "kattekwaad" tying fellow students' shoe laces together while they performed on a table in front of the seniors during integration, and Pat questioning everything in the establishment that she did not think was fair.

I would like to stop for a while to reflect what this has to do with the legacies that our profession leaves us or that elephants remember. Well, judging by your reactions you don't have any problem remembering.

I would like to suggest that all these persons along the years have pursued the teaching of the profession based on scientific principle but have used the skill, patience, determination, and sense of fun in their quest to bring about a more professional approach. All of them, without exception, have always taught that activity is the medium of occupational therapy. Most of all using the past as a guideline, these teachers and colleagues used their skills to move into a future growing more challenging all the time.

We also had the undoubted benefit of two special lecturers, Vona Du Toit and Ilse Eggers. More about Vona later but Ilse brought a sense of exact science to the profession that was already at that time extraordinary. This exactness in science certainly directed many of us in our efforts to carry on building the principles of treatment of the profession. This was perhaps the core of her ability and one that she carried right to the end of her illustrious career.

Noticeable at the time of our training, child handling, neuro-physiological techniques and perceptual treatment were relatively minor parts of the syllabus, yet they form a large part of the practising profession in modern times.

This brings me to a part of our professional literature, namely the Eleanor Clarke Slagle Lectures, which has had a major influence over the years. Take the following examples:-

1958 Margaret Rood – Every one counts (the Rood technique)

1959 Lillian Wegg – The essentials of work evaluation

1963 Jean Ayres -The development of perceptual-motor abilities: A theoretical basis for the treatment of dysfunction (the mother of sensory integration). (To date Sensory integration International has trained some 3000 test users: in South Africa 378 while Finland, U.K., Ireland, Austria, Australia, New Zealand, Japan and Israel also have courses for which we do not have figures.)

1965 Gail Fidler - Learning as a growth process: A conceptual framework for professional education (co- author of occupational therapy a communication process)

1972 Jerry Johnson - Occupational therapy: A model for the future. A personal friend of Vona Du Toit and mentor of Gary Kielhofner: A model of human occupation.

1985. Anne. C. Mosey - A monistic or pluralistic approach to professional identity. (Author of the book Three frames of reference for mental health)

1986 Kathryn Reed – Activity - Occupational therapy’s treatment method. (Author of Models of practice in Occupational Therapy and co-author of several editions Concepts of occupational therapy Sanderson and Reed)

What a legacy these ladies have left the profession and what an impact they must have made.

By definition the medium of treatment in our profession is occupation and occupational therapists who ignore this have no true understanding of the value and depth of their profession.

One of the people speaking today, Rose Crouch, has always impressed me by her manner and science as a professional which is always directed toward the well-being of the client. Occupation as a medium of treatment and client care is surely the first maxim of occupational therapy.

Occupation is not static in the sense that the importance a client attaches to a specific occupation changes as his/her health improves and see what he/she is ready to cope with. Madeleine Duncan is surely one of the persons who epitomizes this approach to the clients using her great abilities to communicate through the occupations she chooses from the acute client in the ward and also in a totally different way to the client in a shack in the community.

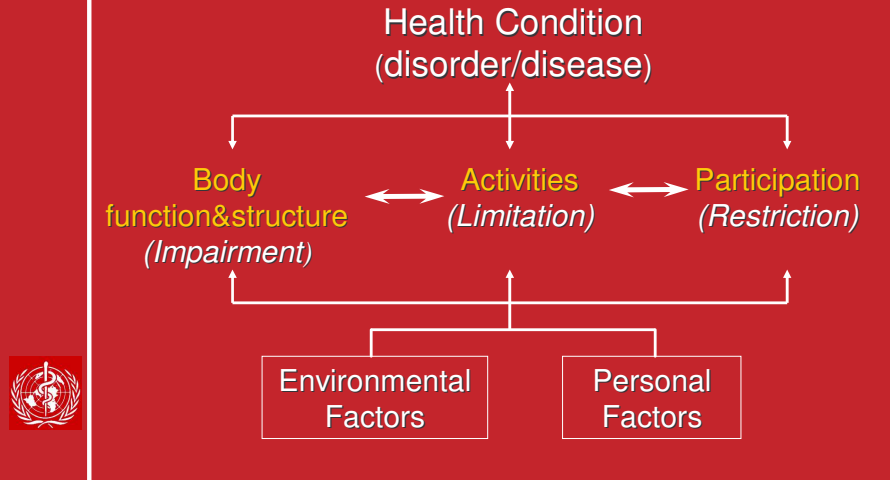
The community, occupational therapy in it and the development of the community have been a particular interest of mine over the last twenty years. I remember a discussion as students in the classroom where we asked the question why we were not involved in the community; in fact we said occupational therapy belonged in the community. By definition schools hospitals are part of the community if rather more specialized. It is in the residential areas of the community that occupational therapy is particularly

needed. Community occupational therapy has become to mean occupational therapy in clinics in the community or in schools or specialized services in the community but very seldom in the community helping the community to choose activity to answer their needs and giving them the skill to know how to use their all too often meagre means to be able to be independently occupied. In a large part of our own continent occupational therapy will only be meaningful in the residential areas and it is through them that it will gain acceptance in many communities. Community occupational therapy must also undertake communication at all levels of government. With us tonight are three persons from Free State communities who have had a large impact on my thinking concerning occupational therapy in the community. They and many other persons, particularly Winkie Direko and Theresa Bendile, taught me nearly all I know in the communication process with members of the community and indeed with community itself.

Sophie Machedi (sitting on my right) was the first sister in charge of the MUCCP clinic. She started the service using the old SANCA cell system to learn the health needs of each area in Mangaung and communicated these as appropriate to each profession. Communication is always central to community service. It is not surprising therefore that people who live in the community and know it are important to our communication. Lingiwe Nogabe, a nursing sister on the lecturing staff and responsible for student practice at Kovies, is such a person. Over the years Lingiwe has explained changing community attitudes to me which I would never have understood. It is not generally known but in the negotiation to start MUCPP was a request of the Mangaung representatives, amongst others Winkie Direko and Theresa Bendile, that the University must undertake to provide teaching in English. Billie Boy, a past chairman of the ANC student organization, is an administrative staff member of the University. He is a negotiator par excellence. But to me he has a special place, he taught me a great deal about the culture of the Southern Sotho. A warning to you all sitting with him, next time he meets you he will know your name and perhaps quite a lot else. He was brought up in the Sotho culture in Thaba 'Nchu and his knowledge of the people there is encyclopaedic. He was taught from small that it was rude not to know people's names.

If we take seriously the proposal of the world health organization:

Interaction of Concepts ICF 2001



then we really do commit to the idea that activity is central to health. This means that one must be able:

- to choose the appropriate occupation,
- to have the opportunity to partake in that occupation,
- to have the knowledge and skill to be able to partake in that occupation,
- to know when the time has come to choose occupations more appropriate to yourself and your life circumstances,
- to ascertain that the community, parents, family, community leaders and other health personnel are aware of the significance of the activity or activities to your client,
- to recognize in conjunction with the community the needs for healthy activity.

In choosing the appropriate occupation it no longer matters whether the activity is a craft or whether it is work-related, provided that it is appropriate for the patient's need; in choosing appropriate activity our depth of knowledge has grown immeasurably. The range of activity continues to grow as technology expands. However, what technology makes possible, economic circumstances may limit. Economic circumstances are limiters not only in the sense that they preclude the expense of using certain activity but also in the sense that they preclude in many circumstances the education that makes them available to populations.

Culture has always been a factor in the choice of activity but it is likewise true that our depth of understanding of this has also grown. We have only to read

Ruth Watson's keynote address at WFOT "Being before doing: The cultural identity (essence) of occupational therapy". It must also be asked to what extent culture and worldview overlap and how each aspect is a determinant of activity. Does the community always determine the outcome of all these factors or may the individual successfully decide otherwise? It remains true that the activity must answer the client's need to progress as an active, healthy human being.

It is undoubtedly true that we have a greater basis of scientific fact but also true that we still search for the basis to pull it together. It is most important that we don't throw these facts out the window but find their place in the ultimate answer.

I am told that Theresa Lorenzo once said that her only memory of me was that I wished to plug her in an exam. Although I don't remember it, I don't apologise for it, see how well she responded. Theresa, you have held enormous interest for me over the last few years through your writing, particularly with respect to the community. Let this be an example to occupational therapy in general. She does not know me. I have written nothing or little but I know her and the contribution she makes to our knowledge base.

I remember Corina Botha as a somewhat controversial student. As an occupational therapist working in a private rehabilitation hospital she is busy working on the solutions to proving that occupation is both effective and cost-effective treatment. Whether we like it or not, the person or organization paying for treatment will call the tune. It is more important than ever that we find the answers to this not only here in a city but also in the rural areas and in Africa at large for the continuous existence of our profession. This work must continue in parallel with other research. Corina, look for those of like mind and gather them around you for research.

Lana Van Niekerk, my first memory of you was your inclination to take the bull by the horns and to challenge with incredulity some of the accepted maxims of the profession. Your choice of subject for today therefore does not surprise me. Please take your ideas further and do not stop challenging accepted maxims.

My first encounter with Vona Du Toit was in the corridor of Pretoria College where out of the blue she asked me whether I liked trout fishing? Later when I had recovered my composure she explained that one of my references had been written from the address "Trout Waters". I think there and then I learnt the important lesson that no detail about a client or student is too trivial to forget (isn't that true, Billy Boy?). Inherent in Vona's interest in people was their activity and the motivation for doing it. I would suggest that central to all that I have had to say and to which many of us are trying to give more clarity, remains just this.

The quest for meaning in one's life is central to motivation which comes from one of Vona's often quoted sources, Viktor Frankl: "Man's search for meaning".

After all we must be like the elephants and their forebears, and remember where to eat and drink. If we bear in mind the important developments and tenets of our profession it can only develop further under your guidance.

Ruth Watson "Being before doing; The cultural identity (essence) of occupational therapy (World Federation of Occupational Therapy Keynote address 14th congress 2006.) Aust OccTher j, Volume 53 Issue 3 Page 151 – 158, September 2 2006.