

THREE ELEPHANTS IN THREE DECADES OF OCCUPATIONAL THERAPY PRACTICE AND RESEARCH: EQUITY, EVOLUTION AND EVIDENCE

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ABSTRACT

The paper will present three stories from the author's experience as an occupational therapy practitioner, educator and researcher over three decades. The three stories are told within the participatory approach so as to encourage critical debate and thinking about the challenges facing the occupational therapy profession in terms of service delivery as well as tertiary education.

The first story shares her experience in the 1980's as a student and a newly qualified practitioner and her political awakening into the world of human rights and the struggle for **equity**.

The second story illustrates the potentially exciting **evolution** within the profession by focusing on community based rehabilitation developments in the 1990's and the plight of community rehabilitation workers in South African context.

The third story brings into the question of the profession's challenge in the current decade and the need to incorporate **evidence** into its decision-making and policy development processes regarding curriculum changes, district health system and service delivery and research developments, as well as the challenge

of transforming our student and staff profiles across the eight higher education institutions.

I hope that in listening and participating, you are stimulated to reflect on your own story of work and involvement in the challenges of poverty, disability and human rights as occupational therapists, by responding to the overall question, namely, *Have our curricula and practice incorporated the promotion and protection of human rights of vulnerable groups?*

INTRODUCTION

There is no doubt in my mind that the challenges we are faced with in this my third decade of practice as an occupational therapist are very different from those of my educators in the 1980's. We know from the Truth and Reconciliation Commission Hearings on the Health Sector, that the response of the OT profession to matters of human rights violations during the apartheid years was inadequate (OTASA submission, DATE). I hope that we can use this colloquium as an opportunity to learn from the past so as to make a meaningful and purposeful difference. I propose to do this through sharing three stories that allow for participation in critical reflection, thinking and sharing.

Story One - Political awakenings: Exploring Equity through becoming an occupational therapist (– evenhandedness, fairness, impartiality, justice, fair play)

Jock probably does not realize that he played a fairly significant role in my political awakening. I studied for a BSc in Occupational Therapy at a South African university in the early 1980s. There was very little in our curriculum on social and economic development except for aspect of vocational rehabilitation, which did little to prepare me for the enormity of poverty and human rights

matters that I was to come face to face within my first few years of practice. There was even less on political development and human rights, and I remember Lee Randall (who was a year behind me) having a really tough time as probably the only student in OT department at the time trying to raise the issues.

Jock's role was an external examiner for Therapeutic Apparatus and Techniques course in fourth year. I failed the final exam, and having a low mark in research and perceptual development modules, meant that I had to repeat six months (I am happy to say that I have now excelled in research and I have avoided perceptual development). The first three months were spent at Thembisa hospital where I refined my research skills under the supervision of Denise Swain. The next three months I was at a mining hospital in the psychiatric ward. On the first day, a psychologist, Malcolm, greeted Debbie and myself with a raised fist and "Amandla" at the front door of the hospital. He was shocked that we were so shocked and didn't know the response "Awethu". I think he took Rose Crouch to task as our lecturer and supervisor. But he also spent lunchtimes raising our awareness of the political struggle through deep discussions about the inequities in health and social service for the majority of the population in South Africa who we would serve. Thus, the experience of 'failure' reflects that opportunities often arise out of perceived and real adversity, as it opened a new perspective on my practice as health professional.

I qualified in the mid-eighties, at the height of the political struggle in South Africa, uncertain about where my future career as an occupational therapist would take me. I was more aware that I had been largely 'protected' from the harsh extent of discrimination and oppression of black people, by race as a white South African and by the reductionistic approach in training. Within the first year of practicing in a general hospital in one of the urban townships of Johannesburg, one critical incident that was to shape my development was the opportunity to treat many young black youth who sustained upper limb

amputations from throwing hand grenades during political protests in the townships. They were further disabled, as we were not allowed to issue upper limb prosthesis to them as these were considered 'dangerous items' in prison. No one in the team, including the university staff who mentored students and staff there, thought to advocate for the prisoner's rights to optimal rehabilitation.

Towards the end of bursary commitments, I was given the opportunity to work in a rural area doing a disability prevalence study for Wits OT Department (Concha and Lorenzo, 1993). I was to spend seven years in the Mhala Health District where I was faced with the challenges of development work head on (Lorenzo, 1987, Lorenzo, 1991; Lorenzo, 2005).

***Discussion starter/Question:** So have our curriculums introduced social, economic and political development and human rights in a meaningful way?*

Story Two - Community based approaches to health and disability development: a natural Evolution to being occupational development practitioners (– development, fruition, growth, progress, progression, advancement, advance, maturity, achievement)/

My growth in understanding the relevance of community based approaches in human development (Hope and Timmel, 1984, 1995; Max Neef, 1991) for occupational therapists was closely linked to a decision to shift to community-based rehabilitation (CBR) (WHO/UNESCO/ILO, 1994) at the beginning of the 90's. It was a period of cutting my teeth in human development, disability politics and the disability rights movement. These were formative years in shifting my practice from an individual rehabilitative approach to a human rights approach. I experienced inner conflict between the understanding of my professional role and the needs of the disabled people. I was trained to treat impairments, with no skills in promoting the rights of disabled people or their families. I also had little

understanding of sociology and the politics of poverty and development, yet the need for this knowledge and skill became abundantly clear. I grappled most with the social and economic hardships of apartheid for black people, let alone disabled people and their families, in the communities around the hospital. The destruction of family and economic systems caused by the migrant labour system was seen all around the rural villages. It was hard not to feel guilty about the opportunities I had had as a white South African. I struggled to know how to respond to poverty and to be involved with people in addressing their needs in a relevant and meaningful way. The harshness of the impact of poverty on the lives of disabled children, their mothers and disabled adults and other family members was almost soul destroying.

Working together with a team of occupational therapists, physiotherapists, speech and hearing therapists, and specialized auxiliary support staff of the three professions, we initiated community outreach services. The need for equal participation in opportunities and social inclusion was evident in making a direct contribution to human development of disabled children, youth and adults including their families. Interactions with Disabled People South Africa (DPSA) fuelled our emerging political conscientisation, which led the team to understand disability as a form of social oppression. The Rural Action Group on Disability (RURACT) provided regional and national forums for discussion, debate and social engagement between disabled people who were members of DPSA and service providers from the health, education and welfare sectors primarily. We were initiated into disability politics 'on the ground', as the seminars facilitated the link between apartheid, poverty and disability. Our work evolved into the development of CBR services, culminating in the training of community rehabilitation workers (CRWs) (WHO /UNESCO/ ILO¹, 1994). Our approach to human development and training was deeply influenced by the work of Hope

¹ World Health Organisation, United Nations Educational, Scientific and Cultural Organisation and International Labour Organisation

and Timmel (1995), which incorporated Freire's approach of conscientization and radical transformation through action-reflection cycles with oppressed and marginalized people.

The growth of deep, meaningful cross-cultural friendships with a diverse range of people whose beliefs different to my own, gently challenged me to reflect on my beliefs and values. There were three women, in particular, outside of occupational therapy, who as mentors have had an impact on my transformation in conscientisation and development practice. They each brought a different perspective to life, which enriched my appreciation of the diversity of faiths and cultures of community living and working together. In addition, the late Maria Rantho, who had worked as a clerk in the Occupational Therapy Department at the then Garankuwa Hospital associated with University of Limpopo OT department (MEDUNSA campus), became the first co-ordinator of the Disabled Women's Development Programme of DPSA, and was to become the first disabled women member of parliament for the African National Congress (ANC) after the first democratic elections in 1994. I also worked very closely with the late Marjorie January, to whom I dedicated my PhD.

By 1992, I began questioning whether I wanted to continue practicing as an occupational therapist in CBR. Doing a postgraduate Disability Studies Masters in London provided the distance and space for self-reflection. The time was rejuvenating as I integrated a range of emotions of humiliation, guilt, shame, pain, anger, despair about South Africa and being a white, able-bodied South African woman. In the run-up to the first democratic elections and the subsequent celebrations in April 1994, there was a hope against all hope that things can be different and that we are able to heal each other through connecting as human beings, irrespective of differences. It provided a space to question why we had not fully evolved as the three professional bodies of occupational therapy, physiotherapy and speech and hearing therapy from using

the evidence of the Speech and Hearing Therapy Board on the introduction of community speech and hearing workers. We would have realized early on in the development of the training of community rehabilitation workers that without a career pathway, this initiative was doomed to fail at this entry level. Sadly, we had missed an opportunity.

Discussion starter/question: *Are we protecting professional territories and boundaries rather than meeting the needs of disabled children, youth and adults and their families through community based rehabilitation and training community members as CRWs?*

Story Three - Transforming the profession: Are we working with/using the Evidence from practice and research? (– proof, indication, confirmation, facts, data, substantiation, verification, support)

The challenges of the current decade of practice is whether we can evolve our profession sufficiently to meaningfully and purposefully achieve equity in terms of human rights for all citizens. This challenges us to address issues of diversity and difference in order to make substantial shifts on teaching, service and research (with social responsiveness being a thread through all three aspects of practice, i.e. incorporating concepts of political development and equal citizenship for all into our practice, teaching and research). My experience as a facilitator in CRW training programmes, as well as capacity building workshops for DPSA and Disabled Children's Action Group and lecturing in CBR and disability studies, provided opportunities for me to reflect on how the occupational therapy profession needs to change.

My time of working and living in rural and under-resourced urban areas has also involved the training of undergraduate health science students in rural health and human development. Final year medical, occupational therapy and

physiotherapy students did three and four week rural blocks at the hospital respectively. Training students was an opportunity to hone my skills in interdisciplinary teaching and intersectoral practice, as well as in managing conflicts and tensions between academia and disability activism.

I joined the OT department at UCT while maintaining a training position for community rehabilitation workers at with SACLA Health Project. I continue to grapple with the 'health and disability' debate (Lorenzo, 2001), as well as the power dynamics in service delivery and partnership development (Lorenzo and Cloete, 2004; Lorenzo and Buchanan, 2006; Lorenzo, ka Toni and Priestley, 2006). There is no doubt that change is a complex, intricate process that occurs at multiple levels. Straddling the two worlds of academia and NGO practice has provided an opportunity to meet and work with the Disabled Women's Development Programme of DPSA in Cape Town. In reflecting on the diversity and oppression of disabled women in South Africa, especially those in rural areas, I have become increasingly convinced that these women have much to contribute to our understanding of disability in the context of poverty, human development and the role of practitioners in health and development. The disability rights movement's challenge to build capacity of disabled people as researchers in the disability field has been a constant challenge and motivation to me (Lorenzo, ka Toni and Priestley, 2006). A growing interest in initiating a Disability Studies programme in partnership with DPSA in South Africa emerged.

Consequently, CBR and disability research have been about demystifying practice, professionalism and research, which are vestiges of power and privileges that serve only to alienate and exclude certain people. If we are not conscious of the different forms of power, we may further oppress disabled people through our practice and research. The writings of many disability activists and academics has conscientised me to how disabled people have been alienated and excluded from research, when researchers and practitioners are

unaware of the power of language and education (Barnes and Mercer, 1997; 2005; Lang, 200?). It is not an unknown struggle amongst those researchers who have tried to hold the tensions of academic rigour and participation (Stone, 1997; Stone and Priestley, 1996; Priestley 1997). I would also hope that practitioners and researchers would be encouraged to work in authentic partnerships with disabled people at 'grassroots' and nationally, and in so doing, embrace the transitions and differences that have potential to enrich our lives. As Hartley (2002) comments, "knowledge is power; sharing knowledge is progress". In an attempt to develop such collaboration, UCT has spearheaded a collaborative research project with DPSA and the UKZN, UP, UL-MEDUNSA campus, Wits and UFS on 'Disabled Youth Enabling Sustainable Livelihoods'. At this stage it is a bit like the blind leading the blind (excuse the pun).

Thus it is with deep sadness and frustration that I have witnessed the inadequate leadership of our profession to consult with key stakeholders and role players regarding the continued professional development of community rehabilitation workers, both in public sector, NGO and disability sector and higher education sectors. We have not made the significant and substantial changes that are needed in the development of community based service delivery system and personnel by discontinuing the registration of CRWs. Instead, we have polluted the vision of CBR by thinking that the training of OTTs are equivalent to CRWs, without realizing the importance of community participation in the training of community based workers as well as the different political and social conscientisation role of the latter. We have also equated CBR with CRWs, not realizing that OTs at all levels of the health, social development and education sector, including HEIs, need to be involved in CBR. There has been a real heavy handedness, with a mixture of silence, minimal discussion, debate, response and maximum defensiveness on the part of our rehabilitation colleagues in the national and provincial Departments of Health, the Professional Board of Occupational Therapy of HPCSA and our OTASA. Both bodies have stated that

OTT are best people to fulfill community needs without showing the evidence (see Morris, 2005).

In fact, a brief review of literature seems to show the opposite: (Lorenzo, ??; Dolan, Concha and ?, 1995; M'kumbira, 200?; Meyer and Shipham, 200?; Rule et.al, 2006) and Masters (Morris) and PhD (Lorenzo, 2005) studies.

If we are worried about the labour rights of CRWs (Evans, 2004; Morris, 2005), then let's address these rights by creating posts and career pathways rather than stopping the registration and training of CRWs address them. Ironically this leaves them in a more vulnerable position than before.

Another challenge is the leadership development of young occupational therapists, particularly, Black academics and practitioners.

Energy petered out here!

Discussion starter/Question: *Are we experiencing transformation fatigue more from our resistance and denial as a majority White, female (able, Christian, heterosexual) profession than actively engaging in diversity issues and appreciating differences?*

References