

# DO ELEPHANTS HAVE ANYTHING TO TEACH US AS OT's?

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## INTRODUCTION

This is the second last paper of this two day colloquium. I have listened with some trepidation wondering if there would be anything meaningful left to say after the presentations of the 12 great OT elephants that have preceded me.

The title for this talk was an impulsive time limited decision as I left my office on the evening before the titles had to be submitted. As I drove home I was quite chuffed with myself at having tied together the two of the passions in my life- occupational therapy and wild life. However like all impulsive decisions this title has presented its challenges and like all challenges it has not always been fun and plain sailing. There have been many times while preparing the paper that I wished that I had been a bit more circumspect about the topic.

When thinking about what I could say I asked my animal physiologist daughter for some advice. She glared at me and with the arrogance and cheek of youth her immediate comment was "You must be mad". As a psychiatric OT that made me feel quite at home and in a familiar place because mad is something I know a bit about. She shrugged her shoulders and said "Draw a character sketch of elephants and see where it takes you. Just make sure it is scientifically correct!"

I'm not sure that it was great advice but it got me started on a journey and has given me the opportunity to think and reflect which I guess Eriksson would consider appropriate to my age. Unlike most of the considerable travelling I do, the journey has not taken me directly from point A to B but has been a bit of a garden route and may not be entirely logical as the route dots have been difficult to tie together in trying to answer the question:

## DO ELEPHANTS HAVE ANYTHING TO TEACH US AS OT's?

### CHARACTER SKETCH OF ELEPHANTS

The scientifically correct name of the African Elephant is *Loxodonta Africana* of the family *Elephantidae* and of the order *Proboscidae*.<sup>(1)</sup> It is one of the big five in the animal kingdom and is reputed by many to be the greatest.<sup>(2)</sup>

The elephant is the largest land mammal and has a life span of approximately 60 years.<sup>(3)</sup> The exact age of our profession.

Its most unique characteristic is its nose which is prolonged into a trunk with 2 finger like projections at its base. The trunk is reported to be as functional, expressive and sensitive as any human hand.<sup>(4)</sup>

Mature bulls stand on average 3m tall and weigh approximately 5000kg, while mature cows are slightly smaller in stature standing only 2.5 meters tall and weighing a mere 3000kg.<sup>(4)</sup>

Elephants have 6 sets of teeth over their life span, the last set developing at about 40 years of age. However the upper incisors grow continuously into another distinguishing feature, tusks.<sup>(5)</sup> Tusk size is mostly genetically determined but is also age dependant. On average the tusks of mature bulls weigh approximately 35kg and are about 1.3m long.<sup>(6)</sup> The record length of elephant tusks 3.4 m and the record weight is 102 kg.<sup>(6)</sup> It is this feature that has led to wide spread poaching of elephant, as ivory contains highly sought after aphrodisiac properties that fetch a high price in Asian countries. Great tusks are a sign of a great man in the elephant world. If Jock had tusks maybe he would look like this.

Elephants have grey brown wrinkled skin which is 3cm.thick. The skin is naked except for a scattering of bristles and sensory hairs. The elephant has a unique temporal gland near the eye which is very noticeable when a bull is in “musth” which is a physiological state that occurs in males between 25-35 years and is associated with increased sexual activity and aggressive behaviour. To the human eye elephants in musth don’t look good neither do they smell great and they develop a pronounced 5<sup>th</sup> leg, but elephant cows probably consider them very attractive. Rose will tell that they are not very friendly when you meet them on the road in the late afternoon.

Elephants, probably like many of you in this room, don’t have a very balanced activity profile and spend about 16 hours of their day feeding and only sleep approximately 4-5 hours a day.<sup>(3)</sup> They are reported to be the

world's most versatile herbivore and have a "catholic diet". However the downside is that they need to consume between 4-6 % of their body weight a day- a mere 300 kg. <sup>(7)</sup> Due to the enormous amount of plant matter that they need to consume and destructive manner in which they acquire it, they have a significant and highly visible impact on the environment. <sup>(8)</sup> **Elephants** are also water dependant and a mature bull requires about 227 litres a day and drinks about 100 litres at a time. Drinking is usually followed by a **mud** bath with body and butt rubbing to complete their personal management routine. <sup>(3)</sup> **Drinking** time is also often a time of play and relaxation.

Elephants as we have already heard have a highly organised social structure. Elephant society is both matriarchal and hierarchical, with rank determined by seniority. **The basic social** structure is that of bonded groups of females: a mother with her grown daughters and their offspring. The family group stay together with members rarely venturing more than 50m away from the group except during mating. <sup>(3)</sup> Activity, rest, **direction** and rate of movement of the herd are set by the matriarch. If the herd is disturbed the members cluster around the matriarch awaiting her lead. Leadership and experience play such a crucial role in elephant society that the position of the matriarch extends long after her reproductive life, which is unusual in the animal kingdom. <sup>(3)</sup>

Research on the translocation of young elephants away from the matriarch and senior ladies in the herd, has proven that the social organisation of the herd has very important implications for the development of socially acceptable elephant behaviour. <sup>(9)</sup> Recent field research is suggesting that much of the behaviour that was thought to be instinctive may, like human behaviour, be learnt.

**Male elephants** leave the herd at about 15 years. The separation process is slow with them becoming initially peripheral but following the herd at a distance long before they become independent- either joining a small male herd or becoming solitary. Male elephants revisit their maternal herd from time to time but these visits get less frequent as the male elephant ages and become sexually mature. <sup>(3)</sup>

Elephants are social animals and have highly developed communication. Tactile and olfactory communication includes a complex greeting routine, caressing, **twining**, slapping of trunks, checking of reproductive status and

temporal gland secretion<sup>(3)</sup> Interestingly elephants of ‘related’ herds have unique and **complicated greetings** when they meet to renew bonds and exchange news. However if ‘unrelated’ groups meet they pass by with no greetings exchanged at all.

Elephants have a limited verbal repertoire of 4 sounds but graduations in pitch, volume and duration enable elephants to have a wide range of communications. Research suggests that many of the sounds have a very low frequency making them inaudible to the human ear, but they play an important role in inter-herd communication and protection.<sup>(3)</sup>

Elephant cows are sexually mature at 12 years. **The gestation** period is 22 months and a single calf weighing approximately 120kg is born and stands 85 cm high. The incidence of twins has been recorded but it is rare. The calf is suckled until it is about 3 years. The bond between calf and mother is very close and can endure a lifetime.<sup>(7)</sup> The mother is very protective and caring towards her baby by keeping it in close contact, helping it over obstacles, bathing and protecting it from heat. Related cows suckle one another’s calves and calves are **cared for** in a “nursery” in the centre of the herd. The herd uses a group defence system to protect the calves. The adults surround them and the babies are pushed between the mother’s front legs and the herd responds very aggressively to any potential predator. Cows reproduce once every 4-5 years.<sup>(5)</sup> In South Africa the birth rate for elephants varies between 4 and 7.5% depending on prevailing weather conditions which when compared to other herbivores is quite low. However it is very successful with a low mortality rate of less than 5% except in times of drought where the mortality may be as high as 30%.

Elephants live in a **home range**, which varies greatly in size from very large to small (about 100 square km). The size of the home ranges especially of breeding herds seems to be mainly dependant on food and water resources. Unlike other animals they are not overly territorial and territorial marking and territory defensive behaviour has not often been observed. Home ranges of elephant herds cross one another and home range of male herds, although somewhat larger, are peripheral to that of the breeding herds. So contact is frequent and a female in oestrus quickly attracts the males.

Elephants have few natural enemies other than man. Although lion and spotted hyena are capable of taking down a baby elephant they rarely have that chance due to their “enemy status”, the group defence and the

protectiveness of the maternal herd. As a result predation is not an important reason for young elephant mortality. Elephants have few serious diseases or parasite problems but they are susceptible to anthrax. The most important reasons for elephant mortality include accidents, drought, starvation, stress due to scarcity of food, hunting and poaching, old age and fighting.

Poaching and hunting by man are very substantial reasons for the decline in the elephant population world wide and was responsible for elephant being listed as endangered on the CITES register. <sup>(8,10)</sup> While this endangered status remains in tact, as from the 1<sup>st</sup> April 2008 culling under very strict conditions is going to be allowed. <sup>(11)</sup> **So this** kind of scenario will be a probability in our national parks.

However the greatest threat from man is the restriction of living areas to isolated protected areas and the destruction of the natural bush which limits access to food resources and bars natural seasonal migration. The controversy around elephant management in confined areas is also a long term but very substantial threat to their survival. This was well demonstrated by the “Tsavo Disaster” where 5900 elephants died of starvation in the 1970-1971 drought in the Kruger National Park which was just prior to the introduction of culling as a management strategy. <sup>(6)</sup>

Thus the mortality rates in the natural world are dependant on the age old principle of survival of the fittest, while in greedy man made world this principle does not seem to even exist.

**So what has all** this got to do with the profession of occupational therapy and what analogies can be drawn between the current status of elephants and the OT profession 6 decades along the road?

The most obvious **similarities** seem to me to be:

- We like the elephant are a female **dominated group** but there are single and groups of male OT s that in a figurative sense skirt the fringes of the female herds. It takes a brave man cope with a female dominant group.

But what is the **implication of a female dominant** profession other than the argument around lack of equity accepting that the number of males in Occupational Therapy internationally is less than 5%.

Research from the corporate world suggests that a **female dominated** profession has **many implications** for the development of that profession and the services they provide. Findings indicate that because of the dual roles of many professional women, they find it difficult to divide their responsibilities, time and energy and as a result tensions arise between developing and driving a profession and doing the job alongside being a reasonable mother and wife. Literature proposes that professional women are most productive at the beginning and towards the end of their careers and least productive during the childrearing years unless they are the primary breadwinner and have very well established support systems. Perhaps the system in which OT's work does not acknowledge this fact and take into account the energy and enthusiasm of youth and the experience of age to drive the profession forward. Young therapists are frustrated by the limits on innovation and the lack of support for new ideas, guidance for professional development and the lack of financial recognition. Many are "driven" out public health domain and some out the country to where the grass is perceived to be greener and the rewards and acceptance levels seem higher. We have relatively few experienced clinical OT's in our public hospitals. Those that there are, are fulfilling more managerial roles so their clinical expertise and their ability to guide and develop expertise in the young OTs is limited and as a result we have a shaky support system and a tendency to reinventing the professional wheel. In some ways this situation is not dissimilar from that of young elephants translocated from their maternal herds. Maybe as a profession we need to consider our professional responsibility in relation to the guidance and socialisation of our young therapists. However this would assume that experienced staff are good role models and that practice is exemplary. We know that the profession is quite short of good role models so this could be a catch 22 situation.

There is **an assumption** that females are more caring and have sensitivity to peoples needs, although personally I am not convinced that is a fact.

- Today **caring and client** care is not a given but seems to be subject to certain conditions which are unfortunate realities of a capitalistic and egocentric society. If you pay I will care, if I don't have to go to a meeting or I do not have anything better or important to do then I will attend to your needs. Caring is believed to be anchored in one's belief and system of attitudes, which are remarkably difficult to change. A hypothesis being suggested in the nursing profession is the "caring is intrinsically linked to the nurse's view of her work tasks- if it is just a job and a means of survival then caring is low, if it is a passion and the profession is valued and meaningful to her then caring is high. Is this something that we should be interrogating as a profession and does this hypothesis have relevance to us? We talk about OT being a profession but is it not really just a job?
- We may also not be as caring and nurturing of our "baby" OTs; as our elephant counterparts in spite of our "gestation period" being a long 4 years. There is a perception in the dept of health that when students graduate they are professionally secure and the need for profession specific guidance is no longer necessary. Sometimes community servers are lucky and are employed in a centre where they can call on the experience of senior clinical or university staff but in many cases they are supervised by an array of health professionals who are often not able to guide their developing professional skills and behaviour and independence is a matter of course and is expected early. Elephants seem to understand that independence is slow and sometimes is never final and they accept that dependence is ok.

As humans we all know that we need rules enforced to make us tow the line and that we are all chancers if not held accountable. Perhaps we should take a leaf out of the elephant's book, and develop some matriarchal functions that include "professional mentoring" for all levels of therapists to create some internal controls on professional practice that ensures / regulates behaviour and keep everybody within the limits like the censor of the matriarch in a hierarchically organised herd. The HPCSA has Acts, rules and regulations which aim to contain and deter aberrant professional behaviour,

but just like elephants we need electrified, elephant proof fencing to really contain us and keep us within the boundaries.

- There is a sense that the profession in spite of some extraordinary and excellent work, May like the elephant, **be threatened** and perhaps even endangered. The profession along with some others has been classed as a scarce skill which has afforded us some financial incentives especially if therapists are persuaded to work in the deep rural nodes that have been identified.

Like in the case of elephants the perceived sense of threat is coming from the external environment which seems to demand that you do more professionally with less, to the extent that it is not possible to deliver an effective service.

While this maybe true I believe the threat may be more internal and much closer to home. Our own work ethic and lack of professional application and accountability may be destroying the very thing that gives us the competitive edge. So just like the ever increasing populations of elephants destroy the vegetation in the confined spaces on which their survival is dependant they become through their behaviour, their own worst enemy. This has a resonating alarm for us as OT's where practice is not occupation centred, like the elephant through our professional behaviour we become our own worst enemy and the uniqueness of the profession is lost, so our identity is difficult to distinguish from that of other health workers and others are encroaching in our domain without consequence.

- As discussed earlier the principle of **survival of the fittest** of the elephant in the man made world seems much less applicable than in the natural world. In a professional sense it seems to me that survival of the fittest doesn't seem to operate at all. OT's manage survive amazingly whether they do outstanding work, mediocre work or no work at all. There is no reward or consequence for any of these. This has been one of most difficult professional lessons I have ever learnt. Sadly I have also learnt that in many clinical settings the profession is not applauded for "good work" of many but the profession is remembered and judged on the "poor work" of few.



- OTs, like elephants, operate in “related groups” with better communication between these groups and little or no communication between unrelated groups. Unlike elephants the grouping is not around family systems but work place or work field groupings with a sense of competition and/or status between them. We are all familiar with the tensions between public /private sector groupings, clinicians / educators groupings, and the field of practice groupings. While groups per se may have positive benefits for the group members, they do however create divisions and polarisations in the profession as a whole that prevent us from seeing the commonalities and focus on the perceived differences, which then become obstacles to collective engagement and development.

The most important discussion that is needed is in fact about what an OT is, the contents of the job and what the competencies are required to do it. It is common knowledge that what the universities think and teach about OT and OT practice seems to be miles apart from what is done in practice. The universities are highly regulated and the curriculums are driven by the WFOT and HPCSA’s minimum standards and best practice to which we have to comply for registration purposes. It seems to me to be a bit immoral to expect students to pay in excess of R25000 a year for course that is considered inappropriate for practice and for students and new graduates to be told to forget what they learnt at university because that is not how OT works in practice. We as a profession have to agree on these fundamentals and practice must be reflective of this and the educational program must enable appropriate clinical competencies. If it really is impossible to practice in an occupation centred way and if occupation is not an important consideration when we should accept that we have no place in the sun, but to define OT in occupational terms and then practice in a completely different manner only damages our credibility.

So if those are the similarities **what about the** differences:

The most obvious differences seem to me to be:

- We as a profession don’t seem to have **“an asset”** that is truly valued by the communities we serve like the size, stature, beauty and ivory of the elephant that set us apart. There is little local public or even medical understanding of the role occupation plays in the health of individuals or groups/ communities although research has established a clear relationship. <sup>(12)</sup> Although there are aspects of the community

that value their health and their occupations are geared to support this, a larger proportion of our population is “activities unhealthy”. The reasons for this are complex and multi-dimensional like poverty, lack of education and resources, too many resources, lack of discipline and boundaries to mention just a few. OT profession has not really applied its mind to really extending their services to this more Public health approach which may be an incredible growth node for us. Even with clients who traditionally fall into the Medical model the major concern seems to focus on the clients symptoms and the link to occupational performance is obscure.

A great concern is that this link between activity and health has been well recognised and well articulated by the WHO in the design of the ICF. The inclusion of activity in their classification has placed “activity” in the public domain and activity as a means and a treatment outcome may become very difficult to control as other health professionals increasingly start to consider activity as part of their understanding of dysfunction. They will do what we should do but for some reason have a reluctance to do.

- While we are female dominated the OT profession is **not organised in a matriarchal or hierarchical fashion**.

In fact we do not have any collegiate organisational structures **with any authority** to develop, market and manage the profession and professional behaviour effectively. Neither OTASA nor the OT Forums actually have real authority and while each does good work neither have the brief nor the resources to steer the whole profession forward in a co-ordinated and comprehensive manner. The HPCSA although they have some vested interest in how the professions manages itself, their concern is much more about the service to population of SA

- Elephants **seem sure of themselves** and what they need to do. What they do seems well articulated through the guidance and experience of the matriarch. They have a clear sense of their place in the natural order without demonstrating strong territorial behaviour. They defend their own through a herding strategy and are well respected for their dominance by the other animals that share their environment. This does not seem to be the case with OTs. We seem to have a poorly developed sense of self and seem reluctant to defend our turf and

generously share our professional skills. While OT's seem to have a common sense of purpose, we have difficulty articulating the process and nature of our work effectively to those we serve and as well as those who work with us. If we can't explain what we do effectively, we don't do what we say and we have little supporting evidence that what we do is useful then how can we expect others to value and respect what we do?

In the light of the last two exciting days this has been a rather depressing journey although I doubt that I have said anything that does not strike a cord for most of you. The big question is what to do about it if we are to survive the next decade never mind the next six.

I don't think that there is a person in this room that would not agree that OT is the greatest profession and at this time in our country's history we have a great contribution to make. .

If there is **any lesson** to be learnt from elephants and their survival that we can transpose on to OT to ensure survival of the profession I think it is the need for the profession, just like elephants, to be properly managed in a co-ordinated way on a national level. <sup>(13)</sup>

The over riding purpose should be to ensure that the profession, assuming that we believe it is a profession, is "fit" to survive in South Africa in a natural world context rather than a man made world perspective.

**WHAT WOULD** HAVE TO BE DONE TO ENSURE THE FITNESS OF THE PROFESSION?

If we can draw on the experience and expertise in the business world <sup>(12)</sup> we need to

Firstly:

**Establish an inclusive common vision for the profession.**

Although many OT groups have visions they are mostly institutionally based and limited to that grouping.

The most visionary statement for the profession as a whole was made by Mary Reiley back in 1961 when she stated:

*"Occupational therapy could be the one of the great ideas of 20<sup>th</sup> century medicine and that man through the use of his hands as they*

*are energised by his mind and will can influence the state of his own health.”<sup>(45)</sup>*

Secondly we need to:

**Develop a national strategic plan for the profession.**<sup>(15)</sup>

Like in the case of elephants, this strategic plan should be logical, based on good evidence and not be driven by emotive issues like culling and professional pettiness. The plan should have an appropriate time frame and should be objective driven rather than person driven.

It should define the strategic goals for the profession that should **inform**:

- **Promotion** of the core values and benefits of the profession for the health of the SA population and challenge others that encroach based on best evidence.
- **Recruitment**-by defining the characteristics of the best people to develop the service and the profession, finding these people and retaining their service.
- **The direction** of the existing educational programs in terms of agreed outcome competencies so there is consistency with practice.
- **Management** of change in the profession so that all practice is appropriate to the core values and philosophy.
- **Marketing** of the profession at all levels
- **Development** of unified “concept of self” and sense of belonging and a socialising system maybe including herding and collegiate qualities.
- **The services** so that they are appropriate and customised to the consumer base and driven by best evidence and sited at the most appropriate place.
- **Sector growth** and professional development based on appropriate research.
- **Development** of all personnel.
- **Financing** so that the plan is inclusive.<sup>(15)</sup>

The final step of the Strategic plan should be

**Implementation, monitoring and critical evaluation.**<sup>(15)</sup>

This step should manage the change needed to ensure “fitness” and survival and the growth of the profession to maturity by focusing attention and resources where there are the best chances of success.

This is a cyclical and continuous process as needs change, pressures fluctuate and should appraise the fact that “competition in the market place is relentless”<sup>(x)</sup> so there is no place for complacency or time to rest.

Having come this rather impassioned journey with me in trying to find the links between us as OTs and elephants, my final questions to you are:

**Would** this give OT a fighting chance of coming off the endangered list and being considered one of the Big Five of the health professions some time in the future?

**How feasible** is this or is this all just a pipe dream?

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