

The Koru unfurls: The emergence of diversity in occupational therapy thought and action

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Abstract

This article explores the issue of diversity, first from a global perspective and then within the discipline of occupational therapy. Particular foci are the emergent diversity in occupational therapy theory, research, and finally in practice developments. Two symbols, meaningful in Aotearoa (New Zealand) are used as motifs throughout: the koru, capturing the potential of diversity in occupational therapy and the wero, or challenge that the profession faces in more fully embracing diversity in the future.

Key words

Diversity, sustainability, methodologies, epistemology

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This article is based on two significant symbols: the koru, with its many small parts combining to make one whole, as a symbol of unity through diversity and transformative potential and the wero, the challenge, which occupational therapy must rise to in order to enact its potential to more fully serve the occupational needs of society. Before going further, I want to recount an experience I had a long time ago that was an epiphany for me. It was about understanding human potential, which is what I think we enable when we embrace diversity: we create the conditions in which people can fully be, do and become.

When I was in my final years of high school my parents lived in Arnhem Land, a remote part of the Northern Territory of Australia. It was a closed indigenous community and my father worked there as a teacher. One weekend he forwarded to me an invitation from some of the aboriginal women to 'go bush' with them. The women were going to gather pandanus for basket making as well as the roots used for dyeing the pandanus, only found in a particular area in the deep bush. It was an honour to be invited along, but to be honest, I did not know the women at all well and I had only ever seen them sitting around camp fires in the middle of town. Having come in from their traditional tribal areas, they gathered together for days on end talking, being with each other and then they would vanish for a while again. So, I did not know what to expect.

Two things remain with me to this day from that experience. The first is just how much I suffered. We had no equipment, no tents or sleeping bags or cold drinks or folding chairs or any of the things that white folk might take on a camping trip. The women knew how to get bush tucker and water, when to move, and they were sensitive to the slightest change in vegetation that pointed to the small tree we were looking for. The tree had roots that were about three metres down in the soil, and had to be dug for by hand with a wooden digging stick which they did easily. They also knew how to expertly harvest the (razor sharp)

leaves of the pandanus bush without shredding their hands. I, on the other hand, had no viable knowledge in that environment. I had heat stroke, slashed my hands on the pandanus till they bled, failed to dig for more than five minutes at a time so I was no use to them in gathering the dye roots – in fact, all up, I was probably a liability to them on the trip.

The second outstanding memory was the realisation, out there in the bush, that when people are in a context that is familiar, when their knowledge and skills are superbly matched to that particular context, when there is a close nexus between doing and being in place, people can enact their creative potential in powerful ways. Based on this and subsequent experiences and reflections over time, my underlying belief in occupational therapy is that what we really need to do is facilitate or enable the right conditions in which this transformative potential inherent in all people and in all communities can be liberated. The ultimate success of this approach is that we become redundant. Indeed, a fairly controversial notion that I will address more fully later, is that many of the populations

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who have occupational needs do not need therapy and would, indeed find the concept of therapy itself, unacceptable.

These are areas that I will explore more fully, but I would like to begin with an exploration of diversity itself and why it is such a cogent topic in our postmodern world. I will then continue on to look at what is happening in our profession:

- in ways of knowing
- in ways of being occupational therapists and in doing occupational therapy
- in understanding occupation and occupational therapy.

This is a snapshot of the koru as it spreads itself outward and upward. I will then discuss what I think of as the wero ahead.

Diversity – what does it mean?

Diversity is probably the single biggest issue we face globally. Environmentally we are experiencing a shrinking world in which bio diversity is threatened on every continent thanks to wholesale clearing and intensive, and invasive, agricultural production. This also means threatened and disappearing species globally. But it is not just in the environment that diversity is being eroded. In our own communities we are increasingly living in an era of monoculture, what has been referred to as a bland ‘Disneyfied’ world (Ife, 2002) in which everything from food to clothes to music becomes depressingly (though perhaps to some, reassuringly) the same wherever you go. A world in which English has become the dominant language of commerce, contributing in turn to the erosion of linguistic diversity.

All this is of pressing concern for we are actually dependent on diversity for our survival. History has a number of tragic examples of what happened when we lost bio diversity agriculturally. For example, the potato famine in Ireland and the failure of whole rice crops in South East Asia resulted from genetic monocultures. Thousands of people starved. Economically, we need to embrace more diverse modes of production and, many would argue, shift from a paradigm of globalisation that can bring about entrenched poverty (Streeton, 2001). And, to be especially controversial, politically, we may have to accept that democracy is not a one size fits all solution in all contexts.

Additionally, we need to embrace diversity in our ways of understanding the world, that is, in the knowledge paradigms we access and draw upon to inform our actions. As Canadian philosopher John Ralston Saul (2005) suggests in his recent thought provoking book, *The Collapse of Globalism and the Reinvention of the World*:

The challenge today is...complex. It may be that we are now not only at the end of the Globalist period but also at the end of the Western rationalist period with its obsession with clear linear structures on every subject. Perhaps we are living at the beginnings of a major rebalancing in which other cultures, with more complex ideas about what make sup a society, are coming to the fore. And those of us in the West will just have to learn to keep up and to understand what makes such a major change positive for us (p. 278)

So, it seems we are dependent on diversity from a genetic through to a cultural level. Paradoxically however, we live in an historic moment when there are numerous forces that militate against pluralism and diversity.

Difference

Recent world events have meant that because of security fears, being different becomes the pre-condition for being suspect. For example the experience of Samar Kaukab is a case in point. Basically, the incident involved an Illinois National Guardsman and three private security personnel at O’Hare International Airport who engaged in what has been described as an unnecessary, unjustified, illegal and degrading search of Samar, who is in fact a US citizen. The search, which was apparently inappropriately invasive, seemed based on her ethnicity and her religion which was evident because she was wearing hijab at the time. As a spokesperson said, in their view Ms Kaukab was forced to undergo a humiliating search not because she posed a security threat but on account of the fact that wearing a hijab identified her as Muslim (Chaitan, 2002).

Without labouring this point, I hope for our societies that we can resist turning into, what has been dubbed in Australia, ‘Fortress Australia’. A place where, because the world is getting too scary, we focus inwards, eschew that which is different, close ourselves up in our comfortable houses and concentrate on home beautification rather than social engagement. I was struck by the reality of this on hearing a comment from one of the participants in a pilot study I did with Kosovar refugees who have settled in the area in which I live. One of the women said something to the effect that ‘I don’t know what Australian people do, because in my suburb I have never met anybody, all they do is come home in their cars and lock themselves behind the front door’ (Whiteford, 2005a).

Diversity in occupational therapy

Moving on from a macro perspective to our home professional ground, there is an important question to consider: why is diversity essential in occupational therapy? Firstly and fundamentally, if we believe in the occupational potential of all people, then that means embracing people in their innate diversity. It means celebrating the diverse ways and means through which people engage in occupation and ascribe meaning to what they do. Ironically, though we may support such a belief, we have not necessarily enacted this through the several distinct eras of the profession (Wilcock, 2002). That is why, at a practical level, we need to be more relevant to more diverse peoples in more diverse environments and contexts in order to ensure our continued survival. At one level, it’s that simple.

At another level however, it is not. There are some real and current threats to continuing development of diversity in occupational therapy that many of you will be experiencing on a daily basis. Institutionally, we live in an era of managerialism, in which the economic considerations predominate. This means that, in real terms, practice is becoming more and more homogenised and formulaic despite complex needs (Schwandt,

2005) and individual differences, especially in acute settings.

One of the other institutional threats to the development of diversity in occupational therapy is the discourse that surrounds evidence based practice (EBP). I have made this point previously (Whiteford, 2005b), suggesting the way in which EBP is currently framed most certainly privileges particular knowledge paradigms and particular types of research. When we start accepting constructions such as hierarchies of evidence, we are immediately in conflict with our beliefs about people and the most appropriate means through which we can understand the diversity of occupation (Iwama, 2005). Clearly, if we start reifying quantitative approaches (most notably randomised control trials) and rejecting qualitative research, we are at risk of delimiting our ability to develop our knowledge base.

We also risk losing the means by which to elucidate complex human phenomena. Take for example Touringy's (1998) study of inner city youth in Detroit. It stands out as a cogent example of the value of qualitative research in informing diversity in healthcare practice. Her study, which originally was oriented towards HIV/AIDS educational programmes, instead uncovered a practice (after a long period of time in which she developed the trust of her participants) by Afro American youths to actively 'choose' to acquire HIV, knowing the consequences. This was a shocking finding, pointing to extreme existential issues linked to socioeconomic milieu, including hopelessness, despair and suicidality. Such a finding would never have been possible through quantitative means, highlighting the importance of arguing for inclusivity in research approaches as means through which to comprehend the complex and the context.

When it comes to ways of knowing and understanding occupation, we may have had a largely narrative orientation, but the dominant cultural paradigm has been Eurocentric, grounded in historically and culturally received understandings and beliefs about, for example; self and other; the primacy of the individual as opposed to the collective; an orientation to time which is linear rather than cyclic, a temporal orientation shaped by Judeo-Christian history and tradition (Hassard, 1990). On reading even the most basic occupational therapy text, it is very evident that Western theoretical models centralise the individual who acts agentically and rationally in their environment, fulfilling personal occupational goals across the life course. This is of course unless there are mitigating factors that prevent such forward progress, which is where we apparently come in, to enable progress again through a range of strategies and interventions.

Cultural diversity

It is no wonder then that individuals and groups have railed against such a culturally loaded construction. Take for example, the group of women I had the great fortune to hear speak when I was in South Africa recently: GAPA – Grandmothers Against Poverty and AIDS (see <http://www.gapa.org.za/>). As I understand it, initially there were a group of women, all grandmothers living in a township caring for grandchildren because their own children had died from AIDS. Each had been referred by a doctor to occupational therapy because he

thought they were depressed. Eventually, the women agreed that depression was not their problem, rather they were in fact facing extremely marginalising conditions. When the therapist wisely decided that continuing along traditional lines was not going to work and instead asked them what they wanted to do, the women unanimously said they wanted to earn money.

The rest is legendary – a donated truckload of scrap fabric was made into bedspreads and toys. The occupational therapist started lobbying to get a small grant on the women's behalf. They developed business skills and created a business starting with one shop. They now have several across South Africa and all the profits go to the wholesale purchase of condoms and to establishing market gardens which provide employment for the young people as well as making fresh produce available. In essence, these women did not need therapy and traditional models of occupational therapy were of little relevance to them. Instead the best thing the occupational therapist could do was to act as a facilitator, coach, lobbyist, advocate and conduit of resources and information to the point where the women no longer needed her.

Emergent diversity theoretically

I do not want to paint a bleak picture of occupational therapy with respect to diversity because some real and exciting innovations are taking place, and they are happening at different levels. Theoretically, we can see the emergence of indigenous knowledge as a paradigm guiding the development of contemporary occupational therapy theory. In New Zealand, Ratima & Ratima (2005) have developed guidelines on how Tipu Ora (traditional Maori beliefs re: health and well being based on collectivism and interconnectedness between people and environment) can guide practice. In Australia, Jo Gwynn is doing interesting work with indigenous understandings of wellness, family, community and diet to address type 2 diabetes. Her work is serving to highlight the essential collectivism that needs to be addressed in aboriginal communities as a basis for any programme to be negotiated (Gwynn, 2003).

Internationally, there are also some exciting developments. Michael Iwama has developed the Kawa Model (Iwama, 2006), which also reflects a collectivist orientation, rejecting the anthropocentric orientation of Western models. The model is underpinned by Buddhist (Mahayana and Zen) and Taoist beliefs. It offers a new perspective, and a beautiful metaphor, on human agency and life events.

Another work which points to a growing pluralism theoretically, has been the book *Occupational Therapy Without Borders* (Kronenberg, Algado & Pollard, 2005), which has presented a variety of perspectives from many different contexts, highlighting the situated nature of occupational therapy and the need to politicize our efforts to enhance our impacts. One of the more controversial constructions in the book is that of occupational apartheid, which refers to segregation of groups of people through the restriction or denial of access to dignified and meaningful participation in occupations of daily life on the basis of race, colour, age, gender, sexual preference, religion, political beliefs or other characteristics. It will be interesting

to see how members of the profession interact with such a construction over time in different parts of the world.

Emergent diversity in ways of being, doing, and understanding in occupational therapy

Increasingly, the features of occupational therapy are becoming more diverse. Although it has been relatively slow to change, the demographic characteristics of the profession include greater gender, ethnic and socioeconomic diversity. There is also increasing diversity in levels of educational programmes (for example, undergraduate or Masters entry) and modes of delivery (a combination of distance and campus based learning). In terms of doing occupational therapy, there is a simultaneous diversity of settings in which occupational therapists work and the roles they play therein. From settings such as schools, community health centres, local government, building sites to homeless shelters and NGO's in resource poor countries, occupational therapists work within policy advisory, advocacy, research, management, leadership and community advocacy capacities. Perhaps because we are increasingly clearer as to the core principles we believe in and that make us unique, such as occupational justice (Townsend & Wilcock, 2004), we recognise that we will work in different ways depending on the context. Accordingly, it seems that we have moved beyond having to endlessly define our role (Chomsky, 2002). Instead we are clearer and firmer about exactly what it is we stand for.

In terms of research, both into occupation and into occupational therapy efficacy, there has been a sharp increase in the amount of research activity internationally. What is exciting is that the research quantum is also characterised by methodological pluralism, in which diverse research approaches and methodologies ranging from ethnographic, life history and case study approaches to participatory action research, meta-analytic and multi method strategies are now evident, addressing a range of research questions in a range of contexts (Molineux & Whiteford, 2006). Our collective knowledge base, our epistemic foundations, can only benefit from such development.

The Wero: Concluding reflections

"Occupational therapists are artisans of meaning, enabling clients and communities alike to give shape to what matters most. Today, our scope of action broadens to include global citizenship with education as a pivotal strategy behind such a radical shift" (Thibeault, 2006, p.164).

Occupational therapy has had a somewhat chequered history in which it has been unduly influenced by prevailing discourses that, in retrospect, we can see have had a detrimental impact on the discipline, inhibiting the realisation of its potential societal contribution. We are at a pivotal time historically in which, from a more mature and reflective standpoint, we can fully claim our place, our professional *turangawaewae*.

Diversity in knowing, doing, and understanding occupation and occupational therapy is happening, but it's probably happening too slowly relative to social, economic and political drivers. Therefore if occupational therapy is to metamorphose, it needs conscious action on behalf of the next generation of

the profession and on behalf of the peoples we serve. This will require us to:

- Claim our domain as occupation
- Identify our purpose, or *raison d'être*, which is to enable occupation
- Articulate our collective vision which is to create a more occupationally just world
- Describe ourselves as occupational therapists: experts in doing
- Define ourselves and our areas of speciality practice according to our domain of concern, rather than within the linguistic structures of biomedicine. Lawyers, for example, who like occupational therapy have their domain in their title, specialize in areas such as family law or corporate law. So too could we be specialists in occupational adaptation, occupational development or perhaps even occupational (re)integration.

Such a bold move would potentially liberate us from the constraints of defining ourselves by anatomy eg. 'hands', age eg. 'paediatrics' or relative to diagnosis eg. 'neuro' and allow us to focus on enabling people to participate in life, through occupation. Such a move also mandates us to move into those settings and environments where occupation occurs naturalistically – homes, communities, work places – and be with people using a range of strategies including coaching, advocating, building and, as suggested in the quote from Thibeault above, one of the most powerful enablement strategies of all: being a conduit for information and education. Clearly, it is an era in which doing things differently will be required. This is the wero.

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