

**The political construction of occupational therapy in South Africa:
Critical analysis of a curriculum as discourse**

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Declaration

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24 May 2019

Summary

Does the occupational therapy curriculum strengthen the reproductive machineries of the departments, and by extension the universities in which they are located? Are the patterns of inclusion and exclusion a function of curriculum? This is the key interest of the study, especially since developments post-1994 in South Africa indicate that transformation in higher education has been painfully slow. This is particularly so in the profession of occupational therapy and its academic departments, both in terms of prevailing surface patterns of homogeneity and implicit exclusionary practices. At the particular historically Afrikaans-medium University which is the focus of this study, 95% of students are white and female, a pattern that is mirrored in the demographic representation of lecturing staff, in spite of regulatory imperatives and multiple institutional efforts to recruit student applicants and staff from diverse backgrounds.

Though white South Africans nationally constitute 8,9% of the country's population, about 60% of all occupational therapy graduates are white and female, a pattern this study is probing at the level of curriculum. The core values of the occupational therapy profession include a commitment to occupational justice and, at least in theory, a highly reflexive-responsive attitude when judging the paradigms shifts occurring over less than a century. Nevertheless, there is increasing evidence that the profession is grappling with its Eurocentric origins and their taken-for-granted, embedded norms. The profession is confronted by perceived patterns of (un)just exclusion/inclusion against a backdrop of calls for the decolonization of curricula. These enduring, semi-permanent patterns, with their racialized outcomes in the South African context, call for a deeper analysis of the role of curricula in the continuous underrepresentation of black students, particularly male students, in the profession.

My study is anchored in a post-structuralist critical theory paradigm. I draw upon a Foucauldian discourse analysis (FDA) approach which includes an archaeology-analysis and a genealogy-analysis. I treat curriculum as both the discourse and the interface between the conditions of possibility, that is, the rules of formation for how knowledge comes into being and how it is reproduced through the technologies (rationalizations) of power and self. Data sources for the archaeology-analysis included commemorative documents of universities on the origin of their programmes; historical international, national and institutional regulatory documents; and the South African Journal of Occupational Therapy archive from 1953-1994, with specific focus on the Vona du Toit memorial lectures. In the genealogy analysis, the lens of 'layers of curriculum' is employed: the formal, the informal, the hidden and the negated curriculum. This approach was

chosen to show how some patterns discontinue while others persist through rationalizations of power and inventions of the self as a legitimate bearer of knowledge.

The study consists of two in-depth analyses, the methods of which emerged through a prolonged critical engagement with the existing literature. An archaeological excavation was carried out on the construction of the rules of formation of knowledge – specifically as it came about in South Africa in the historical context of post-/neo-colonialism and apartheid. In this instance, the reproduction of these rules is situated within the specific current occupational therapy curriculum at a historically Afrikaans-medium university. The genealogy-analysis is innovative, since it not only problematizes the (student as) object that emerges from the rules of formation but also extends its enquiry to the rest of the constituents of the rules of formation of knowledge: enunciative modalities, concepts, and strategies.

Within the archaeology-analysis, eight main themes and eight subthemes were excavated. Examples of the main themes, as part of the formation of the object, include ‘the occupational therapist as a white female’ and ‘white exceptionalism’. With the formation of enunciative modalities, the role of regulatory bodies and their historical origin, together with contextually situated subject positions, the bedrock of a Victorian familial trinity emerged: the ‘medical doctor as father’, the ‘occupational therapist as mother’, and the ‘patient as child’. Concerning the formation of rules for concepts, the findings include the political ambiguity of the profession prior to the country’s democratic election, together with a rich ‘know-how’ basis that affirms its pragmatic roots. In terms of the formation of rules of strategies, the themes of holism and the need for recognition of the profession’s ‘uniqueness’ unfold in this part of the inquiry.

In the genealogy, the critical analysis shows how the historical norms of geo-politically bounded white demographics, seen as a dominant epistemological marker, are reproduced through rationalizations and notions *inter alia* of exceptionalism and meritocracy, as well as the ideological imperatives of docility as virtue. In terms of the repetition of enunciative modalities, the reproduction of the taken-for-granted discourse of hierarchy based on paternalism is illustrated in student discourses, for example on the constitution of the student association. With regard to the reproduction of concepts, the reification of the negation of political clarification, pertaining for example to decolonization, is highlighted by showing the rationalization of monocultural epistemologies, with epistemic silence that may lead to epistemic injustice. Turning to the formation of strategies, the tension between the philosophical underpinnings of holism and the limits of occupational therapy practice and core aspects of curriculum are pointed out.

The study shows that by viewing curriculum-as-discourse, the historical markers for the reproduction and reification of unjust patterns of inclusion and exclusion can be archaeologically excavated. By framing curriculum-as-discourse, one is able genealogically to identify the modes of rationalization that maintain such patterns. In this way, a curriculum may be reconceptualised so that it is built on epistemic freedom, making it contextually relevant to socially just education and practice. A thorough, non-authoritarian self-reflexivity about the contextual, historical origins of (a profession's) ways of thinking, speaking and doing, together with the ability to ideate new narratives, are important aspects in achieving self-determinacy and liberating the profession and its knowledge from its colonial and apartheid past. Perhaps, in such a way, we can create an orthogonal disruption that can go some way towards generating something new, not merely (re)producing another pathway heading for the same destination.

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Glossary of concepts and terms

- **Archaeology:** This was an approach Foucault used to analyse the historical rules of formation of knowledge – a method that decentres the inquirer as subject. There are four rules of formation that are sometimes referred to as the four ‘elements of archaeology’: a) formation of the object, b) formation of enunciative modalities (who are important speakers and how they come to be regarded as legitimate authorities), c) formation of concepts (ways of reasoning), and d) formation of strategies (theoretical themes, ideologies and perspectives regarding the future) (Foucault, 1969/2011; Gutting, 1995, pp. 231-238; Howarth, 2002, pp. 52-55; Jäger & Maier, 2016, pp. 128-130). For this study, the historical rules for the formation of the occupational therapy profession’s implicit knowledge (*savoir*) were excavated in order to determine the historical markers that created the conditions of possibility for a current curriculum, in which these historical markers dis/continue as taken-for-granted norms. The rules of formation are also referred to as the *discursive regularities* of a discursive formation (i.e. occupational therapy) (Foucault, 1969/2011).

- **Curriculum-as-discourse:** Curriculum as discourse in its broadest sense, is seen as dominant (often taken-for-granted) ways of thinking, speaking, doing and being. Curriculum-as-discourse therefore

refers to the relationships between disciplines, curriculum, courses, vocations and the professional, intellectual and institutional practices that create and maintain modes of classification, control and containment that construct disciplinary and professional identities along social, economic, cultural, racial and other fault-lines already resident in society. These discursive techniques and forms of organisation and streaming are tactical and strategic elements for different forces to advance their interests and projects, while also providing points of resistance for counter-strategies to develop (see Howarth on Foucault, 2002: 49).

(Keet, 2010, p. 3)

At the level of university programmes, this refers to the total learning experience of a student, consisting of four dimensions: a) formal, b) informal, c) hidden, and d) null curriculum (O'Donnell, 2014, p. 185 Kindle loc.). The classification of the four dimensions was especially relevant for the data collection of the genealogy-analysis (See discussion in Chapter 4 – *Methodological orientation: A Foucauldian approach*, 4.4.2. and Chapter 6 – *The*

genealogy of an occupational therapy curriculum). (See discussion on the four dimensions in 2.6.1. 'Curriculum as Concept'.)

- **Discursive formation:** In this study, occupational therapy is seen as a discursive formation (see O'Farrell (2005, p. 134) who states that the term in general refers to a 'scientific discipline'). A discursive formation occurs when certain ways of talking about discursive practices (i.e. the things early occupational therapists did that marked their health care practices, as distinct from those of other health care professions) become established (Sawyer, 2002, p. 436).
- **Epistemology:** Epistemology emerged as a central concept in relation to the archaeological rule of formation of concepts. For this study, epistemology concerns a "philosophical grounding for deciding what kinds of knowledge are possible and how [it can be] insured that they are both adequate and legitimate" (Maynard (1994) in Crotty (2009, p. 8).
- **Foucauldian discourse analysis:** FDA is a broad term for the Foucauldian analysis of discourse/s, which includes a) *historical inquiry*, b) *the examination of power relations and how they operate* through the technologies of power, self and modes of subjectification, as well as c) *"the practices through which certain objects, concepts and strategies are formed"* (Arribas-Ayllon & Walkerdine, 2008, pp. 99, 92-93). In this study, (a) was done using an archaeology-analysis, and (b) using the genealogy-analysis by analysing the dis/continuation of all four rules of formation. The occupational therapy curriculum at a particular historically Afrikaans-medium university was seen as the collective practice (c), through which the historical rules of formation became reified.
- **Genealogy:** For this study, genealogy is a Foucauldian methodological approach that analyses how the rules of formation as historical markers (as they emerged from the archaeology analysis), which inserted themselves upon the knowledge of the occupational therapy profession as norms/truth regimes, are (re)created and maintained through certain rationalizations or strategies. (These rationalizations and strategies are also called 'technologies'.) (See *inter alia* (Foucault, 1997, pp. 177, 225; Arribas-Ayllon & Walkerdine, 2008). The rationalizations and strategies employed to effect the continuation of a certain (curriculum as) discourse, also lead to patterns of inclusion/exclusion.

- **Global North and Global South:** Drawing upon the work of Connell (2007), Santos (2014) and Ndlovu-Gatsheni (2018), the Global North (minority world) here refers to countries which have a history of political, economic and epistemological domination over those of the Global South (majority world) - often attributed to colonising histories and the continuation of colonial trajectories associated with the aforementioned.

- **Knowledge (*connaissance* and *savoir*):** Knowledge is a central Foucauldian concept. Rather than an intrinsic human feature, it is seen as being historically socio-politically constructed. Foucault distinguishes between two types of knowledge: *connaissance* and *savoir* (O'Farrell, 2005, p. 142). *Savoir* is the general, pre-existing, implicit origin of what is regarded as being known in any scientific discipline or, for the purpose of this study, profession (Foucault 1998, p. 261; Foucault, 1969/2011, p. 16). *Connaissance* refers to the formal, reputable body of knowledge of an academic discipline or profession, often viewed as value-free, in the form of philosophical and/or scientific textbooks and theories (Foucault, 1998, p. 261; Schreurich & McKenzie, 2006, p. 846). *Savoir* is therefore the historical 'conditions of possibility' for the emergence of formal knowledge, that is, *connaissance* (Foucault, 1998, p. 261). In this study, *savoir* is associated with the archaeological historical construction of the occupational therapy profession in South Africa (cf. research objective 1.5.1.). *Connaissance* however relates to the occupational therapy curriculum at a specific historically Afrikaans-medium university in South Africa (cf. research objective 1.5.2.). As a whole, both *savoir* and *connaissance* are viewed as part of occupational therapy curriculum-as-discourse (cf. 2.5.1.2. for a discussion on how discourse as the interface for curriculum, morphologically shifts between the archaeology-analysis and genealogy-analysis.)

- **Occupational justice:** Deriving from social justice, the concept of occupational justice is seen as a core (normative) value in occupational therapy. It underlies "the recognition of, and provision for, the occupational needs of individuals and communities, as part of a fair and empowering society" (Watson, 2004, p. 56). Townsend (2003) points out that occupational injustice takes place when "participation in daily life occupations is barred, trapped, confined, restricted, prohibited, undeveloped, disrupted, alienated, imbalanced, exploited, deprived, marginalised, or segregated" (p. 6). Various types of occupational injustice have been conceptualised and developed, such as occupational alienation, occupational imbalance, occupational deprivation, occupational marginalization and occupational apartheid (Durocher, 2017, pp. 11-12; Kronenberg & Pollard, 2005; Stadnyk, et al., 2010; Townsend & Wilcock, 2004b; Whiteford, 2000):

- **Occupational alienation** not only denotes the exclusion of occupational participation but also the burden this implies (Durocher, 2017, p. 12) and occurs when someone's experience of participating in an occupation is "demeaning, soulless, tiresome, coercive [and] meaningless" (Townsend & Wilcock, 2004b).
- **Occupational imbalance** occurs when someone engages too much in one type of occupation, such as work, and does not have time or opportunity for activities which offer pleasure or restoration - often due to external factors out of their control (Stadnyk, et al., 2010).
- **Occupational deprivation** is defined as "social exclusion by restricting a population in diverse contexts, such as prisons, refugee camps, care facilities, or other isolating situations, from participating in occupations that would promote their health and well-being" (Nilsson & Townsend, 2010, p. 58).
- **Occupational marginalization** is often described as one of the more pervasive types of social exclusion and occurs when people are restricted "from experiencing autonomy through lack of choice in occupations" (Nilsson & Townsend, 2010, p. 58).

- **Occupational therapy:** Drawing upon the Canadian definition of the profession, a basic definition of occupational therapy is:

...the art and science of enabling engagement in everyday living, through occupation; of enabling people to perform occupations that foster health and well-being; and of enabling a just and inclusive society so that all people may participate to their potential in the daily occupations of life.

(Townsend & Polatajko, 2007, p. 372)

However, this study accords with the critical contestation of historically constructed socio-politico Eurocentric repetitions of taken-for-granted practices of occupational therapy against the backdrop of the "increasing precariousness of the global social life, the economic crises of many social systems, and the deterioration of the ecological environment [through] rethinking of the foundations that underpin identities, knowledge and practices of occupational therapy and their effects on society" (Guajardo, et al., 2015, p. 3).

- **Occupational science:** Drawing upon the contemporary definition given by the University of Southern California (USC), regarded as one of the main higher education institutions in the studies of the discipline:

Occupational Science is the science of everyday living. An academic discipline, it focuses on the benefits of productive, social and physical activity (called

“occupations”) in people’s everyday lives. It is devoted to learning how engagement in occupation can address global health concerns of the 21st century by promoting health, well-being and quality of life across the lifespan.

(USC, 2019)

- **Ontological(ly plural):** This was one of the themes which emerged from the archaeology-analysis as a rule for the formation of concepts. For this and the genealogy-analysis, the term ‘ontological’ refers to the set/s of theoretical claims, assumptions and concepts that occupational therapy draws upon in its enquiry about the nature of occupation and the human as an occupational being (Blaikie, 2007, pp. 3, 38-40; Quinton [Lord], 1999, p. 609)
- **Power:** Power is a central Foucauldian concept and is applied across a wide array of contexts e.g. the State, law, sex, and ethics. For the purpose of this study, it is understood to be relational as the “exercise of power perpetually creates knowledge and, conversely, knowledge constantly induces effects of power” (Foucault in (Gordon, 2000, pp. xv-xvi). However, power is not only oppressive but can also be productive in that it can lead to discourse (Foucault, 2000, p. 120).
- **Programme (academic):** Also referred to as a ‘learning programme’, this denotes a set of learning experiences that are structured and aimed towards obtaining a qualification (SAQA, 2014, p. 6). A (learning) programme usually gives an overall outline of the various modules required for the qualification, their module codes and how the credits from these modules add to the total credit for the programme.
- **Social justice:** Drawing on Fraser (2009), the point of departure for this study is that “the most general meaning of justice is parity of participation”. Parity of participation three dimensions with three modes of justice respectively: i) economic - “*redistribution*”; ii) cultural - “*recognition*” and iii) political - “*representation*” (Fraser, 2009, pp. 16; 16-18, emphasis own). However, it is argued that parity of participation in knowledge production, is also an important extension of social justice. Furthermore, this study accords with Sen’s notion of measuring justice not in a binary manner of having achieved it or not, but rather to which extent social justice is reached, evaluating such an extent correspondingly on a continuum of indicators for quality of life and well-being (Sen, 2009).

- **Statement:** A statement is seen as a group of “serious speech acts” (Dreyfus & Rabinow, 1982, p. 48) that constitute a discourse (Sawyer, 2002, p. 438). For this study, the data sets for the archaeology and genealogy analyses were treated as statements in so far as they were constitutive of occupational therapy curriculum as discourse.

- **Technologies:** Technologies are a collection of the practical rationalities people employ toward achieving a collective and deliberate aim (Rose, 1996, p. 26; O’Farrell, 2005, p. 158). Technologies (a form of power) enable people to construct truths together with knowledge (Foucault, 1988, p. 16; Foucault, 1997, p. 225).

- **Truth:** A central Foucauldian concept, truth is seen as the product and materialization of knowledge and power. It takes form through people’s generation of knowledge based on experiences, as well as “multiple forms of constraint” (Foucault, 2000, pp. 131-133). For this study, curriculum, as it is treated in the genealogy-analysis, is seen as a collection of ‘truth regimes’ and a materialization of the product between knowledge and power.

Acronyms

AOTA	American Occupational Therapy Association
DE	Department of Education (South Africa)
DHET	Department of Higher Education and Training (South Africa)
DIRAP	Directorate for Institutional Research and Academic Planning (UFS)
NQF	(The South African) National Qualifications Framework
OTASA	Occupational Therapy Association of South Africa
HPCSA	Health Professions Council of South Africa
SAMDC	South African Medical and Dental Council
SAAOT	South African Association of Occupational Therapists
SAJOT	South African Journal of Occupational Therapy
SAQA	South African Qualifications Authority
UFS	University of the Free State
UOVS	Universiteit van die Oranje Vrystaat /University of the Orange Free State
UNESCO	United Nations Educational, Scientific and Cultural Organization
USA	United States of America
WFOT	World Federation of Occupational Therapists
WHO	World Health Organization

Chapter 1 - Introduction and background to the study

What I am trying to do is grasp the implicit systems which determine our most familiar behavior without our knowing it. I am trying to find their origin, to show their formation, the constraint they impose upon us; I am therefore trying to place myself at a distance from them and to show how one could escape.

(Foucault in Simon, 1971, p. 201)

How and why does the occupational therapy curriculum, as a politically constructed discourse, generate and sustain various patterns of inclusion and exclusion? This is the central concern of this study. Occupational therapy as a profession has declared its commitment to diversity, cultural responsiveness, inclusive education, and occupational justice for people of marginalised groups (WFOT, 2016b; WFOT, 2014; WFOT, 2012; WFOT, 2010; WFOT, 2008). In addition, the profession seems to be highly responsive in its reflexivity. In its existence of about a century, it has made two paradigm shifts in its quest to remain true to its humanistic and holistic philosophical underpinnings (Duncan, 2011, pp. 21-23; Kielhofner, 2009, pp. 17-55; Kielhofner & Burke, 1977). Today the profession is increasingly engaging with its Eurocentric origins and its taken-for-granted embedded norms regarding the classifications of occupation (Gerlach, 2015, pp. 246, 248-251; Hocking, 2012; Kantartzis, 2017; Motimele & Peters, 2017). Both occupational therapy as a profession, and occupational science as discipline are probing its critical and scientific epistemology (Farias & Laliberte Rudman, 2016; Hocking & Mace, 2017), and what constitutes occupational justice, and by whom, for whom (Hammell & Beagan, 2017). Against the backdrop of the profession's origin and practice during apartheid in South Africa, it is also interrogating its (occupationally unconscious) political conscription into the reproduction of systemic oppression (Ramugondo, 2015; Ramugondo, 2018) in areas of, for example, vocational rehabilitation and education.

In the domain of higher education, more than two decades after democracy, while white South Africans constitute 8,9% of the country's population, about 63% of all occupational therapy graduates remain white and mostly female (OTASA, 2018; STATS SA, 2017). At one of the historically Afrikaans-medium universities, about 95% of the occupational therapy students and staff are white and female - a glaring contrast to the rest of the campus' student population. Despite the department having undertaken several strategies in pursuit of more representative applications and admissions, this pattern remains unchanged (rauch van der merwe, 2012-2018).

Could these reproductive patterns of inclusion/exclusion, carried over from the past into the present, be a coalition between unconsciousness of what has come to be taken-for-granted knowledges, and power that produce certain truth regimes in the form of a curriculum? (Especially since curriculum is one of the most significant vehicles for formalised knowledge). Could a curriculum-as-discourse, carry the historical markers for the recurring construction of a certain type of student as object, determining who and what is valued as legitimate authorities and knowers, the ways of reasoning about, and values assigned to our knowledge, and how the profession's future is imagined? As an occupational therapy educator at a historically Afrikaans-medium university, these were the questions that gave me the impetus to carry out this study. This was the very same university from which I graduated in the year South Africa attained its new democracy.

1.1. Background

The political *a priori* for the origin of occupational therapy in SA

The first occupational therapy educational programme was introduced in 1943 during World War II at the English-medium University of Witwatersrand in Johannesburg by two British women who were delegated by the Red Cross (Crouch, 2016, pp. 36-38). In this period South Africa was still part of the British Empire, which meant that some of its civilians were recruited to fight in both World Wars. From this arose a need for 'paramedical' services in hospitals. The creation of further health care services was propelled by widespread outbreaks of tuberculosis among mine workers – most of whom were African (Dart, 1963; Thompson, 2014, pp. 3631, 4156 Kindle loc.).

This period was also marked by the rising tide of Afrikaner nationalism and its apartheid ideology that was formalised in 1948 – of which the policy implementation by Hendrik Verwoerd as the Minister of Native affairs in 1950, is seen as instrumental to stabilising the apartheid discourses of unjust inclusion and exclusion. Both British colonialism and apartheid (also known as 'colonialism of a special kind' – CSK) were underscored by white supremacy and socio-economic and political hegemony. However, while British colonization of South Africa was mostly driven by economic imperatives, the apartheid rationale was characteristically centred on the Christian religious dogma of the 'chosen': a superior and civilized race (Thompson, 2014, pp. 3631, 42660 Kindle loc.; van der Westhuizen, 2007). Apartheid ideology and governance permeated every area of existence on political, sociological, and economic levels. It was a *discourse* that defined the ways

people thought, spoke and imagined. It moulded their identities, how they related to other people, and how and what they came to know.

On the international front, the World Federation of Occupational Therapists (WFOT) was founded in 1952, South Africa being one of the original members. The first versions of the WFOT Minimum Educational Standards, and code of professional ethics were put forward and adopted by the South African Association of Occupational Therapists (SAAOT) (Davy, 1975; Spackman, 1969). In 1953, the association established its own scientific journal, the South African Journal of Occupational Therapy (SAJOT). From 1955 to 1980, occupational therapy programmes were implemented at seven other higher education institutions in South Africa. The adoption of the minimum educational standards rendered the content of the occupational therapy programmes quite uniform, granting the profession sufficient leverage to stabilise it as a *bona fide* and creditable higher education programme. The statutory body for health care professionals (South African Medical and Dental Council) made it compulsory in 1971 for occupational therapists to register (Crouch, 2016, p. 103). In 1976 the scope of the profession was published in the Government Gazette (Government Gazette of South Africa, 1976). However, on the educational platform, one of the effects of apartheid was that universities were segregated on the basis of race, and language, given that universities' early admission criteria for students during apartheid, were also in terms of Afrikaans, or English. This meant that while occupational therapy students were taught similar content, they were not taught in the same way. These were all important events that marked the discursive formation of occupational therapy's implicit knowledge (*savoir*): *inter alia* how an occupational therapy student was constructed as object in relation to geopolitical contexts, and who/what was included/excluded in the profession's views about legitimate knowers, ways of reasoning and our perspectives on the profession's future. This *a priori* historical context gave shape to the conditions of possibility for the ways in which any specific curriculum (*connaissance*) could be realised, practiced and maintained.

Higher education transformation in post-1994 South Africa

In the Republic of South Africa, higher education has shifted dramatically in terms of its architecture in line with the dismantling of various apartheid systems and policy post-1994. The significant Education White Paper 3: "A Framework for Transformation and a Programme for Transformation" (DoE, 1997, pp. 1, 7-9) laid down the key principles for transforming the system. These principles included:

- *Equity* and redress in terms of access and achievement in higher education,
- *Democratization* that included the voices of all stakeholders, and transparency in decision making,

- *Development* of the public good through knowledge production and dissemination,
- *Quality* of educational and academic standards,
- *Effectiveness and efficiency* applied by higher education institutions in order to reach their objectives successfully and sustainably,
- *Academic freedom* in order to enable innovative and progressive knowledge production
- *Institutional autonomy* aimed at self-efficacy in a democratic environment, and
- *Public accountability* in terms of meeting the aims and the use of resources.

Marked progress has been achieved in the higher education sector in terms of equity, numbers of students who are able to access higher education, and pockets of excellence in areas of research, teaching and learning (Badat, 2007, pp. 9-11; Baijnath, 2016, p. i; Webbstock, 2016, pp. 21-37). However, several reports on the state of transformation in higher education post-1994 reveal pervasive exclusionary, discriminatory and hegemonic patterns among staff and students along the lines of race and gender, in addition to untransformed and alienating epistemologies, institutional cultures and curriculum (Badat & Sayed, 2014; DoE, 2008; DHET, 2015; Keet & Swartz, 2015). The persistence of unjust patterns of inclusion/exclusion seems to reflect the painfully slow transformation of higher education in South Africa. Reproductive patterns that appear to be semi-permanent also seem to determine an equally semi-permanent organization of knowledge. This is compounded with an increased economic pressure experienced by universities, decreased state funding, and macro ideological discourses of globalization and neo-liberalism (Badat, 2015/2016; Dlamini, 2018; Harvey, 2005). In no small measure, this gave rise to what Badat (2015/2016) in Gramscian terms referred to as an “organic crisis” (pp. 72-74) in the form of the student protests and #FeesMustFall campaign between 2015 and 2016 (see for example CVR, 2016; Jansen, 2017; Mutekwe, 2017). The students, the first generation that was ‘born free’ from apartheid, reached a critical saturation point of frustration. The discourses of un-freedom, inequality and indignity (i.e. un-democracy) that the progressive higher education policies post-1994 were meant to redress seem time and again to throw their historical shadows over an interplay between the oppressor and the oppressed, the perpetrator and the victim - collapsing into a circular pattern of the haunted past and the hopeful, struggling present.

Curriculum as the political

Curriculum should not be understood only in terms of the content taught. In the genealogy-analysis, I draw on O’Donnell’s (2014, p. 185 Kindle loc.) definition of curriculum, which consists of four dimensions. The first, the formal curriculum, is also known as the intended curriculum. The second, the informal curriculum, comprises the interactions in the in-between spaces among the students and with the academic faculty. The third, the null curriculum, refers to what is absent.

The fourth, significantly, is the hidden curriculum, which includes both pedagogy and the tacit rules and embedded values that mould students' behaviour. In 1990, outlining the history of education of black people in South Africa as it were as a genealogy, Jansen referred to the curriculum as a political phenomenon. He asserted that "curriculum knowledge cannot be neutral" (Jansen, 1990, p. 196). Given the fresh calls for the decolonization of higher education (Higgs, 2016; Kessi, 2017; Mamdani, 2018; Mbembe, 2016; Morreira, 2015; Piper, 2018; Ramugondo, 2018), there is again a pressing need to understand the role of curriculum in the reproduction of unjust patterns of inclusion and exclusion. Therefore, it should be borne in mind that the markers for epistemological access may be embedded in the curriculum. Student protests in South Africa were partly fuelled by an accumulated exasperation with the continued epistemological alienation, "when the meanings, norms, codes, practices and values of academia in general and disciplines in particular, are not made explicit such that students remain locked out of particular ways of knowing, thinking and understanding" (CHE, 2017, p. 5). Since curriculum may constitute people's ways of thinking, speaking and doing, it can also be viewed as discourse.

Relevance to occupational therapy

A core value in occupational therapy is occupational justice, which is an extension of social justice. Occupational justice underscores the importance of giving people equal access and the opportunity to participate in a variety of occupations that are dignified and enable health and wellbeing (Peters & Galvaan, 2017; Rushford & Thomas, 2016; Townsend & Wilcock, 2004a). However, given that the profession is increasingly interrogating the homogenous origin of its scientific roots in terms of gender, worldview, class (Hocking, 2012) and knowledge generation (Farias, et al., 2016; Hammell & Beagan, 2017; Joubert, 2010), one must ask the question: To what extent can the profession enable occupational justice if it does not practice "occupational consciousness"? (Ramugondo, 2015). If it is not continuously aware of the "dynamics of hegemony and recognition that dominant practices are sustained through what people do every day, with implications for personal and collective health" (Ramugondo, 2015, p. 488), it will risk perpetuating the very injustice it seeks to address, rendering it a vehicle for reproducing injustice. The implication in practice is that this lack of a critical posture may in turn lead to epistemic injustice. Drawing from the work of Miranda Fricker (2007; 2017) I define epistemic injustice as the unexamined *a priori* assumption, often embedded within discreet discourses of superiority and domination, that some groups of people are illegitimate or less-legitimate 'bearers of truths' (see in Zaaïman, 2015). Epistemic injustice couples the denial of epistemological virtue and implies the denial of a person's condition of being fully human (Ndlovu-Gatsheni, 2018, p. 3). All knowledge has the potential to bring about epistemic injustice. The curriculum is a significant

vehicle for knowledge distribution. Unless we consciously interrogate it for the codes of unjust, reproductive patterns of inclusion and exclusion, we will be unable to disrupt such reproduction. Epistemic injustice may be a significant consequence, one that deeply entrenches the alienation of knowledge generation, acquisition and their contextual application. Where it is present, it will have direct implications for the concomitant values of occupational justice in the occupational therapy body of knowledge.

1.2. Rationale for the study

South Africa has a colonial and apartheid past of exclusion, dispossession and discrimination. These injustices as a discourse were expressed in higher education, where they were embedded in the designs, behaviours, practices and content of education. Since 1994 transformation in higher education has focused largely on policy and structural change of the sector. This includes attention to equity in student numbers and representations aimed at inclusivity, as discussed in section 1.1. While all of this was necessary, the evidence after 25 years of democracy shows that these measures were also deeply insufficient for the transformation project. A key embodiment of the past lies locked up in the curriculum as is taught. Several indications in the literature show the need for a critical posture in higher education concerning epistemological and ontological questions relating to curriculum, including the importance of dismantling the historical inscriptions of inclusion and exclusion (Badat, 2015/2016, p. 81; du Toit, 2000; Mbembe, 2016; Mungwini, 2016; Soudien, 2018). However, very little evidence is available on how markers for the historical inscriptions in a curriculum are formed, or how these markers are carried over in the current curricula. Examples of related studies, drawing on a critical theoretical paradigm in the South African occupational therapy context, include Joubert's (2010) study, which *inter alia* found that "a eurocentrically biased science forms the foundation upon which the South African occupational therapy curriculum was built" (Joubert, 2010, p. 21). Ramafikeng's (2018) study explored African students' learning experiences during fieldwork training. Her findings take account of the way students negotiate implicit codes about occupational therapy knowledge around their identities, as well as confronting the assumption of language as a main indicator of curriculum access and success.

I argue, therefore, that in order to effect transformation as fundamental change, curricular reform must be reconceptualised as part of the continuation of the historical struggles of South Africa against colonialism and apartheid – in other words, against exclusion and injustice. For me, the most useful theoretical lens is Foucault's corpus of work, as it explains the complex

interconnections between knowledge, power and the production and rationalization of truth regimes. Given the historical context of the implementation in 1943 of an occupational therapy curriculum, this implies that the profession as a body of knowers has been socio-historically constructed through a complex system of rules that are inscribed, legitimised and reproduced as truth regimes through an array of interrelated power relations (Foucault, 2000, p. 134) of which curriculum, as a form of knowledge transference, and therefore a discourse, is the main vehicle.

The reconceptualization of the occupational therapy curriculum is especially relevant, given the profession's Eurocentric and mono-cultural origin and the apparent continuation of the markers that it is critically probing (see for example Farias, et al., 2016; Hammell & Beagan, 2017; Kronenberg, et al., 2011; Ramugondo, 2018). Occupational therapy in South Africa will need to reconfigure its curricula in order to be contextually relevant for the African continent and to answer critical questions about whose curriculum is being taught, what is being taught, in which ways and for what reasons (CHE, 2017, p. 1). An understanding of the historical markers and reproductive mechanisms for continued patterns of unjust inclusion and exclusion in occupational therapy curricula would enable the profession to adhere to its commitment to occupational justice.

1.3. Purpose of study

In completing this study and answering the research question I hope to stimulate debate about transformation in higher education of health sciences. Firstly, my hope is that the findings of this study may demonstrate the importance of excavating those historical markers in occupational therapy curriculum-as-discourse that may be leading to the reproduction of unjust patterns of inclusion and exclusion – patterns that are sometimes difficult to explain or change. Once these patterns and rationalizations for reproduction are identified, it may then be possible authentically to interrogate taken-for-granted ways of thinking, speaking, doing and being. This may enable deep reflexive and transformational work, including the co-construction of a decolonised curriculum that will be contextually relevant – considerations for both education practice and research. It may also open a space for discontinuation and transformation that are constituted not necessarily of opposites, but rooted in agency, self-determination and the creation of new conditions for possibilities. Secondly, my hope is that the Foucauldian methodologies developed and applied in this study will contribute to dialogue in the larger field of critical discourse studies, especially in terms of the African and/or so-called Global South context.

1.4. Research question

Against the backdrop of curriculum-as-discourse, the main research question is:

How and why does the occupational therapy curriculum, as a politically constructed discourse, create and sustain various patterns of inclusion and exclusion?

1.5. Objectives

The objectives are twofold:

- 1.5.1. To excavate the rules of formation that shaped the implicit knowledge (savoir)¹ of the occupational therapy profession, and the conditions of possibility for the manifestation of a curriculum (connaissance)² at a particular historically Afrikaans-medium university.
- 1.5.2. To critically explore and disclose how the (socio/politico-historically constructed) rules of knowledge formation in a particular curriculum (as discourse) are reproduced and maintained as truths at a historically Afrikaans-medium university.

1.6. Research aim

The main research aim of the study was therefore:

- To develop a critical analysis of how the socio-historical political construction of the occupational therapy profession created certain patterns of inclusion and exclusion in relation to its rules of knowledge formation, and to explore critically how and why such patterns are sustained within a particular curriculum.

¹ Savoir is the general, pre-existing, implicit origin of what is regarded as being known in any scientific discipline or, for the purpose of this study, profession (Foucault 1998, p. 261; Foucault, 1969/2011, p. 16). Savoir is therefore the historical 'conditions of possibility' for the emergence of formal knowledge, that is, connaissance (Foucault, 1998, p. 261). As a whole, both savoir and connaissance are viewed as part of occupational therapy curriculum-as-discourse.

² Connaissance refers to the formal, reputable body of knowledge of an academic discipline or profession, often viewed as value-free, in the form of philosophical and/or scientific textbooks and theories (Foucault, 1998, p. 261; Schreurich & McKenzie, 2006, p. 846). Connaissance relates to the occupational therapy curriculum at a specific historically Afrikaans-medium university in South Africa.

1.7. Significance of the study

Within the ambit of transformation of higher education, this study may guide the point of departure for education practitioners at universities with the aim of curriculum review insofar as reconceptualising curriculum as discourse – especially at universities in South Africa that bear the implicit, historical epistemological inscriptions of apartheid. The findings of this study can provide valuable insights to the importance of not only identifying the historical markers of continuation of unjust patterns of inclusion and exclusion in curriculum, but also how these patterns are reproduced and maintained through various modes of technologies/rationalizations. When curriculum is seen and articulated as discourse, it may be possible for national regulatory bodies to start reconceptualising the indicators for the accreditation of programmes to include all of the dimensions of curriculum, especially pertaining to pedagogy and assessment practices – in this way effecting transformation by addressing several discursive levels of curriculum. As for health care studies, the findings of this study and methodology employed, may enable health care professions to accurately engage in critical reflection toward the importance of decentralising the health care worker as subject, both during education and health care practice.

1.8. Research approach and methodologies

This study is situated in a critical theory paradigm, and makes use of post-structural Foucauldian discourse analysis. Political in nature, this type of research is characterised by a focus on the mechanisms of oppression, analysis of power relationships and inequities. Responding to the call in the literature for the occupational therapy profession to find depth in socially just practice (Farias & Laliberte Rudman, 2016; Hammell & Beagan, 2017; Hocking, 2017; Laliberte Rudman, et al., 2008) will mean taking a critical stance, as “transformation can come about only if social agents can accept the theses of critical theory as a form of self-consciousness that can act as a guide to emancipatory action” (Macey, 2001, p. 76). In other words, in this research I do not accept the status quo but rather set out to give impetus to change (Crotty, 2009, pp. 113, 157).

Discourse theory carries the assumption that all objects and actions are meaningful, and that “their meaning is conferred by historically specific systems of rules” (Howarth & Stavrakakis, 2000, p. 3). Discourse is contingent and historically constituted both by and of society and culture, as well as the objects and subjects related to the research (Howarth & Stavrakakis, 2000, p. 3; Locke, 2004, pp. 1-10; Rogers, et al., 2016, pp. 369-370).

In terms of this study, occupational therapy curriculum, if viewed as discourse, can be interpreted as constituted both by and of the professional identity that arises from it. Keet states that curriculum-as-discourse

refers to the relationships between disciplines, curriculum, courses, vocations and the professional, intellectual and institutional practices that create and maintain modes of classification, control and containment that construct disciplinary and professional identities along social, economic, cultural, racial and other fault-lines already resident in society. These discursive techniques and forms of organisation and streaming are tactical and strategic elements for different forces to advance their interests and projects, while also providing points of resistance for counter-strategies to develop (see Howarth on Foucault, 2002: 49).

(Keet, 2010, p. 3)

It may therefore be theoretically difficult, if not impossible, to divorce the development of the occupational therapy profession from the development of its curriculum. Here the work of Foucault is my main point of departure, as he defines discourse as “practices that systematically form the objects of which they speak” (Foucault, 1969/2011, p. 54).³ For the broad purpose of this study, curriculum-as-discourse is seen as both *savoir* (conditions of possibility of the rules of formation for implicit knowledge of occupational therapy) and *connaissance*, which constitutes the formal, reputable body of knowledge of society, often viewed as value-free, or academic discipline in the form of philosophical and/or scientific textbooks and theories (Foucault, 1998, p. 261). The student is seen as the object constructed from curriculum-as-discourse.

The *modus operandi* in discourse are referred to as discursive frameworks which organise knowledge (hence a version of reality) in a certain way. Naturally these discursive frames will have certain patterns of inclusion and exclusion in their representation of what is the ‘truth’ about reality (Cheek, 2000, p. 23). While Foucault adapted his definition of discourse across the phases of his work (O’Farrell, 2005, pp. 78, 133) for the purpose of applying it, in this study discourse may be understood as

³ I am aware of Sawyer’s (2002) argument of the general conflation of the term discourse, while the original French text in Foucault’s archaeology phase actually refers to discursive formation. Please see full explanation in Chapter 2 (cf. 2.4.1.) and footnote no. 11.

ways of constituting knowledge, together with the social practices, forms of subjectivity and power relations which inhere in such knowledges and relations between them. Discourses are more than ways of thinking and producing meaning. They constitute the 'nature' of the body, unconscious and conscious mind and emotional life of the subjects they seek to govern.

(Weedon, 1997, p. 105)

Methods of enquiry: data collection and analysis

For the purpose of this study, Michel Foucault is viewed as a critical theorist not only on the basis of his work on discourse of power “in examining the hegemonic assumptions of our society that we can come to understand, and to control, our own discourses of power” (Bullock, et al., 1999) but also for his evolving orientation both in theory and on a personal level treating social justice as a key ethical consideration (O'Farrell, 2005, p. 54). Honneth (2007, p. 54) points to Foucault's work on discourse analysis as aiding critical analyses of “the procedures of exclusion” in identifying class-related consciousness of injustice. In the same vein, Foucault asked: “What rules permit certain statements to be made; what rules order these statements; what rules permit us to identify some statements as true and some as false; what rules allow for construction of a map, model, or classificatory system” (Philp, 1985, p. 67).

I have drawn extensively on Foucault's archaeological and genealogical analytical approaches. Curriculum-as-discourse is therefore analysed from a historical point of view (archaeology-analysis). This means excavating the formation of rules of the implicit knowledge (savoir) of occupational therapy knowledge. The genealogy entails the analysis of an occupational therapy curriculum insofar as it reproduces and maintains rules of formation in its *connaissance*. The following table summarises the differences between archaeology and genealogy.

Table 1.1. *Structural comparison of archaeology and genealogy (Summarised from O'Farrell 2005, pp. 62-69).*

Archaeology	Genealogy
Associated terms: 'historical a priori'; 'implicit knowledge'; 'unconscious knowledge'	Associated terms: 'regimes of truth'; 'games of truth'
Focus on neutral theoretical systems of knowledge	Focus on power and practical struggles in the real world
Grapple with discourses	Grapple with power

Process of excavating and analysing subjugated historical knowledges	Process of strategically circulating subjugated knowledges in order to be of use to people in their struggles
About the conditions of possibility which produce a special kind of knowledge	About the constraints that limit the orders of knowledge
Truth as a system of ordered procedures for the production, regulation, distribution, circulation and operations of statements	Truth is linked is a circular relation with systems of power which produce and sustain it
Therefore:	
Curriculum operates as implicit knowledge (savoir)	Curriculum operates as 'regimes of truth" and a reproductive mechanism (connaissance)

Both the archaeology and genealogy methodologies were constructed from mostly primary Foucauldian readings as well as from Foucauldian scholars who interpreted his work for methodological purposes. The table shows how each sub-question and objective was matched with the various data sources and types of data analysis. The following two tables give a broad outline of each analysis. Motivations for the choice of the sources as well as other descriptors are comprehensively explained in Chapter 4, Methodological orientation: A Foucauldian approach.

Table 1.2. Outline of objectives, methodology, and data sources used in data collection.

Research objective	
a) To excavate the rules of formation that shaped the implicit knowledge (savoir) of the occupational therapy profession, and those conditions of possibility for the manifestation of a curriculum (connaissance) at a particular historically Afrikaans-medium university	
Methodology and sources used to construct method	Data sources
Archaeology	Data sets:
Sources used: - Foucault's Archaeology of Knowledge (1969/2011). These discursive regularities are: a) the formation of objects b) the formation of enunciative modalities c) the formation of concepts d) the formation of strategies - Gutting (1995, pp. 231-238)	I. Historical documents relating to experiences of the beginning of occupational therapy programmes as well as the professional association in SA: i) Commemorative document of the 50th anniversary (1943-1993), of the first South African occupational therapy programme at a historically English-medium university, compiled by Denise Franzsen (1993, pp. 1-35). ii) "The first 30 years. A short history of the growth of the South African Association of Occupational

<p>- Howarth (2002, p. 52)</p> <p>- Jäger and Maier (2016, pp. 128-130)</p> <p>- Keller (2013, p. 47)</p>	<p>Therapists 1945-1975”, compiled by Joan Davy (1975, pp. 1-32).</p> <p>iii) Commemorative document of the 10th anniversary 1976-1986, of an occupational therapy programme at a particular historically Afrikaans-medium university (UOVS, 1986, pp. 1-31).</p> <p>iv) Lecture material, dated 1976, titled: “Description of Occupational Therapy as Health Care Service. A short history of the establishment and development of the profession in South Africa” (Unknown, 1977, pp. 1-21).</p> <p>v) Semi-structured interview with Robert Douglas, who was the head of department 1977-2004 and lecturer until 2007 at the historically Afrikaans-medium University, as well as with Joyce Oosthuizen, who was one of the first lecturers appointed at the same university.</p> <p>II. Governing documents regarding occupational therapy knowledge:</p> <p>i) “Government Gazette, 3 December 1976. The South African Medical and Dental Council” (Government Gazette of South Africa, 1976).</p> <p>ii) “The World Federation of Occupational Therapists: 1952–1967” (Spackman, 1969).</p> <p>iii) “A Chronicle of the World Federation of Occupational Therapists, Parts 1: 1952-1982 & Part 2:1982-1992” (Mendez, 1986/ 1998; Greenberg Harris, 1998).</p> <p>III. Historical documents written by academic experts:</p> <p>The South African Journal of Occupational Therapy (SAJOT) available archive 1953-1994, with specific focus on the annual Vona du Toit memorial lectures that were published 1976-1994.</p>
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Research objective	
b) To critically explore and disclose how the (socio/politico-historically constructed) rules of knowledge formation in a particular curriculum (as discourse) are reproduced and maintained as truths at a historically Afrikaans-medium university	
Method and sources used to construct method	Data sources
Genealogy	Four types of texts (Arribas-Ayllon & Walkerdine, 2008, p. 99) relevant to a curriculum at a historically Afrikaans-medium university were matrixed according to the dimensions of a curriculum: formal, informal, null, and hidden (O'Donnell, 2014, p. 185 Kindle loc.)
<p>Sources used:</p> <ul style="list-style-type: none"> - Arribas-Ayllon and Walkerdine (2008, pp. 98-103) - Carabine (2001, pp. 281-283) <p>And the following sources for analysing technologies of power, self and modes of subjectification:</p> <ul style="list-style-type: none"> - Foucault (1961/1989, pp. 35-60, 229-264); (1975/1977, pp. 135-230); (1997, pp. 87-92, 223-254); (2000, pp. 111-133, 134-156, 239-297); (2005, pp. 43-52) - Nietzsche (1880/2015) - Rose (1999) 	<p>I. Governing Documents:</p> <ul style="list-style-type: none"> -WFOT minimum standards (2002) and (2016); -HPCSA minimum standards (HPCSA, 2009); -HPCSA exit level outcomes (HPCSA, 2006); NQF level descriptors (SAQA, 2012); -HPCSA Ethical Rules (HPCSA, 2013); -OTASA ethical code of conduct (OTASA, 2005); -Occupational Therapy Student Association Constitution -Faculty of Health Sciences selection policy (UFS, 2017) <p>II. Texts compiled by experts:</p> <p>Module guides 1st- 4th year</p> <ul style="list-style-type: none"> -Timetables -List of prescribed textbooks -Publication outputs -Student profiles -Staff composition -Departmental policies <p>III. Architectural and spatial 'texts':</p> <ul style="list-style-type: none"> -Teaching spaces -Buildings and symbols <p>IV. Autobiographical notes:</p> <ul style="list-style-type: none"> -Notes made from 2012-2018 on observed patterns of inclusion and exclusion (rauch van der merwe, 2012-2018) including -Underlying assumptions about students that are tacit (unstated and not declared) -Underlying assumptions about students that are taken for granted (accepted and not tested)

The methods of analysis are summarised in the following steps in order to meet the associated objective:

Table 1.3. Outline of how objectives were met via data analyses.

Objective	Steps for method of analysis
<p>a) To excavate the rules of formation that shaped the implicit knowledge (savoir) of the occupational therapy profession, and the conditions of possibility for the manifestation of a curriculum (connaissance) at a particular historically Afrikaans-medium university.</p>	<p>Select corpus of statements about the socio-historical construction of the profession, specifically in the occupational therapy curriculum in SA:</p> <ol style="list-style-type: none"> 1) Analyse the documents' contextual information in terms of: <ol style="list-style-type: none"> a) Data sources and context b) Structural surface of the text 2) Do an archaeological analysis using Foucault's method: <ol style="list-style-type: none"> a) Rules of formation of the object of discussion in the texts b) Rules of formation of enunciative modalities c) Rules of the formation of concepts (modes of argumentation and reasoning about the knowledge that is applied) d) Formation of strategies (underlying theoretical themes, steering ideologies and perspectives regarding the future) 3) Thematic induction undergirding the process of archaeology from above
<p>b) To critically explore and disclose how the (socio/politico-historically constructed) rules of knowledge formation in a particular curriculum (as discourse) are reproduced and maintained as truths at a historically Afrikaans-medium university.</p>	<p>The following steps were followed although, given the nature of the study, the steps were not linear from step 3 onward under each of the themes that emerged from archaeology-analysis:</p> <ol style="list-style-type: none"> 1) Selection of the main discourse (curriculum) of the study that will be analysed. Selection of relevant data (statements) and familiarising with the data by repeated reading 2) Using archaeology's rules of formation as point of departure, identifying where in the data each of the themes that emerged from the four groups of rules of formation continue or discontinue 3) Presenting the evidence of reproduction 4) Analysing how each of the themes as it emerged from the archaeology-analysis is or is not reproduced via

	<p>technologies of power, technologies of self, and/or modes of subjectification</p> <p>5) Probe for resistances and counter-discourses</p> <p>6) Indicate the inter-discursive relationships</p> <p>7) Indicate how certain ideas/possibilities are included and others excluded in the consequential effects of the reproduction</p>
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1.9. Assumptions and delimitations of the study

My position as researcher is both emic (insider) and etic (outsider via methods). Regarding both these positions, Foucault states: "But if one is interested in doing historical work that has political meaning, utility and effectiveness, then this is possible only if one has some kind of involvement with the struggles taking place in the area in question" (Foucault, 1980, p. 64). From this, three presuppositions are inferred and put forward, from the most central to the more peripheral.

Firstly, it is presupposed that patterns of inclusion and exclusion do exist in curriculum and continue to do so, as suggested earlier. The term 'patterns of inclusion/exclusion' is central to the critical research paradigm and Foucault's notion of discourse. This presupposition or problem stems from the real life world (Mouton, 2001) – meaning that my concerns in this study are based on real life experience and observations. In terms of my positionality, one of the motivators for doing this work, is a critical posture that rapidly evolved since starting an academic career. Though I am from the first generation in my family to have accessed higher education, my positionality is also one of a privileged white, female, middle-class Afrikaner who obtained a Bachelor's degree in occupational therapy at a historically Afrikaans-medium university in 1993, just before SA's first democratic election - a social justice cause I supported. Shortly after graduating, I worked in the USA for some years before returning to SA, subsequently gaining experience in the corporate field of medico-legal assessments. When commencing an academic career in 2002 at the same university I graduated from, I was struck not only by how the same patterns of being and doing in higher education took new forms since graduating, but also how there are similar patterns and discourses of struggle within the profession across countries and various settings. In terms of higher education for example, the demographics of student and staff cohorts at this university and some other universities in SA, were still mostly white and female, despite various strategies employed to change it. In addition, there were a continuation of unquestioned, taken-for-granted institutional hierarchies of 'juniors' versus 'seniors' - and resources allocated accordingly. Furthermore, pervasive patterns of patriarchy, matriarchy, and

authoritarianism were palpable in many formal and informal institutional encounters and at various platforms. In terms of my observations of the occupational therapy profession as a whole, it seemed that the profession continued to struggle for epistemic legitimacy among other health care professions as well as in many governmental health care sectors. Over the course of some years lecturing, some previously familiar patterns of thinking and speaking among students, also emerged. For example (before the renewed curriculum were implemented in 2012), when I introduced guest anthropology lectures in traditional healing as part of ethics and ethical reasoning on diversity, students subsequently voiced that they felt their identity as Christians, were destabilised. Though discussions always followed, I was starting to recognise how often students' openness to epistemic diversity and critical thinking, appeared to diminish as they progressed in the programme. I suppose a culmination of experiences and discussions with like-minded colleagues across campus; advocating for social justice as part of the transformation-project in higher education, gave form to the research question of this study. Both as a researcher and an occupational therapy lecturer, the belief that the unjust patterns of inclusion and exclusion as part of the first pre-supposition, are entrapping the profession and hindering it from effectively acting as a facilitator of agency and social change, was one of the main reasons for this work.

Secondly, on the basis of Foucault's theory of archaeology and genealogy, together with discourse theory in general, it is presupposed that patterns of inclusion and exclusion are historically constituted, meaning that socio-historical factors co-construct such patterns. This socio-historical co-construction is understood in Foucauldian terms as a complex system of *rules of formation*, which can be located in a group of statements (Foucault, 1969/2011, pp. 89-90). The choice of employing Foucault's theory about historically constituted rules of formation in thinking, speaking and doing, was a goodness-of-fit to my observations and experience when returning as member of faculty to the same (historically Afrikaans-medium) university I graduated from. A group of statements is defined in the following and final presupposition

Thirdly, curriculum is viewed as discourse in Foucauldian terms: "[A] group of statements insofar as they belong to the same discursive formation...it is made up by a number of statements which a group of conditions of existence can be defined" (Foucault, 1969/2011, p. 131). If curriculum is viewed as discourse, the process of constructing this discourse by means of a complex system of rules can also be seen as a discursive formation (Foucault, 1969/2011, p. 41). Given the backdrop of these presuppositions, I fully acknowledge that the critical analyses resulting from this study are not removed from dominating discourses themselves and that my position as researcher, including my ontological stance, is both constituted and constitutive of such discourse.

Concerning the delimitations of this study, the following points should be noted. First, with the Foucauldian sources, I have been limited to English translations of his work, as I do not have linguistic access to the German or French publications, including those written by African scholars. In addition, some of Foucault's work is not well translated, being either distorted in context or misappropriated. I compensated for this by turning to reputable scholars in for example, cultural studies who are known for their equal proficiency in English and French. Second, this study's data is delimited to textual data. The concept of textual data for the archaeology-analysis includes the two transcribed interviews of previous lecturers at the specific historically Afrikaans-medium University. For the genealogy-analysis, the concept of textual data includes architectural spaces and autobiographical notes on observations as mentioned in the genealogy data collection (cf. Table 1.2.; 4.4.2.2.). Third, the scope of the study, specifically for genealogy, did not include fieldwork practice as the range of textual data identified for analysis, was already copious. Fourth, for the same reason, the data collection for the genealogy was also delimited by a pre-graduate curriculum as the analysis does not include the content of a post-graduate curriculum.

1.10. Outline of chapters

Chapter 1 - Background to the study

This chapter is a synthesis of the outline provided, including the intent and a succinct overview of the broad landscape of the main literature relevant to the study. Much of Foucault's terminology is already used in this chapter, for example with the research question and objectives, and although I alluded to some of them for the reader's clarification, a glossary defining technical terms such as 'discourse' and 'discursive practices' precedes Chapter 1 following the lists of contents, tables, and figures.

Chapter 2 - Conceptual framework and theoretical underpinnings

In the form of an explanatory literature review, this chapter orientates the reader in the main theoretical paradigm and frameworks which underpin the study. I make use of an analogical structural drawing to show the various theories and main concepts I drew on, as well as their relation to the aim of the study, which rests on the pillars of critical theory. I distinguished five strands of critical theory and their relation to occupational therapy curriculum-as-discourse. The four strands that stand proxy to the study are Frankfurt School critical theory, feminist, Africana, and post-colonial and decolonial critical theory. The fifth strand is post-structuralist critical theory, drawing on Foucault's work both as a theoretical lens and a method for the study. The

concept of discourse, its constituents and the main principles of how its mechanistics operate were also attended to. This was followed by an overview of the main relevant Foucauldian concepts, those of knowledge, power and truth, and their relation to each other. The main organising concepts for this study that were identified and discussed are *curriculum*, *epistemology* and *social justice for higher education*. It is here that I explain the concept of curriculum-as-discourse and the slight morphological shift in its meaning between the archaeology and genealogy analyses. It was important to cover the notions of epistemic justice and epistemic freedom, as well as concepts in social justice, as they bore significant relevance when I started doing the archaeology-analysis and worked with macro-concepts such as knowledge, power and truth.

Chapter 3 - Occupational therapy and higher education in the South African context

This second literature review chapter focuses on the immediate context and concepts - supporting the rationale of the study. The historical context is implicit in the nature of this study, which follows the timeline of South Africa's apartheid history as it relates to higher education and the achievements and challenges of transformation in higher education post-1994. The discussion examines work done on the occupational therapy curriculum in South Africa, and from there expands its focus to relevant aspects in occupational therapy and occupational science as they colligate to critical theory. The intention of this chapter was to establish the need for this study and the reasons for carrying it out.

Chapter 4 - Methodological orientation: A Foucauldian approach

In this chapter, I give the context for the methodological underpinnings of a Foucauldian approach. Foucault's 'toolbox' method is explained and argued, as well as the interplay between archaeology and genealogy. After laying out the research paradigm, study design, research context and my own position as the researcher, I go on to outline and explain the reasoning I followed in constructing the methods both of archaeology (towards meeting objective 1.5.1.) and genealogy (objective 1.5.2.). Concerning the aspects of data generation and data analysis, specifics relating to sub-methods resort under either archaeology or genealogy. The points under each of these aspects that are relevant and generalizable to both analytic chapters are discussed, together with trustworthiness and rigour of research. The chapter concludes with the ethical considerations which ensue from a critical theoretical posture. In this chapter, a traditional outline is not followed for putting forward the research methodology for this study, because both archaeology and genealogy were crafted from Foucauldian theory and some existing methodologies.

Chapter 5 - The archaeology of occupational therapy in South Africa

This first analytical chapter consists of two sections. The first looks at the context and structural surfaces of each of the texts that were used as data. These are systematically discussed under each of the sources. The second section discusses the thematic findings under each of the four discursive regularities (rules of formation) of the archaeology-analysis, that is, the formation of object, enunciative modalities, concepts, and strategies. The themes and categories under each of the rules of formation are identified, in each case followed by the evidence and a description.

To ease orientation for the reader, I have highlighted the discussion paragraphs in light grey. Triangulation with the literature of each theme and category was done in relation to the conceptual framework, the organising concepts of the study, and the relevant Foucauldian concepts (as put forward in Chapter 2, cf. 2.4.). The findings under each of the rules of formation are subsequently summarised. Adjacent to each of the summaries of the rules of formation, in a footnote, I provide the *Keywords for patterns of inclusion/exclusion*, and *Foucauldian keywords*. These footnotes may also serve as a 'road-map' to the reader of the application of theoretical underpinnings in the archaeology-analysis. In an attempt to be consistent in the application of the sub-aspects for archaeology-analysis (cf. 4.4.1.4. a-d), under each of the rules of formation, these were indicated in italics. Excerpts as evidence from texts that are in Afrikaans, are presented as such, with the English translation that follows.

Chapter 6 - The genealogy of an occupational therapy curriculum

The second analytical chapter follows the same pattern as Section B of the archaeology chapter. Using data sources relating to a specific curriculum at a historically Afrikaans-medium university, I set out to critically explore the continuities and discontinuities of the themes and categories found in the archaeology-analysis, and how they are maintained via the technologies of power, self, and/or modes of subjectification. I follow the steps for genealogy as outlined in the methodology chapter (cf. 4.4.2.3.), which includes evidence and critical discussion.

Chapter 7 - Recommendations, implications and conclusion

In this chapter I conclude by tying the findings together with the context and purpose of the study, research aim and objectives, as well as my overall conclusion. Reflections and discussions are put forward on the contributions and implications of the study, its delimitations and limitations, as well as the future and recommendations for research.

1.11. Notes

The use of race terminology

In this thesis I use the terms adopted in post-1994 South African policies towards redress. They are: African, coloured, Indian and white. When the term 'black' is used, I refer collectively to African, coloured and Indian people. I agree categorically that race is a social construction, but that it has material consequences (Leibowitz, 2012, p. xxv).

Automatic Word referencing

I have made use of Word's referencing system – Harvard style. For that reason, multiple authors are from the outset indicated as 'et al.' Considering Kindle references, some Kindle books do not display page numbers, or only in their introduction section. Where a page number was not available, I added 'Kindle loc.' to the page number/s reference. When seminal historical references are used such as Foucault's, the date of the original publication is indicated together with the date of the contemporary translation/publication.

1.12. Conclusion

This chapter gave the background to the study and orientation of the thesis, including why and how the research questions emerged, and why the study is important. It also set the scope of the study in critical theory and how occupational therapy may be grappling with the question of reclaiming agency in the creation of social justice. This involved cultivating epistemological transformation in order to achieve epistemic justice. I outlined the delimitations of the study, and acknowledged that I as researcher am perhaps inescapably part of the very discourse I am attempting critically to analyse. However, while I am part of the discursive formation and the discursive practices on what constitutes the truth, I am doing so as an act of resistance aimed at achieving change.



Chapter 2 - Conceptual framework and theoretical underpinnings

2.1. Introduction and overview

Overall, this study is situated within the critical theory paradigm. This type of research is political in nature, and is characterised by a focus on the mechanisms of oppression, analyses of power relationships and inequities. My study makes use of a critical enquiry as it aligns with the view that everyday ‘thinkings’ and ‘speakingings’ that are based on taken-for-granted norms and values, should be critically scrutinised for patterns that may lead to the entrenchment of asymmetrical power relations (McCarthy, 1984, p. 293; Crotty, 2009, p. 144). As an educator, I view a critical posture as essential when engaging with knowledge, not only to craft possibilities for transformation through action (Freire, 2005, p. 93) but also to cultivate self-reflexivity in the real world, creating a contextual understanding of it, and expanding imaginings of what it means to be fully human (Freire, 2004; Ndlovu-Gatsheni, 2013; Nussbaum, 2006; Tolvett & Leiva, 2017; Ramugondo, 2018; rauch van der merwe, 2017). Furthermore, I respond to the call in international occupational therapy discourse for the profession to find depth in socially just practice and critically reflect on its often taken-for-granted epistemological positions (see e.g. Farias, et al., 2016; Guajardo, et al., 2015; Hammell, 2011; Hammell, 2009), fostering epistemic justice rather than mitigating epistemic injustice (Frank, 2013). Transformation is only possible if agents of change view critical theory as a form of self-awareness and self-reflexivity, steering them toward emancipatory action (Macey, 2001, pp. v-vi). In other words, in this research I do not accept the status quo but rather set out to give impetus to change.

I hope that by showing how the relations between knowledge and power operate in the political construction of occupational therapy and its curriculum, such critical awareness and engagement may open up a space (Holloway, 2012, pp. 215-216) for the renewal of the “cultural traditions...knowledges and practices” (Keet, 2014, p. 135) of the occupational therapy episteme. In this, the dominant discourses which embody reproductions can at least be questioned overtly, if not yet transformed. As David Couzens Hoy states:

[R]esistance [that is critical] is disconcerting because it challenges standard patterns of behaviour...[but]...[u]nlike resignation, resistance can lead to hope – that is, to an openness to the indefinite possibility that things could be different, even if one does not exactly know how.

(Hoy, 2004, p. 10)

The conceptual framework of this study consists of several theoretical underpinnings which stand central to the critical analysis of curriculum-as-discourse. Together these form the conceptual framework (Berman, 2013), (see Figure 2.1.). Using the analogy of a building structure, the study consists of the following:

- ❖ Five pillars (or distinctions) of *critical theory* (Allen, 2016, pp. 117-131 Kindle loc.; Keet, 2018, p. 22). These are a) Frankfurt School Critical Theory, b) Feminist critical theory, c) Africana critical theory (ACT), d) postcolonial and decolonial critical theory, and e) poststructuralist critical theory. As can be inferred, these pillars do not carry equal weight as they are organised proximal to the research question and the objectives of the study. Though the distinctions in critical theory overlap and the main research question could have taken any of these distinctions as the main lens in order to render a full thesis, the main location of this study falls within the post-structural strand of critical theory. Post-structural theory being on the one hand an extension of the project of critical theory, but on the other hand also serving as an internal critique by questioning the reliance of critical theory on master narratives and dialectic logic (Lumsden, 2013, p. 34). I have included the rest of the strands of critical theory to demonstrate the importance of heterogeneity of the critical landscape, as well as to acknowledge the relevance of such work in a global and cardinal call for decolonization of universities and of knowledge.
- ❖ *Poststructuralist critical theory* is the main pillar of the conceptual framework. A central 'building block' is the use of *poststructuralist discourse theory*, specifically the application of *Foucauldian discourse analysis*, as this provides the conceptual tools (knowledge, power and truth) needed to critically analyse curriculum-as-discourse. Foucault's archaeology and genealogy work, while its origin is in the Global North, offers a deep and comprehensive understanding not only of the ways of thinking, speaking and doing that were and are preferenced (inclusions) but also the subjugated ones (exclusions). This part of the conceptual structure is directly linked to the methods used to meet the research objectives: that is archaeology (Chapter 5) and genealogy (Chapter 6).

- ❖ Forming part of the ‘upper interior’ structure of the conceptual framework in relation to the aim of the study are its *organising concepts*. These are *curriculum*, *epistemology* (including epistemic (in)justice and epistemic freedom), and *social justice and higher education*. I discuss *curriculum* as a concept, as well as how its form and function are interpreted and applied across the archaeology and genealogy analyses. *Epistemology* as a concept was included in a much later version of this chapter after the analyses were done, as I had discovered during the archaeology-analysis that the formation of concepts and the formation of strategies are irrevocably linked with ways of thinking and ways of knowing – the various knowledges (Foucault, 2003, p. 9). Veering then into the field of epistemology, together with curriculum, one would be unable to ignore associated concepts of epistemic (in)justice and epistemic freedom against the backdrop of our struggles for decoloniality. Concerning the organising concepts of social justice and higher education, while South African examples are often used, the concepts are still discussed in their broader sense, as they are more particularised for the purposes of stating the rationale in relation to occupational therapy curriculum in South Africa in Chapter 3.

- ❖ The overarching apex of the conceptual framework is the *occupational therapy curriculum*, specifically in the *South African context* – as well as the *historical context of higher education* at the time occupational therapy programmes were introduced in South Africa.⁴ This part of the conceptual framework is discussed in Chapter 3, so as to distribute the weight of the literature review and more sharply to focus on the rationale of the study relating to the occupational therapy curriculum in the South African context.

Each of these aspects of the structure will be discussed with its literature overview incorporated to elicit the most relevant concepts for this study as depicted in Figure 2.1. *Conceptual framework of the study*.

⁴ The historical context of the occupational therapy programme curriculum at a specific historically Afrikaans-medium university is the first objective of this study and is analysed as part of the archaeology (Chapter 4).

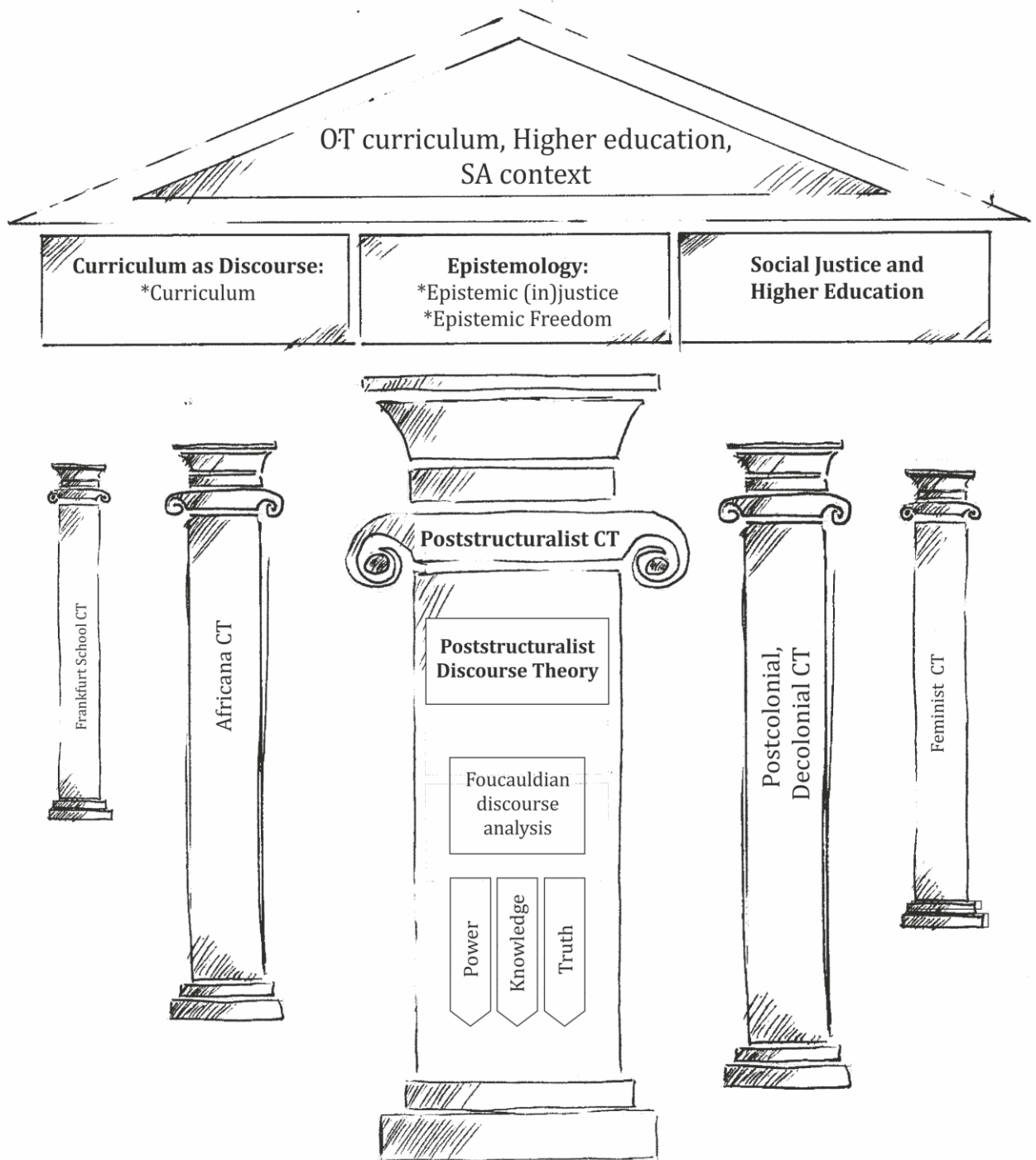


Figure 2.1. Conceptual framework of the study.

2.2. Critical theory paradigm

Aligned with Foucault's archaeological approach, which puts forward the non-linear and quite discontinuous development of any scientific discipline as a knowledge base, it may similarly be argued that there was no specific moment or person that incited the movement of critical theory

as we know it. Macey (2001, p. vi) states that some of the kernel critical theorists of the 19th century, such as Sigmund Freud, Karl Marx, and Friedrich Nietzsche, had far greater influence on the conception of 'critical theory' in early 20th century than in their own time.

In a less Eurocentric narcissistic avenue, Rabaka (2009, p. 6) affirms that Africana studies not only preceded the critical inquiry traditions of the Frankfurt School but also offered solutions "beyond the intellectual, ethical, and political universe(s) of the Eurocentric tradition of critical theory". He further makes the point that William E. B. du Bois - who was deeply engaged in the interdisciplinary nature of critical theory - acquired his PhD in 1895 from Harvard University in the same year that the oldest member of the Frankfurt School, Max Horkheimer, was born (Rabaka, 2009, p. 6).

Perhaps again within a Eurocentric ambit, Bohman (2016) notes that critical theory has both a broad and narrow connotation within the history of philosophy and social sciences. In its narrow sense it refers to its origin in the Frankfurt School and the several generations of German philosophers, *inter alia* Max Horkheimer, Theodor Adorno, Herbert Marcuse, Walter Benjamin, Eric Fromm, Leo Lowenthal and later Jürgen Habermas in Europe (Bohman, 2016, p. 1; Darder, et al., 2009, p. 7). In the USA it would include theorists such as Nancy Fraser, Selya Benhabib and Thomas McCarthy (Allen, 2016, p. 117 Kindle loc.). Critical theory in its broader sense follows the development of critical theories as they hone in on more emancipatory and progressive aims in a wide array of fields, such as feminist theories (e.g. Simone de Beauvoir) and queer theory (e.g. Eve Kosofsky Sedgwick), critical race theory (e.g. Richard Delgado), critical pedagogy (e.g. Paulo Freire), decolonial theory (e.g. William Edward Burghardt Du Bois, Anibal Quijano), and postcolonial theory (e.g. Emmanuel Chukwudi Eze, Edward Said). Included with decolonial, postcolonial and critical race theories is the merging of African studies into Africana Critical Theory (Keet, 2018, p. 22; Rabaka, 2009, p. 30). A more specific line in the broader application of critical theory is the body of largely French theories that ranges from psychoanalysis to post-structuralism, including scholars such as Jacques Lacan, Chantelle Mouffe and Michel Foucault (Allen, 2016, p. 117 Kindle loc.). A critical theory may denote "descriptive and normative bases for social inquiry aimed at decreasing domination and increasing freedom in all their forms" (Bohman, 2016, p. 1), though it can be extended in an Africana critical theory tradition to also searching for solutions (Rabaka, 2009, pp. 6-7).

Both in its original form and in its development, a key feature of critical theory is its focus on heterogeneity (Laliberte Rudman, 2012, p. 101; Rogers, et al., 2016, pp. 367-368; Steinberg & Kincheloe, 2010, p. 140), based on an array of intellectual influences (Rush, 2006, p. 2). Indeed, it

is “precisely this distinguishing factor that constitutes its critical nature, and therefore its most emancipatory and democratic function” (Darder, et al., 2009, p. 9). Within the politico-philosophical tradition of looking at power-knowledge relations, critical theory focuses on the way various social categories of power relations race, class, gender, sexuality, and ‘otherness’ (Laliberte Rudman, 2012, p. 101; Rogers, et al., 2016, p. 368) become normalised (Brunkhorst, 2006, pp. 257, 264; Hanssen, 2006, p. 297; Robert & Gorashi, 2016, p. 221) by various techniques of social ‘judgement’ and the implications this has for social justice when these norms are being put forward as the “best possible means, and perhaps even an end in itself” (Hoy, 2004, p. 66; Foucault, 1975/1977; Foucault, 1961/1989).

The section on the various strands in critical theory starts with the narrow sense of critical theory and the origin of the Frankfurt School and Habermas. However, many accounts of critical theory in its narrow sense are not representative of the inclusion of interlocutors with the Frankfurt School, for example from the perspective of the Global South. While the issue of language and accessibility to English translations may be a partial explanation, it is not sufficient. We all remain subject to the incompleteness of our awareness but the intended or unintended inclusion/exclusion of certain authors in our references may very well be a discursive practice on its own. This means that widely accepted knowledge discourses may have become that way due to an interplay between the economies of knowledge, politics and monetary clout. One such example is revealed in a recent publication by a Norwegian historian Dag Herbjørnsrud (2017) on the work of an Ethiopian philosopher and scholar in among other, the Christian religion, Zära Yaqob (also spelled as Zara Yacob), who lived from 1599-1692. He had to flee for his life from the ruling government after declaring that no religion is more correct than another. While hiding in a cave for two years from 1660-1662 he wrote a book entitled *Hatäta* (meaning ‘The Enquiry’). Yaqob astutely summarises the ideas of the Enlightenment approximately a century before the publication of Thomas Paine’s *The Age of Reason* in 1794. In this book, he argues for human reason and independent critical thinking as an imperative and point of departure since these are abilities which all humans have. He puts forward a universal argument against slavery and discrimination, making a case that all humans - males and females alike (unlike Kant a century later) are created equal. Yaqob points to the subjective nature of religious beliefs and critiques the limits of all major religions, reasoning the possible existence of a ‘universal Creator’ as the best argument put forward in the world at that time. His work is not available in English though it was translated decades ago but not commercially printed. It has been translated into German and recently into Norwegian (Herbjørnsrud, 2017).

Critical theory has the functions of both ‘external critique’ and ‘internal critique’ – that is, critique within and of itself. On the internal front, the Frankfurt School’s Critical Theory has been charged with their deafening silence on issues of race, imperialism, and colonialism. Edward Said remarked in 1993: “Frankfurt School critical theory, despite its seminal insights into the relationships between domination, modern society, and the opportunities for redemption through art as critique, is stunningly silent on racist theory, anti-imperialist resistance, and oppositional practice in the empire” (Said, 1993, p. 278). Said further highlights this silence not so much as an oversight as a “deliberate abstention [about the] invidious “universalism”” (p. 278) that normalises the invention of white supremacy in ways of being, doing and thinking (Allen, 2017, pp. 200-202, 233-240; Allen, 2016, pp. 1, 218; Ndlovu-Gatsheni, 2018, pp. 22-23; Santos, 2014, pp. 40, 71). Perhaps this ‘oversight’ of Frankfurt School Critical Theory is a prime example of what Santos (2014) calls the “epistemology of blindness” (pp. 136-137, 154-160).

When laying out the landscape of critical theory, therefore, it is necessary to expand from the narrow notion of critical theory to include some voices and possible concepts that are relevant to the *occupational therapy profession*, to *knowledge formation* and *higher education* and how these speak to the (South) African context. Borrowing from Keet’s (2018) five strands and Allen’s (2016, pp. 117-131 Kindle loc.) distinctions of critical theory, I am clustering critical theory into five groups. One: the cluster of the Frankfurt School, referred to as “Critical Theory” (Keet, 2018, p. 18). Two: feminist critical theory – although queer theory⁵ also falls within the feminist category, for this study I will refer to feminist theory only. (This is further explained under the relevant section). Three: Africana Critical Theory (ACT), described as a deeply *transdisciplinary* critical theory that merges all African-related studies, including Afro-European, Afro-Native, Caribbean and Pan-African (Rabaka, 2009, pp. 4, 30) studies. However, though Africana Critical Theory includes post-colonial, anti-colonial and decolonial theories, in view of knowledge formation, I will refer to post-colonial and decolonial theories together as a fourth cluster. The fifth and main group is post-structural critical theory, considering post-structural discourse theory and Foucauldian discourse analysis, in which this study is located. These clusters are discussed to give a brief but necessary overview of the landscape of the main theoretical paradigm on which this study draws.

Frankfurt School critical theory

The formalization of critical theory via the Frankfurt School took place against the backdrop of the peak of logical positivism and its subsequent instrumental reasoning as the dominant

⁵ The term ‘queer theory’ here includes theories related to the spheres of lesbian, gay, bisexual, transgender, intersex, queer/questioning and allied (LGBTQIA) studies.

epistemological discourse in the Vienna Circle, one of the several competing schools of intellectual thought at that time in Europe which separated the natural sciences from philosophy (Bohman, 2016, pp. 1-2; Rush, 2006, pp. 2-3; Rushford & Thomas, 2016, pp. 2-3). Critical theory emerged in the 1920s as resistance against an ideology of empiricism, conceived out of a deep-seated awareness that no theory, whether it is acknowledged or not, is value-free. Embedded in these theories are political preconceptions that are reproduced (Macey, 2001, p. v). Initially founded as the Institute of Social Research in 1923 in collaboration with Frankfurt University, the Frankfurt School was first led by Carl Grünberg. However, it was only in 1930, when Horkheimer was appointed as the director, that the Frankfurt School became truly productive. To be noted is Horkheimer's inaugural lecture in 1931, entitled *The Present Situation of Social Philosophy and the Tasks of an Institute for Social Research* (Horkheimer, 1993), in which he gave a future framework and made a call for drawing on various disciplines (Bohman, 2016, p. 1; Macey, 2001, pp. 130-140, 189): "This sort of [material] sociology [meaning critical theory] investigates the various concrete ways in which human beings live together, surveying all kinds of associations: from the family to economic groups and political associations to the state and humanity" (Horkheimer, 1993, p. 8). In his 1937 paper, *Traditional and Critical Theory*, Horkheimer stated that no theory, regardless of its positivist rigour, could be generated outside of its societal context (Horkheimer, 2002, p. 192). In addition to taking a stance against un-reflexive social theories which condoned political oppression, the Frankfurt School's critical theory also focused on the rise of fascism and Nazism in Germany in the 1930s (Rush, 2006, pp. 1-2, 7-8; Simons, 2004, p. 2). Thwarted by the two World Wars, and the fact that most of the members were Jewish, the school was driven into exile and relocated at Columbia University in USA in 1933. Only in 1950 was it able to return to its original residence in Germany. Adorno agreed to lead the school in 1958. While the Institute was at first firmly based in a Marxist approach, the disillusionment with Marxism, increasing fascism and unsuccessful working-class movements in Germany led Marcuse and Adorno in particular to the conviction that change could probably be only be brought about by intellectual movements. The most salient post-war figure in the Frankfurt School was undoubtedly Jürgen Habermas, seen as belonging to the second generation of critical theorists, who was well-known initially for his Marxist-oriented work on the crisis and emergence of sciences and later for his present-day theory on communicative action (Macey, 2001, pp. 139-140; 173-174; Simons, 2004, p. 6).

Horkheimer and Adorno's (1944/47/2002) negativist social critique (*Dialectic of Enlightenment* – 1944/47) is seen as the first theoretical wave in critical theory. Their work by implication denounced the agency of both the subject and the object (Honneth, 2007, p. 66) and reduced any rationality within Enlightenment as instrumental reasoning. This critique was followed by

several philosophical tensions in the second wave of critical theory. On the one hand were Habermas' theories acknowledging the legitimation crisis of modernity, followed by his theory of communicative action that claimed the normative cogency in the argument of the subject's ability to act ethically via a collective awareness of inter-subjectivity. On the other hand there was the seemingly anti-foundationalist critique of poststructuralist intellectuals, denouncing the principles of universalism and the obsolescence of grand narratives, illustrated for example in Habermas' lecture *The Philosophical Discourse of Modernity* in 1982-82 (Habermas, 1998; Hanssen, 2006, pp. 280-281).

Among the poststructuralists, such as Jean-François Lyotard and Jacques Derrida, Michel Foucault is also mentioned by Hanssen (2006, p. 281) for his critical genealogical work. Foucault showed how the historical mutability of human reason is put forward as truth, but theorised this as a result of power-knowledge struggles. Given their incompatible interpretations of Nietzsche, much criticism of each other's work was exchanged between Habermas and Foucault. While the latter described Habermas' work as "transcendental" (Foucault, 2000, p. 359), the former arraigned Foucault's work as "relativistic" and "crypto-normative" (Habermas, 1998, p. 276). These rifts affirm the tensions that arise when locating Foucault's work in critical theory versus post-structuralism.⁶ However, in his paper *What is in Enlightenment?* Foucault maintains that critique does not entail a dichotomous position of 'for' or 'against' but rather a "permanent critique...[of the]....contemporary limits of the necessary...[which includes critique of]...elements of social transformation, types of political institutions, forms of knowledge, projects of rationalization of knowledge and practices [and] technological mutations" (Foucault, 1984, p. 43). He continues by explaining that the role of critical work is to open up the "possibility of no longer being, doing, or thinking what we are, do or think...[and]...seeking to give new impetus, as far and wide as possible, to the undefined work of freedom" (Foucault, 1984, p. 46). In this sense, Foucault's views seem to resonate with the concept of 'critical resistance' as put forward by Hoy (2004), which is intrinsically linked with critical theory, as he refers to Kant, stating: "critique without resistance is empty and resistance without critique is blind" (Hoy, 2004, p. 6). As such, Foucault's work was situated within the domain of the political with a view toward social justice, meeting at least a "minimum of normative basis" (Hanssen, 2006, p. 293) which is a requirement for critical theory.

Still limited to a Global North account of critical theory, scholars such as Nancy Fraser, Judith Butler, Slavoj Žižek, Axel Honneth and Rainer Forst are regarded as prominent critical theorists

⁶ See for example Hanssen's (2006) analysis of Habermas and Foucault.

within this tradition. Honneth's work is broadly located in the areas of social and political philosophy as well as ethics. His general focus covers the notions of inter-subjective relations of recognition, power and respect. Honneth's first major work translated from German to English is *The Critique of Power: Reflective Stages in a Critical Social Theory - 1985* (Honneth, 1997). This is a comparative analysis of the strengths and weaknesses of the theoretical perspectives of the Frankfurt School and Michel Foucault - an expansion of Honneth's doctoral thesis. In subsequent work Honneth takes issue with Fraser's notions of social justice being the elimination of inequality (on the planes of the economic, the cultural and the political) and, together with equal representation, that redistribution and recognition are two separate concepts. He states that Fraser's notion of participatory equality is "pervasively arbitrary" (Honneth, 2004, p. 357), since individual autonomy is not a given (Honneth, 2004, pp. 351, 353, 356, 357). Instead, he insists on a pluralist theory of justice resting on recognition as: "...love, legal equality and the principle of achievement is simultaneously accompanied by both an increase in social individualization possibilities and a growth in social inclusion" (Honneth, 2004, p. 360). While the re-centering of the subject seems to be valid for Honneth, his work also resonates with Foucault's on the normalization of power through systemic strategies of rationalizations. He argues that social justice is always evaluated by the extent to which recognition is withheld on the basis of its taken-for-granted legitimacy (Honneth, 2004, pp. 351, 352, 360). Juxtaposed with Habermas' and Honneth's neo-Hegelian reconstructivist position for situating normative theory, Forst's position favours a neo-Kantian point of departure where normativity is grounded within a foundationalist orientation of practical reason (Allen, 2016, p. 178 Kindle loc.). Or in his words, in "the noumenal⁷ realm...the realm of justifications" (Forst, 2015, p. 112). In addition, Forst sees power as productive and relational, rather than in the context of being exerted for the sake of maintaining domination (Agnello, 2015, p. 557; Brown & Forst, 2014).

Feminist critical theory

Feminist critical theory is more peripheral than central to the scope and purpose of this study. I include it however as part of the critical theory landscape since feminism is interwoven in the fabrics of the origin, development and, arguably, the very existence of occupational therapy as a profession. Though an in-depth analysis of the historical context in relation to the occupational therapy curriculum forms part of the archaeology section, even a superficial reading of the history of the beginning of the profession in North America and Britain reveals strong links to the first wave of feminism. It was women - some of whom apparently came from a lineage of activism - who formed the Women's Suffrage Movement in the early 20th century, and who fought for better

⁷ 'Noumenal' means as things are in themselves as opposed to Kantian terms: as things would appear to be and as interpreted by the observer.

conditions for those with mental or physical disabilities and those in prison, as well as social well-being and reform for labourers, immigrants, children and communities (Mocellin, 1992; Wilcock, 2002, pp. 28-30). Following *inter alia* the national American discourse of Anita Hill testifying on sexual harassment charges against the United States Supreme Court nominee Clarence Thomas in Congress in 1991, the American Journal of Occupational Therapy published a special issue titled “Feminism: An Inclusive Perspective” (Black Hamlin, et al., 1992) in 1992. The issue celebrated the profession’s historical achievements within a feminist stance, as well as the affirmation of occupation and activities in relation to feminism. Drawing upon the influence of the Women’s Suffrage Movement on the origin of the profession, as well as the recruitment of women during war as aides, one of the contributors to the issue, Frank (1992) analysed these connections as they related to the gender and race-based hegemony that was present in the American occupational therapy community at that time, as it still is (AOTA, 2017-2018, pp. 10-12). In this editorial, the inclusion of different perspectives was emphasised as being part of both a feminist and an occupational therapy perspective. It however lacked critical engagement with how feminism in occupational therapy excluded black women and how the white suffragettes’ entry into the workforce as early occupational therapists reified the division between race and class and militated against a unifying cause of feminism (hooks, 1988/2015, pp. 37-39; hooks, 1984/2015, pp. 2-3, 7-8, 25). Refusing to assume a posture of consensus, later examples of more robust and critical engagement of problematizing feminism in the profession are Hammell (2011) and Angell (2014). Hammell (2011) draws upon historical texts from feminist theory from 1980 to 1990, and shows how white middle-class feminists universalised their subsumed viewpoints, for example about ableism and the male/female gender dualism, without interrogating the unintended consequences of theoretical imperialism or the furthering of the oppression of black or lesbian women. Angell (2014) argues that assumptions about occupational participation can reproduce social and oppressive differentiations along the lines of race, gender and class. However, it seems that the profession still needs to engage rigorously with how various perspectives can be included without colligating the markers for reproduction of the same patterns, including the pervasive hegemony of gender in the profession.

Africana Critical Theory (ACT)

Africana Critical Theory, also referred to by Bassey (2007) as ‘black existential philosophy’, recovers Afrocentricity as the kernel of a present-day endeavour to “create a new anti-racist, anti-sexist, anti-capitalist, anticolonialist, and sexual orientation-sensitive critical theory of contemporary society” (Rabaka, 2009, p. 9). Rabaka emphasises that European modernity and prosperity came about not only by means of, but also as a result of “the African holocaust, racial enslavement, racial colonialism, and the rise and racist nature of capitalism” (p.3). Drawing on

many disciplines, he contends that “non-Europeans have not simply influenced and inspired European artists and scientists, but in many instances provided them with points of departure, the basic architecture, if you will, and the very tools through which they have built their modern haunted houses and postmodern plantations” (p. 4). Through the historical universalization of a solipsistic narrative of white centrality and supremacy, Anglo-Eurocentric intellectuals/discourse are not only unable to imagine African and black thinkers as epistemically *underived* and primary, but are often locked into a cycle of “intellectual insularity...and epistemic exclusiveness” (p. 4-5). However, Rabaka (2009) also maintains that ACT is much more than assuming a counter-posture against/in opposition to white supremacy but rather at its centre is reclaiming human agency in its aim to “*deconstruct* and *reconstruct*” dominant traditions and “*create* and *recreate*” new praxes (p. 3; Tillotson, 2016, p. 50). It seems that the occupational therapy profession, too, still needs to engage with ACT’s notions of what it means to form knowledge starting with Afrocentricity, to imagine its epistemic legitimacy as primary, and to draw on human agency as the central point of departure for praxis.

Post-colonial and decolonial critical theory

Postcolonial theory is a body of knowledge which intersects with critical theory. For the purpose of this study, it denotes a critical response to colonialism rather than a focus only on the period after colonialism, meaning when a country gains ‘independence’.⁸ Drawing for example from W.E.B. du Bois, Kwame Nkrumah and Amilcar Cabral, Rabaka (2009, pp. 46-47) argues that the world has yet to enter a post-colonial period because the global political, social and economic inequalities resulting from colonialism remain pervasive and reproductive. Coloniality is therefore ongoing and intertwined with modernity and its universalised, embedded hierarchies (Grosfoguel, 2011, pp. 13-14; Walsh, 2007, p. 229). Rabaka (2009) asserts that the world is not yet in a post-colonial phase but is in transition between the colonial and neo-colonial and that the task for critical theory is to analyse the “continuities and discontinuities ... in order to make sense of our currently quite colonized life- and language-worlds” (p. 47). In addition, while some discourses in critical theory have yet to be decolonised, some post-colonial and post-structural theories still have to assimilate their linear versions of history as progress (Allen, 2016, pp. 3, 24; Grosfoguel, 2011, pp. 13-14).

Edward Said’s (1979) book *Orientalism* is regarded as a main marker for the advent of post-colonial theory and post-colonial discourse analysis (Giroux, 2004, p. 340). Drawing on Foucault

⁸ Kwame Nkrumah (1966, pp. ix-xii) states that the independence which African countries obtained from previous colonising powers was merely ‘nominal’, since their economic spheres were still determined by foreign powers or in some cases a “consortium of [international] financial interests” (1966, pp. ix-xii), whose main interests remained their own.

and the intersections between power, knowledge and truth regimes, Said explains Orientalism as a discourse “by which European culture was able to manage - and even produce - the Orient politically, sociologically, militarily, ideologically, scientifically, and imaginatively during the post-Enlightenment period” (Said, 1979, p. 3). He puts forward that such ‘other’ is constructed by fabricating a fundamentalist, binary opposition, or forging the notion of “two halves” (p. 46) of the assumed known whole - for example the West versus the East, or the ‘developed’ and, the ‘not developed’. All these binomial, hierarchical constructs (Said, 1979, p. 227) depart from an ethnocentric posture. Said (2000, pp. 292, 357, 363, 368) further argues that intellectual work is human work and demands that one accurately assesses, interprets and interacts with context. He terms this pose ‘worldliness’: a bold and continuous inquisitiveness about the world in which we (as intellectuals) are situated, generating knowledge that is not only relevant but also the “opposite of separatism, and...the reverse of exclusivism” (p.363). This notion of wakefulness further requires one to ask questions in order to understand and to critique, rather than to conform for the sake of professionalism (Giroux, 2004, pp. 344-345; Said, 1994, pp. 8-9).

Coloniality, the enduring repetition of colonialism, is pervasive and penetrates all spheres of human existence. Broadly speaking, it occurs in three main spheres. One, within the sphere of power, controlling and reproducing existing hierarchical and asymmetrical power relations by virtue, for example, of economic, technological and political weight. Two, within the sphere of knowledge, including the continuous universalization of Euro-American-centric ways of knowing, without questioning the origins of disciplines or their subversion, appropriation or eradication of indigenous epistemologies. Here, Aníbal Quijano’s (2007, p. 169) concept of the colonization of the imagination as part of the colonization of culture, interlinks with that of knowledge. The colonization of culture entails not only seizing from the colonized their knowledge, wisdom and work, but also imposing the colonisers’ rules of interpretation, beliefs, and expressions about the spiritual aspect of being human. Three, within the sphere of being and concurrent subjectivities, including racial, religious, gender and sexual identities – all of which are controlled through denying/mitigating equal access to various forms of privilege, and/or by imposing violence (Grosfoguel, 2016; Mignolo, 2013, p. 15; Ndlovu-Gatsheni, 2013, pp. 11-12). These spheres are not isolated from one another but rather form a complex structure, overlapping in what Mignolo (2009) calls the ‘colonial matrix of power’.

Building upon Quijano’s (2000) key conceptualization shortly after the end of the Cold War of the term ‘coloniality of power’, Mignolo and Walsh (2018) argue that coloniality and modernity (“coloniality/modernity”) are emphatically indivisible, as coloniality “is constitutive, [and] not derivative of modernity” (pp. 175-191 Kindle loc.; Mignolo, 2018, p. 2804 Kindle loc.). Modernity,

which came of age in the second half of the 20th century, is buttressed by its egotistical drives toward *modernization* and *development*, the latter being the harbinger of neoliberal globalization (Mignolo, 2018, pp. 2770-2787 Kindle loc.). For these authors, decolonial thinking is *pluriversal* and *interversal*, a view which departs from taken-for-granted universalist dictums as well as from anthropocentrism. Rather, decolonial thinking encompasses the “awareness of the integral relation and interdependence amongst all living” things on this planet and the cosmos (Mignolo & Walsh, 2018, pp. 132-145 Kindle loc.).

Turning specifically to the decolonization of knowledge, Ramón Grosfoguel (2011, p. 3; 2007, p. 211) in 1998 pointed to the watershed split in post-colonial studies, which he referred to as the ‘epistemic colonial turn’. The lines of division were between those on the one hand whose work was *about* subaltern groups (South Asian Subaltern Studies Group), and on the other hand the members of a group whose work was *from the position of* and *with* subaltern groups (Latin American Subaltern Studies Group). Grosfoguel identified the former group as favouring a Eurocentric critique of Eurocentrism, which included privileging the works of thinkers such as Foucault.⁹ The latter group’s work was seen as decolonialist in as much as first and foremost it epistemically privileged the position and voices of the subaltern. Grosfoguel (2011, p. 4) argued that there are three conditions for a decolonised epistemic view:

- Western standards of thinking must be expanded upon as they are not sufficient.
- The concept of a decolonial epistemic perspective must be built on pluriversal (meaning something that can generate diversity) and critical dialogues as opposed to a universal(ised) standpoint.
- The decolonization of knowledge must encompass both the engagement *with* and the absorption *from* the insights and viewpoints of critical thinkers *and* subaltern groups from the Global South.

Furthermore, while considering that knowledge cannot be complete, Grosfoguel (2011, p. 5, 6) maintains that for it to become decolonised, the epistemic location of the speaker must be decentred from the traditional Cartesian ego-political view to the “geo-political and body-political location of the subject that speaks.” In other words, for the formation of knowledge to be reconfigured, it must be relocated – a similar point made by Walsh (2007).

⁹ The context in which Grosfoguel’s critique refers to Foucault’s work is in terms of the appropriation of his (Foucault’s) work within a post-modern fashion. Though Grosfoguel weighs post-structural critical theory and finds it too light in its decolonial quest, I would maintain that I have used Foucault’s work in this study precisely to decentre the white subject and the traditional location of what is assumed to be the legitimate speaker – an argument he makes toward decoloniality.

Considering that dehumanization underscores colonization, Ndlovu-Gatsheni (2018, pp. 72-76) - drawing on among others Ngũgĩ wa Thiong'o - argues that re-humanization towards restoring the wholeness of being human is an imperative aspect for an ontological-decolonial turn. Moreover, Ndlovu-Gatsheni (2018) compellingly puts forward that the “struggle for re-humanizing has to entail epistemological decolonization. Today, the most important aspect of decoloniality is epistemological decolonization” (p. 79).

Together with re-humanization directed toward the wholeness of humanness, is the concept of ‘re-membering’ (re-collecting) the scattered pieces of identity because of colonization and separation of the self. ‘Re-membering’ was conceptualised by Ngũgĩ wa Thiong'o (cited in Ndlovu-Gatsheni, 2018, p. 76) based on the Egyptian mythology of the king Osiris, killed by his evil brother Set who was pursuing the throne. Set subsequently cut his brother's body into 14 pieces, distributing them across Egypt. Isis, Osiris' wife, demonstrating her love and devotion, ‘re-members’ the parts for his burial and access to after-life. The notion of epistemologically ‘re-membering’ for me resonates with the way Foucault's archaeology and genealogy open up the space to resurrect subjugated knowledges (Foucault, 2003, pp. 7-9); also see Medina's (2011), a comprehensive argument of genealogy as a critical “Foucaultian Epistemology of Resistance”.

These arguments bear particular significance when we examine the formation of knowledge of occupational therapy, both in its Anglo-Eurocentric origin and its spur into a profession during the two World Wars, conflicts that were deeply driven by colonial/modernization agendas. Moreover, though the knowledge base of occupational therapy is holistic, its epistemology remains rooted in the origin of Western science, from which Descartes's notion of analytic thinking stems. This epistemic point of departure is also known as a “zero point” perspective, one whose stance is value-free and absolute (Castro-Gómez in Grosfoguel 2011, p. 6).

2.3. Poststructuralist critical theory: Mapping discourse theory toward post-structural discourse theory

The scope of literature about post-structuralism and what it includes and does not include appears almost limitless. In critical theory, post-structuralism between 1962 and 1979 can be seen as a significant “intellectual and institutional event” (Dillet, et al., 2013, p. 4). It was especially so in the social and political sciences, questioning the foundations *and limits* of existing Western knowledge. Though it is inclusive *inter alia* of feminist critical theory, most if its theorists are French e.g. Hélène Cixous, Félix Guattari, Gilles Deleuze and Michel Foucault. Poststructuralism

problematized taken-for-granted orders and structures of power and was irrevocably pluri-disciplinary (Dillet, et al., 2013, pp. 4-8; Macey, 2001, p. 309).

Linking with the pluri-disciplinary trajectory of discourse theory, the term *discourse* in social sciences, in its broadest sense, refers to the understanding that all configurations of reality (e.g. language, symbols, identities) carry meaning and are co-creatively constructed by certain patterns of knowing, doing and being in the world (Howarth & Stavrakakis, 2000, p. 4; Keller, 2013, p. 2; Laclau & Mouffe, 1987, p. 84). Moreover, discourses enable the entrenchment, reproduction and normalization of particular dominant social configurations of inclusion and exclusion due to certain organizations of knowledge. Keller explains that “[d]iscourses may be understood as successful attempts to stabilise, at least temporarily, attributions of meaning and orders of interpretation, and thereby to institutionalise a collectively binding order of knowledge in a social ensemble” (Keller, 2013, p. 2). Discourse is also understood to be contingent, and historically constituted both by and of society and culture, as well as the objects and subjects related to the research (Howarth & Stavrakakis, 2000, pp. 2-5; Locke, 2004; Rogers, et al., 2016) with the researcher not removed from the discourses that are studied, all of which need to be declared and accounted for as far as possible during analyses.

While some have put forward the view that the philosophical underpinnings of *discourse theory* are founded on analytic philosophy, phenomenology and structuralism, Torfing (1999) claims that the student uprisings in France of May 1968 and the failure of the French Communist Party’s leadership were catalysts for the “development of a discourse-theoretical-approach to social, cultural and political analysis” (Torfing, 1999, p. 1). Discourse theory understands all representations of reality to be socially (often unconsciously) (Macey, 2001, p. 100) constructed. The meaning of such constructions is generated on the basis of an underlying system of rules that are historically contextual, inherently political, and are characteristic of power relations (Howarth, 2002, p. 8; Howarth & Stavrakakis, 2000, pp. 2-5; Jørgenson & Phillips, 2002/2010, p. 5). Discourse theory provides an explanatory framework for the often seemingly unintended reproduction of patterns of hegemony, taken-for-granted patterns of inclusion and exclusion, and the normalization of dominant discourses, as well as the complex workings of these (Bohn, 2008; Durrheim, et al., 2011, pp. 86-96; Foucault, 1969/2011; Torfing, 1999, pp. 1-8). Discourse theory in its broadest sense starts with the supposition that in the social sphere all actions and their physical effects (materialities) (Foucault, 1970/1981, p. 66; Hook, 2001, p. 28), including symbols and speech, are meaningful, and that such meanings result from particular systems of rules which are historically situated (Howarth, 2002, p. 8).

There are various accounts of classifying discourse theory. One example is Howarth's (2002, pp. 11-12) categorization of three traditions with which discourse theory critically engaged: the structuralist, hermeneutic, and Marxist traditions. Another example, in the context of European politics, is Torfing's (2005, pp. 5-9) outline of *three generations* of discourse theory. The *first generation* views discourse in linguistic studies and semantic analyses, which include the fields of socio-linguistics, content analysis, conversation analysis and discourse psychology. However, this earlier cluster of discourse studies failed to theorise the ideas of power and ideology. The *second generation* evolved from the first and expanded its understanding of discourse from written and spoken language to include the notion of social practices. Michel Foucault not only included such practices in his historical research but also theorised how certain historically contextual rules governed social practices and what was said and written. He later endeavoured to move away from an earlier "quasi-structuralist account of discourse" (p. 7), theorising the dynamics of power and discourse. Critical Discourse Analysis (CDA), spearheaded by Norman Fairclough, is also seen by Torfing (2005) as part of the second generation of discourse theory, and though being able to demonstrate the relations between power and discourse "tends to reduce discourse to a linguistic mediation of the events that are produced by the causal powers and mechanisms embedded in the independently existing structure of society" (p.7). The *third generation* of discourse theory views discourse as including all social phenomena and relates to the shared view of "social identity [being] constructed in and through decentred discursive systems" (Torfing, 2005, p. 7). Theorists such as Roland Barthes, Jacques Lacan, Antonio Gramsci, as well as Mouffe and Laclau's synthesised theory of third generation discourse theories, view discourse in its broadest sense.

Given the location of this study in poststructuralist critical theory, however, the following points may be taken as underpinning poststructuralist discourse theory in line with Torfing (2005, pp. 13-18):

- It is built on an anti-essentialist ontology and builds from anti-foundationalist epistemologies.
- Truth is less part of an external reality than it is something that it produced by what is said in relation to the rest of the context that gave form to its legitimacy.
- A relationalist, contextual, and historicist view is the primary point of departure in understanding the formation and interpretation of identities.
- Discourses are inherently unstable systems that can be destabilised by political attempts to contextually reconfigure them.

In addition, in terms of mechanistic workings the following points are kernel:

- a) Discourse is relational and constituted by means of a collection of meaning-makings between what it thought, said and done by virtue either of difference or similarity.
- b) Discourses are created within and by means of “hegemonic struggles that aim to establish a political and moral-intellectual leadership through the articulation of meaning and identity.” (Torfing, 2005, p. 15)
- c) The stabilization of discourses is attempted by constructing the ‘Other’, or in other words by inclusion and exclusion based on certain particularities.
- d) The destabilization/dislocation of discourse occurs when it is challenged by events that it cannot integrate or explain as being representative of its constituents.
- e) When destabilization of discourse occurs, the subject views its identity as being threatened, fractured or ‘incomplete’.

2.4. Foucauldian discourse analysis (FDA) as a theoretical approach

Despite the vast array of various conceptualizations of discourse theory, the consensus is that Michel Foucault’s work stands central to the theory of discourse (see e.g. Cheek, 2000, p. 22; Jørgenson & Phillips, 2002/2010, p. 12; Keller, 2013, p. 8; Torfing, 1999, p. 1; Wooffit, 2005, pp. 39-40, 138). Linking discourse theory with the overarching critical theoretical paradigm, Michel Foucault is viewed in this study as a critical theorist on the basis of his work on discourse of power in analysing conditions of possibility for knowledge and the concomitant relation between power and knowledge. Since any discipline encompasses political economy, “[t]here couldn’t be any knowledge without power; and there couldn’t be any political power without the possession of a certain special knowledge” (Foucault, 2000, p. 31), and excavating the rules of formation of knowledge will be an apt pathway in critical analysis. Resonating with Foucault’s notions of excavating the conditions of possibility for the formation of knowledge (Foucault, 2000, p. 12), I will be making use of both archaeology and genealogy, referring to his work in the broader sense as Foucauldian discourse analysis. This section of the literature review will speak to the relevant conceptions in Foucault’s work. The methodological aspects, as they are employed in the study, resort under Chapter 4.

The aim of this study is not to uncover hidden truths but rather to show how the historically situated formation of knowledge continues to shape our current ways of thinking, speaking and doing. Though I will reveal the rules of formation of knowledge through the decentring of the white subject, I do not subscribe to the interpretation that, if such endeavour does not offer subsequent practical solutions, it implies lack of agency. Instead, I would suggest that the very act of questioning the taken-for-granted truths about the knowledge formations in a curriculum may reveal how human beings can become subjects, at once destabilising the hubris of self-referential and assumed agency, while offering the possibility of new perspectives for conscious agency toward change and transformation (Foucault, 2000, p. 399; Hodgson & Standish, 2009, pp. 314-316; Popke, 2003, p. 308). When Foucault (2000, p. 234) was asked how his analyses of discipline and punishment in prisons presented those from helping professions, such as social workers in prisons, as mute and without direction on how to act further, he retorted:

Under no circumstances should one pay attention to those who tell one: "Don't criticize since you're not capable of carrying out a reform"... Critique does not have to be the premise of a deduction that concludes "this, then, is what needs to be done". It should be an instrument for those who fight, those who resist and refuse what is. Its use should be in processes of conflict and confrontation, essays in refusal...It is a challenge directed to what is.

(Foucault, 2000, p. 236)

Foucault's writings may be regarded by some as invaluable, by others as – true to French intellectual tradition – overly complex, negative, exclusive and even inconsistent (Fraser, 1985; Habermas, 1986; Rorty, 1986).¹⁰ Nevertheless, his work (mainly based on critical historical analysis of Western thought and Modernity) is regarded as significantly influential in both breadth and depth. In breadth, it ranges across academic domains such as medicine, architecture, art, linguistics and philosophy (Gutting, 1995, p. 1; O'Farrell, 2005, p. 3). In depth, he leaves the experts in such fields to question the intactness/integrity of their own ontological and epistemological assumptions (Kritzman, 1988, p. ix; O'Farrell, 2005, pp. 3-4).

Congruent with the principle of rupture/disruption/discontinuity in discourse theory with the aim of ceasing blind and self-serving reproduction, Foucault's work emerged in the 1960s with a force akin to *disorder*, overturning the assumed 'truths' of the three main intellectual paradigms

¹⁰ Though much of the critique of Foucault's work, his apparent omission of references to the female gender being a case in point, may be attributed to attenuated or obscure translations – see O'Farrell (2005, pp. 7-10) for some examples.

at that time. These paradigms, phenomenology, structuralism and hermeneutics, competed to be regarded as paramount in studying and understanding human beings (Dreyfus & Rabinow, 1982, p. xiii). However, after the impact of Foucault's major works over the course of 10 years, *Madness and Civilization* (1961), *Birth of the Clinic* (1963) and *Order of Things* (1966), all found themselves to be equally mooted.

It would be an oversimplification to categorise Foucault's work, though for the sake of comprehension and argument, we can isolate three main analytical traditions in his work which more or less follow chronologically. These are archaeology, genealogy and history of thought/formation of the subject (O'Farrell, 2005, p. 72), and are inherently interconnected with one another. For example, though archaeology (e.g. *Madness and Civilization*, Foucault, 1961/1989) is about explicating how knowledge is organised by scientific authority in order to arrange humans into objects of study, the implied relation to power (Foucault, 2000, pp. 117, 283) and consequent construction of dominating 'truths' associated with such organization of knowledge, are palpable (Foucault, 1969/2011; O'Farrell, 2005, pp. 64, 66). Similarly, in his genealogical work (e.g. *Discipline and Punish* Foucault, 1975/1977) the dynamics of how the 'formation of the subject' operate are evident (Foucault, 1997, p. 290) in his analyses of how autonomous disciplinary power (which has its origin in State power) is used to classify, qualify and 'normalise' the deviant (Foucault, 1984, pp. 196-197; Foucault, 1975/1977, pp. 135-230).

Foucault's view of discourse is that it is a complex macro-mechanism which operates collectively and systematically, as opposed to a mainly linguistic representation of reality. Or, in Foucault's own words when he refers to discourse analysis:

A task that consists of not – of no longer – treating discourses as groups of signs (signifying elements referring to contents or representations) but as practices that systematically form the objects of which they speak. Of course discourses are composed of signs; but what they do is more than use these signs to designate things. It is the more that renders them irreducible to the language (langue) and to speech. It is this 'more' that we must reveal and describe.

(Foucault, 1969/2011, p. 54)

Foucault's work thus encompasses both the depth of theoretical complexity and the breadth of a vast volume of analyses - of which his own methodological accounts are much fewer and often argued as inconsistent (Keller, 2013, p. 43; O'Farrell, 2005, pp. 7, 8-10). A Foucauldian theoretical approach within the framework of discourse theory is arguably open to interpretation and

application by an equally broad gamut of theoretical and epistemological vistas, including constructivism, postmodernism and post-structuralism. Perhaps ascribing them to the core archaeological view of Foucault that all scientific knowledge and development is subject to discourse and that such discourse is ultimately inescapable (Jørgenson & Phillips, 2002/2010, p. 14). In the interest of elucidating the often complex conceptions and relations in Foucault's work, some analytical applications of his work are here introduced here.

2.4.1. Some applications of Foucault's work

Scheurich and McKenzie (2005, p. 849) caution researchers against misappropriating Foucault's archaeology and genealogy approaches by selecting preferred concepts and applying them arbitrarily. Instead, they suggest that close and repeated readings should be done chronologically of all the major works relevant to the chosen approach. In turn, O'Farrell (2005), claims that the application of Foucault's work, for example in cultural studies, rather implicates "argument by analogy and comparison" (p. 53). In the vein of technical purity, Sawyer (2002), a scholar in cultural studies, imparts a thought-provoking and clear archaeology of the term 'discourse'. He presents multiple evidence for the general misinterpretation of Foucault's archaeological work (including misinterpretation of the term 'discourse'¹¹), which he attributes in part to the following mainly historically-bound reasons:

- the Anglo-Saxon world's decontextualised awareness at that time, of the real influence of structuralism among French scholars, for example much of Foucault's use of terminology was deliberate and purposeful anti-theses to the works of Althusser (the concept of ideology not including scientific disciplines as potentially ideological), Lacan (psycho-analysis and Freudianism) and Saussure (linguistic structures) (Sawyer, 2002, pp. 447-449);

¹¹ Sawyer (2002) argues that with "uncanny regularity" (p. 425) even commonly cited scholars interpret one of Foucault's references of discourse with a broader use of the term outside the relevant context. Foucault refers to seeing discourse as among other "no longer...groups of signs but as practices that systematically form the objects of which they speak". Of course, discourses are composed of signs; but what they do is more than use these signs to designate things" (Foucault, 1969/2011, p. 54). The omitted context that Sawyer (2002, p. 425) refers to is the surrounding passage of this quotation, which entails Foucault's discussion of the relation between words and things, as well as his later definitions of discourse in the book. Mills (1997, p. 17) and Parker (1990, p. 196) are mentioned as examples of the foregoing decontextualized interpretations (Sawyer, 2002, p. 425).

- the main ontology of schools of theories which, as noted above, were proven to be overly universalistic in their construction of the object/subject and devoid of historical specificity;
- the term 'language' *vis-à-vis* 'discourse' did not lean toward the association of asymmetrical power relations and concomitant terminology (e.g. hegemony, oppression) as were sought by critical theorists, and:
- based on the numerous versions of the term discourse constructed from various epistemologies, a need arose within the intellectual community to consolidate a broad(er) understanding (than language) of the term 'discourse', but not without the colouring of their own *a priori* understandings thereof (Sawyer, 2002, pp. 433-449).

Continuing in the avenue of discourse, Hook (2001) critiques post-modern interpretations, such as those of Parker (1992) and Potter and Wetherell (1987), arguing the relativity of truth in Foucauldian discourse analysis, in as much as these interpretations lose sight of the 'the will to truth' as an interactive product of the organization, valorisation and distribution of knowledge, and power (Hook, 2001, pp. 5-8).

Referring to Foucault's inaugural lecture in the *Order of Discourse* (1970/1981), Hook (2001) offers an analysis of the methodological constituents and important principles in applying a Foucauldian perspective to discourse analysis. While also delivering a critique on interpretations of discourse analysis based on Foucault's work by other authors in the field of psychology, Hook (2001, pp. 3-9) maintains that discourse is a dynamic interplay between inclusion and exclusion and of formation and constraint. *External systems of inclusion* (own emphasis) entail exclusionary mechanisms, namely social procedures, forbidden speech and opposition between truth and falsehood, with a "methodological imperative stemming from these formulations as an unrelenting scepticism toward all those rationales, explanations and statements that would validate themselves on the grounds of their proximity to a supposed truthfulness" (Hook, 2001, p. 6). This imperative is especially of note, since the most dominant discourses are those which put themselves forward from a position of authority or are masked as "natural,...sincere...[and/or] scientific" (Hook, 2001, p. 7). Hook (2001) further contends that in order to adequately to show the nexus between discourse and power, the analyst must clearly demonstrate how the knowledge formation is socio-historically traced back to (and enabled by) its "material conditions of possibility, to the multiple institutional supports and various social structures and practices" (p. 8).

Hook (2001, p. 9) further maintains that the virtually inexhaustible production of new discourses is enabled by the constituents of *internal systems of exclusion* (own emphasis). The main aspects of these are the discipline, the author and the commentary. However, the production of 'new' discourses is bound by the existing frame of the main discourse. One aspect of commentary refers to the ability of all stake holders in a discourse to utter something other than what is written. For example, in the recent institutional occupational therapy re-curriculation, attempts were made to think innovatively and freshly about creating a new curriculum (in the form of knowledge and skills). However, even the 'new' curriculum proved to result in "our presumed ability to utter whatever we will, refer[red] not merely to what [was] said, but instead to the reappearance of what has been said before" (Foucault, 1970/1981, p. 58). For me, a Foucauldian perspective on discourse analysis, in addition to asking what was said by the author in a text, would also ask how such text legitimised the position of the author. In addition, in the vein of discontinuity, equal attention would need to be paid to the meanings that are excluded, the 'never-said' or 'un-said', as referred to by Foucault (1969/2011, pp. 27, 28).

According to Hook's analysis (2001, p. 13), once the methods of *external* and *internal exclusion* have been revealed, the next step in discourse analysis would be to search for those concomitant philosophical themes which would support the mechanisms of exclusion. Here, without limiting textual analysis to language only, Foucault (1970/1981, p. 65) refers to possible philosophical themes that the subject could employ to support such mechanisms. This could be done firstly by using colourful descriptions in language, secondly by claiming that the proposed truths were based on the culmination of experience that serves as the logic for such 'truth/s', and thirdly by applying universal mediation, that is, putting forward the dominant discourse as having evolved from itself (Foucault, 1970/1981, p. 66; Hook, 2001, p. 14).

Foucault (1970/1981, p. 67) further argues that both text and context are important in discourse analysis – context being important when distinguishing critical discourse analysis from linguistic types of discourse analyses. He offers the following methodological principles for (critical) discourse analysis, with operational terms and counter terms:

- a) The *principle of reversal – event vs creation*, in the sense of inverting the discourse's assumptions as a strategy for questioning the proposed order of the discourse's claim to truth (O'Farrell, 2005, pp. 54, 74-76). It also means not viewing discourse as an orderly creation based on sound logic, but rather as an event that is subject to multiple reasons and variables for its existence, with concurrent exclusionary functions (Hook, 2001, p.

18). Discourses are objects in themselves, with material effects (O'Farrell, 2005, pp. 78-79), and reproduce power relations in an entire network that includes ties with several ideologically defined groups (Said, 1983, p. 219).

- b) The *principle of discontinuity – series vs unity* is an imperative approach for Foucault in questioning taken-for-granted assumptions in discourse. In *Archaeology of Knowledge* he specifically states that one must look for interruptions of “*epistemological acts and thresholds*” (Foucault, 1969/2011, p. 4), original emphasis), “*displacements and transformations of concepts*” (p. 5), discrepancies within the “*microscopic and macroscopic*” development of specific formation of knowledge (p. 5), “*recurrent redistributions*” of similar discourses across different fields of knowledge, and *architectonic unities* that omit acknowledgement of cultural influences and traditions in the formation of a discourse (Foucault, 1969/2011, p. 5).
- c) In the principle of *specificity – regularity vs originality* he problematizes regularity against originality, stating “that similar discursive acts can occur in a multitude of different ways ...and forms” (Hook, 2001, p. 28). This principle resonates with the aspect of materiality. A further aspect well expanded in *Fearless Speech* is where Foucault explains the concepts of history of thought and problematization, and inevitably shows that there is no theory-practice gap, since thought materialises in action. This means that theory is practice, or the gap between it (O'Farrell, 2005, p. 71).

Foucault's inaugural lecture, *Order of Discourse*, is marked by O'Farrell (2005, p. 42), for example, as a clear moment when Foucault fused archaeology with the notion of power. Within a critical framework, power deserves emphasis above discourse as a central focus.

Often cited for the application of Foucauldian concepts is Graham (2005), who in her study puts forward a “discursive analytic; a methodological plan [as] a form of post-structural discourse analysis” (p. 2), which interrogates the formation of the so-called ‘otherness’ of children with Attention Deficit Hyperactivity Disorder (ADHD). She applies the concept which treats a statement as “an articulation that functions with constitutive effects” (Graham, 2005, p. 8) and looks at how the content of a ‘Code of Behaviour’ at a particular school *functions* as a statement (original emphasis). One of the statements in this Code of Behaviour prescribes that ‘people should think before they speak in order to be courteous.’ She goes on to show how a “thoughtful object” (Graham, 2005, p. 9) is constituted (and included) and at the same time how an individual who acts in an oppositional manner is conscripted as not being someone who is self-regulatory. In this way, an exclusionary criteria of ‘otherness’ is constructed. She demonstrates that a

statement of this kind functions to promote manners “that privilege particular ways of seeing and codify certain practices” (Graham, 2005, p. 10). Also of interest is her use of Scheurich’s (1994) “grid of social regularities” (e.g. race and class) (p.7) in his school policy analysis, since it aids significantly in understanding *who* the object of exclusion is and *how* this object or group of people has come to be seen as problematic. She builds further on Scheurich’s suggestion of *epistemological actions*, looking at “pedagogical discourses or discursive practices as enunciations” (Graham, 2005, p. 7).

Jansen (2008) examines the value of using Foucault’s archaeology-analysis for the nursing profession in order to enhance the array of knowledge that a health professional needs, in addition to a critical awareness of the power relations that are imbedded in health care practices. While she categorises her own approach as a socio-linguistic discourse analysis, she iterates that discourse analysis in general, including when using Foucault, is three-dimensional in as much as social practices, text, and context must be analysed. I yield to her argument that, as for nursing, the critical use of Foucault may support critical debates in the occupational therapy profession as well (p. 111).

Mbembe (2001; Mbembe & Meintjes, 2003) illustrates Foucault’s conceptions of rationalizations (technologies) of power for inclusion and exclusion in the context of racial oppression as part of the conceptual coil of modernity and coloniality. With specific reference to Enlightenment, Mbembe (2001, pp. 7-10) argues three variants of universalising a certain type of reason as that which excludes black people from being viewed as equally human. One variant is the assumption that the ‘black body’ cannot be imagined outside of taken-for-granted limits. Subsumed in this fossilised ‘image’ is the supposition that the black mind holds a unique world-view that they cannot conceivably justify and which is not shared by the rest of humanity. These apparent and rationalised differences therefore (falsely) have the political effect of excluding the black body from the “sphere of full and complete human citizenship: [because] they have nothing to contribute to the work of the universal” (Mbembe, 2001, p. 7). A second variant of universalization, that follows the principle of difference, is the (apparent) recognition of such difference. This takes place through (often meticulously) generating knowledge *about* African people, integrated with the gaze of moral judgement and with the aim of reifying grounds of inequality and hierarchy. A third variant of universalization pertains to the “politics of assimilation” (Mbembe, 2001, p. 9). This entails the presupposition that the ‘African’ can become more human by denouncing any markers of the ‘different identity’ through being ‘converted’. This conversion was often to Christianity and the associated puritan ethics of work. The technology of

universalization is coupled with the rationalization of ‘civilising’ the native (Mbembe, 2001, pp. 7-10).

Drawing on Foucault’s notion of truth regimes as the product of power and knowledge, Nabudere (2007) offers a critical exposition of the work of Cheikh Anta Diop, who pioneered transdisciplinary scholarship in the 21st century. Diop was a Senegalese physicist, Egyptologist, anthropologist and politician who translated most of Einstein’s relativity theory into his mother tongue, Wolof. He also successfully disproved Euro-/American-centric assumptions that African knowledge had made no contribution to modern civilizations. Linking with Mbembe’s point about universalization via studying and documenting ‘the other’, Nabudere (2007) affirms that anthropology was the first social science discipline of the colonisers: “whereas anthropology came to be the study of ‘the other’, the other social disciplines became the study of self” (p. 7); Nabudere citing Adams, (1998). Diop¹² in turn argued the racially embedded assumptions within Eurocentric sciences such as genetics. He uncovered the epistemological principles for classification that magnify the individualistic, ethnic and physical characteristics of difference, rather than the larger categories of genetic constituents. Of note too is Diop’s analyses of how “ideological machinations [in science] obscure the issue of race” (Nabudere, 2007, p. 14) in such scientific discourse – pointing to Foucault’s technologies of power, or the rationalizations that are employed to maintain the dominance of a power-knowledge-truth triad.

2.4.2. ‘Knowledge’ as concept within a Foucauldian theoretical approach

The concept of knowledge needs to be located within the ambit of Foucault’s archaeology approach to interpreting history. In using archaeology, Foucault’s aim is to reveal how knowledge is arranged – “how a society reflects upon resemblances among things and how differences between things can be mastered, organised into networks, sketched out according to rational schemes” (Foucault, 1998, p. 261). In the introduction to *Archaeology of Knowledge*, he describes three aims he wants the method of archaeology to achieve. Firstly, to “uncover the principles and consequences” of so-called ‘indigenous’ knowledges. Secondly, “to question teleologies and totalizations” of the philosophy of such knowledge. Thirdly, to explain the decentring of the subject – a “method of analysis that is purged from all anthropologism”, an approach which takes the view that the historical possibility of such knowledge was based mainly on conscious human

¹² See for example works such as *The African origin of civilisation: Myth and reality* (1974), *Civilization or barbarism. An authentic anthropology* (1981), and *Origin of ancient Egyptians*, and *General history of Africa II, Ancient civilizations of Africa* (1980), the latter published by UNESCO.

agency legitimised by the assumption that “it had itself discovered” (Foucault, 1969/2011, p. 17; Foucault, 1997, p. 290).

Foucault distinguishes between two features of knowledge. The first is *savoir*: the general, pre-existing, implicit origin of what is regarded as being known in any society or scientific discipline (Foucault 1998, p. 261; Foucault, 1969/2011, p. 16). The second is *connaissance*: generally referring to the overtly visible and explicit representations of knowingness. If a tree represents the profession of occupational therapy, *savoir* would be the roots (Foucault, 2000, p. 256) and *connaissance* would be the branches. (See Figure 2.2.)

Savoir can be identified as “demonstrations...fiction, reflexion, narrative accounts, institutional regulations and political decisions” (Foucault, 1969/2011, p. 202). The second feature of knowledge, *connaissance*, includes the formal, reputable, often viewed as value-free body of knowledge of a society, or academic discipline in the form of philosophical and/or scientific textbooks and theories (Foucault, 1998, p. 261; Schreurich & McKenzie, 2006, p. 846).

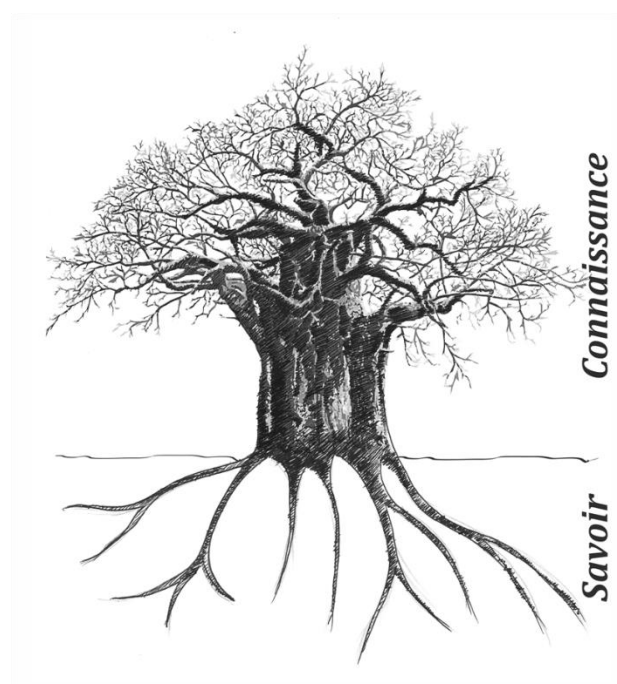


Figure 2.2. Symbolic depiction of knowledge: *savoir* as roots and *connaissance* as branches of a Baobab tree.¹³

¹³ In terms of the concept of decolonization, this tree-analogy may perhaps be seen as problematic in as much as it depicts the ultimate ‘un-disruptableness’ of knowledge formation, meaning that ‘only the historical formation of knowledge determines the future of any discipline’. For example, here one may draw upon Deleuze and Guattari’s (1987) critique levelled against arboreal thinking, in as much as it may limit thinking within and about a discipline. However, I chose this analogy more to show the *relation between*

Savoir can be identified as “demonstrations...fiction, reflexion, narrative accounts, institutional regulations and political decisions” (Foucault, 1969/2011, p. 202). The second feature of knowledge, *connaissance*, includes the formal, reputable, often viewed as value-free body of knowledge of a society, or academic discipline in the form of philosophical and/or scientific textbooks and theories (Foucault, 1998, p. 261; Schreurich & McKenzie, 2006, p. 846).

Foucault points out that *savoir* is “profoundly different from the bodies of learning [*des connaissances*]...but it is what makes possible at a given moment the appearance of a theory, an opinion, a practice” (Foucault, 1998, p. 261). *Savoir* is therefore the historical ‘conditions of possibility’ for the emergence of formal knowledge, that is, *connaissance* (Foucault, 1998, p. 261). It explains how a discipline such as occupational therapy for example could give legitimacy to its theories and epistemology or, as Foucault (1969/2011, p. 207) would phrase it, the “epistemologization” of its *savoir*. Complementary to *savoir* is what Foucault also refers to as the historical *a priori*, or “a positive unconscious of knowledge” (Foucault, 1966/2002, p. xi):

[O]n what basis knowledge and theory became possible; within what space of order knowledge was constituted; on the basis of what historical a priori, and in the element of what positivity, ideas could appear, sciences be established, experience be reflected in philosophies[and] rationalities be formed...

(Foucault, 1966/2002, p. xxii)

The feature of *connaissance* is put forward as the “relation of the subject to the object and the formal rules that govern it” (Foucault, 1969/2011, p. 17), and this type of knowledge manifests as “principles of truth” (Foucault, 2005, p. 236). The aim is therefore to reveal the underlying values and implications of how the evolution of a discipline’s formal knowledge is taken as endemic (Foucault, 1969/2011, p. 18).

However, there is a further layer of understanding which needs to be pointed out; while *connaissance* transpires from *savoir*, the mechanistic workings of archaeology show that this course is neither rational nor logical, nor is it brought about by the deliberate agency of a subject (Foucault, 1969/2011, pp. 17, 60-61; see e.g. Schreurich & McKenzie, 2006, p. 848).¹⁴ Foucault

savoir and connaissance rather than claiming the probability of an outcome from such a relationship – an issue that falls beyond the scope of this study and which I have been attending to in view of a post-doctoral endeavour.

¹⁴ I earlier defended the logic of Foucault so-called ‘denying the subject’, as some would accuse him. Centring the subject as willing the existence of knowledge would be a structural heresy to the theoretical

argues that knowledge is created and not part of human nature (Foucault, 2000, pp. 7-8) which not surprisingly, was the cause of the main ontological rift between him and Chomsky. Through archaeology, it is shown how “things are organised simply to produce manageable forms of knowledge...[while] ...[g]enealogy [shows how] the true and the false come to be distinguished via the mechanisms of power” (O'Farrell, 2005, p. 69). In addition, knowledge is fundamentally intertwined with power structures in society (Foucault, 2000, pp. 32, 84; O'Farrell, 2005, p. 97). In Foucault's first major work, *Madness and Civilization* (Foucault, 1961/1989), submitted as his doctoral thesis, he presented analyses of how the intersection between knowledge and power produces truths within the more macro spheres of the economic and the demographic (Dreyfus & Rabinow, 1982, pp. 7-8). In these analyses, Foucault offered a critical insight into the apparent reformation of health care driven by the medical rationalists in France, spearheaded by Phillippe Pinél, and the Quaker reformers in England, led by Samuel Tuke (Dreyfus & Rabinow, 1982, pp. 8-9). Tuke and Pinél are viewed as key figures in the historical development of the occupational therapy profession as the leaders in the so-called moral treatment and the birth of occupational therapy (Wilcock, 2001, p. 312). The reason for this was their introduction of regimes of meaningful activities as a treatment modality. Tuke established a ‘treatment’ institution named the Retreat in the countryside outside New York City. Here the patients were engaged in activities and responsibilities such as vegetable gardening and taking care of animals (Wilcock, 2001, p. 312). In Wilcock's comprehensive historical accounts of the writings relating to the development of the occupational therapy profession, she recounts how Pinél had discovered that one of his patients was a violin player. He had given the instrument to the patient, who had played it while being institutionalised. Pinél recorded how the engagement in this activity had aided a rapid recovery (albeit temporary as the violin was destroyed by one of the other ‘patients’) (cited in Wilcock, 2001, p. 326). Pinél further documented extensive descriptions of the effect of *individualised* engagement in activities on the patients' behaviour, and from these early records one can infer the mental health conditions known today as depression, mania, dementia and mental handicap disorders (Wilcock, 2001, pp. 323, 323-332). However, these movements in the ‘reforming’ of health care, viewed from a Foucauldian perspective as he presents it in *Madness and Civilization* (Foucault, 1961/1989), were anything but innocent and liberating. The overall aim of the Quaker movement was to entrench the patients' awareness of being subjects within a

integrity of archaeology as a historical method and would illustrate a foundational misinterpretation of Foucault (see for example Schreurich & McKenzie, 2006, p. 848). Foucault explains that to problematize the organization of knowledge and the subject that organises the schemes of such knowledge “are the two sides of the same systems of thought” (Foucault, 1969/2011, p. 13). See also his later affirming reflexions in Foucault (2000, p. 118) and Foucault (1997, p. 290). However, his denial of the subject was more in order to illustrate the historical and cultural position of the subject and in his genealogical work he refers to ‘subject positions’. I follow the same logic from the archaeology-analysis to the genealogy-analysis in my study.

hierarchical structure, forcing them to take responsibility for their illness or crime. In such a way the therapeutic activities were also employed as measures of punishment with the aim of altering patients' behaviour. Pinél's approach, too, was to impose a moral awareness on the patient that he/she had transgressed the assumed uniform ethical standards of being human. Such awareness and correction were brought about by applying techniques for disciplining the body and mind (Dreyfus & Rabinow, 1982, pp. 8-9). According to an archaeology-analysis of the intersection of knowledge and power, however, Pinél and Tuke

did not introduce a science, but a personality [and] [i]f the medical personage could isolate madness, it was not because he knew it, but because he mastered it; and what for positivism would be an image of objectivity was only the other side of this domination.

(Foucault, 1961/1989, p. 258)

From a critical theoretical perspective, therefore, one could argue that the danger of viewing the historical development of the health care profession's savoir uncritically may lead to the reproduction of un-interrogated patterns of constructing the object via the knowledge frameworks that are preferred by the subject (Foucault, 2005, p. 461).

2.4.3. 'Power' as concept in a Foucauldian theoretical approach¹⁵

The connections between the institutional, the economic, and the political had always been an underlying theme of Foucault's intellectual project, but it was not until his inaugural lecture entitled *The Order of Discourse* (Foucault, 1970/1981) at the Collège de France that he overtly used the term 'power' for the first time (O'Farrell, 2005, p. 42). During this lecture he put forward an analysis of how "the production of discourses is at once controlled, selected, organised and redistributed by a certain number of procedures" (Foucault, 1970/1981, p. 52). He elaborated on three such systems of controlling discourses. Firstly, various internal and external systems of exclusions operate in maintaining the stability of discourses, for example what topics are allowed to be spoken. Secondly, which authors and which written texts count as authoritative, put forward as exceptional knowledge (discourses) but inversely reproducing dominant discourses. A third

¹⁵ Foucault's subsequent writings and application of the concept of power are vast and wide-ranging and include contexts such as 'State power'; 'Sovereign power'; 'power within law'; 'power and ethics in ancient Greece' and, 'power and sex' (Foucault, 2003; Foucault, 1978; Foucault, 1977; O'Farrell, 2005, pp. 151-152). I will therefore limit the introduction and discussion of this concept to the scope of this study.

system that supports the aforementioned two is by means of *savoir*, the categories of knowledge/“themes in philosophy” (p. 64) that support these reproductive systematic workings of exclusion and inclusion (Foucault, 1970/1981; Hook, 2001).

While the concept of knowledge is overtly associated with Foucault’s archaeology approach, power is explicitly connected to the genealogy approach, though the concepts of knowledge and truth are constantly intertwined and at interplay. One could argue therefore that the methods of archaeology and genealogy complement one another in revealing the interminable and relational articulation of power on knowledge and of knowledge on power. “The exercise of power perpetually creates knowledge and, conversely, knowledge constantly induces effects of power” (Foucault in Gordon, 2000, pp. xv-xvi). However, power is not only oppressive but can also be productive:

What makes power hold good, what makes it accepted is simply the fact that it doesn't only weigh on us as a force that says no; it also traverses and produces things, it induces pleasure, form of knowledge. Produces discourse. It needs to be considered as a productive network that runs through the whole social body, much more as a negative instance whose function is repression.

(Foucault, 2000, p. 120)

It is important here to understand that, while occupational therapy knowledge may have been formed from the intent of virtue (health care), such knowledge may also be dangerous (Foucault in Gutting, 2003, p. 115). Excavating the seemingly innocent, the seemingly neutral or even virtuous, may bring us to another level of understanding – of knowing how to employ power with the intent to promote productivity. One of Foucault’s main aims throughout the corpus of his work was not only to reveal the reciprocal relation¹⁶ between power and knowledge but also to lay bare the danger of the ostensive neutrality and inconspicuousness of its operational mechanisms (Foucault in Gordon, 2000, p. xv).

Genealogy concerns the analysis of the relations between knowledge, power and how truth is constructed and normalised. “Genealogy,[...]examines the constraints, the regimes of truth that underlie the historically variable divisions between true and the false in knowledge and culture” (O’Farrell, 2005, p. 72), meaning that certain knowledge is favoured above others. For example, referring to the history of the occupational therapy profession; how did it come about that the

¹⁶ Hannah Arendt refers to this relation as “secret complicities” (Arendt, 2017, p. 437).

profession was put in a position where its members had to defend its legitimacy as colleagues of the medical fraternity in the realm of health care in the 1960s?

Foucault's first major application of genealogy-analysis was demonstrated in *Discipline and Punish: The Birth of the Prison* (Foucault, 1975/1977). In this work, he put forward a theory of the development of punishment based on the penal system in France in the 17th century, first by public torture used by the State, and later by 'gentle' punishment where those convicted had to work in order to pay their dues, depending on how severely their criminal offenses were judged. For Foucault, the idea of the prison was coupled with Bentham's architectural plan for the Panopticon, drawn up in 1791. This was a structure situated in the middle of a prison. From this, constant surveillance led to the inmates below adapting their behaviour to meet the expectations of their overseers. For Foucault, these events marked the inception of both a material and metaphorical outcome of discipline as a tool of exerting power (Foucault, 2000, pp. 58-59, 71-87).

The mechanisms of surveillance and of altering the body in time and space for the sake of control are to be found present in an array of various kinds of institutions for example correctional (prisons), pedagogical (schools), industrial (factories) and medical (hospitals) (Foucault, 2000, pp. 75-76, 79-80). During his and Chomsky's momentous 'clash of paradigms-debate' in 1971, Foucault iterated that before one can establish theoretical principles for the evaluation and attainment of social justice, one first has to understand the operational mechanisms of power:

The real political task in a society such as ours [meaning underpinned by Western values] is to criticize the workings of institutions, which appear to be both neutral and independent; to criticize and attack them in such a manner that the political violence which has always exercised itself obscurely through them will be unmasked, so that one can fight against them.

(Chomsky & Foucault, 1971/2011, p. 47; Foucault in Rabinow, 1984, p. 6)

2.4.4. 'Truth' as concept within a Foucauldian theoretical approach

In Foucauldian terms, truth is seen as the product and materialization of knowledge and power and takes form through people's generation of knowledge based on experiences, as well as "multiple forms of constraint" (Foucault, 2000, pp. 131-133). During a seminar on *Technologies of the Self* that he gave in October 1982, Foucault stated that his life's work was to show, by means of historical analyses, how Western culture constructed knowledge about itself which formed the

basis of disciplines such as medicine, psychiatry and economics. He further stated: “[t]he main point is not to accept this knowledge at face value but to analyse these so-called sciences as very specific “truth games” related to specific techniques that human beings use to understand themselves” (Foucault, 1997, p. 224).

Foucault distinguishes four types of ‘technologies’ that people use to construct truths via knowledge. These mechanisms, which operate as practical reason, work together and are irrevocably intertwined, are:

- i) technology of production with the purpose to engineer things, which is mostly associated with study in sciences;
- ii) technology of sign systems, which enables one within the linguistic realm to make use of symbols and allocate conceptual meanings to things;
- iii) technology of power that is applied in all realms of society with the aim of shaping and regulating people’s behaviour in favour of governing individuals or groups of individuals and which often involves the objectification of such people;
- iv) technology of the self – which is also bound to societal norms, and which grants individuals or a collective the chance to realise a state of “happiness, purity, wisdom, perfection, or immortality” (Foucault, 1997, p. 225). They achieve these states by various practices of transformation or metamorphosis that involve the body, mind, soul, or entire way of being, either by their own accord or with the assistance of others (Foucault, 1997, pp. 177, 225).

In Foucauldian discourse analysis and as reflected in the scope of this study and the genealogy of curriculum, focus is placed on the technology of power and the technology of the self. Both types of technologies can manifest on a sociological dimension and/or on an individual level via the subject. For example, the technology of *divide and rule* can be traced back to class divisions exploited by the bourgeoisie in 19th century France (Gordon, 2000, pp. xiv-xv). Within a sociological dimension the divide and rule technique can be related to the rationale of the apartheid regime in South Africa. On an individual level, the technique of *objectification* via race classification by the subject (that is, the oppressor) as someone different and superior to the ‘other’ (the oppressed) may be seen as a dividing practice, as a technology of the self. The racial classification of people as ‘other’ than the white supremacists materialises as the rationalised exclusion of ‘the other’ on a social but also a spatial plane (Rabinow, 1984, p. 8).

Two major techniques of power that thread Foucault's work are *supervision* and *discipline* (Gordon, 2000, p. xiv). The techniques of supervision are closely linked with those of *surveillance* and the *panopticon*, Bentham's architectural prison tower referred to earlier which was centrally situated for best observation. The panopticon operated not only as a physical structure but also metaphorically, enabling various practices such as observation, monitoring and assessment. So while the initial intention of a panoptical structure may have been to observe (in order to know whether something was 'out of the ordinary'), it soon became an instrument to ensure that people were behaving or progressing in the way that they should (Foucault, 2000, p. 59).

Similarly, in occupational therapy, asking/interviewing a patient about how many hours on average she/he spends on various forms of activities such as work and leisure becomes a measure used to determine to what extent the individual is adhering to the norm as occupationally healthy and 'balanced'. However, if occupational therapy is practiced from an un-interrogated space in both its origin of theory and the homogeneity of its practitioners (in terms of race, gender and worldview), this may explain to a certain extent why one sometimes sees how an African patient, when interviewed by an occupational therapist on his/her occupational patterns or hours of engagement on various forms of occupation, may seem to comply in engaging and answering according to what would be expected (from the therapist), whether or not such answers or activities are reconcilable with those of the patient. The patient behaves, or replies in a way that seems compliant. In a similar way, panopticism exhibited the following progressive dimensions of its purpose and function as a technology of power: for example in health care: a) observation via evaluation, b) supervision via care and management c) regulation via administration and report(ing) and d) finally the rectification/improvement of the patient's behaviour (Foucault, 2000, pp. 70-71).

In his analysis of how liberalism was historically constructed to favour the contemporary governance in the United States of America, Rose (1999, p. 72) relates the techniques of *supervision to those of civility*. The strategies that are employed through freedom include the entrenchment of practices of *normality* (e.g. the normalization of class division), *rationality* (e.g. the implementation of decimalization and numeracy in administration and education), and *sensibility* (e.g. with the implementation of that which constitutes ultimate health/hygiene) – all intersecting with *morality* and its ideological proportions (Rose, 1999, pp. 72-78). The discursive strategy of the (hyper) *normalization* of work, for example, during the pre- and industrialization period, is well known as the cultivation ground for the construction of psychiatry as a pseudo-discipline (Foucault, 1961/1989). The normalization of work occurred in conjunction with the mental normalization of individuals (Foucault, 2000, p. 117). Those who were essentially

categorised as being defiant or unproductive were viewed as being 'ab-normal'. These groups included the mentally ill, destitute women, the poor, the dissident, debauchees and immigrants who did not understand English (Dreyfus & Rabinow, 1982, p. 5; Gregory, 2014, pp. 2-3; O'Farrell, 2005, p. 36)¹⁷, all of whom were classified, and consequently separated as being 'abnormal'.

Together with techniques of *supervision* resorting under the technology of power are those of *discipline/punishment*. In Foucault's genealogical analysis of *Discipline and Punishment* (1975/1977) he shifts the focus from the operationalization of technologies of power in the ambit of population and state (as was analysed in *Madness and Civilization*, 1961/1981) towards the way in which such technologies operate on meso-levels (Dreyfus & Rabinow, 1982, pp. 7-8), and specifically how the construction of truth through the intersection of power and knowledge materialises on the body. Once again Foucault iterates that the study of punitive mechanisms should focus not only on its repressive effects but also on the possible productive outcomes, regarding "punishment as a complex social function" (Foucault, 1984, p. 170).

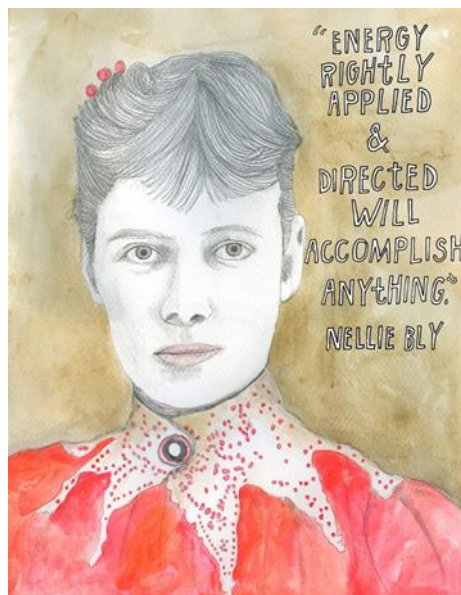


Figure 2.3. Drawing of Nellie Bly, a news reporter in 1885 who went 'undercover' to some of the asylums reporting that many of the women admitted were not mentally ill but marginalized mostly by sociological means of specifications (Gregory, 2014).

In the contemporary context, Rose (1999, p. 73) argues that under a liberal government public spaces such as museums, art exhibitions and department stores are designed to regulate the

¹⁷ Here I am referring to a contextual reading of Nelly Bly (see Figure 2.3.), a newspaper reporter in the wake of the first wave of feminism at the turn of the 19th century, who gathered clandestine information and subsequently wrote an article titled: *Behind Asylum Bars*. She infiltrated a 'madhouse' and contrived to have herself diagnosed as 'positively demented'. She was institutionalized for 10 days along with 1 600 impoverished women. She reported on being subjected to various forms of 'corrective' and inhumane treatment and also recorded her observation that many of these women were not mentally ill at all (Gregory, 2014, pp. 2-3).

behaviour of the masses. For a visitor to such spaces, the ‘proper’ behaviour of being clean, presentable and civil becomes normalised, with the explicit aim of instilling shame when one does not conform. The technology of civility further brings about the technique of *responsibilization*, meaning not only maintaining a ‘private ethic’ of morality, personal hygiene and health but also of social order, including creating and maintaining a nuclear family. If these values were part of occupational therapy’s historical inscriptions in the founding of the profession it raises the question of whether they have been adequately interrogated in the tacit applications of the profession’s theory and models of practice.

Historically, in the European context, the implementation and application of effective techniques of discipline also involved strategies for presenting “opposing values” (Foucault, 1975/1977, p. 104) or *binaries* and quantitatively measuring how these binaries differed. This type of reasoning, entrenched in the epistemologies of the Global North, is what Santos (2014, p. 167) refers to as metonymic reasoning – the infatuation with the notion of “totality in the form of order” which sees both the whole and its parts as being the same. This type of reasoning leads to the hierarchical and binary constructions of concepts, interpreting what is seen and measured only in relation to ‘the other’ concept. For example, in the occupational therapy curriculum, the academic results of a student applying to be selected to the programme can be conceived of and evaluated only in relation to the notion of academic achievement. His or her suitability for the programme can therefore only be measured in marks. In the realm of health care, an example of metonymic reasoning would be to interpret a depressive mood only in relation to the notion of not experiencing such mood as one of the indicators of being healthy, the assumption being that a depressed mood must be addressed and relieved as soon as possible - all while not considering that on the spectrum of emotions, a depressed mood is an emotion all humans are capable of experiencing and may be also rendered as a ‘normal’ temporary emotion.¹⁸

Linking the techniques of *discipline* as a technology of power to the historical origin and nature of occupational therapy profession, Foucault’s sections and analyses entitled *Docile Bodies* as well as *The Means of Correct Training* (Foucault, 1984, p. 205; Foucault, 1975/1977, pp. 135-184), may be relevant and useful. Foucault relates the techniques of power that were employed to give form to and create the perfect soldier in the late eighteenth century. The individualised ‘mechanistification’ used to create the docile body involved homogenous regimes with a particular focus on exercise, on concepts such as ‘aptitude’ and ‘capacity’, as well as intensive observation and care to detail as “[d]iscipline is a political anatomy of detail” (Foucault, 1984, pp.

¹⁸ Note that I am not referring here to the physiological workings and effects of an (un)addressed major depression disorder.

179-185). Effective training was associated with exceptional discipline and included three means of application: 'hierarchical observation', the 'normalization of judgement' and the 'highly ritualised' nature of examination and assessment (Foucault, 1984, pp. 188, 189-200, 205). The technique of *hierarchical observation* involves the architectural design of institutions, which have the responsibility and mandate to observe and/or train groups of people, for example schools. The point of hierarchical observation is to gain the rapid and centralised perspective and presence of the directive of authority. A second technique of training and exertion of discipline is the *normalization* of certain rules, standards and behaviour toward the norm, as one would for example find in traditionally established student residences at some universities. This technique effectively brings about homogeneity through comparisons, differentiations and hierarchies with the aim of either including or excluding. The third technique involves the imperative of the 'examination', the very ritualised nature of which relates to specific procedures, times, durations, documenting and documentations, as well as the mechanism designed to exceptionalise - once again in a binary fashion - those who achieve and those who fail. Such techniques of discipline not only enable the attainment of desired outcomes in homogenous form and function but also a clear distinction between those who are disciplined and those who disciplined, that is the object and the subject.

Before turning to the technology of the self, it is important to remember that these various technologies and their concomitant techniques and practices are hardly absolutely 'categorizable'. As mentioned above, they all intersect and overlap and are merely presented in a grouped manner for the sake of digesting the various concepts. Foucault traces the development of technologies of the self from the Greco-Roman period, during which the maxim of "Take care of yourself" was coined. With the advent of Christian influence the maxim shifted to one of "Know thyself". The latter motto was undergirded by moralist imperatives associated with techniques such as *asceticism*, *abstinence*, *purification*, *critical self-examination* and *self-reflection*, and *self-disclosure*, with an associated *self-repudiation*. These techniques, employed under the technology of the self, assured that it would be recognised that the person was aware of and showed his/her *humility* and *modesty* and had proved to redeem him/herself by *suffering*. Moreover, these forms of the technology of the self gave shape to the formation of a theory of knowledge of the self (Foucault, 1997, pp. 228, 238-249). It is worth taking note of these practices in view of the origin of the occupational therapy profession in a Eurocentric context. This included a deep intertwinement with the Christian religion, with its moralist imperative, the Protestant work ethic, and the concept of work seen as part of occupational balance (see e.g. Pierce, 2003, pp. 58-63; 39-49).

Corresponding to Foucault's earlier reference to his life work's task to analyse the techniques that people employ to generate knowledge about themselves (Foucault, 1988, p. 16), he explained that one of his main aims was to plot a history of the modes of objectification (Foucault, 2000, p. 327; Foucault in Rabinow, 1984, p. 7) which occur at the intersection of power, knowledge and truth. The first mode of objectification is *dividing practices*. As mentioned above, this was one of the technologies of power on a social plane. However, as a technology of the self, dividing practices may include all those where the subject constructs him/herself as separate and dissimilar to the object (Rabinow, 1984, pp. 7-8). In relation to this study, in contemporary terms such practices may be visible through social projects of 'upliftment' and 'outreaches', or indeed any practice which gives the object a 'different' identity from that of the subject. The second mode of objectification is by means of *scientific classification* (Rabinow, 1984, pp. 7-8), meaning the discursive practices which give form to a discipline such as occupational therapy. In the method of archaeology, scientific classification is associated with certain discursive practices becoming distinguishable and reaching a threshold of autonomy (Sawyer, 2002, p. 437). The third mode of objectification is *subjectification*. This entails the strategies that a person employs to "turn him- or herself into a subject" (Foucault in Rabinow, 1984, p. 11) using practices that could further enhance self-understanding toward self-transformation. This is a summary of the practices that resort under the technology of the self as a mechanism for constructing truth through knowledge that offers positions of power for the entrenchment of such a conceptual tryptic.

Given the scope of this study, I would like to examine one additional mechanism as a possible technique relating to the technologies both of power and of the self. If one works with the notion of Rose's (1996, p. 26) interpretation of technologies as mechanisms that are not only relational between the subject and the object but have various forms of materiality sharing a collective practical rationality (Arribas-Ayllon & Walkerdine, 2008, p. 102) in the formation of a profession and its concomitant curriculum, the *epistemologies* and *modes of reasoning* that are employed also act as techniques for fusing knowledge and power into a regime of truth (Hacking, 2002; Koopman, 2013, pp. 124-125).

Without succumbing to the notion of hyper-relativity, the concept of 'truth', as with most other concepts in Foucault's work, is bound to the particular historical context of investigation. The violence that scientific truth commits when it puts itself forward as unequivocal and non-negotiable is combined with a legacy of power. Epistemic injustice is committed when others' capacity to bear truths is excluded (Fricker, 2008, p. 69). The mechanisms for reproducing 'truths' that are often employed as practical rationalities, include standardization, rules and regulations, and codes of what is normal, virtuous, and ethical and moral and 'complete'. It appears in health

care education, often the exceptionalization of these standards is found not only in the rules and regulations but also in the behaviour of lecturers and clinicians. For example, if a student happens to not conform, the effect will be visible in the marks allocated to her for performance.

2.5. Organising concepts in locating the study

2.5.1. Curriculum as concept

Higher education curricula have in general been less researched than school curricula, including in South Africa (Bitzer & Botha, 2011, p. 17). However, the issue of what is included or excluded in higher education curricula, either with intent or not, has resurged with a force during the emergence of higher education protests, with the #Fees Must Fall student protests (re-) emerging in 2015. While a curriculum in higher educational is both complex in structure and process, the total curriculum is not only what is overtly visible or measurable. Curriculum equals a student's total learning experience and does not end with graduation. There are multiple facets of experience which do not begin or end with the outline of the occupational therapy programme in a faculty rulebook, the learning outcomes allocated to various themes in each module, or what is assessed in written or practical format. Curriculum can therefore be seen as an ongoing process in which the role players are students, lecturers and fieldwork practice training staff. This process involves knowledge (including the rules for its generation and interpretation), behaviour, and identities (Lange, 2017, pp. 23-33). The context in which it occurs includes the learning institution, training areas and environment (such as hospitals and schools), the geopolitical environment, and all the concomitant historical inscriptions.

2.5.1.1. Four dimensions of curriculum

Curriculum is understood to consist of several dimensions. O'Donnell (2014, p. 185 Kindle loc.) distinguishes the following four: a) formal, b) informal, c) hidden, and d) null curriculum. Formal curriculum is the planned, intended and official curriculum (Kelly, 2009, pp. 11-12; van den Akker, 2013, p. 56). (See Figure 2.4. as an example from a rule book at one of the historically Afrikaans-medium universities that provides the set structure of a formal curriculum.)

A formal curriculum indicates, usually in module guides, the outline of the knowledge, skills and experience that a student must achieve in order to obtain the qualification. It shows the conscious

approach to curriculum, that are aligned with the exit level outcomes that must be met, as prescribed by the South African Qualifications Authority (HPSCA, 2005). (See Appendix D).

Rule AGB3.1: BACHELOR OF OCCUPATIONAL THERAPY

Academic Plan Code: BC843100

Credits: 540

COMPULSORY MODULES						
	Year 1		Year 2		Year 3	Year 4
	Semester 1	Semester 2	Semester 1	Semester 2	Semester 1 & 2	Semester 1 & 2
Occupational Therapy (theory)	OCTF 1514 16C	OCTF 1524 16C	OCTA 2614 16C OCTA 2634 16C	OCTI 2724 16C OCTI 2744 16C	OCTP 3708 32C OCTM3708 32C	OCTT4808 32C
Clinical Occupational Therapy	OCTC 1603 12C		OCTC 2704 16C		OCTC3708 32C	OCTC4800 72C
Research					OCTR3708 16C	OCTR4804 16C
Anatomy	ANBO1 1608 32C					
Physiology			PHBO 2614 16C	PHBO 2624 16C		
Psychology		PSDE 1624 16C	PSPA 3714 16C	PSPE 3724 16C		
Anthropology		ANTC 1624 16C				
Technology and Activity	OCTA 1504 16C		CNOT 2614			
Clinical Sciences				OCTS 2722 8C	OCTS 3704 16C	
UFS101*	16C					

*Refer to Rule AGB9

Figure 2.4. Example of a programme showing the timelines, modules and credits allocated (UFS, 2019, p. 19).

Informal curriculum, among other things also referred to as the curriculum-in-action (van den Akker, 2013, p. 56), involves the “idiosyncratic, sporadic, and happenstance learning that occurs” (O'Donnell, 2014, p. 197 Kindle loc.). This is when students engage in extra-curricular activities such as sport, social clubs and organised activities in student residences, or when engaging with lecturers in the hallways between lectures. Examples are the Association of Occupational Therapy Students, students’ annual serenades at lecturers’ homes, or the annual ‘formal’ function, arranged by the third-year students for the farewell of the fourth-year students. Informal curriculum is bound to a specific time and place (O'Donnell, 2014, p. 197 Kindle loc.), and may therefore also be very much subject to the institutional culture practiced after hours – particularly

among students who live in student residences or subscribe to organised activities outside of the classroom. For example Rag¹⁹ and those cultural activities which would be seen as usually associated with living in student residences.

The null curriculum is what is left out of a curriculum (O'Donnell, 2014, p. 232 Kindle loc.). It can be inferred for example from the list of prescribed textbooks or readings, or where there are conscious or formalised approaches to epistemology and/or pedagogical practices. The hidden curriculum on the other hand refers to “organizational culture” (O'Donnell, 2014, p. 212 Kindle loc.) entailing the often tacit scheme of beliefs, values and assumptions that lead to a certain behaviour. While hidden agendas imply conscious but covert purposiveness, the hidden curriculum is often quite concealed and may be unrecognisable to both the subject and object (O'Donnell, 2014, p. 247 Kindle loc.; Santos, 2014, p. 170). Akin to Foucault's notion of power being not only constricting but also productive (Foucault, 1975/1977, p. 194; Gordon, 2000, pp. xix-xx), hidden curriculum is not necessarily merely destructive – it can also be fruitful, for example when teaching a student to question the social justice aspect of a case study, or what it means to advocate for a person with disability to enjoy equality, freedom and dignity (Department of Justice and Constitutional Development of South Africa, 1996, pp. 3, 5). Furthermore, as discourse, hidden curriculum will always be present, as knowledge, power and the subject are always part of existence. I would also agree with O'Donnell (2014, p. 343 Kindle loc.) that focusing on letting hidden parts come to light - making the implicit explicit - may lead to students taking on a more superficial learning, or perhaps resisting something like ethics, which they may regard as nostalgic.

Curriculum is therefore not only the explicit structure of the module and faculty rules printed in the faculty rulebooks, but also the implicit codes for preferred ways of thinking, speaking and being, which are transferred during lectures, in the hallways of the department and in hospitals, schools or community-based settings where students undergo fieldwork training. Curriculum not only includes what content is lectured but also the contexts in which such education takes place, including what the people who teach look like and model: gender, class, race and worldview. Occupational therapy, for example, not only includes the organizational culture of the profession bound to historical and spatial contexts but also the subcultures within it – how occupational therapy is viewed within a specific health care system. It includes the tacit codes of understanding

¹⁹ In South Africa, 'Rag' is part of some universities' culture during which students gather in various rituals (for example building floats and 'begging' at traffic lights for money) to raise funds for charity. At historically Afrikaans-medium universities, the acronym is JOOL - 'Jou Onbaatsugtige Opoffering vir Liefdadigheid'. (Directly translated into English: 'your selfless sacrifice for charity'). This practice is also part of some university cultures in Europe, though its discursive meanings seem yet to be interrogated.

communicated by clinical supervisors when students arrive at a clinical area: professionalism, paternalism, whether students are seen as a ‘nuisance’ or viewed with the gaze of *a priori* inadequacy.

2.5.1.2. Curriculum-as-discourse

For the purpose of this study, the concept of curriculum is employed as discourse. It is seen as discourse in as much as it is a collection or group of statements (Foucault, 1969/2011, p. 131) or, as Dreyfus and Rabinow (1982) state, “serious speech acts” (p. 48) . However, curriculum-as-discourse has two morphological interpretations in its respective locations in archaeology and genealogy. In archaeology, it operates as implicit knowledge, or *savoir*. In genealogy, it operates as a group of statements, this time formalised knowledge or *connaissance* that reproduces certain regimes of truth in patterns of inclusion and exclusion.

Following the analogy of a tree that I introduced when explaining the Foucauldian concept of ‘knowledge’ (cf.2.4.2.), in terms of the episteme/knowledge of occupational therapy, its roots will represent *savoir*²⁰: the historical conditions of how occupational therapy as a profession came into being, how its knowledge was formed/how it became a discursive practice up to the point when it was “epistemologized” (Foucault, 1969/2011, p. 207). Hence, it can be understood that for an archaeology to excavate such conditions for possibility is “...in accordance to which rules a discursive practice may form groups of objects, enunciations, concepts, or theoretical choices...the group of elements that would have to be formed by a discursive practice of a scientific discourse to be constituted” (Foucault, 1969/2011, p. 200). *Savoir* is therefore not only the inexplicit knowledge but also the conditions for the emergence of the formal bodies of learning that is *connaissance* (Foucault, 1969/2011, pp. 16-17).

Following the analogy of a tree, the rest of the tree will represent *des connaissances*: “the work that makes it possible to multiply knowable objects, to manifest their intelligibility, to understand their rationality, and maintaining the fixity of the inquiring subject” (Foucault, 2000, p. 256). In practice and for the purposes of this study, a form of *des connaissances* would represent the curriculum in its entirety. This means not only the body of knowledge of the occupational therapy profession in the form of the textbooks prescribed and the module content but also how for example students are selected for the programme (process and procedure), the embedded institutional and departmental values, rules and regulations, guidelines and policies, as well as

²⁰ The concepts of *savoir* and *connaissance* are more fully discussed under section 2.5.2. *Knowledge as concept within a Foucauldian theoretical approach*.

unwritten codes of expected behaviour and norms (Schreurich & McKenzie, 2006, p. 848). For this study, *connaissance* is therefore all the visible and less visible dimensions of curriculum: both what it says, but equally importantly what it does not say - the patterns of inclusion and exclusion. Epistemology, though hardly forming part of the criteria for formal assessment of a curriculum, is one of the cardinal fibres that are interwoven into the fabric of curriculum-as-discourse.

2.5.2. Epistemology

Epistemology in its broadest sense is defined as “the nature of knowledge, its possibility, scope, and general basis” (Hamlyn, 2005, p. 260). If knowledge is seen as a *belief (or set of beliefs)* that is both *justified* and *true*, epistemology concerns the structures of justification that are employed in order to show that knowledge is true. While there are several alternative views on the structures of the justification of knowledge, the two main views are known as foundational theory and coherence theory. Foundationalist epistemological views for the justification of knowledge propose that knowledge is “founded upon basic truths or insights that cannot be (and do not have to be) called into question and from which more general proposition can be inferred” (Macey, 2001, p. 136). Foundationalist justifications employ empirical evidence, in as much as what exists because it can be sensed and/or experienced serves as justification in itself. Coherentist epistemological views for justification of knowledge contest this notion and propose that a “justified set of beliefs need not have the form of a superstructure resting on a base” (Dancy, 2005, p. 263). Rather, knowledge/belief can be seen as true in terms of its relation to and support of other (sets of) beliefs that are situated in a whole and that knowledge which holds true does not have its origin in an incontestable base (Dancy, 2005, p. 263; Lehrer, 1990, pp. 13-19; Sosa, 2011, pp. 285-363 Kindle loc.). These apparent oppositional views seem to have found their form in the past in the so-called ‘great divide’ (Crotty, 2009, pp. 14-17) between quantitative and qualitative research, with their associated debates on which type of research is more ‘true’. In contemporary terms, though, this ‘divide’ between the “incommensurability of paradigms” (Kuhn, 1962/2012, p. 156) seems to have become less relevant as knowledge production has followed and seems to continue on an irrevocable inter-/intra-/multi-disciplinary trajectory with research methodologies such as mixed methods and design science research. However, in my experience at a particular university in South Africa with a well-established and rigorous research ethics review board at the medical science faculty, the quantitative type of research remains ubiquitous. It is only the past few years that *an* expert in qualitative research has actively been recruited from the allied health professions to serve as a member of the ethics review board. Expertise was previously sourced on an *ad hoc* basis when a qualitative type of research proposal was

submitted, which obliged this type of research proposal to include comprehensive explanations and defence of their methods and rigour, if not succumbing to quasi-versions of quantitative research methods.

In terms of the concept of epistemology, Mignolo (2018, p. 3358 Kindle loc.) asserts to the contrary, that knowledge cannot be understood as something in itself. He argues that epistemology is an ontological concept, because in a Western ‘world-sense’ ways of being in this world (ontology) were not made up through relations and fluidity but from coming to know about objects and actions. Hence it would be impossible to decolonise knowledge without critically questioning the foundations of Western epistemology. In the same vein on decolonization and questioning the taken-for-granted normativity within epistemology, Santos (2014, pp. 102-113 Kindle loc.; 4-7) calls for an ‘epistemological break’, where the many and diverse (majority) of understandings about the world by the majority need to be valorised. In addition, Eurocentric epistemologies need to be interrogated for their continuous patterns of exclusion and marginalization of knowing and being in this world, which disable new ways thereof (Ndlovu-Gatsheni, 2013, p. 11; Santos, 2014, pp. 102-113 Kindle loc.; 4-7). These notions of resistance to taken-for-granted epistemologies and their un-interrogated effects seem to resonate with Foucault’s notion of knowledge insofar as any form of knowledge has a relation to power. At times, power can operate as productive, but it can also reify truth regimes through rationalised patterns of inclusion and exclusion, preferencing some ways of knowing above others, and deliberately denying an ‘Other’s’ ways of knowing and understanding. This denial of the subject as a knowing subject relates to the concept of epistemic injustice.

2.5.2.1. Epistemic injustice

Epistemic injustice as a theoretically grounded concept was devised by Fricker (2007), a scholar in epistemology, ethics and feminism in philosophy. The concept has since been absorbed as a significant theoretical framework in the era of communication and issues relating to knowledge and understanding in the disciplinary fields of “political philosophy, ethics, and epistemology” (Kidd, et al., 2017). Drawing on the antithesis of a customary oppositional dialectical point of departure in philosophy, for example that justice is the absence of injustice, Fricker theorises the notions of testimonial *injustice* and hermeneutic *injustice* as forms of epistemic *injustice* (Fricker, 2007, emphasis own).

The first notion, testimonial injustice, occurs when a person is not viewed as a credible knower (or in relation to Butler's (2009) terms, a legitimate subject of knowing, see e.g. pp. 5-7). His or her credibility is denied and therefore "it wrongs the subject as his capacity as a giver of knowledge" (Fricker, 2008, p. 69). An example would be when a patient in a clinical setting at a hospital discloses to a health care practitioner that consultations with a traditional healer have brought him relief. From the health practitioner's epistemological stance, such testimony may be explicitly or subtly handled as an irrational, esoteric or far-fetched interpretation by the patient.

The second notion under epistemic injustice is hermeneutic injustice. This occurs when a person faces an unsuccessful attempt to "make sense of a social experience but is handicapped in this by a certain sort of gap in collective understanding – a hermeneutical lacuna...[which] renders the collective interpretive resources structurally prejudiced" (Fricker, 2008, p. 69). An example in health care practice would be if a patient with a particular African worldview is taught by an occupational therapist with a Western worldview that occupational balance is constituted by a certain number of hours allocated for work, self-care, recreation and sleep. This patient might then experience a certain form of epistemological alienation, not only due to a possible "lack of available collective resources" (Frank, 2013, p. 367) but also because the 'expert knowledge' of the therapist appears to be incontestable, given the asymmetrical power relation of therapist-patient. Furthermore, hermeneutic injustice can also be underpinned by "a wilful hermeneutic ignorance" - the proclivity for rejecting people's experiences of the world by systemically hindering them from becoming adept in the epistemic resources needed to include their own ways of sense-making. This may often be enacted collectively or as part of institutional culture and practice (Pohlhouse Jr., 2017, pp. 13-14; Pohlhouse Jr., 2012). For example when a student or clinical practitioner maintains dominant language practices in comparison to those of the patients.

In addition, Fricker (2017) points to the task of "theorising the unintended" (p. 53). This is when a receiver of communicated knowledge through his or her own prejudice erroneously judges the knowledge bearer's credibility. In the case of hermeneutic injustice, the receiver of knowledge (listener) may not be able to interpret the speaker's account of knowledge because of a structural lack of shared concepts. However, this lack should not be used as an excuse for normalising "hermeneutic marginalization", bound not only by the structures of language but also by social aspects. This 'hermeneutical lacuna' though, Fricker (2017) argues, may be alleviated by a virtuous type of "epistemic and communicative conduct" (p. 54), such as can be found in health care professions. However, Sherman (2016) argues that virtue is dangerous when striving towards epistemic justice in as much as the normative quality of virtue may enable the listener to

repeat the very biases s/he attempts to escape, and while virtue may be an important communicative component, one has to be cognisant that it may also be “self-effacing” (pp. 231-233, 245-246).

Epistemic injustices are often, on the surface level at least, recognisable on the basis of the usual macro social categorical indicators or regularities, such as race, class, gender, sexual orientation, or abledness (Anderson, 2017; Fricker, 2008; Hall, 2017; Tremain, 2017; Tuana, 2017). However, from a social justice perspective it seems that epistemic injustice also occurs on those meso-levels where people do not have equal access to economic capital (injustices of redistribution), cultural capital (injustices of recognition), or political capital (injustices of representation) (Fraser, 2009). Epistemic injustice on meso-levels is rife in science (Grasswick, 2017), education (Kotzee, 2017), and healthcare (Carel & Kidd, 2017; Scrutton, 2017). An example in health care is Laliberte Rudman’s (2013) research into the discursively formed occupational restrictions and prescriptions for the aged and retired. These are driven and maintained by dominant discourses of “the individualizing of the social, and of occupation, through productive aging discourses and related policy initiatives to extend work lives, shape and perpetuate occupational inequities” (Laliberte Rudman, 2013, p. 304). Epistemic injustice, a form of epistemic inclusion and exclusion, is made possible by dominant knowledge-power relations that are shaped by historical-politico-social ‘conditions of possibility’: “In any given culture and at any given moment, there is always one episteme that defines the conditions of possibility of all knowledge, whether expressed in a theory or silently invested in a practice” (Foucault, 1966/2002, p. 183). Consequently, Laliberte Rudman (2013, p. 304) believes that occupational science as a foundational discipline of occupational therapy needs to broaden its ‘conditions of possibility’ (p. 299) in addition to ontological and epistemological self-reflexivity if it wishes to engage critically with issues of social injustice.

Epistemic injustice may have far reaching implications for a discipline. Keet (2014) argues *inter alia* that it is inscribed in both the formal knowledge (*connaissance*) and informal knowledge (*savoir*) bases of some disciplines and that critical resistance is an essential ingredient of epistemological reflexivity. In addition, perpetrating testimonial injustice prevents a discipline from coming to know a broader social truth that is more representative (Fraser, 2009) on both an epistemological and a practical level. If a patient or client experiences hermeneutical injustice, ‘epistemological alienation’, as a result of which his or her “testimony will be misheard, misconstrued, or discounted” (Frank, 2013, p. 366), how will new knowledge be discovered or an existing knowledge base be expanded? Moreover, it seems that epistemic justice cannot be achieved without epistemic freedom, since “[a]t the core of epistemic injustice is the denial of

freedom itself, [as] epistemic injustice can be deliberately and purposefully marshalled precisely in order to confirm persons in their state of unfreedom” (Hinchliffe, 2018, p. 192).

2.5.2.2. Epistemic freedom

Ndlovu-Gatsheni (2018) maintains that the dehumanization which follows colonization inevitably results in the exclusion of a person’s epistemic virtue – a ‘sub-human’ category of exclusion that renders a person as either having no knowledge or knowledge of a lesser value. To know, to make sense of, and to come to know, is however inherent in being human and is to be regarded as such. He explains that “epistemic freedom speaks to cognitive justice [and] is fundamentally about the right to think, theorise, interpret the world, develop own methodologies and write from where one is located and unencumbered by Eurocentrism” (Ndlovu-Gatsheni, 2018, p. 3). Epistemic freedom is therefore a critical precondition for economic, cultural and political freedom. Achieving it is a three-pronged process: epistemological decolonization that involves a) provincializing Europe and b) de-provincializing Africa. ‘Provincializing’ is to be understood as deliberately shifting the centre of the taken-for-granted universalization of Eurocentric *knowledge* (singular) into a spectra of a *multiplicity of knowledges* (plural) (Ndlovu-Gatsheni, 2018, pp. 3-4, 33; Ngũgĩ wa Thiong’o (1993) cited in Ndlovu-Gatsheni, 2018, p. 3). Explaining de-provincializing Africa by including Ali A Mazrui as a kernel departure point for discussion, Ndlovu-Gatsheni (2018, pp. 115-136) makes an absorbing case for the “invention and reinvention of Africa by Africans themselves as a key aspect of epistemic freedom and contribution to deprovincialization of Africa. It underscores the identity known as ‘Africanity’ as a trans-space, trans-time, trans-geographical and trans-cultural phenomenon” (pp. 34-35). Epistemic freedom therefore entails both delimiting the fixedness of *a priori* conditions of possibility and pursuing the inclusion of heterogeneous new ones. The conscious creation of conditions of possibility allows for onto-epistemological fluidity and multiplicity. Ndlovu-Gatsheni (2018, pp. 243-253) thus postulates a 21st century approach to decolonization which may enable an epistemic freedom, one which includes the “6-D’s: the deimperialization, deracialization, detribalization, decorporatization, depatriarchization and democratization” (p. 253) of knowledge.

Epistemic freedom necessitates active reflection, rethinking what and how we think, as well as how we came to know. The Global North has long been indicted with the intrinsic affliction of colonialism and imperialism: its invented white supremacy. The consequence is its categorical inability to learn, or even to imagine learning from the rest of the world (Santos, 2014, p. 19).

Decolonial pedagogy would therefore be imperative as part of the re-humanization process leading to epistemic freedom (Ndlovu-Gatsheni, 2018, pp. 81-87). Epistemic freedom in practice would mean cultivating ways of thinking that entertain new ideas, without presuming that every idea that is being explored must be a fixed belief (Hinchliffe, 2018, pp. 192-197), as would be underscored by foundationalist epistemic justifications. It means not being constantly dominated by a-priori ideas of where, when and how the boundaries are drawn for exploration of other ways of knowing. This process of reining/demarcating can occur against the backdrop of an authoritarian type of pedagogy or it can occur more subtly by means of corralling ideas of exploration (Hinchliffe, 2018, p. 201).

Epistemic freedom is an essential consideration for the following reasons. Firstly, it is important as an alternative narrative to the 'unsaidness/unspokennes' power of pedagogy. Such pedagogy is omnipresent as it is officious on a person's ways of being – one's ontology (Mignolo, 2018, p. 3358 Kindle loc.) to the extent that *a priori* ways of thinking and speaking and doing tend to revert to a taken-for-granted 'common sense'. This renders the knowledge-seeker as unfree, as it ultimately becomes unimaginable for the person to access epistemic freedom (Gramsci, 1971, p. 419; Hinchliffe, 2018, pp. 199-203). Secondly, epistemic freedom may also be important in meeting the shortcomings of transformation in higher education. Transformation indicators that have focused on numbers of racial distribution, on quotas and measurable outcomes (Soudien, 2018), do not speak to how to depart from its place of origin, the kernel from which it was born.

2.5.3. Social Justice and higher education

The theoretical framework of *social justice* stands in relation to knowledge – and the aspects relevant to the justice or injustice of knowledge: for example its distribution, who and what are represented, and recognised in the distribution of knowledge. The (re)distribution; representation; and recognition of knowledge are intrinsically connected with three dimensions: the political, the cultural and the economic (Fraser, 2009, pp. 1-15; 100-115; 144-147). Knowledge cannot altogether escape these dimensions. Social justice in relation to knowledge would be especially significant, since knowledge (episteme) can also act as an ideology, especially if it is delineated by an assumed belief system of a certain group (van Dijk, 2001, pp. 1-15; 17; 19), in this case by the health care profession of occupational therapy. In addition, knowledge within a discipline is far more than just knowledge. Disciplines in themselves are political structures which actively and centrally intercede the space between the economies of the political and knowledge production (Lenoir, 1993, p. 72), as Foucault (1961/1989; 1963/2003; 1969/2011

and Bourdieu and Passeron (1977) have shown in their corpuses of work. It is the unconsciousness of knowledge, however, the unawareness of how *a priori* historical “conditions...can sustain a discourse about things that is recognised to be true” (Foucault, 1966/2002, p. 172), that may (un)wittingly not only maintain the disciplined unjust patterns of inclusion and exclusion but also reproduce them.

2.5.3.1. Grounding concepts in social justice

Central to critical theory is the theoretical framework of social justice precisely because of the former’s focus on power relations and their effect on social configurations. In view of the rationale of this study, to uncover how and why patterns of inclusion and exclusion prevail in a particular curriculum, I acquiesce with Fraser, a feminist critical theorist in the areas of moral and political philosophy: “[T]he most general meaning of justice is parity of participation”. She argues that there are three forms of barriers to equal participation which correspond to a three-dimensional theory of justice. These dimensions, with the related modes of justice, are a) economic - “*redistribution*” b) cultural - “*recognition*” and c) political - “*representation*” (Fraser, 2009, pp. 16; 16-18, emphasis own).

The first barrier to “parity of participation” (Fraser, 2009, p. 16), which is also viewed as a form of injustice of *redistribution*, is imputed to economic formations which prevent individuals, groups or populations from enjoying equal access to resources such as post-secondary education. This form of distributive injustice is prevalent in South Africa and is generally regarded as one of the residual effects of decades of inequality based on apartheid. Patterns of economic inequality persist. South Africa’s average unemployment rate of 26% has increased to 2,5% (Moya, 2018). Given the 2018 VAT increase, there have been sharp surges in fuel prices. Corruption is deeply entrenched in sections of its government, and the shadow of South Africa as one of the most unequal countries looms larger, especially when taking into account that over half of the South African population is surviving at under R25 per day (Statistics South Africa, 2017, p. 14).

The second kind of barrier which leads to an injustice of *recognition* in view of equal participation is “institutionalized hierarchies of cultural value [or understood as] status order” (Fraser, 2009, p. 16). Fraser refers here to a cultural dimension that produces an order of status which determines who and whose way of being should be included/excluded more than others, based on the dominant cultural discourse of a particular context. An example may be when any institution endorses a dominant discourse of hetero-sexual normativity. A lesbian student could experience “misrecognition” (Fraser, 2009, p. 16) for her sexual orientation within a dominant

conservative and moralist religious discourse. This too would be a product of historical discursive constituents. Fraser's notion of a cultural dimension to the (in)justice of recognition resonates with what Butler, a feminist critical theorist, terms "cultural intelligibility" (Butler, 1990/2007, pp. 23-24). This term, evidence of Foucault's influence on Butler's thinking, points to the "production of a normative framework that conditions who can be recognised as a legitimate subject" (Lloyd, 2007, p. 33). Although the context Butler (1990/2010) refers to in this work is that of culturally constructed beliefs of what is regarded as 'normal' about sexuality and gender, her argument that such culturally shaped constructions inevitably determine who is deemed a valid human being can be applied to most other contexts where social injustice of *recognition* exists, determining who should be included and who not. These inclusions/ exclusions are based on the historical conditions that determine the grid of norms not only of what is knowable (Butler, 2009, pp. 6-7) but also who is rendered a knowable subject.

The third kind of barrier to parity involves the political dimension of *representation*. This political dimension is not exclusive of *redistribution* and *recognition*. While it does include the state's power of jurisdiction, it also entails to what extent that power can reach within the operational combination of the economic and cultural dimensions, deciding who "is establishing criteria of social belonging [and] determining who counts as a member" (Fraser, 2009, p. 16). (Or, in Foucauldian terms, the rules of formation). This form of (in)justice is clearly relevant to the research question in terms of the patterns that determine modes of inclusion and exclusion. The apparent injustice of *representation* of black students in the current curriculum referred to above could be inferred clearly when one considers the established economic privilege among many whites *vis-à-vis* the ratio of black South Africans who are living in poverty, and the entrenched Westphalian/Northern theory/Global North order of status (Fraser, 2009, p. 16) in terms of what counts as legitimate both of knowledge and its generation.

In the vein of broad theories of justice, it should be noted that Sen's idea of justice contests with Rawls' transcendentalist notion of social justice which entails "contractarian fairness...[based on]...public reasoning...[and]...participation" (Sen, 2009, p. 219). However, in its pursuit of the ideal form of justice the transcendentalist notion is unable to give grading between two "non-best alternatives" (Sen, 2009, p. 221). In his comprehensive work, *The Idea of Justice* 2009, Sen puts forward a comparative theory of justice that can assess "how to reduce injustice and advance justice, rather than aiming only at the characterization of perfectly just societies" (2009, p. ix). While it would be impossible to do justice to his arguments within the scope of this chapter, the following two points should be noted. Firstly, human capabilities can be used in assessing the quality of life people are living and hence the extent to which justice is present. There are ten

human capabilities (developed in collaboration with Martha Nussbaum) which are normative indicators of the opportunities or freedom people have to achieve the things they value and which constitute humanness. They include the impulse to play, to experience and express various emotions and have affiliations, and to use one's senses, imagination and to think – which are linked with the opportunity for basic education. The second point is that the ideal form of justice is often associated with a liberalist notion of ultimate happiness, of utilitarianism, that can be countered by gaining enough information on what people really value (Maffettone, 2011, pp. 124-125; Sen, 2009, p. 219). These capabilities, as well as the comparative notion of justice, are important considerations for occupational therapy, providing more clarity on what the profession means when it says it advocates for occupational justice (Hammell & Beagan, 2017, pp. 65-66).

While the concept of justice *per se* may manifest in regulatory legislative frameworks, social justice may be more closely related to Derrida's description of an indestructible justice which entails an infinite ethical relationship towards the other (Honneth, 2007, pp. 119-123). This notion is partially reflected in the ethical code of occupational therapy (OTASA, 2005) which is based on the theories of consequential and deontological ethics. The ethical code describes the responsibilities of the occupational therapist towards the client/patient, colleagues, the profession, the community, and in particular refers to the duty of upholding justice in the form of fair and equal distribution of resources and treatment.

2.5.3.2. Higher education as a political mechanism for social (in)justice

Education either functions as an instrument which is used to facilitate integration of the younger generation into the logic of the present system and bring about conformity or it becomes the practice of freedom, the means by which men and women deal critically and creatively with reality and discover how to participate in the transformation of their world.

(Freire, 2005, p. 34)

The critical (civil/intellectual/political) task of the university and its challenges

Education, including higher education, one of the results of Enlightenment, is empirically related to the overall greater quality of life: better health, longevity, more social capital, higher income. It is also associated with a better distribution of wealth among nations, resulting in greater tendency toward peace and democracy (Pinker, 2018, pp. 234-235). From the inception of the

university 800 years ago to its positioning by Von Humboldt in the eighteenth century as part of the state with a function for both study and research, university education has been valued not only as instrumental to a qualification but also for the lifelong value it offers for the self and for society (Brink, 2007, p. 4; Gelanty, 2001, pp. 29-35). Universities, or as they are also known in contemporary terms, higher education, carry three main tasks. The first is to equip a person with the knowledge and skills needed to be a productive citizen (Habermas, 1969/1997, p. 2; Lange, 2013, p. 2). The second is to prepare a person to interpret the complexities of human diversity in a non-stereotypical manner, underpinned by the ability to think critically about one's own assumptions, to relate to other human beings in a sympathetic manner and develop an understanding of the subjective circumstances and struggles of others (Morin, 1999, pp. 21-25; Nussbaum, 2007, pp. 41-45). The third task is to cultivate a global, contextually relevant political and moral consciousness (Habermas, 1969/1997, p. 3; McLean, 2015; Nussbaum, 2007, pp. 41-45).

As nodal points of society, universities therefore have the moral task of disseminating and producing knowledge for the public good with the potential for improving social justice (Badat, 2010, p. 5; Botman, 2012, p. xiv; Habermas, 1969/1997, pp. 2-5). However, just as they were challenged to mirror the major shift in society 200 years ago marked by the emergence of the industrial economy, they are now challenged to move towards a knowledge economy (Brink, 2007, p. 4). A major force intertwined with this shift is neoliberalism (Brown, 2015; Giroux, 2015; McLean, 2015; Mignolo & Walsh, 2018, pp. 219, 222, 226, 233 Kindle loc.). Fused with a Foucauldian view, Brown (2015) describes neoliberalism as "an order of normative reasoning that, when it becomes ascendant, takes shape as a governing rationality extending a specific formulation of economic values, practices, and metrics to every dimension of human life" (p. 322 Kindle loc.). Coupled in a synaptic fashion with this rationality is the re-avertment of 'possessive individualism', where the individual is the owner of his/her own knowledge and abilities that are "free from dependence on the will of others, and freedom is a function of possession...Society consists of relations of exchange between proprietors" (Macpherson, 1975, p. 3; Singh, 2012, p. 8). The rationality of 'economising' domains of human existence that have nothing to do with money (Brown, 2015, p. 338 Kindle loc.) penetrates all spheres of teaching, research and learning in higher education, with faculty producing a certain number of published products in journals with a high impact factor and students approaching education in health care not with the larger view of serving society but to accrue and acquire marks, portfolios and knowledge that is neatly organised and listed. One detrimental effect of a pervading individualism, however, is the severance between theories of social justice and morality (Habermas, 2003, pp. 2-4; Lange, 2013, p. 6). An example of this manifestation is how it significantly challenges the practice of

professional ethics and confidentiality of patients and clients in the realm of social media (see for example Grobler & Dhai, 2016). Another example is Dempsey's (2018) Foucauldian analysis of the link between psychology, pedagogy and students' subject positions, and how these intersect with the neoliberalist ideology. Her key findings highlight the embedded market-driven, capitalist values in the curriculum as well as the subjection and objectification of patients.

A second force that buttresses the shift towards a societal economy of knowledge and is also intertwined with the flourishing of neoliberalism is the massification of higher education on a global level (Webbstock, 2016, p. 13). This tendency has major implications for the multiple dimensions of higher education: the attitudes of students on access to higher education; the core functions of higher education; curriculum; institutional culture; academic standards; internal governance and students' discourses (Soudien, 2017; Trow, 2005, pp. 16-32; Trow, 1973, pp. 7-18). Mass education and the commodification of knowledge call for different structures for effective governance. Such strategies include managerialism (Webbstock, 2016, pp. 12-13), authoritative standardization of teaching and assessment practices (see e.g. Mbembe, 2016, p. 30), and the implementation of competency-based curricula.

Though not necessarily the case in South Africa, the management of universities globally is often carried out by contracted non-academics in a business-like fashion (Webbstock, 2016, pp. 12-13). Students are treated as customers and academics are subject to the bureaucracy of a mass 'knowledge factory'²¹ (Habermas, 1969/1997, p. 16), exponentially juggling research and teaching with administrative imperatives. The commodification of knowledge is often associated with standardising practices which *per se* include some knowledge above others based on the concomitant reductionist approaches and may effect "disciplinary ethnocentrism...which strongly inhibits the inter-disciplinary cooperation and integrated specialization necessary to solve significant, highly complex, real-world problems" (Harkavy, 2006, pp. 15, 14). In addition, the commodification of higher educational practices and its reductionist effect in terms of the usefulness of curriculum content and pedagogy shift its focus from knowledge to skills transmission - or competency-based approaches. While the notion of 'competence' is always desirable, as it can be aligned with one of the tasks of the university promoting public good and social justice, the view of 'competency' may be highly problematic as it suggests some level of universality needed to enable transferable curricula and graduate mobility. This universal slant may be especially problematic when it ignores the tentacles of its historical colonial inscriptions

²¹ Borrowing the term from Habermas (1969/1997, p. 16), which he used in the context of drastically increasing number of students in higher education, West-Germany, in the late 1960s without structural adaptations to the institutions but with an unrelenting hierarchy.

and codes for continuity, especially when considering that “the African university began as a colonial project” and that theory was developed by means of

[c]omparison [that] requires a standard, the familiar, through which the not so familiar is understood sometimes as not yet developed, other times as abnormal, an outright deviation. All ordering has a reference point. For those who did the classifying and ordering of everything around the world, the reference point was the West.

(Mamdani, 2017)

Furthermore, in addition to universities inevitably being instrumental in reproducing coloniality, competency-based education is critiqued for its tendency to focus more on small learning units rather than on a larger context requiring integrated learning and higher cognitive reasoning skills. The most integrated outcomes are the most difficult to assess and are at odds with reductionist and standardised approaches (Hitchcock & Henson, 2017, pp. 15-16).

A pertinent question about any curriculum, including that of occupational therapy at my institution, is to what extent heterogeneity is evident, not only in demographic representation but also in consciously applying pedagogic and epistemic orientations and practices, in other words, which types of being and doing in the world are favoured, presented as the norm, or frowned upon, and why. Standardization of curriculum practices that favour homogenous ways of knowing and doing in curriculum, and which do not consciously engage with a critical ontology, could ultimately create epistemic injustice. This in turn has implications for occupational justice. Moreover, it is ultimately epistemically *un-free*, etching future pathways leading to more of the same.

2.6. Conclusion

In this chapter (2) I gave an outline of the conceptual framework of my study. It is anchored in the critical theoretical paradigm using the analogy of a building structure. I discussed five strands of critical theory in their order of relevance to the study. Against the backdrop of South Africa’s colonial and apartheid heritage, I put forward the history of the Frankfurt School and reviewed critical theory in its broader sense. Though the Frankfurt School offered useful concepts in terms of critique of modernity in line with social justice, I also noted their silence in the sphere of coloniality. I demonstrated how critical work remains subject to possible epistemic blindness and

therefore deserves internal critique. I included feminist critical theory because of the profession's origin by and through women, but also because of its prevailing homogenous representation of the female gender. This leaves questions about to what extent knowledges within the profession preference the markers of associated ways of thinking, speaking, interpreting and doing, and what effect that has on the profession. Africana Critical Theory was included in the discussion as it unabashedly moves across the decolonial line, calling for the re-centring of African knowledge and epistemology, the acknowledgement of its legitimacy and its associated agency as central departure points. In the subsection of post-colonial and decolonial critique, I emphasise the irrevocable intertwinement between modernity and colonialism and begin engaging with several Global South scholars on what decoloniality of knowledge means. Here I point to the seeming paradox of choosing Foucault to engage in what seems to follow a decolonial intellectual project trajectory. I point out that because Foucault's work deals with power and knowledge, its methods are able to reveal both preferenced and subjugated knowledges. This is an important question, given the historical origin of occupational therapy, which within the post-structural critical theory sphere is explained by discourse theory. The review of these strands of critical theory was instrumental not only in the overall critical analysis of the study but also in locating the context and formation of object and formation of enunciative modalities in the archaeology, as well as the contextual interpretive frame of the use of certain technologies of power and self in the genealogy.

Post-structural critical theory is the main critical theory pillar of the conceptual framework- 'building' of this study because Foucauldian discourse analysis is located here. After giving important indices for critical post-structuralist theory, I discuss the relevance of Foucault's work in knowledge/power/truth regimes work as building blocks for a strand of Foucauldian discourse analysis. Foucault's work is conceptually rich but attached to no specific method, so it was necessary to provide a few systematic accounts of how concepts such as discourse, statements, knowledge, and (technologies of) power are interpreted and can be applied. Equally important was bringing Global South scholars into conversation with Foucault as a method of critiquing the intersections of unjust power-knowledge relations. The section on post-structural critical theory is most indicative of the method I used in this study.

Returning to the conceptual framework analogy of a building, I discuss the organising concepts (as part of the 'upper structure of the conceptual frame') as they relate to the research question and archaeology and genealogy analyses. The concept of curriculum in its concrete sense is discussed, including the four dimensions of curriculum (null, formal, informal and hidden) that only emerged after I started doing the genealogy-analysis. Here I also explain how the concept of

curriculum slightly transforms from the archaeology-analysis to genealogy-analysis using discourse as interface.

A further concept, the organising concept of epistemology, emerged during the archaeology-analysis as I worked with the structures of the formation of knowledge in concepts and strategies. Since the curriculum of occupational therapy at higher education institutions is situated against the backdrop of social injustice and the histories of colonialism and apartheid in South Africa, the notions of epistemic in/justice and epistemic freedom naturally followed the organising concept of epistemology. The concept of epistemic in/justice intersects closely with white supremacy as part of coloniality. Epistemic injustice implies the exclusion of the discursively constructed 'other's' status of being a legitimate knower and accurate interpreter of truth. Epistemic injustice is attenuating, constricting and exclusionary. Epistemic freedom in many ways offers a way out. It calls for epistemological decolonization through shifting the Eurocentric centre (provincializing) and replacing it with a fluid and expansive epistemological sphere which is transversal, multiversal and pluriversal.

Since this study is also located in social justice for higher education, I discussed core concepts in both the Rawlsian framework of justice and that of Sen. I pointed out that the Rawlsian framework may collude with paternal hierarchies found in white supremacist legacies, while Sen's theory of justice is more parallel with the agency that underscores the notions of epistemic freedom.

The concepts of occupational therapy and occupational science (curriculum/connaissance) as they relate to critical theory and the history of higher education will be put forward in the next chapter (3) as the apex of the conceptual framework structure as well as the rationale of the study.



Chapter 3 - Occupational therapy and higher education in the South African context

[K]nowledge is always the historical and circumstantial result of conditions outside the domain of knowledge. In reality, knowledge is an event that falls under the category of activity.

(Foucault, 2000, p. 13)

3.1. Introduction

In this chapter, continuing from the organising concepts of higher education and social justice in the previous chapter, I engage more deeply with the focus of this study: higher education and the occupational therapy curriculum. In doing so I lay out the rationale for the study. I discuss the theme of higher education, together with occupational therapy curriculum as form of transferring knowledge toward the attainment of a qualification, in relation to the South African context. The occupational therapy curriculum, however, is not detached from the international occupational therapy discourse. For this reason I have included a literature review on the main international occupational therapy discourses (insofar as such publications are available in English). However, since the study is situated in a critical theoretical paradigm, the occupational therapy literature review is located at the interface between seminal and/or recent occupational therapy literature and critical theoretical views which may be relevant to the topic of the study.

Power has a central role in the establishment of a discipline, or as in the case of occupational therapy – a profession, as “[t]here couldn’t be any knowledge without power; and there couldn’t be any power without the possession of certain kind of knowledge” (Foucault, 2000, p. 31). Discipline as a form of power is a central force in the unified organization and establishment of a profession (Lenoir, 1993, p. 75). This would especially have been the case for occupational therapy, given the holistic theoretical spectra it straddled in its ontological and epistemological development. Messer-Davidow, Shumway and Sylvan (1993) maintain that “[s]ocially and conceptually, we are being disciplined by our disciplines” (p. vii) in four distinct ways. The organization of knowledge in the form of disciplines or professions:

- provides us with the objects of our study and the criteria for evaluation of knowledge about them;
- brings into being various categories of practitioners, experts and scholars;

- generates value economies in the form of literature, jobs, grants and status; and
- yields the notion of progress and evolvment (Messer-Davidow, et al., 1993, pp. vii-viii).

The spark between knowledge and power generates what is valued as truth/s – that is, who and what should be included or excluded in ways of thinking, speaking, doing and being. In occupational therapy, both as a profession and a body of knowledge, such truths may include our ideas about various groups of people (for example, students, patients), whom we regard as legitimate authorities, which ways of reasoning matter, and what type of theoretical themes and principles we pursue. Curriculum is seen as one form of true and legitimate knowledge. However, since the formation of knowledge is a continuous historical process, it also contains the markers for how it should be generated, organised and disseminated. However, if the rules of these markers for what should be included/excluded are not critically interrogated, unwanted historical patterns may be reproduced. Critical questioning would permit a discipline to identify those limits which, albeit unintentionally, it might unjustly include/exclude. If an understanding of the interplay between knowledge, power and truth is a prerequisite for establishing principles of social justice (Chomsky & Foucault, 1971/2011, p. 47), the pursuit of socially just curricula for occupational therapy would demand a critical examination of the historical formation of occupational therapy knowledge. This examination would include an understanding of the context that shaped and moulded the conditions which made possible the emergence of occupational therapy as a new profession.

3.2. Higher education in South Africa

The apartheid régime in South Africa effectively succeeded in creating and maintaining segregation in all spheres of life. Higher education - its content, ways of thinking, speaking, doing and being - was no exception. In this section I describe the context of the origin in 1943 of the occupational therapy curriculum in South Africa. (An expanded history of occupational therapy in this country is also interwoven as part of the archaeology-analysis in Chapter 5.)

3.2.1. A political history of higher education in South Africa

In this section I give a short socio-geopolitical background and context of the time when occupational therapy training institutions and curricula came into being in South Africa.

3.2.1.1. South Africa 1900-1994: colonialism, Afrikaner ethno-nationalism and apartheid

It is both significant and important that the first form of the occupational therapy curriculum, as a formalised vehicle for professional knowledge was brought by two women from Great Britain in the 1940s. By that time, South Africa was established as a key contributor to the world economy because of its diamond and gold resources. After the South African War and the defeat of the Boers²², with the South African Act of 1909, the country had been declared a British dominion, meaning that it was self-governing but not sovereign. As part of the British Empire, South Africa fought in World War I and II, though not without pockets of protest (Thompson, 2014, p. 3395 Kindle loc.). The divisions between the Afrikaner population and the English-speaking Brits were based on state and economic power struggles. These divided groups, however, shared one powerful discursive node: that of maintaining white hegemony and domination of power over those with a black skin. This hegemony was underpinned by white supremacy which dated as far back in Southern Africa as Dutch colonialization in 1652 (van der Westhuizen, 2007, p. 20). It was perpetuated via strategically deployed oppressive views and mechanisms that echo Young's (1990, pp. 39-63) description of the faces of oppression: cultural imperialism, economic exploitation, and marginalization.

Cultural imperialism was related to the hegemonic idea of (Eurocentric) 'civilization'. This was already discursively normalised in the 19th century as (white) racial purity combined with religious and 'scientific' ideologies. Paul Kruger, a prominent military and political figure in the struggle against British annexation in the late 1800s, held the view that black people were predestined by God to perform unskilled labour, since they were ('biologically') descendants of an inferior race and should therefore be legally excluded from voting, owning land or even being married (van der Westhuizen, 2007, pp. 16, 55-56). However, cultural imperialism was also part of British policy, as the Empire-builders saw it as their paternalist responsibility to 'civilise' black

²² The Boers in this were the descendants of the Dutch-speaking settlers who colonised the Cape in 1652 and who in the 19th century left the Cape Colony to escape British Rule. They settled in the central and northern parts of what is now South Africa.

people. As Alfred Lord Milner, who was appointed by the British Government as high commissioner in South Africa, summed it up in 1903:

The white man must rule because he is elevated by many, many steps above the black man...which it will take the latter centuries to climb and which...the vast bulk of the black population may never be able to climb at all.

(Milner cited in van der Westhuizen, 2007, p. 16)

There are many other examples of economic exploitation which fall outside the scope of this study. British colonialism was rooted in an economic imperative: capitalization of all areas of the economy, beginning with the mines but eventually including agriculture. Driven by the scorched earth tactics of the British during the South African war, many Boers had moved to the cities to seek work after the war. Many of them were illiterate and as yet unskilled in the urban labour market. While still carrying the conviction of their racial supremacy, they found themselves in competition with black people in the same employment arena (Thompson, 2014, p. 3366 Kindle loc.; van der Westhuizen, 2007, p. 16). This led to significant conflict that was a problem for the ruling parties. The white population made up approximately half of the voting power and disgruntled potential voters meant lack of political power to support white dominance. Between 1907 and 1914 white mine workers held several series of strikes because of both working conditions and having to compete with black workers, after which the mine owners agreed to reserve jobs for white men. By the time World War I had ended, followed by high inflation, white workers were paid fifteen times more than their black counterparts²³ (Thompson, 2014, p. 3453 Kindle loc.), creating further conditions for the oppression of black people in the form of class inequality and powerlessness (Young, 1990, pp. 56-58).

The Natives Land Act of 1913 - the first of several segregation laws that followed - prohibited black people from owning, purchasing or leasing land outside of the locations or reserves to which they were confined (Thompson, 2014, pp. 213, 3532 Kindle loc.; van der Westhuizen, 2007, p. 22). In 1923, the Urban Areas Act, designed to control the movement of black people in and out of the cities, ruled that they had to have their identity documents with them at all times (Thompson, 2014, p. 3581 Kindle loc.). From an occupational justice point of view, cultural imperialism, marginalization and the concomitant powerlessness as well as exploitation (Young, 1990, pp. 39-63) all created the conditions for occupational marginalization and deprivation. The confinement

²³ Because of the economic pressure, the Chambers of Mines decided to break their agreement with the white workers and replaced them with black workers, which eventually fueled white nationalism (Thompson, 2014, p. 3453 Kindle loc.).

of black people to locations (reserves) meant that the men had to leave their homesteads, either temporarily or for the long term, and relocate to compounds on the mines or living quarters on farms. The social implications and repercussions of such geographical, socio-economic and occupational marginalization are beyond the range of this study but their effects have permeated the fabric of being and of humanness for most South Africans up until the present.

Colonialism, the South African war and the quest to own economic wealth and capital, to have power, knotted with the hegemony of white supremacy, set the scene for Afrikaner nationalism. This was normalised during the segregation period (1910 -1948), culminating in the institutionalization of apartheid as governance in 1948. 'Whites Only' notices started to appear in every public space, while laws or policies ensured segregation in the public use of transport, in entertainment, as well as in education (Thompson, 2014, p. 4183 Kindle loc.). Apartheid as a discourse which infused all sectors of daily life was stabilised by the synthesis of the ideologies of both Afrikaner nationalism and the Christian religion. DF Malan, an Afrikaner nationalist and Dutch Reformed minister (Thompson, 2014, p. 3481 Kindle loc.), was the first National Party (NP) leader and later prime minister. He transformed "Afrikaner nationalism into a civil religion [with his] slogan 'Believe in your God, Believe in your Country, Believe in yourself', compelling enough for Afrikaner nationalists for it to remain the NP's motto until the 1960s" (van der Westhuizen, 2007, pp. 23, 18). However, the Christian religion as an ideology maintained hegemony and power more through race than through class. One of the reasons for this was the intertwining of Christianity with racial biology and determinism in the formation of the Boer group identity (van der Westhuizen, 2007, pp. 12-15, 31). Racism therefore served as a technology of power in the form of a dividing practice, a mode of objectification (Foucault, 2000, pp. 236-237), and racial othering. Thus both political power (Afrikaner nationalism) and pastoral power (Christian religion) - in the sense of paternalism - were manifested in various forms of oppression.

3.2.1.2. Apartheid history, knowledge formation and (higher) education

The characteristics of colonialism (of a special kind), apartheid and white supremacy permeated the realms of knowledge. During the segregation period, prior to apartheid, formal education for those other than the 'whites', was left to missionaries and churches. However, in 1953 the Bantu Education Act (1953) was implemented. This meant that the government seized complete administrative control over primary and secondary education, ending the influence of non-governmental organizations. In the 1960s, this control was further extended to the education of coloured and Asian children (Thompson, 2014, pp. 3393, 3553, 4158 Kindle loc.; van der

Westhuizen, 2007, p. 71). Verwoerd was very clear on the aim of this policy of division and exclusion:

Native education should be controlled in such a way that it should be in accord with the policy of the state. ... If the native in South Africa today in any kind of school in existence is being taught to expect that he will live his adult life under a policy of equal rights, he is making a big mistake... There is no place for him in the European community above the level of certain forms of labour.

(Verwoerd cited in Thompson, 2014, p. 4158 Kindle loc.)

In 1959, the apartheid government passed the Extension of University Education Act (no. 45 of 1959) that “was premised on the ideal of creating institutions which would reflect the segregated character of the apartheid society” (Soudien, 2010b, p. 228). However, intensified critical resistance against systematic political, cultural and economic exclusion, and the unjust imprisonment of the leaders in the anti-apartheid struggle, was imminent. The Black Consciousness Movement (BCM) was led from the late 1960s by Steve Biko (then a 22-year old student in medicine), Mamphela Ramphele, and Barney Pityana. The subjugation of African identity and of epistemic freedom in education reached boiling point when Afrikaans was enforced as the language of instruction in primary and secondary schools. Strongly influenced by the BCM, on 16 June 1976 approximately 17 000 schoolchildren marched in Soweto in protest against Afrikaans. The protest was met with brutal police force, with shooting into the crowd and the death, among others, of Hector Pieterse, a 13-year old teenager.²⁴ After Steve Biko died on 12 September 1977 following injuries sustained during police interrogation, the struggle against apartheid deepened still further until the start of its decline in the 1980s (Ndlovu, 1998, pp. 317-368; Thompson, 2014, pp. 4475-4507 Kindle loc.; van der Westhuizen, 2007, pp. 102-103).

Racial discrimination was not confined only to Afrikaans-medium universities. Rhodes University, for example, an English medium university, excluded black students. While black students at the University of the Witwatersrand (where the occupational therapy programme commenced in 1943) were taught in integrated classes, those at the University of Natal were taught in segregated classes (Thompson, 2014, p. 4183). Bound by political structures, historical white Afrikaans-medium universities were natural extensions of Afrikaner nationalism. During apartheid, they were not only clear servants of the state but also key in the instrumentalization and entrenchment of apartheid government policies. Until the early 1990s, these universities

²⁴ See for example Time (2016) at <https://www.youtube.com/watch?v=gOU15CQL2Mc> for further context.

(initially the University of the Orange Free State, University of Pretoria, Rand Afrikaans University and University of Stellenbosch, Potchefstroom University and University of Port Elizabeth) saw their very existence as dependent on their political support of the government. Historically the white Afrikaans-medium universities and their English-medium counterparts shared the same historical position of socio-economic advantage (Thompson, 2014, pp. 4180-4183 Kindle loc.; van der Merwe & van Reenen, 2016, p. 49). However, the former, unlike the latter, took “its core business to be the dissemination and generation of knowledge for a purpose defined or determined by a socio-political agenda” (Bunting, 2002, p. 40) and were therefore highly authoritative and instrumentalist in their governing culture. These tenets resulted in epistemic cultures which applied rigid forms of pedagogy, hostile to critical thinking or any questioning of the status quo. They also asserted and reified clear socio-communicative hierarchies between junior and senior staff, as well as between staff and students (Bunting, 2002, p. 40; Jansen, 2001; Prah, 1999, pp. 111-112). The imparting of knowledge in higher education was essentially rooted in conformity and anti-democratization, with controls on what knowledge was selected, organised, and how it was taught. Such predisposed authoritarian academic and governing culture not only shaped an explicit type of knowledge practice in the form of curriculum structure and content but was also implicit in the curricula. This included, for example, how the knowledge was taught, what unsaid rules and values were tacit and taken for granted, and what types of social activities were taken as the norm. These historical inscriptions co-created the conditions of possibility for occupational therapy curricula at historically Afrikaans-medium universities that were subject to their historical origins (Foucault, 1966/2002, pp. xxvi, 172); (Foucault, 1969/2011, pp. 142-148). They carried the markers of the hegemony of mono-cultural epistemologies (Kronenberg, et al., 2011, pp. 5-7; Santos, 2003).

The University of the Orange Free State, one of these historically Afrikaans-medium universities, was founded in 1904. In 1906 it was named the Grey University College of Arts and Science. At its inception, its main language of instruction was English, though 80% of the students were Afrikaans-speaking, and the teaching practice subsequently gradually included Afrikaans. In 1943, when the plan for a bilingual practice was put forward, it was vehemently opposed by the Afrikaner nationalist Dutch Reformed Church, which declared that it would withdraw its financial support along with its students. As a result, the university adopted Afrikaans as its single medium of instruction. In 1993, a year before the democratic elections, a parallel-medium Afrikaans and English education was introduced, largely to enable black students to study at the institution. The tension over language in terms Afrikaans versus English was one of the core dividing practices in the struggle for power (UFS, 2006, pp. 263-265). Grey University College achieved full status as a university in 1950, and its name was changed to the *Universiteit van die Vrystaat* (University of

the Orange Free State). The Medical Faculty was started in 1969, and was followed by the allied health professions, with the establishment of physiotherapy in 1974, occupational therapy in 1976, and dietetics and nutrition in 1982. The additional departments of optometry and sport-and-movement sciences followed in the present century. In 2001, the university changed its name to the University of the Free State, to better signal its character in a contemporary context (UFS , 2006, pp. 126-129, 263-268; UOVS, 1986). The context on knowledge production and dissemination at South Africa universities during apartheid and before that, is significant as occupational therapy programmes were implemented in various universities, which stipulated various conditions for inclusion and exclusion.

3.2.2. Post-apartheid higher education in South Africa: transformation and continuous patterns of inclusion/exclusion

With the advent of the South African democracy in 1994, higher education was identified as one of the key areas for transformation. This meant that it had to be reimagined and reconfigured from its divisive, undemocratic and insulated foundations. On the basis of a meta-study of the publication trends from 2005-2015 (in the South African Journal of Higher Education) that grappled with the topic of higher education transformation, Du Preez, Simmonds and Verhoef (2016, pp. 2-4) identified three major discourses. The first was the change from apartheid to democracy, with the focus on the equality and efficiency of the higher education system. The most pertinent policy document and point of departure for transformation was the Education White Paper 3 of 1997 (DoE, 1997), which mostly focused on structural elements in higher education (Soudien, 2010c, p. 882). The second discourse emerged around 2008, following an investigation by the Ministerial Committee on Transformation and Social Cohesion and the Elimination of Discrimination in Public Higher Education institutions (MCTHE) on the stance towards transformation at higher education institutions (see DoE, 2008). This investigation was called for after the infamous 'Reitz incident', during which a deeply racial encounter between students at the University of the Free State and workers went viral. This second discourse was marked by the theme of ideology and the need for a deeper understanding of transformation against the backdrop of pervading racism and discrimination. The third discourse was a deepening of the second, steering the focus towards internationalization and an understanding of the roles, inter alia, of equity, epistemology, curriculum, teaching and learning practices and institutional culture. These discourses are useful in plotting both the development and the problems of transformation in South African higher education. Du Preez, Simmonds and Verhoef further suggest that the current discourse needs to pay more attention to international and inter-disciplinary work which

examines the notion of transformation (du Preez, et al., 2016, pp. 2-4). While this argument is necessary and important in gaining a wider perspective, it is not sufficient for the interrogation of repetitious patterns of injustice in knowledge formation and exchange.

Reverberating with the structural discourse of transformation in higher education, the disjointed 36 public higher education institutions and over 300 unregulated private institutions were consolidated into 26 public universities and over 100 private institutions (Webbstock, 2016, pp. 6, 18). The Higher Education White Paper: *A Framework for Transformation and a Programme for Transformation* (DoE, 1997) was a significant point of departure for transformation, with a focus on both private and public good, merging individual redress (private good) with the reconstruction of social (public) good (Lange, 2012, pp. 48, 46). This approach stands counter to the government's adoption of a neo-liberal framework (Badat, 2015/2016, p. 77). However, the reasoning was also intended to parry the mechanisms of apartheid and enable spaces of agency (Lange, 2012, p. 48). Since 2007, significant progress has been made in higher education in SA, including increased student numbers in terms of equity, internationalization of student bodies, excellence in some areas of teaching, learning and research, as well as implementation of quality assurance measurements (e.g. via the National Qualifications Framework - NQF) (Badat, 2007, pp. 9-11). Badat (2007), however, cautions that "while institutional restructuring is a *necessary* condition of the transformation in South African higher education it is not a *sufficient* condition" (p. 12). In a later publication, Badat (2010) explains that attention should be given to all of the complexities of higher education. These include five specific matters: un-decolonised curricula, student access, demographics and throughput, demographics of academia, institutional governance, and policy implementation and functions. For example, while the number of students who have access to public higher education has more than doubled, from 500 000 in 1994 to over a million in 2016, a disproportion persists between the demography of students - which has become representative of the country - and the demography of faculty members, who remain mostly white (Webbstock, 2016, p. 6).

The year 2008 marked a turn in higher education transformation from a structural to an ideological discourse (du Preez, et al., 2016, pp. 2-4; Soudien, 2010c, p. 876). A ministerial investigation into the state of transformation in South African universities published damning reports of pervasive racism and sexism that were widespread in teaching, curriculum, student campus life and institutional governance. Limited application of the relevant policies had resulted in a disjointedness between policy and practice, and institutional cultures were detached from transformation policies (DoE, 2008, pp. 13-14). Palpably, at the centre of the difficulty of

transformation in higher education in SA lies the discourse of “profound racialization” (Soudien, 2010a, p. 225). Soudien further describes the inescapability of this discourse in everyday life:

[R]acial assumption circulates inside of, is beneath, on top of and around what people have to say and how they behave to such a degree that there is little that is not covered over and determined by it... It fills every vacant space. It infects these to the point where its contagion is experienced, narrated and analysed as a kind of base-line ontology... In the process, it is rendered completely unable to reveal itself to itself. It is as it is, just so.

(Soudien, 2010a, p. 225)

Though much progress has been made since 1994, for example in terms of students accessing higher education, the policies relating to it are also critiqued. Lange (2012) argues that of all the constituents and objectives of higher education policies, the cultivation of critical citizenship²⁵ received the least attention because of its embeddedness in teaching and learning practices (p. 46, 53).²⁶ In addition, Badat and Sayed (2014) believe that higher education in general fails to “enhance freedom for all” (p. 129). They point out that though existing policies embrace the kernel aspects of social justice (equity, equality, redress, quality education), the *enactment of equality cannot be obtained without deliberately addressing the historical imprints of inequity*. I would argue that the cultivation of the critical citizenship of students is subject to faculty’s embedded epistemological postures and their historical and experiential consciousness. In the same way that “public intellectuals [and critical public discourse] cannot be manufactured to order” (du Toit, 2000, p. 92), critical citizenship cannot be ‘cultivated’ via curricula themes and content. Perhaps this will only happen when the historical markers of the “[c]olonisation of [c]onsciousness” (du Toit, 2000, p. 94) have been laid bare.

In addition, governmental commitment to redress and give special attention to the marginalised is as important as ensuring the kind of quality education which will cultivate lifelong learning and

²⁵ The cultivation of critical citizenship in a post-apartheid South Africa can be seen as nurturing the values in the South African Constitution and Bill of Human Rights. The *Manifesto on Values, Education and Democracy* (DoE, 2001) puts forward that the notions of “Democracy, Social Justice, Equality, Non-racism and Non-sexism, Ubuntu (Human Dignity), An Open Society, Accountability (Responsibility), The Rule of Law, Respect, and Reconciliation ... can be taught, as part of the curriculum, and brought to life in the classroom, as well as applied practically in programmes and policy making by educators, administrators, governing bodies and officials” (DoE, 2001, p. 3). In addition, the Department of Education’s (2002) revised National Curriculum Statement policy document outlines citizenship which entails participation but is also about “respect for democracy, equality, human dignity, life and social justice” (p. 8).

²⁶ Lange’s reference to the ‘embeddedness’ in education practices, for me strongly resonates the power of a hidden curriculum.

ensure productive and critical citizenship (Badat & Sayed, 2014, pp. 128-129). Against the backdrop of student protests, the report put forward at the Higher Education Summit by *The Ministerial Oversight Committee on Transformation in South African Public Universities* in October 2015 (DHET, 2015) stated that several major problems were fundamentally bolstered by the “recalcitrant colonial-apartheid values and whiteness culture (euro-centrism)” (p. 3). These problems included alienating and discriminating institutional cultures, staff-to-student ratios, the political workings of epistemologies that ran counter to student learning, and patterns of inequity concerning student and staff bodies, including the dismal throughput rate for black students, and the call for the conception of an “alternative transformation narrative” (DHET, 2015, pp. 3-5, 9). In a discussion paper, Keet and Swartz (2015) put forward seven themes that could act as indicators for a transformation barometer:

- a) *Institutional culture*
- b) *Curriculum and research*
- c) *Teaching and learning*
- d) *Equity and redress*
- e) *Diversity*
- f) *Social cohesion and social inclusion*
- g) *Community engagement*

(Keet & Swartz, 2015, p. 21)

Turning to the centrality of curriculum in transformation, the South African Council on Higher Education argues for a “deep debate on the decolonization of curriculum [that] is fundamental to informing understandings of quality in higher education and to guiding action in this regard” (CHE, 2017, p. 1). After over two decades of democracy, it has become clear that curriculum represents the pinnacle of what is valid in knowledge, ways of knowing and ways of being, and can therefore be a powerful instrument for inclusion and exclusion (Soudien, 2018, p. 151). However, it seems that until now we have been relying on the criteria for an ‘accreditable’ curriculum which cannot evaluate the degrees of inclusivity and transformation. Soudien (2018, pp. 156, 162) argues that while curricula often meet more superficial criteria for measuring (non)discrimination (e.g. race, gender, sexuality), they barely meet the criteria for metacognitive reflexivity that interrogates the limits and possibility of the social environment, of which the curriculum is a part. He suggests that criteria for the evaluation of a curriculum should include the following:

- *Is [the curriculum] conscious of the politics of its own knowledge?*
- *Does it understand the multiple forms of exclusion and decentring in which it might be complicit?*
- *Does it have a sense of how difference is constituted in its presence and as a result of its presence?*
- *Does it reflect an awareness of its own power?*

Soudien (2018, p. 156)

Nevertheless, it seems that these questions, important as they are, still take an existing curriculum as a point of departure for reflexion aimed at initiating access and change. Would this be sufficient for transformation? Would using the same kernel as starting point not eventually reproduce its historical markers in other forms? Perhaps the question is begged: How can a new transformation narrative be obtained which will address the discontinuity of historical inscriptions and honour the inherent agency of all stakeholders while enabling action towards change – a narrative in which all of these levers operate in harmony?

3.2.2.1. Occupational therapy, curriculum and transformation

Several examples of engagement with the profession's curriculum and transformation are recorded in the South African context. Drawing on, among other sources, historical data and qualitative interviews, Joubert (2010) exposes the deep patriarchal and Eurocentric origins of occupational therapy knowledge in South Africa against the backdrop of oppressive political power relations. Her study shows the lack of voices of marginal groups such as “disabled people, Africans and South African Indians both in the design of curricula and research” (Joubert, 2010, p. 21). She concludes that the profession (should have/) has evolved sufficiently to be able to use “her/his resilience to really change those flaws of the past and is now recreating a new and more robust and appropriate Africanised epistemology” (Joubert, 2010, p. 26). De Jongh, Hess-April and Wegner (2012) engaged in a multi-pronged curriculum review and research process that involved clinicians, students and teaching staff. They argued that for a curriculum to cultivate political reasoning among students, the political consciousness of the educators themselves must be internalised on both an individual and collective level – since it will not be enough merely to change the content of the curriculum. Referring to the slow post-apartheid transformation towards a socially more just and equal society, Ramukumba (2015) contends that a curriculum should prioritise adequate training of students in the area of work in order to combat poverty.

The learning focus should be on teaching students how to facilitate empowerment of individuals in areas of “income generating projects, farming/agriculture and businesses (including service businesses such as cleaning and gardening)” (Ramukumba, 2015, p. 7). Building on an earlier curriculum review at the University of Western Cape (UWC), Hess-April, Smith and De Jongh (2016) found that, though its curriculum instilled the values, theory and practice of occupational justice, the graduates in their post-qualification community-based year²⁷ found it difficult to enact this training. The reasons for this included pervasive hegemonic professional and systemic power relations in the domain of health care, scarce resources and bureaucracy. To address these problems, they recommended that occupational therapy should include inter-professional education together with transformative learning as a pedagogy that would foster political proficiency and critical reflexivity (Hess-April, et al., 2016, p. 191). Speaking more to the need to decolonise the curriculum, Ramifikeng (2018) studied how African language students at a historically English-medium university negotiated access to the educational discourse of clinical fieldwork training. Drawing on the findings from her study, she questioned the taken-for-granted assumption that language is the main factor in negotiating access. She argued rather, that aspects of identity and “mismatches between curriculum aims, pedagogy and assessment impact on how students learn” (Ramifikeng, 2018, p. 4). Occupational therapy in South Africa, however, together with most other health science and allied health professions, seems yet to engage with curricular transformation on a continuous and systemic level.

3.3. Occupational therapy discourse and critical theory

Occupational therapy as part of health care emerged during World Wars I and II in Britain and North America (Duncan, 2011, pp. 19-21; Friedland, 2012; Wilcock, 2002). It “came into being because of a basic need and an underlying belief that there is a connection between what people do and their health” (Wilcock, 2002, p. 1). Playing an important role in the physical and psychological recovery of soldiers in hospitals, it negotiated several paradigm shifts in its ‘symbiotic’ alliance with the medical profession during its quest to attain legitimacy and to be included as a health care profession. However, the mechanistic paradigm it adopted in order to prove its scientific legitimacy rendered the profession’s theoretical positions as reductionist (Duncan, 2011, pp. 21-23; Kielhofner, 2009, pp. 17-55). The notion of paradigm shifts in

²⁷ All graduates in allied health care are required to complete one year in community service after graduating, during which they are employed in the public sector. When students submit their applications in their fourth year, they can indicate their preference in terms of setting and area, but placement according to preference is not guaranteed. Settings for placement vary from tertiary hospitals to primary health care settings, including in rural areas.

occupational therapy was first critically conceptualised in 1977 by a leading scholar in the field, Gary Kielhofner, who together with Janice Burke published an article entitled *Occupational Therapy after 60 years: An Account of Changing Identity and Knowledge* (Kielhofner & Burke, 1977). The idea was further developed, leading to the establishment of a contemporary paradigm during the 1980s. This reclaimed a 'holistic view of the human being, with occupation seen as central to human life and health. Besides returning to the holistic view of human health and well-being through occupation, the contemporary paradigm also paved the way for the emergence of occupational science as the foundational discipline to occupational therapy, incorporating interdisciplinary research in disciplines such as neuro-science, anthropology, engineering and psychology.

3.3.1. Occupational science

Since the inception of occupational science as a foundational discipline in the 1980s, a growing body of work on critical reflexivity has emerged within the discipline. One example of this is a critical analysis of the discursive development of occupation. Drawing upon the Foucauldian notion of how historical context and concomitant systems of power implicitly shape and determine forms of knowledge (Foucault, 1996, p. 54), Kantartzis and Molineux (2012) argue that the interpretation and application of the term 'occupation' is historically wrought by Anglophone values, such as Calvinism in the Christian religion, the imperative of productivity and achievement in the Protestant work ethic, together with the taken-for-granted economic and political ideals of imperialism, capitalism, industrialization and democracy. Moreover, these historically situated developments appear to have projected and reproduced their codes of dominance in the present as occupational science continues to grapple with its implicit preferences for Anglophone theoretical frames, embracing the female gender, middle-class worldviews, and individualism in its academic discourses (Galvaan, 2012; Gerlach, 2015, pp. 246, 248-251; Hammell, 2011; Hocking & Whiteford, 2012; Kantartzis, 2017; Laliberte Rudman, 2012, p. 101). Pollard and Sakellariou (2014, pp. 2-7) - building on their work since 2005 in the *Occupational Therapy Beyond Borders I & II* (2005, 2011, 2017²⁸) - point out how historical

²⁸ True to the nature of critical theory, and bound by the scope of this literature review, it would be quite impossible for me to cite all the works that have pushed the boundaries of critical theory in occupational therapy and in relation to occupational science whilst remaining within a recent timeline. However, I regard pioneering publications such as *Occupational Therapy without Borders*, Volumes I, II (Various, 2005); (Various, 2011); (Various, 2017); *A Political Practice of Occupational Therapy* (Various, 2009) as well as e.g. *Transformation through Occupation* (Various, 2004) as important works of critical resistance aimed at bringing about the discontinuity of taken-for-granted Anglophone and Eurocentric discourses in occupational therapy theory.

meaning as context is lacking in the mainstream understanding of occupation. They argue that occupational therapy and science need a *lingua franca* which will offer access to the majority in the world (who are not English-speaking), and which would legitimise knowledge about the various meanings of health and health care based on people's lived experiences. This argument highlights the way knowledge and power coalesce into dominant truth regimes (Foucault, 2000, pp. 132-133; Foucault, 1970/1981).

The publications in the Journal of Occupational Science between 1996 and 2013 offer an interpretive synthesis of how critical perspectives were assimilated into occupational science in this period. Farias and Laliberte Rudman (2016) for example discuss three themes that emerged from their analysis. The first is the discipline's critical gaze inward, in which it interrogates the epistemological limitations of its concepts, for example its interpretation of work, productivity and 'abledness' that is situated in a Western ideology, coupled with positivist classifications of progress and wellness. The second theme marks a turn outward – away from the researcher and towards an environmental and contextual understanding of how occupation is interwoven with power relations and *inter alia* how occupations can be controlled by governments in order to maintain and reproduce social injustice. The third theme relates to the urgent need for the profession to take a transformative approach to the potential of occupation which would enable it to meet the discipline's moral, social and ethical commitments (Farias & Laliberte Rudman, 2016, pp. 39-40, 44-45, 41-42, 45, 42-44). The authors continue by pointing to the need for dialogue on issues such as whether "there [is] space within occupational science to embrace conceptualizations of science grounded in paradigmatic viewpoints that shift away from science as a value-free enterprise and towards science as always political" (Farias & Laliberte Rudman, 2016, p. 46).

This interface between the political and the factual in occupational science indeed needs to be debated, taking into account however the dangers of opposing science to post-modernist relativity as an alternative. Perhaps it will be equally important to interrogate the dangers of a false antithetic stance towards science - and in such a way reproducing the tension between the coherentist and foundationalist epistemologies that marked the watershed in the profession's history between the so-called 'physical' and 'mental' health practice. Farias and Laliberte Rudman (2016) conclude by asking whether those in the profession should continue by only asking critical questions about themselves and the world or "create space within their discipline to move forward in transformative directions?" (p. 46). I agree that a transformative approach is indeed not divorced from continued and rigorous self-reflexive critique, including interrogating the profession's historical welfarist role of striving toward a transformative approach. However,

continuously asking critical questions, such as ‘transforming where to’, ‘on whose behalf’, and what we view as the ‘ideal’, is not separate from praxis.

Furthermore, in making a case for a “political, ethical, and epistemological rethinking of the foundations that underpin identities, knowledge and practices in occupational therapy” (Guajardo, et al., 2015, p. 3), Guajardo, Kronenberg and Ramugondo, caution us on the danger of placing the profession at the centre of a self-(referential) reflexivity, in as much as a reversion to the reproduction of dominant discourses will be inevitable in avoiding the destabilization that true reflexivity of the status quo may bring about. In addition, the authors argue that the profession should reflect on how it may be perpetuating injustice by enabling people through occupational adaptation to return to social practices or economic systems that reproduce exploitation and marginalization. Together with working against its taken-for-granted assumptions, the profession must interrogate the historical formation of a dominant professional identity with the aim of avoiding paradigmatic biases (Guajardo, et al., 2015, pp. 3, 5). The quest to disrupt the dominant Global North occupational therapy discourse is imperative and can be approached in several ways. It can be done firstly by centring the emerging Global South identities and epistemologies in order to counter “institutional monoculturalism” (Guajardo, et al., 2015, p. 6), secondly by avoiding reductionism through the assimilation of the principles of complexity, and finally by integrating a rationality of practical wisdom that is situated in the contextually-based everyday living experiences of communities (Guajardo, et al., 2015, pp. 6-7). However, the profession will have to remain vigilant about the potential blind spots when taking an oppositional stance on a continuum of antagonistic sameness, of ‘us’ and ‘them’, of ‘here’ (Global South) and ‘there’ (Global North), of science vs. ‘not-science’. Care must be taken since these postures may very well reproduce, albeit unintentionally, the same avenues it attempts to escape, over an orthogonal reasoning that is indeed true to complexity, plurality and praxis²⁹, i.e. real ‘transformation’.

An important critical discourse in Southern epistemologies focuses on the taken-for-granted Anglophone and Eurocentric notions of occupational therapy theory. Following on from her

²⁹ The term praxis is generally used in theoretical frameworks, including philosophy, institutional change theory, education and critical theory, and relates to human agency acting towards change and transformation, not in spite of, but *because of* constraint. Based on studies stemming from this PhD study, undertaken in collaboration with occupational therapy students, I describe human praxis as follows: “An astute awareness of oneself and the environment one forms part of, as well as the informed and accurate historical self-reflection that enables one to see both the challenges and the opportunities at once. Thus resulting in action in the sense of ‘doing in the real world’ that not only leads to transformation of that person but also the community and environment the person forms part of” (rauch van der merwe, et al., 2018).

earlier work, Ramugondo (2015) develops the concept of occupational consciousness as an “ongoing awareness of the dynamics of hegemony and recognition that dominant practices are sustained through what people do every day, with implications for personal and collective health” (p. 488). Following the vein of the contextual situatedness of occupation and drawing on Bourdieu’s theory of social practice, Galvaan (2012) argues that occupational engagement is transactional, as socio-economic and political influences significantly shape the co-constructed occupational choices people make. Thus the choice of an occupation may be more about a social process than about an individual rationality. (Also see Galvaan, 2015). Ramugondo and Kronenberg (2015), countering singularity of individualism in occupational therapy theory, cross the individual-collective dichotomy by explaining collective occupation from an Ubuntu perspective.

These are examples of critical engagement with, and meta-reflection about the profession and discipline’s *savoir* and *connaissance*. Though, systematic and critical historical deconstruction of many taken-for-granted narratives about the origins of the profession, and how these interface with power and the production of truth regimes, are scarce.

3.3.2. Occupational justice

Deriving from social justice, the concept of occupational justice is seen as a core (normative) value in occupational therapy. It underlies “the recognition of, and provision for, the occupational needs of individuals and communities, as part of a fair and empowering society” (Watson, 2004, p. 56). Thus it iterates the irrevocable association between participation in occupation, identities, and health and well-being (Christiansen, et al., 2014; Durocher, 2017, pp. 8-9; Stadnyk, et al., 2010). Theorists in occupational therapy and occupational science argue that part of the occupational therapy identity is to advocate for equal opportunity of all individuals, groups and communities to engage in occupations (roles, activities) in daily life that enable human dignity, health and well-being (Cage, 2007; Duncan & Watson, 2004; Hocking, 2017; Smith, 2017). A prominent pioneer in the development of the concept of occupational justice, Townsend (2003) points out that occupational injustice takes place when “participation in daily life occupations is barred, trapped, confined, restricted, prohibited, undeveloped, disrupted, alienated, imbalanced, exploited, deprived, marginalised, or segregated” (p. 6).

Various types of occupational injustice have been conceptualised and developed, among them occupational alienation, occupational imbalance, occupational deprivation, occupational

marginalization and occupational apartheid (Durocher, 2017, pp. 11-12; Kronenberg & Pollard, 2005; Stadnyk, et al., 2010; Townsend & Wilcock, 2004b; Whiteford, 2000). The first-mentioned four concepts are also referred to as occupational risk factors, meaning that, when present, they impede or prevent someone from engaging in occupation for health reasons (Wilcock, 2006, pp. 281-282). Each of these concepts is applicable to individuals, groups, communities and populations.

Occupational alienation differs from other forms of occupational injustice. It not only denotes the exclusion of occupational participation but also the burden this implies (Durocher, 2017, p. 12) and occurs when someone's experience of participating in an occupation is "demeaning, soulless, tiresome, coercive [and] meaningless" (Townsend & Wilcock, 2004b). Occupational science postulates that various forms of identity formation, including personal or social identities, occur through participation in an occupation (Christiansen, 1999; Phelan & Kinsella, 2014; Ross & Coleman, 2000; Townsend, 1997, p. 19). In contrast to this, "a lack of positive experiences due to prolonged disconnectedness in occupations that are meaningful and purposeful can distort identity formation" (Smith & Hilton, 2008, p. 169). In the context of the larger population, Nilsson and Townsend (2010) suggest that occupational alienation takes place when "social exclusion [restricts] a population from experiencing meaningful and enriching occupations" (p. 58). Referring to research done in Northern Sweden, they use the example of old people in residential care facilities who were excluded from using the internet and mobile phones to make contact with their families and the outside world on the assumption that such activities would fall outside their fields of interest.

Occupational imbalance occurs when someone engages too much in one type of occupation, such as work, and does not have time or opportunity for activities which offer pleasure or restoration. Often this can be due to external factors out of their control (Stadnyk, et al., 2010). One example would be a person who is juggling more than one job to generate enough income to survive and as a result does not have enough time to engage in activities which offer pleasure.

Taking the notion of occupational imbalance in a larger context, it is defined as

social exclusion by restricting a population so that some people have too little to do every day while others have too much to do, instead of all persons experiencing participation in a range of the occupations that would promote their health and well-being.

(Nilsson & Townsend, 2010, pp. 58-59)

Occupational deprivation arises when the need of an individual, group or community to engage in activities or roles that are meaningful or health promoting is either not met or is systematically denied. Again, this can also be due to multiple factors beyond their control (Whiteford, 2000). Here it is important to remember that the continuous, long-term occupational restrictions that are experienced by an individual or group of people are not due to personal factors but to environmental or socio-political influences (Galvaan, 2005; Watson & Duncan, 2007, p. 3). An example is in the institutionalising nature of refugee camps which prevent people from engaging in a variety of activities, either for restoration, pleasure or productivity. Another example is the marginalization of different groups on the basis of age (such as geriatric people in residential care facilities), race (as during apartheid in SA) or socio-economic positions (such as those in chronic poverty). Nilsson and Townsend (2010), building on the premise that not everyone has equal access to the occupation of their choice and taking into account Whiteford's (2000) development of this concept, defined occupational deprivation as "social exclusion by restricting a population in diverse contexts, such as prisons, refugee camps, care facilities, or other isolating situations, from participating in occupations that would promote their health and well-being" (Nilsson & Townsend, 2010, p. 58). This may occur because of social, economic, interpersonal, environmental, legislative or health factors (Occupational Therapy Australia, 2016; Whiteford, 2000). It raises the question: To what extent does the occupational therapy profession in South Africa understand the social history and dynamics of occupational deprivation? How are we incorporating this burning issue into our discourses of practice, research and the tertiary education of our students?

Townsend and Wilcock (2004b) postulate a fourth type of occupational injustice, that of occupational marginalization. This entails the denial of the "need for humans to exert micro, everyday choices about occupations." Control here takes place through a socially "normative standardization of expectations about how, when and where people 'should' participate" (p. 81). It is often described as one of the more pervasive types of social exclusion. Stadnyk, Townsend and Wilcock (2010, p. 339) maintain that occupational marginalization occurs when people are restricted "from experiencing autonomy through lack of choice in occupations" (Nilsson & Townsend, 2010, p. 58). Given that in South Africa a large part of the population is occupationally marginalised by chronic poverty, one may ask: How far has the occupational therapy curriculum captured this reality in an occupational justice framework?

Kronenberg and Pollard (2005, p. 59) added the term 'occupational apartheid', which they define as a deliberate and wilful exclusion of individuals, groups of people or communities by entities of power based on religious, socio-political or economic agendas. It is seen as a debilitating state in

which human beings are precluded from meaningful and dignified occupations on the basis of exclusionary conditions systematically created by society.

While occupational justice is seen by some as an extension of social justice, others argue that the concepts of occupational and social justice should be kept separate, in order to distinguish between them (Braveman & Bass-Haugen, 2009, p. 10). Braveman and Bass-Haugen then argued that social justice deals with the comparative distribution of resources to maintain fairness, while occupational justice seem to be more individualistically based. Though, the notions of occupational justice have developed since then to incorporate its applications in various settings that involve communities and collectives. While the position of occupational justice in terms of social justice has still to be clarified, it can be viewed as a form of social justice which places emphasis on the 'doing' of everyday life (Peters & Galvaan, 2017, p. 59).

Occupational justice as a theoretical construct has not been without its critics, however. Following a review of the concept, on the one hand, Durocher, Gibson and Rappolt (2014) argue a "lack of conceptual clarity" (p. 423) of the various types of occupational justice, as well as inadequate theorization marked by limited scholarly debate or empirical evidence (p. 427). In addition, Hammell and Beagan (2017) affirm the conceptual murkiness and conflation of the term occupational justice. They provide a critique for occupational deprivation, alienation, imbalance, marginalization, and apartheid, showing that they are underscored by the normative trap and myopia of 'judging' who are subject to which injustices, when and in which contexts. This is especially problematic when these norms are located in hegemonic minority worldviews underpinned by economic privilege, individualism and idealism. On the other hand, by first seeking an understanding of which occupations people subjectively value towards quality of life, meaning and purpose, may enable occupational therapists to align better with Sen's notion of comparative justice (Maffettone, 2011, pp. 124-125; Sen, 2009, p. 219) rather than paternalistically striving for the ideal of perfect justice 'on behalf of' people.

Nevertheless, if a profession's interpretation of occupational justice is situated in the hegemony of Anglo-Eurocentric worldviews, it implies that the profession may be committing epistemic injustice, which in turn may reproduce occupational injustice. Denying someone's legitimacy as a knower infringes on his or her human dignity, since knowing, carrying knowledge and being able to transfer that knowledge, in other words the capacity for reason, is part of being human (Fricker, 2007). Fricker explains:

[T]he epistemic wrong bears a social meaning to the effect that the subject is less than fully human. When someone suffers a testimonial injustice, they are degraded qua knower, and they are symbolically degraded qua human. In all cases of testimonial injustice, what the person suffers from is not simply the epistemic wrong in itself, but also the meaning of being treated like that.

(Fricker, 2007, p. 44)

3.3.3. Occupational rights

In the vein of occupational justice, four concurrent occupational rights were initially put forward. These were “the right to experience occupation as meaningful and enriching”, “the right to benefit from fair privileges for diverse participation in occupation”, “the right to develop through occupations for health and social inclusion”, and “the right to exert individual or population autonomy through choice and social inclusion” (Townsend & Wilcock, 2004b, p. 80). In what appears to be an ongoing scholarly rift, these descriptions of occupational rights have been critiqued by Hammell (2008, p. 62) for not being clear enough, given the already existing obscurity of the occupational therapy profession and what it does. In addition, Hammell (2008) argues that the profession needs to adopt an overt occupational rights perspective, allowing for “the right of all people to engage in meaningful occupations that contribute positively to their own well-being and the well-being of their communities” (p. 61). She later contends that the profession has yet to show its commitment to “assessing and addressing those socially structured inequalities” (Hammell, 2015, p. 5) that not only hinder equal occupational participation by vulnerable populations but at the same time may further reinforce already dominant groups of people.

However, it could be argued that the occupational rights perspective is not adequate for interpreting occupational justice. It may only challenge the profession with a number of existential questions about some of its inherent theoretical assumptions. A rights perspective is incorporated in the regulatory and legislative framework of justice. But who decides on which rights are important, and who has the right to occupational justice? If rights are not inherently linked with a person’s democratic freedom and agency to exercise those rights, the implicit result is one of hierarchy, as Benhabib (2017, p.30) explains: “Human rights cannot be separated from the right to self-government, because when they are, they no longer are rights but “privileges” granted to one by some higher authority”.

There may be the danger of the profession being dominated by a rights perspective of occupational justice. This could result in the construction of the client as a victim who is 'entitled', which is not congruent with the profession's philosophical and theoretical paradigm of promoting agency for the people with whom it works. In addition, how equally can we view our clients if they are framed as victims who need the profession's charitable authority? What impact does this have on promoting occupational justice in a social justice framework which offers its participants the chance to be "self-determining" and "interdependent" (Bell, 2007, p. 1)? This could leave occupational therapy with the question of whether the profession is not unintentionally contributing to occupational injustice by cultivating dependency.

3.3.4. Epistemological development of occupational therapy

The profession's contemporary critical theoretical development, marked by the constructs of occupational justice, is also explained from an epistemological developmental perspective. Hooper (2006) postulates that, while the history of the almost century-old occupational therapy profession is marked by definite milestones, its epistemological development has not evolved equally, leaving the profession to struggle with constructing its own identity. She analysed a number of historical occupational therapy documents. After applying Kegan's (2000) theory of different orders of knowing, she argued that occupational therapy has largely experienced its theoretical frameworks, concepts and practice as subjective. This is a third order of knowing, since the profession also remains 'subject' to its abstractions made in theory and is therefore seemingly unable to apply an outsider-insider evaluative gaze. However, Hooper further pointed out that the profession was showing signs of an epistemological transformation. The development of occupational justice as an emerging theoretical framework at that time³⁰ seemed to indicate a movement towards fourth-order knowing. This was marked by the profession's increasingly objective view on its professional experiences, with its epistemological structures reflecting an increasing complexity and possibility for self-authorship (Hooper, 2006, pp. 16, 20). The attainment of self-authorship would then enable self-directed learning and self-reflexivity – the complexity of such an epistemological location being argued as the best way of learning in a modern world (Kegan, 2000, pp. 62-69). In view of recent critiques on occupational science, for example that of Farias and Laliberte Rudman (2016), it does indeed seem that the profession is engaging with the complexity of its epistemological location, though it has yet to interrogate African and decolonising positions on epistemologies as a major discourse.

³⁰ See (Townsend, 2003, October 31st; Townsend, 2003; Townsend & Wilcock, 2004b)

Following a re-read of the philosophical foundations of occupational therapy, Morrison (2016) argued that occupational therapy was built on a foundation of pragmatism, as perceptively articulated and practiced by Jane Addams who was part of the Women's Suffrage Movement and winner of the Nobel Peace Prize in 1931. Against the backdrop of industrialization and social exclusion, mainly of immigrants, Addams enacted the values of social cohesion by advocating for the inclusion of diversity and the integration of art as steps towards social justice. The establishment of Hull House in Chicago in 1889, together with the founding of the Arts and Crafts Society in Britain two years earlier, forged a link between occupation and human well-being in the profession's philosophy (Morrison, 2016, p. 299; Wilcock, 2001, p. 389). Addams is seen as instrumental in giving form to many of the concepts that are still relevant to occupational therapy today "as a social, critical and community discipline" (Morrison, 2016, p. 296).

However, these critical understandings were obscured by the androcentricity that underscored scientific discourse at that time, in which the writings of women were generally not acknowledged (Morrison, 2016, p. 296). Moreover, any residual critical understanding of the importance of the social and physical environment in ensuring dignified occupational participation was further submerged after the profession adopted a mechanistic paradigm in the early 1950s. This paradigm shift occurred after the profession was urged to develop a scientific standing that would be in congruence with medicine, in order to ensure its recognition as a full-fledged health care profession (Duncan, 2011, pp. 21-23; Kielhofner, 2009, pp. 25-28, 31-32). However, in the 1960s, several scholars' started work within the profession as internal reflection and critique about the profession on the one hand, having deviated too far from its original focus on human occupation, and on the other, the technology that need to be retained from the mechanistic paradigm. In addition, it also started developing a focal viewpoint of the interface between person, environment and occupation. This work gave form to a third paradigm that was adopted in the 1980s viz. the contemporary paradigm that (re)claimed the focus on human occupation, including broad themes of the interconnectedness between occupation, health and well-being, and occupation-based practice (Kielhofner, 2009, pp. 42-50). Revisiting the pragmatist epistemological roots of the profession as developed and practised by Jane Addams at the turn of the 19th to the 20th century, Morrison (2016, pp. 296, 295, 297, 301) reasons that, given the profession's "expanded focus... on people's common spaces of cohabitation... our edifying construct – occupation – may be understood as a social phenomenon, capable of changing the way that society constructs and reconstructs itself" (p. 301). Morrison contends that this developed focus may indicate that the profession is on the verge of adopting a social paradigm of occupation.

3.3.5. Future considerations

During her keynote address at the WFOT Congress in Cape Town, Ramugondo (2018) asserted that the occupational therapy profession remained challenged to enact contextually relevant practice that would make an impact among marginalised communities. Furthermore, she argued that the profession should critically engage with the fact that part of such context was the deeply entrenched economic, political and epistemological inequalities perpetuated by pervasive forms of coloniality, neoliberalism and capitalist imperatives. In an apparently similar vein to Amartya Sen's (2009) notion of comparative justice, Ramugondo contended that the impact of the occupational therapy profession could be gauged by the extent to which it brought about healing in a majority of the communities of this world.

Just as Pillay (2018) argues for the discipline of philosophy, perhaps a central challenge for the occupational profession will be to truly engage with its *a priori* history. Drawing on its unconscious knowledge, it may "disrupt thinking about [the profession] as teleological, as answers moving towards a predetermined vision of progress as it is often told in autobiographical narrations of European modernity" (p. 40).

3.4. Conclusion

Building further upon the conceptual framework and organising concepts in relation to the topic of the study, in this chapter I gave a literature review of the occupational therapy curriculum, in addition to the history of higher education in South Africa. It was important to provide and discuss the context of the political construction of knowledge in South African higher education, as knowledge not only carries the historical markers for its future reproduction but is also intrinsically intertwined with power relations and the production of truth regimes. Thus the historical context of higher education in South Africa, as well as the mechanisms of knowledge, power and truth, was the backdrop to the formation and discipline of the occupational therapy profession in this country.

Transformation in higher education in South Africa has focused on structural changes aimed at increased equity. Much emphasis has been placed on rebalancing demographics, as can be seen in the numbers now relating to access to higher education programmes. At the same time, I have pointed to discreet discourses and mechanisms at play which may be perpetuating unjust patterns of inclusion and exclusion, reflecting the persistence of ideological forces, including

racial and epistemological discrimination. These discreet discourses include curriculum, epistemology and pedagogy – aspects deeply intertwined with both the profession’s historical formation and the tacit dimensions of curriculum. However, very little evidence exists on how historical markers shape current forms of knowledge in the occupational therapy curriculum or how these markers systematically repeat the same, though differently disguised patterns of inclusion and exclusion in ways of thinking, speaking, doing and being.

Since this study is situated in critical theory, I included a literature review of the interface between related concepts in the international therapy connaissance discourse. This also showed the bearing international occupational therapy discourse may have on critically interrogating the historical origin of the profession and its effect on contemporary curricula.



Chapter 4 - Methodological orientation: A Foucauldian approach

4.1. Introduction

In Chapter 1 the main research question (cf. 1.4.), its study objectives (cf. 1.5.), the research aim (cf. 1.6.) and the rationale of the study (cf. 1.2.) were outlined and in this chapter I will demonstrate how the research methods were crafted to meet the objectives. In Chapter 2, the choice of multiple frameworks that are situated within a critical theoretical paradigm and seek change and heterogeneity of an inclusive nature in education, resonates strongly with Kincheloe, McLaren, Steinberg and Monzó's (2018, p. 444) notion of the bricolage approach, "with its multiple lenses, [which] allows necessary fluidity and goes beyond a traditional triangulated approach for verification". Because the research question concerns the historical formation of occupational therapy knowledge, as well how its reifications reproduce via a curriculum, I chose to use Foucauldian Discourse Analysis (FDA) both as a theoretical approach and a methodological guide. However, since FDA carefully analyses the interplay between structure (the 'what') and form (the 'how'), it is also neither completely fluid nor "socially arbitrary" (Holstein, 2018, p. 702). The theoretical frameworks and their relations to one another, as depicted in the study's conceptual framework, therefore delimit the subsequent literature reviews, which in turn places the study within a particular context which is both time- and space-bound and gives form to delineating the research problem.

The notion of the researcher as bricoleur has been argued as a possible researcher's position both in qualitative research (see e.g. Denzin & Lincoln, 2000) and in pedagogy, as recently articulated within a critical pedagogical framework by Kincheloe, McLaren, Steinberg and Monzó (2018). When one starts to study the complexity of the dynamic between social structures and (reproduction of) human behaviour one finds aspects of such an approach which are hardly pre-determined or cast-iron but subject to an "elastic clause" (Kincheloe, et al., 2018, p. 439). This indeed is what emerged since the initial construction of the research proposal for this study. The initial research plan included a third objective that implied data collection from students and lecturers on how the rules of formation (archaeology) and their reproduction manifested in the curriculum. However, after immersing myself in the literature of Foucault and in analyses of the history of the profession and the curriculum content, I realised the following:

- Firstly, data obtained from interviews with students would be too many degrees removed from the manner in which I have conducted archaeology and genealogy analyses, since it would be weighted with extra layers of interpretation by what the interviewees would put forward.
- Secondly, my position as a critical theorist and social justice advocate within the curriculum has permeated my lectures. Students (and colleagues) have come to know my political position, which may have markedly distorted the associated data generation.
- Thirdly, I realised that the corpus of data was already ample enough to answer the main research question, “as no researcher can use all data” (Phillips & Hardy, 2002, p. 19; Jansen, 2008, p. 108).

I accordingly decided to attempt an innovation: doing an archaeology-analysis of the history of occupational therapy – starting with its origin in the Global North and how its education was formalised in South Africa. I subsequently did a genealogy-analysis of the occupational therapy curriculum at a particular historically Afrikaans-medium university (at which I am employed).

4.2. Methodological Considerations for Archaeology and Genealogy

4.2.1. Foucault’s approach as a ‘tool-box’ approach

Critical theory and poststructuralist thinking further extended the critique levelled against foundationalism and instrumental reasoning that started at the beginning of the 1900s. Foucault’s discourse analysis, one of the major anti-foundationalist analytical movements since the 1960s, is argued to resemble the analogy more of a regional map than exact directions to a destination (see e.g. Campbell & Arnold, 2004; Crowe, 2005, p. 57). The exploration of a logical and feasible method for critically applying Foucault’s approach to discourse analysis does not follow an instrumentalist progression. If one goes through as many articles and readings as possible, no obvious method can be deduced at the end of such an exercise. Foucault acknowledges more than once that his work is quite exploratory and that he uses “[n]o recipe, hardly any general method...[b]ut technical rules, documentation, research, verification...” (Foucault in O’Farrell, 2005, p. 52)³¹. Here I am in accord with O’Farrell, who says:

³¹ Translated from French by the author.

Those struggling to find a method in Foucault's work, wondering if they have somehow missed it along the way, or that perhaps there is just one more text out there that will make it all clear can, in the light of [such] statement, abandon their search and rest comforted in the bleak knowledge that they have free rein. Well, almost free rein.

(O'Farrell, 2005, p. 52)

She proposes five mutually dependent principles, constructed from the philosophical principles in Foucault's corpus (O'Farrell, 2005, p. 54):

- i) While human knowledge and culture are mostly presented and understood as being neatly linear and in a certain *order*, they are subject to human fallibility and *should therefore be challenged at all times* in order to understand the meaning and purpose of such orders and where and when they need to be challenged and changed.
- ii) All facets of human existence are subject to *history*, which is the best tool with which to scrutinise and disassemble existing and taken-for-granted orders. All ideas, actions and behaviour are human and bound to the context of space and time.
- iii) *Knowledge* is at all times *formed by and interdependent of power relations*. Power relations are constituted by historical, social and political factors. It is therefore crucial to examine the relations between knowledge, how it was produced and constrained.
- iv) *Truth* is something that is *historically constructed* and in Western history - especially since the Enlightenment, specifically by means of the continuous strife between opposed schools of thought and reasoning. One is the Cartesian 'intellectual' or 'scientific' tradition, positioning itself as the antithesis of an older tradition which involved spiritual self-transformation and reflections on the restrictions of experiences. Foucault sides with the latter.
- v) For Foucault, *social justice* is an irrevocable *ethical consideration* which requires constant consideration, deliberation and action.

As argued by several authors (e.g. Cheek, 2000, p. 31; Deleuze, 2012, pp. 3-4; Dreyfus & Rabinow, 1982, p. vii; Graham, 2005, p. 2; Gutting, 1995, pp. 3-4; Rabinow, 1984, pp. 12,13,14). Foucault maintained intellectual/theoretical integrity by strategically avoiding essentializing his archaeology and genealogy approaches, for "if [he] had prescribed specific methodology, he

would have fallen foul of his own critique of truth and science” (Harwood in Graham 2005, p. 5). Foucault therefore remained aligned to this commitment by not succumbing to the possible limitations even of his own systemised thinking, not remaining attached to a single thought-out theory (Mills, 2003, pp. 6-7), or even its concepts. An example of the latter may be his conception of ‘discourse’, which he is known to have changed several times during the course of his work (Howarth, 2002, pp. 49-50; O’Farrell, 2005, p. 133).³² Instead, he refers more than once to his books being a potential transformative ‘experience’ or an ‘experiment’ (Foucault, 2000, pp. 239-240), and claims that he writes with no clear method in mind: “...never prescriptive either for me or for others – at most it’s instrumental and tentative” (Foucault, 2000, p. 240). Moreover, he apparently invites and welcomes the application of his work as ‘tool-boxes’ by as many ‘users’ as the fields in which he applies it: “...I would like [my work] to be useful to an educator, a warden, a magistrate, a conscientious objector. I don’t write for an audience, I write for users, not readers” (Foucault in O’Farrell 2005, p. 50).

Akin to the bricoleur approach in qualitative research (Denzin & Lincoln, 2018, pp. 45-46), Manias and Street (2000) interpret a toolbox approach as related to Foucault’s work in nursing by making a case for combining both critical social theory and Foucault’s genealogy. Pointing to the non-binary strengths and weaknesses of critical social theory and Foucault’s work respectively, these authors argue that, for example, the reflexive posture in view of change in critical social theory can be combined with the problematization of assumed subject positions of autonomy and mastery during such rather uncritical reflection (Manias & Street, 2000, pp. 54-56). In other words, how may the act of so-called reflexivity potentially perpetuate the very dominating discourses of exclusion that it wants to address? A Foucauldian Discourse Analysis (FDA) approach focuses on the interplay between the ‘what’ and the ‘how’: “Stressing interplay highlights the acceptance of a dynamic relationship—not a to-be-resolved tension—between the *hows* and *whats* of interpretive practice” (Holstein, 2018, p. 698).

4.2.2. Interplay between archaeology and genealogy – discourse as interface

While putting forward that archaeology deserves more acknowledgement and attention as a research method, Schreurich & McKenzie (2005, p. 858) argue that there is much less of a difference between archaeology and genealogy than is often stated in literature. A similar point is made by Dreyfus and Rabinow (1982, p. 104) who claim that there is no definite transition

³² Though one cannot interpret the term discourse removed from the intellectual context of that time, which was initially within the peak of structuralism and later resisted by Foucault (Sawyer, 2002, p. 439; Veyne, 1997, p. 147).

evident in Foucault's texts between the two approaches. O'Farrell (2005, p. 68) also indicates that the tools for analysis that Foucault uses in both archaeology and genealogy do not differ markedly. Foucault himself describes a difference of focus in his inaugural lecture, *The Order of Discourse*: "The difference between the critical and the genealogical enterprise is not so much a difference of object or domain, but of point of attack, perspective and delimitation" (Foucault, 1970/1981, p. 72). While Foucault worked with the same "substrata of knowledge and culture" in archaeology and genealogy, the former unveils the rules of formation in order to "produce manageable forms of knowledge" (O'Farrell, 2005, p. 69). The latter analyses how the true and the false, the included and the excluded, are differentiated via mechanisms of power. (cf. Table 1.1. for the summary of the nuances between archaeology and genealogy). Moreover, although emphases in the two methods are indeed distinguishable, I agree with Howarth, who points out that "[m]ethodologically, Foucault never abandons his archaeological approach to discourse when constructing his later genealogies. In fact, he endeavours to articulate the two methods in a new approach which he calls 'problematization'" (Howarth, 2002, p. 50).

This study follows the trends described above. That is, it methodologically treats the links between archaeology and genealogy as an interplay. Interlinked with the core concepts of knowledge, power and truth is the concept of discourse. While Foucault adapted his definition of discourse across the phases of his work, for the purpose of applying it in this study discourse may be understood as everything (rules, systems and procedures, or indeed discursive practices) that both limits and enables certain ways of thinking, speaking, writing and doing (Foucault, 1970/1981, p. 52; Hook, 2001, pp. 2-3). Those discursive practices that are determined by discursive rules are inevitably imbued with historical inscriptions which are contextually situated in the social, the economic and the political. Discursive rules are exerted by means of power, and power can be seen as "a dynamic of control and lack of control between discourses and the subjects, constituted by discourses, who are their agents. Power is exercised within discourses in the ways in which they constitute and govern individual subjects" (Weedon, 1997, p. 110).

Discourse constitutes and is constituted by the rules of formation for the organization, presentation and circulation of knowledge. Moreover, these rules of formation/discursive practices, together with power dynamics, produce truth: that is social practices which may be reproduced or changed and the ways objects and subjects see themselves, speak about themselves and others, as well as how they behave. Central to Foucault's archaeology and genealogy is history as the *a priori*, which also forms a significant part of discourse (Hook, 2001), and which in this study is explored in the archaeology analysis.

4.3. Locating this study's research

4.3.1. Research paradigm and study design

Since the study is situated in a critical theory paradigm, it will make critical use of discourse (but not CDA) as theory and method. Some scholars, for example Starks and Brown, argue that discourse analysis *per se* also falls within a qualitative-interpretive approach to study designs (Starks & Brown Trinidad, 2007). Given the voluminous landscape of research, this study is therefore located within the ambit of qualitative research.

In the broadest sense, discourse means all representations of reality (in this case within occupational therapy curriculum) which “describe any organised body or corpus of statements and utterances governed by rules and conventions of which the user is largely unconscious” (Macey, 2001, p. 100). Discourse theory carries the assumption that all objects and actions are meaningful, “and that their meaning is conferred by historically specific systems of rules” (Howarth & Stavrakakis, 2000, p. 2), underpinned by a constructivist approach (Holstein, 2018; Cannella & Lincoln, 2018; Jørgenson & Phillips, 2002/2010).

4.3.2. Research context of this study

The context of this research ranges from the macro to the micro-level. The macro-level is the occupational therapy profession and its parallel origin in the Anglophone context in England and Northern America before and after World Wars I and II. The meso-context is the subsequent implementation of the occupational therapy profession in South Africa via higher education institutions, against the backdrop of World War II. The first occupational therapy programme in South Africa was established in 1943, followed by several higher education institutions, all within the colonial and apartheid context (cf. 3.2.). The micro-context is the implementation of an occupational training programme at a specific historically Afrikaans-medium university in the 1970s. These levels of context all form part of the archaeology-analysis.

The genealogy-analysis sets out from a micro-context, as it focuses on the occupational therapy curriculum at a historically Afrikaans-medium higher education institution. The data set of the curriculum is from 2012 to 2018, although it includes international and national documents that inform its content. After treating curriculum-as-discourse and its power dynamics with knowledge to produce constraints and possibilities of truths, it is further interpreted in its various dimensions (O'Donnell, 2014, pp. 5-9). These dimensions, namely formal, informal, null and

hidden curriculum, helped me to decide which texts and practices about curriculum could lead me addressing the second study objective. They also offered an outline for organising the data.

The occupational therapy department at the specific historically Afrikaans-medium University, together with four other allied health professions, forms part of five respective schools in the Faculty of Health Sciences. The department consists of 12 part-time and full-time lecturers and has approximately 170 pre-graduate students from first to fourth year. Partly on account of excess credits, the programme was re-curriculated and subsequently implemented again from its first to fourth year from 2012 to 2015.

4.3.3. Position of the researcher

I am currently one of the 10 white lecturers at our department and my first language is Afrikaans along with nine other lecturers'. I was appointed as a member of faculty at the above institution in 2002, and to date I have been lecturing at this department for 17 years. In 2006 I obtained a master's degree doing an ideology critique of the profession, which at that time was viewed as a peripheral methodology, both in the department and the faculty. It was also the beginning of my alignment within a critical theoretical paradigm. Upon appointment, many of my colleagues were also my lecturers (when I obtained the bachelor's degree in 1993). My life partner is a member of a central team that has spearheaded the transformation agenda at this institution since 2007 (following the infamous 'Reitz incident' (van der Merwe & van Reenen, 2016), and together we have been actively involved in advocating for transformation, which, as far as can be inferred, has initially been viewed with mixed feelings by colleagues and students. It was also from this position in advocating for transformation, that this study arose in 2012. I was appointed as head of department in 2015 - the same year that national student protests culminated, spilling over into 2017. (I ended my term in December 2018). Regarding the pre-graduate programme, the themes that I teach include occupational therapy philosophy and history; basic occupational therapy theory, research methodology, mental health, and ethics. My position as critical theorist and advocate for social justice naturally permeates the epistemology and pedagogical positions employed in both the educational and social arenas, in the formal, informal and hidden curriculum. The programme was due for its quinquennial professional evaluation for accreditation at the end of 2017, and although I had to lead this project, the collective support from colleagues and the department as a whole was unconditional. As a researcher, though, this exercise did offer me another systematic viewpoint on the curriculum.

4.4. Methods

This study is undergirded by both the archaeology and genealogy methods of Foucault's work and derived from versions of Foucauldian Discourse Analysis as a methodological approach (Arribas-Ayllon & Walkerdine, 2008). The construction of the methods both for archaeology and for genealogy was based on fusions of several relevant sources. This did not occur linearly, in the sense of starting with data collection and followed by analysis. The process of constructing methods for archaeology and genealogy was based on three threads of reasoning:

- a) *understanding the concepts* related to archaeology and the concepts related to genealogy;
- b) accessing available and relevant data, then *selecting and organising the various sets of data* for each of the analyses;
- c) *data analysis*:
 - for the archaeology, the *data analysis* consisted of two sections: one - in terms of the data source and context, as well as the structural surface of text; two - in terms of the four discursive regularities of archaeology,
 - for the genealogy, the analysis was done to show how the rules for formation as excavated in archaeology manifest in a current curriculum and *how* its reproduction is rationalised via the technologies of power, self and modes of subjectification.

A diagrammatical overview (See Figure 4.1.) of the process used in the construction of the methods for archaeology and genealogy is followed by a more detailed discussion of each of the subsections in the construction of the two methods.

4.4.1. Archaeology: Constructing a method

For archaeology, I made use mainly of Foucault's *Archaeology of Knowledge* (1969/2011), with guidelines by Gutting (1995), Howarth (2002), Jäger and Maier (2016), and Keller (2013). In interpreting Foucault's quite technical terms for the formation of rules in archaeology, I found Jäger and Maier's (2016) dispositive analysis helpful in terms of the practical analysis of 'concepts' and 'strategies' as discursive regularities in archaeology.³³ In understanding how a

³³ The term *dispositif* is what Foucault later referred to as 'apparatus' toward a regime of truth (O'Farrell, 2005, p. 65). On a linear historical continuum of the development of Foucault's methods, the term *dispositif* is associated with genealogy and was developed after archaeology. However, even in archaeology, the



Figure 4.1. Illustration of the process followed for the construction of archaeology-method and genealogy-method.

themes of how power systems attach with knowledge toward acceptable truths is embedded in his analysis, though he formalised some of the associated terms such as 'power' after his archaeology work (O'Farrell, 2005, p. 66)

curriculum operates as the reproduction of truth regimes, an archaeology-analysis is the main point of departure because curriculum's historical underpinnings explain the rules of formation of knowledge of a curriculum. The findings of the archaeology analysis therefore formed the basis for answering the second objective of the study and doing the genealogy-analysis (cf. 1.5.2.).

Initially, when conceptualising the archaeology, I wanted to start with the archive of international historical origin of the profession as such (of how knowledge was chosen, produced, organised and expressed), from there tapering it down from a national to a local context. I wanted to do this since there was limited available archive of the origin of the occupational therapy curriculum in South Africa and at the specific historically Afrikaans-medium University. However, when I started working with this archive about the origin of occupational therapy curriculum in SA, I realised two things. Firstly, the curriculum remains the central point of study for the main research question. By moving from the international historical account to the local, one faces the danger of subsuming the theory (Howarth & Stavrakakis, 2000, p. 5) into secondary accounts of the developments of the profession. Secondly, working from the primary archive upwards would give me more empirical leverage to work with themes in archaeology which might or might not triangulate later with documents at national and international levels.

4.4.1.1. Understanding the concepts of 'Archaeology of Knowledge'

The primary source I used as a starting point was Foucault's *Archaeology of Knowledge* (Foucault, 1969 /2011). In this source I drew upon the meaning and employment of the concepts of the discursive regularities of archaeology in order to apply them to an analysis of early knowledge formation of occupational therapy curriculum in South Africa. These four aspects are:

- a) the formation of objects
- b) the formation of enunciative modalities
- c) the formation of concepts
- d) the formation of strategies

However, understanding the concepts of the discursive regularities of archaeology was more helpful for the data analysis than its collection. The main sources I drew upon for the archaeology method were therefore Howarth's explication of Foucault's concepts, referring to them analogically as "conceptual machinery" (Howarth, 2002, pp. 52; 52-55), with their subsections as

well how they operate. I have augmented Howarth's clarifications with Keller's (Keller, 2013, p. 47) interpretation of Foucault's archaeology concepts, as well as with Gutting's (1995, pp. 231-238) clear explications of them. With a view to actually applying the archaeology method when working with the archive of occupational therapy curriculum, I turned to Jäger and Maier's toolbox, especially to translate the archaeological terms of 'concepts' and 'strategies' into practical application (Jäger & Maier, 2016, pp. 128-130). The data sets chosen were texts, since in archaeology it is always those texts which produce knowledge that are found to be meaningful in a socio-cultural context (Jansen, 2008, p. 111; Phillips & Hardy, 2002, p. 4).

4.4.1.2. Data collection: Selection of, and organising statements (i.e. the historical archive)

Statements are interpreted as "serious speech acts" (Dreyfus & Rabinow, 1982, p. 48). Statements are characterised by sharing the same objects, enunciative modalities, conceptual and logical organization, and similar theoretical themes (Saywer, 2002, p. 436). Regarding data selection, Jäger and Maier (2016, pp. 128-130) suggest that data should ideally be delimited to a particular discourse plane or surface, though it can also be studied across various planes. However, since the formation of knowledge for curriculum is what is analysed as part of the archaeology, I included several planes of data that are seen as historical speech acts in relation to the formation of occupational therapy knowledge.

The data that were collected for the archaeology-analysis were historical archive material regarded as important speech acts (Dreyfus & Rabinow, 1982, p. 48), indicative of the formation of an occupational therapy curriculum, carrying over its markers for inclusion and exclusion into a curriculum as it currently operates at a particular South African university. The historical archive for the archaeology was categorised into three sets of data using the categories of 'types of texts' as outlined by Arribas-Ayllon and Walkerdine (Arribas-Ayllon & Walkerdine, 2008, p. 100). Data set II) is seen as texts that have political purpose (i.e. governing texts) and data set III) is texts that are regarded because of their expertise quality. While Arribas-Ayllon and Walkerdine (2008, p. 100) also refer to an 'auto-biographical' type of text, data set I) can be seen as biographical accounts of people who were part of the inception of occupational therapy curricula in SA. I also relied on Saywer's (2002, p. 436) indications of statements sharing the same

characteristics, grouping them together in the following categories with their related documents:³⁴

I) Historical documents relating to experiences of the beginning of occupational therapy programmes as well as the professional association in SA

These documents are subjective accounts of the origin of occupational therapy relating to educational and professional contexts. They are both significant and important in the sense that they offer a noticeable historical context for how the object of the occupational therapy curriculum, which is the student, is presented and viewed. These documents also reveal not only who the enunciators were but also how knowledge was selected and organised:

- i) Commemorative document of the 50th anniversary (1943-1993), of the first South African occupational therapy programme at a historically English-medium university, compiled by Denise Franzsen (1993, pp. 1-35).
- ii) "The first 30 years. A short history of the growth of the South African Association of Occupational Therapists 1945-1975", compiled by Joan Davy (1975, pp. 1-32).
- iii) Commemorative document (1976-1986) of the 10th anniversary of the occupational therapy programme at a particular historically Afrikaans-medium university (UOVS, 1986, pp. 1-32). (It appears that the document was collectively compiled, as no single author is indicated.)
- iv) Lecture material, dated 1976, entitled: "Description of Occupational Therapy as Health Care Service. A short history of the establishment and development of the profession in South Africa" (Unknown, 1977, pp. 1-21).
- v) Semi-structured interview with Robert Douglas³⁵, who was the head of department from 1977-2004 and lecturer until 2007, as well as with Joyce Oosthuizen, who was one of the first lecturers appointed at a specific historically Afrikaans-medium university.

³⁴ The context and background of the documents are more comprehensively related as part of the archaeology-analysis chapter (cf. Section A, 5.2.).

³⁵ To ensure privacy, pseudonyms are used when referring to the interviewees. They are both retired scholars and are no longer affiliated with this particular university.

II. Governing documents regarding occupational therapy knowledge

These documents were selected and categorised because they either directly or indirectly speak to the governance of occupational therapy as a profession as well as its knowledge:

- i) “Government Gazette, 3 December 1976. The South African Medical and Dental Council” (Government Gazette of South Africa, 1976). This document contains several aspects of the governance of the profession in its relation to the South African Medical and Dental Council, but it was especially the section titled “Regulations Defining the Scope of the Profession of Occupational Therapy” (Government Gazette of South Africa, 1976, pp. 118-122) that gave a good indication of how knowledge was viewed, described and delineated in the profession.
- ii) “The World Federation of Occupational Therapists: 1952–1967”, an article published in 1969 with Clare Spackman as the author on the origin and development of the World Federation of Occupational Therapists and specifically on how the “Minimum Educational Standards” and “A Code of Ethics for Occupational Therapists” (Spackman, 1969) came into being.
- iii) “A Chronicle of the World Federation of Occupational Therapists, Part 1: 1952-1982 & Part 2:1982-1992” (Mendez, 1986/1998; Greenberg Harris, 1998).

III. Historical documents written by academic experts

This corpus of statements may be the most telling on occupational therapy knowledge that was valued and presented in the South African context – especially the formation of concepts and the formation of strategies. It is especially revealing because for Foucault the French word ‘savoir’ has strong associations with ‘know-how’ knowledge “(a way of making a problem tractable or a material manageable) – for this middle sort of knowledge, which may fall short of rigorous scientificity but command some degree of ratification within a social group and confer some recognised instrumental benefit” (Gordon, 2000, pp. xviii-xix).

The South African Journal of Occupational Therapy (SAJOT) available archive 1953-1994, with specific focus on the annual Vona du Toit memorial lectures that have been published since 1976. (See summary cf. 5.2.3.1., Table 5.2.). The Vona du Toit memorial lectures were delivered annually at the Occupational Therapy Association of South Africa Conference between 1976 and 1985 and

thereafter every second year (Crouch, 2016, pp. 374-375), as the frequency of the OTASA conference was adapted. These lectures were chosen as they tend to be awarded to speakers both in recognition of their scholarship within the profession and because they often provide an overview of the professional discourse at a particular point in time. Material up to 1994 was included for reasons of feasibility of data management and analysis, but also because 1994, at least in terms of formal political governance, marked the end of apartheid. Associated discourses of separateness and hierarchies, of and between race, class and gender, delimited ways of being not only in social spheres but in all forms of identity (van der Westhuizen, 2017, p. 7).

In addition, the following points are important. Firstly, there are many more materials that would naturally be included in archive and which may be used. The selection of the archive of statements, or 'serious speech acts', was made based on the reasoning that an archaeology-analysis about the formation of rules for the construction of an object - in this case the occupational therapy student - had to be done from the sources that, as far as could be obtained, both gave form to and informed knowledge on curriculum-as-discourse. Such 'proxy' sources were chosen as the central point of departure for an archaeology of curriculum *vis-à-vis* doing an archaeology-analysis using available linear historical representations on the origin of the profession alone.

Secondly, while the literature on the history of occupational therapy may be argued as being a fourth set of 'meta-archive', it is not singled out since it is irrevocably embedded within the contextualization of archaeology once the analysis and syntheses of the data are presented. Apart from South African sources, the comprehensive work of Ann Wilcock (2001; 2002) was included - albeit focusing on the United Kingdom - on the origin of activities and occupation for health and therapeutic purposes up until contemporary accounts of the profession. Wilcock's work on the history of occupational therapy is significant for the South African curriculum, given South Africa's close ties with Great Britain as a former dominion of the latter. South Africa became independent from Great Britain in 1931, though the British monarch continued as head of state until South Africa became a republic on 31 May 1961. South Africa's ties with the United Kingdom are further supported by the fact that the inception of the occupational therapy curriculum in South Africa at the English-medium University was carried out by two women, Miss M. Crousaz and Miss J. McArthur, who in collaboration with the Red Cross were delegated to implement occupational therapy training in South Africa to meet the needs for rehabilitation of soldiers in the aftermath of World War II (Davy, 1975, p. 1; Franzsen, 1993, p. iii).

In addition to South African sources, I have also used various academic sources, including Friedland's (2012) account of the history of the occupational therapy profession in Canada, and various academic articles talking to the historical development of the profession. These sources are generally regarded as central because the profession originally took form simultaneously in North America and the United Kingdom.

However, having said this, I am aware that historical scripts are not inclusive of a gradual introduction or pockets of development of the profession in countries such as Russia, France, Italy and Germany, all of which are known to have sustained significant numbers of casualties during World War II when occupational therapy was propelled into a profession. The scope of this study is demarcated for the purpose of archaeologically describing those influences with the closest proxy to that of the curriculum of occupational therapy in South Africa and with a specific focus on a particular university. One of the manifestations of the rules of formation for the historical construction of the ('ideal') occupational therapy student is the occupational therapy curriculum at a historically Afrikaans-medium university as it is practiced today. A genealogical analysis of that curriculum will be presented in Chapter 6.

4.4.1.3. Data analysis – data source and context, and structural surface of text

The following steps were followed closely as part of the analytical process for archaeology (c.f. Section A, Chapter 5.2).

a) Data sources and context

Under this subsection of analysis four aspects were attended to: the specification of the data source in terms of what renders the text as typical, and/or significant or seminal, why it was selected as a statement, who the author was, as well as the source's historical context (Jäger & Maier, 2016, pp. 128-130). The latter aspect, mapping the historical context, is intrinsically important for discourse analysis (see for example O'Farrell, 2005, pp. 54-65) in order to avoid the reduction of discourses to what is said in the texts alone (Hook, 2001, p. 16).

b) Structural surface of the text

Under this part of data analysis four aspects were analysed: the format (physical appearance of the text), the sub-format of the text in terms of the outline of its content, what characterised the text in its presentation, and what symbols or pictures were part of the text (Jäger & Maier, 2016, pp. 128-130).

Because the semi-structured interviews with Mr Douglas and Ms Oosthuizen³⁶ were transcribed and do not have a 'physical appearance' as original documents, the following notes are relevant. The questions asked of these two participants were for the purpose of obtaining some factual information as well as context relating to the inception of an occupational curriculum at a historically Afrikaans-medium university. These questions are based on the rules of formation/discursive regularities (cf. 4.4.1.4. a-d) and the interviewees may perhaps be viewed as a 'living archive'.

Examples of historically contextual questions were:

- 'How did the department come about? And its curriculum?' 'How did the department see itself within a politically charged macro-environment of South Africa prior to 1994?' 'How was the curriculum constructed?'

Examples of archaeology questions included:

- 'Please tell me about the typical occupational therapy student at that time?' (object formation)
- 'Who were the main role players and decision makers in general and in the construction of its content? Who had the final say?' with further prompting in relation to the internal and external role players mentioned; 'How was the occupational therapy department seen in relation to the rest of the Faculty?' (enunciative modalities)
- 'What were considered as major events in the history of the department?' 'How were the curriculum and its content thought and talked about?' And the pedagogy practised?' 'What type of ethos and performance in the daily work of the department were valued?' (formation of concepts)
- 'How was the curriculum organised in terms of major sections or foci?' 'How did occupational therapy see itself within the bigger context of the province and the country at that time?' 'What were the major theoretical themes at that time that had an influence on what was taught?' (formation of strategies).

Including the specification of the data sources, their historical contexts, and physical appearance was an important part of the analysis, offering contextual support to the findings from the second part of archaeology.

³⁶ Both are pseudonyms. See my justification in the *Ethical Considerations* section under point 4.6.3.

4.4.1.4. *Data analysis – discursive regularities of archaeology*

The second part of the archaeology data analysis entailed a detailed analysis of the four discursive regularities (formations of object, enunciative modalities, concepts and strategies) of archaeology using a thematic induction (see (e) of this section), and was the crux of the archaeology-analysis, as it revealed the rules of formation for curriculum that inform its present form (cf. Chapter 6). Following is a description of each of the discursive regularities of archaeology as they were understood and applied when analysing the data.

a) Formation of the object of discussion in the texts

Staying close to Foucault's notion of formation of objects as central to archaeology-analysis, one has to clarify which objects are most relevant to the curriculum-as-discourse.³⁷ Curriculum is constructed to deliver a service but is also to be used by students. Therefore the main object of construction was considered to be the student. The subtopics that were selected stand proxy for students in terms of the curriculum and for what emerges in terms of treating patients. Questions that were asked, as suggested by Jäger and Maier (2016, pp. 128-130), were therefore: What subtopics are discussed that relate to how the student as object emerges? How is the text organised in units of meaning? How are these topics classified and how do they overlap? A further question included was: How does the notion of an 'ideal' occupational therapy student emerge?

In addition, the following questions were asked about aspects that fall under the rules of the formation of the object:

- i) What are the *surfaces of emergence*? This would mean the rules evolving from social relations and norms that created the conditions of possibility for the object to be differentiated from others and located in the discursive formation of occupational therapy.

³⁷ Sawyer (2002, p. 17) wrote an astute analysis about the archaeology of the term 'discourse', arguing that it was falsely attributed to Foucault. He points out that object, enunciative modalities, concepts and strategies are often misinterpreted in forming the mechanisms of discourse; that while Foucault actually referred to those concepts in the context of a *discursive practice*, e.g. talk about gender, or in this case about why soldiers in hospitals became better when participating in activities. *Discursive practices* precede *discursive formations*. A *discursive practice* become a *discursive formation* when it crosses the thresholds of *positivity* (by means of the emergence of rules), of *epistemologization* (by means of acquiring validity), or scientificity, and of the formalization of its knowledge (Howarth, 2002, p. 59). Sawyer (2002) provides contextual evidence that the term *discursive formation* was never equated with the term 'discourse' by Foucault. However, here I would point out that the emergence of the occupational therapy profession is seen as a discursive formation after WW II (archaeology). Curriculum-as-discourse is seen both as the way it operates as statements of discursive rules/rules of formation (archaeology), as well as how curriculum operates as statements of regimes of truth and reproduction of the discursive rules excavated in the archaeology-analysis (genealogy-analysis).

- ii) What are the *authorities of delimitation*? This concept refers to the authorities afforded by society that decide which objects are to form part of the discursive formation. In this case, it is those authorities which determined the inclusion/exclusion of certain people – a certain kind object, as becoming and being part of the profession.
- iii) What are the *grids of specification*? This means the system/s of classification within the discursive formation that are used to characterise objects based on certain qualities and/or features. (Foucault, 1969/2011, pp. 44-71; Gutting, 1995, pp. 234-235; Howarth, 2002, p. 51-55).

These rules do not however function in silos and are often inter-dependent and overlapping.

b) Formation of enunciative modalities

This discursive regularity indicates three types of platforms which afford the subject the legitimacy to perform the speech acts. They are:

- i) *What speciality* offers a person or group of persons the prerogative to make authoritative claims?
- ii) What *type of institutional authority* does s/he represent, and what other subject position/s are put forward here?
- iii) What is the *position/s of the subject in relation to the object*? (Foucault, 1969, pp. 55-61; Gutting, 1995, pp. 234-235; Howarth, 2002, pp. 51-55; Jäger & Maier, 2016, pp. 128-130; Keller, 2013, p. 47)?

c) Formation of concepts (ways of argumentation and reasoning about the knowledge that is applied)

This discursive regularity of archaeology involves the forms of logic, argumentation and reasoning that are used when engaging with occupational therapy knowledge, as well as the values and norms that are assigned to such knowledge (Jäger & Maier, 2016, pp. 128-130). More particularly, three clusters of questions about the rules of formation of concepts are posed:

- i) What *type of methodological relations* (Gutting, 1995, p. 236) are used when moving between the occupational therapy theory and practice?
- ii) The second cluster of questions relates to the norms that are allocated for the inclusion/exclusion of a *range of statements*, and under which three subgroups of questions about the rules of formation resort.

- The first concerns the *field of presence*: what is the range of statements that are accepted, rejected and critically evaluated?
 - The second sub-question concerns the *field of concomitance*: meaning the range of statements from other discursive formations that are drawn upon, e.g. theoretical frames/models that are used as comparison or parallel when engaging with occupational therapy knowledge.
 - The third sub-question points to the *field of memory*: the range of statements of which their concepts are not overtly recognised or discussed any longer but still operate due to their historical connection.
- iii) The third cluster of questions about the rules of formation of concepts relates to what Foucault (1969/2011, pp. 65) calls the *procedures of intervention* and speaks to how new statements are produced from within the discursive formation. Plainly it denotes the methods and modes used to:
- re-write new information, e.g. linear to tabular,
 - capture and transcribe new information, e.g. into formalised language,
 - translate new information between quantitative or qualitative forms,
 - determine ways of approximation used to present descriptive statements in view of rarefying its specificity,
 - find methods to limit the domain of statement's validity,
 - establish procedures for applying statements to a new domain, and
 - establish ways of systemising new statements (Foucault, 1969, pp. 62-66; Gutting, 1995, pp. 236-237).

In addition, and treated as a principle throughout: in the spirit of assuming the posture of the historian of the present, one would from the contemporary position, also gauge which speech acts

are put forward as 'serious' and for what reasons, as the 'principles of rarefication' would come into play. The rules for the formation of concepts are closely tied up with the ways that truths are constructed and come ultimately to be regarded as the norm (Dreyfus & Rabinow, 1982, pp. 70-71).

d) Formation of strategies (underlying theoretical themes, steering ideologies and perspectives regarding the future)

In general, sorting under this discursive regularity of archaeology, questions are asked about which concept/s of society, socio-economic, political and technical issues are being spoken about and raised within the texts, and which perspectives are held about the future (Jäger & Maier, 2016, pp. 128-130).

The following questions are asked:

- i) What are the *underlying theoretical themes* that develop within a discursive formation (Foucault 1969/2011, p. 71-71)? These underlying themes can also be recognised from how they inform, direct or limit the output of, for example, individual academic thinkers (Gutting, 1995, p. 237).
- i) Are there *points of diffraction*? This means searching for and identifying the *points of incompatibility* of statements within a discursive formation: where two or more statements exist by means of the same rules, in the sense of their taking an equivalent position within the discursive formation but being incongruous at once. Since they are associated with points of incompatibility, one would look at how these statements are also equally *systemised*.
- ii) What is the *field of non-discursive practices* from which the discursive formation of occupational therapy took form? In other words, which global political occurrences [or] economic practices were present at that time? (Foucault, 1969/2011, pp. 71-76; Gutting, 1995, pp. 237-238).

e) Thematic induction undergirding the process of archaeology-analysis

The following is a description of how the above questions on the formation of rules in terms of the four discursive regularities of archaeology (object; enunciative modalities; concepts; strategies) were answered:

- i) First I went through all the data (after repeated readings) and coded everything in relation to the meaning of the main concept of each of the four rules of formation, i.e. object, enunciative modality, concept, and strategy. In other words, I indicated where and when the texts referred to the occupational therapy student, to legitimate speakers about occupational therapy knowledge, ways of argumentation and reasoning when relating to occupational therapy knowledge, and underlying theoretical themes, steering ideologies and perspectives regarding the future about occupational therapy and its knowledge.
- ii) Once each of the discursive regularities/type of rules of formation were identified, I then coded in terms of the sub-questions related to each of these main discursive regularities. For example, when the object were spoken about, I looked for the *surfaces of emergence*, *authorities of delimitation*, and *the grids of specification*. This was done for each of rules of formation coded.³⁸
- iii) When overlapping of the rules of formation occurred, I juxtaposed the codes with each other to see where they related more closely to the rule of formation, using the analysis of the data source, the context, and the structural surface of the texts to provide context. (At times, the same texts referred to more than one rule of formation and were coded as such.)
- iv) I then placed all the codes for each of the four discursive regularities of archaeology (types of rules of formation) and their sub-questions on four separate worksheets that also indicated in which of the documents the codes were identified.

³⁸ Here the reader is reminded that at times not all the aspects asked in the sub-questions of each of the discursive regularities were present and could therefore not be identified, and some were overlapping, as has been noted before.

- v) Next, drawing on the conceptual framework of the study, I induced categories and themes from the codes under each of the rules of the formation in archaeology.
- vi) The reading of all the data was done repeatedly to ensure that codes allocated and categories and themes inferred, were most relevant to the specific rule of formation. A repeat reading was carried out nine months after the first round of coding, from which, with the exception of wording, the same categories and themes emerged.

4.4.2. Genealogy: Constructing a method

In constructing a method for the genealogy part of this study, I relied more on Arribas-Ayllon and Walkerdine's (2008) explication of FDA than during the archaeology, and used an augmentative reading by Carabine (2001), a genealogical-analysis on unmarried motherhood between 1830 and 1990. The same line of reasoning as for archaeology, outlined as three phases, was followed for constructing a method. This analysis pertains to an occupational therapy curriculum at a historically Afrikaans-medium university and builds on the archaeology-analysis (cf. 1.5.2.).

4.4.2.1. Understanding the concepts of curriculum, technologies and subjectification

Since a current occupational therapy curriculum formed part of the research question, I had to look firstly at what constitutes the concept of curriculum-as-discourse. In other words, I had to examine curriculum not only in its physical content (e.g. module guides, credits) but also how a curriculum as a group of statements can produce regimes of truth; *how* those truths are maintained and rationalised to form patterns of repetition of the original rules of knowledge formation. In the quest to understand the concept of curriculum, I used the reading of Hafferty and O'Donnell (2014) on the conception of curriculum and the various strata this contains. These are the formal, informal, hidden and the null curriculum. Once I understood these conceptions, I was able to draw up a matrix of the *various dimensions of curriculum*, against the *possible data sets* for collection, as well as Arribas-Ayllon and Walkerdine's *classification of types of texts* (2008). (See Table 4.1. and Appendix B - original image of matrix compiled).

Since analysis of *how* truth regimes are repeated formed part of the second research objective, I also had to understand the concepts related to technologies of power, of technologies of self, as well as the modes of subjectification. These readings included the following, though they are neither mutually exclusive of all repeated major readings of Foucault nor of the secondary readings on Foucault by his interlocutors during the period of the study:

- "Madness and Civilization: A History of Insanity in the Age of Reason" (Foucault, 1961/1989) - particularly the sections on "The great confinement" (pp. 35-60) and "The birth of the asylum" (pp. 229-264).
- "Discipline and Punish: The Birth of the Prison" (Foucault, 1975/1977); especially the chapters in "Part Three Discipline" and with specific focus on the chapters titled: "Docile bodies"; "The means of correct training" and "Panopticism" (pp. 135-230), which explain very well the relation to detail, examination and supervision. It was also important to cover the rest of part three as well as "Part One Torture" and "Part Two Punishment" during in-depth reading in order to gain insight into the archaeology and historical development of punishment and discipline.
- "Ethics, Subjectivity and Truth: Essential Works of Foucault 1954-1984" (Foucault, 1997), especially the reading on "Subjectivity and truth" (pp. 87-92), and "Technologies of the self" (pp. 223-254). (I also read an earlier translation of the latter lecture in Luther, Gutman and Hutton (Foucault, 1988).
- "Power: Essential Works of Foucault 1954-1984" (Foucault, 2000), with special focus on "Truth and power" (pp. 111-133), "The birth of social medicine (pp. 134-156), Interview with Michel Foucault (pp. 239-297) and "The subject and power" (pp. 326-348).
- In the ensemble titled "The Hermeneutics of the Subject: Lectures at the Collège de France 1981-1982" (Foucault, 2005), there were several readings that were helpful regarding technologies of the self, but it was especially Foucault's lecture on "13 January 1982: First Hour" (pp. 43-52), on the Greek-Roman techniques in the technology of 'taking care of the self', that was informative in constructing a better conceptual understanding. In addition, several other readings in this collection on subjectification (e.g. on "27 January 1982: First Hour") and askēsis, for example "Virtue and its relation to askēsis" on 24 February in the second hour, aided a conceptual interpretation of this step.
- Foucault's work is central to critiquing modernity. Referring to Nietzsche (1880/2015, p. 11457 Kindle loc.), Foucault says: "genealogy shows that the

concept of liberty is an “invention of the ruling classes” and not fundamental to man’s nature or at the root of his attachment to being and truth” (Foucault, 1984, p. 78). I therefore also drew upon Rose’s (1999) reading on the application of Foucault’s technologies of power and the self in terms of the emergence and development of neo-liberalism in the North-American history.

4.4.2.2. Data collection – curriculum-as-discourse, and selection of texts as data

The data for the genealogy-analysis were selected by first viewing the curriculum in all of its dimensions. Here I relied on the classification of the types of curricula (formal, informal, null and hidden), as outlined and defined by O’Donnell (2014, p. 5-9), and general guidelines on how these could be recognised in higher education curricula of health sciences (O’Donnell, 2014, pp. 13-21).

I then combined the dimensions of curriculum by adapting Arribas-Ayllon and Walkerdine’s (2008, p. 100) version of types of ‘texts’ that can be used in a FDA. While these authors concede that the given types of texts that they suggest do not encompass all the kinds of texts that could be analysed, they provide an outline of five forms of texts that may be considered for a FDA. I used four of the five types, explaining this as follows (Please refer to Table 4.2. to see how the types of texts chosen for data generation interrelate with the dimensions of curriculum referred to):

- a) The first type of text is “...political discourse like policy documents, parliamentary debates, press releases and official reports” (Arribas-Ayllon & Walkerdine, 2008, p. 100). For the purpose of this study, I reasoned that this type of text would translate to the *governing documents* related to the occupational therapy curriculum. It would include international and national documents on the minimum standards of education for occupational therapists, as well as other institutional documents that guide curriculum construction and governance, such as the selection policy included in the Faculty of Health Sciences’ Rulebook. It would also include those documents on the imbedded values of the profession as they are assumed and inculcated within the specific curriculum, for example the ethical rules of the Health Professions Council of South Africa (HPCSA) and the mission and vision statements of the Occupational Therapy Department.
- b) The second kind of text that can be analysed is “...expert discourses found among intellectual texts like official publications, research and empirical findings.” (Arribas-Ayllon & Walkerdine, 2008, p. 100). *Expert texts* were interpreted for the purposes of this

study and for viewing curriculum-as-discourse, as they were mostly constructed by lecturers in order to operationalise the curriculum. Examples here would be the module guides, lists of prescribed textbooks, the agendas and minutes of the quarterly Education Committee meetings (from 2012-2016), and other related publications, but would also include the composition of the staff with their respective portfolios and duties allocated.

- c) The third form of text for analysis is “...*spatial and architectural* surroundings, and the kind of social practices they give rise to” (Arribas-Ayllon & Walkerdine, 2008, p. 100)-emphasis own). Here I focused specifically on the building in which the occupational therapy department is housed (in relation to the rest of the School and the Faculty), as well as on the teaching spaces that students use for the occupational therapy lectures.
- d) The fourth type of text is “*autobiographical* aspects... [of what is observed]...accessing the continuity of experience over time, descriptions of moral and ethical practices, and ways of constructing the self as an object of particular discourses” (Arribas-Ayllon & Walkerdine, 2008, p. 101). In the sense of a hidden curriculum, *inter alia* also including underlying assumptions, I made use of autobiographical notes made over the past few years which refer to tacit and taken-for-granted assumptions among staff members, myself included, in engaging with occupational therapy students, as well as observations during formal and informal teaching/assessment practices. These notes were organically compiled since 2012 (after ethical clearance was obtained from the Faculty of Health Sciences and Faculty of Education, respectively) until end of 2018. These notes were taken with the research question and second objective in mind. They included mostly observations but also the gist of conversations during critical incidences such as the nationwide #FeesMustFall student protest movement in 2015-2017. Examples of other events during which these notes were taken, were *ad hoc* social events of students which faculty members were invited to, or the annual Service Learning Day, at the time that the whole of the occupational therapy student cohort presented their experiences on community-based practice linked with Service Learning.

I did not make use of the fifth type of text, namely “speech activities” (Arribas-Ayllon & Walkerdine, 2008, p. 100), or what could be interpreted as interviews, either with students or lecturers with students, or any recording of ‘speech acts’. As I noted earlier, my insider connection with both students and staff and our general awareness of each other’s political stance, together

with the ethical implications, might well have tainted the data generation in both its process and outcome.³⁹

The result of the initial data collection process was approximately 30 *groups of statements*, each of which was identified and categorised according to the *layer of the curriculum* it might represent, as well as which *type of text* it could be viewed as (See Appendix B for the initial working sheet of data collection organization). In terms of delineating the time span of the curriculum-related documents selected, where relevant, the time frame employed is from 2012-2016, though I have included autobiographical notes up to early 2018. The following considerations relating to the data are further of note:

- The department phased in a new curriculum commencing with the first year in 2012. (cf. Research context 4.3.2.)
- Though the 2002 version of the WFOT international governing document on the minimum standards of training occupational therapists mostly informed the re-curriculation process from 2009-2011, the 2016 version was also used since faculty members are cognisant of it and it has become part of their thinking, speaking and doing. This document also records some shifts in the curriculum discourse of occupational therapy and certainly paves the way for the construction of future curricula. The minimum standards document of HPCSA for the training of occupational therapists was compiled after the 2002 WFOT version, in view of the South African context. The most recent version of the WFOT minimum standards for education of occupational therapists was published in 2016. (The HPCSA version for a South African context is yet to be written.)
- Other 'texts' subject to timespan selection included some physical teaching spaces, as other structural considerations and artefacts of such teaching spaces date before 2012. e.g. the building in which the occupational therapy department is located.
- Both the Faculty Rulebook and the School for Allied Health Professions Yearbook are remained mostly unchanged within the time period of 2012-2018, with the exception of

³⁹ The occupational therapy programme has theoretical modules, as well as clinical fieldwork education and training. The clinical modules comprise 24% of the total credits of this particular programme and mainly entail students working under supervision in various clinical settings predominantly during their third and fourth years. The scope of this study does not include the 'clinical curriculum', which in itself also includes its own facets which are formal and hidden. This will be acknowledged as a future recommendation of the study as well as a possible limitation.

slight amendments. For the rest of the governing documents, the most recent versions relating to the rest of the curriculum were used.

- With the autobiographical texts, I have relied on the most recent discourse observed among lecturers, as well as between lecturers and clinicians; it is safe to say that it would be most inclusive of a period associated with dates between 2012 and 2018. However, I am unable to 'measure' to what extent my 18-year experience at the department has given a context to the construction of the autobiographically stated underlying assumptions.

(Please refer to further in Chapter 6, Genealogy, (cf. 6.1.1.) for context on the re-curriculation process that was undertaken in 2009, as well as the outline of the occupational therapy programme and the associated concepts.)

4.4.2.3. Data analysis - genealogy

In addition to using the different dimensions of curriculum to categorise the various sets of data for this genealogy-analysis, a combination of Arribas-Ayllon and Walkerdine's (2008, pp. 99, 100-101) version of FDA as method and Carabine (2001) were used in constructing a method for a genealogy analysis of a particular curriculum. I decided to incorporate some of Carabine's (2001, p. 281) steps for genealogical analysis that were not included in those of Arribas-Ayllon and Walkerdine (2008), as these supplements (steps 1, 5, 6 and 7 of my framework for genealogy-analysis) offered an opportunity to make a better connection of the findings of the genealogy-analysis with those in the archaeology - especially in view of the fact that these two methodologies, i.e. archaeology and genealogy, are differentiated in both their corpuses of data collection and their analyses. This was done in order to show how the available archive of the origin of the occupational therapy profession - its *savoir* - offers ways not only of producing new statements but also a way that makes visible its reproductive impulse and its material consequences. It demonstrates that knowledge - whether implicit (*savoir*) or explicit (*connaissance*) - does have real, material effects (Kendall & Wickham, 1999, pp. 42, 45).

Table 4.1. Matrix of genealogy data collection: possible data sources, dimensions of curriculum and type of texts.

Dimension of Curriculum	Subsection	Data: Type of texts used			
		1) Governing (political)	2) Expert	3) Spatial Architectural /	4) Autobiographical
Formal	n.a.	International: <ul style="list-style-type: none"> - WFOT⁴⁰ Revised Minimum Standards for the Education of Occupational Therapists 2002 - WFOT Minimum Standards for the Education of Occupational Therapists Revised 2016 - 	Time table List of publications	n.a.	n.a.
		National: <ul style="list-style-type: none"> - SAQA Level Descriptors for the South African National Qualifications Framework - South African NQF Occupational Therapy exit level outcomes 	n.a.	n.a.	n.a.
		University: <ul style="list-style-type: none"> - UFS Faculty of Health Sciences Undergraduate SAHP, Year Book; Rule Pre-grad Rule Book - SAHP Department of Physiotherapy, Department of 	n.a.	n.a.	n.a.

⁴⁰ To ease reading in table format acronyms were used for governing and authoritative bodies

		Occupational Therapy Selection Policy			
Informal	n.a.	UFS Occupational Therapy Student Association's Constitute	n.a.	Social event: the Formal	Autobiographical notes on the social event
Null (Types of knowledge e.g. CBE, excluded/ types of pedagogy e.g. critical...)	n.a.	OT programme as a whole	Module guides including list of prescribed textbooks	n.a.	
			Education meetings - agendas		
Hidden: a) Artefacts/ cultural products	i) Written documents	WFOT	Module guides	n.a.	n.a.
		- NQF - SAQA - HPCSA	n.a.		
		- OT programme	List of prescribed textbooks		
			List of pre-graduate research topics		
			Staff composition		
			Clinical evaluation forms / rubrics 3 rd -4 th year		
	ii) What behaviours gets awarded (assessment)	n.a.	n.a.	n.a.	As observed and experienced
	iii) Symbols	n.a.	n.a.	Wall decorations / pics / symbols	As observed
	iv) Physical teaching spaces	n.a.	n.a.	Physical teaching spaces	As observed
b) Espoused Values	i) Mission statements	- University - Faculty - SAHP - OT Department	n.a.	n.a.	n.a.

	ii) Written documents	HPCSA Ethical Rules	n.a.	n.a.	n.a.
		OTASA ethical code			
		Departmental quality assurance guideline			
c) Underlying assumptions	i) Tacit/ Unstated (not declared)	n.a.	n.a.	n.a.	<p>Examples:</p> <ul style="list-style-type: none"> ▪ What we are doing is good / virtuous ▪ Students must behave, like children, must show respect ▪ To work hard is a virtue; everybody associated with OT works hard / is busy ▪ OT is everything; and that is all students should be busy with ▪ All work, everybody's work is equally important all the time: students must master all of it equally ▪ Professionalism NB!
	ii) Taken for granted (accepted without testing)	n.a.	n.a.	n.a.	<p>Examples</p> <p>Our students</p> <ul style="list-style-type: none"> ▪ must cope; if not = pathology ▪ are heteronormative ▪ are Christian ▪ are moral(istic) / good / virtuous ▪ are apolitical <p>▪ We all are very hard workers, very busy and what we do is excellent</p>

					<ul style="list-style-type: none"> - that is why we must be busy - to attain high standards - to be 'above suspicion' ▪ We do not do enough ▪ Our curriculum is continuously adapted by us, based on our observations, for the better of the students
	Behaviour that is <ul style="list-style-type: none"> ▪ Encouraged ▪ Tolerated ▪ Unacceptable 	n.a.	Education meetings agendas and minutes	n.a.	Autobiographical notes

Figure 4.2. depicts the flow diagram gives a summary of the steps that were followed, adapted from Carabine (2001, pp. 281-283)⁴¹ and Arribas-Ayllon and Walkderdine (2008, pp. 98-103). Though this process is depicted sequentially, during the actual analysis, from *Step 3* onward, the non-linear and multi-lateral process was evident and inescapable due to the nature of the analysis. The steps followed for genealogy are discussed as follows:

⁴¹ See also Keller's (2013, p. 54) reference to Carabine (2001)

Step 1) Selection of the main discourse (curriculum) of the study and selection of relevant data (statements)

For the purpose of this study, the main discourse selected is an occupational therapy curriculum at a historically Afrikaans-medium university in South Africa. However, in order to contextualise the political construction of such curriculum historically, the genealogy was preceded by an archaeology of the occupational therapy profession, as it emerged internationally and was implemented in South Africa as a health care profession in 1943. The themes which were induced from the archaeology-analysis then became the point of departure for the genealogy-analysis.

For the genealogy-analysis of an occupational therapy curriculum, I selected data that bore potential weight in revealing how occupational therapy *savoir* (the profession's historically constructed implicit knowledge) came to be reproducing its patterns of inclusion and exclusion as regimes of truth in the *connaissance* (the profession's explicit knowledge as it materialises in a particular curriculum). In other words, how the emergence of knowledge came to be politically (in the sense of power relations (Koopman, 2013, p. 31) maintained and reproduced. Such selection implies that data which are chosen not only reveal epistemic patterns of which types of knowledges (*connaissances*) are preferenced but also shows *how* the mechanisms of such knowledges operate to maintain certain ways of knowing as the norm. To aid the categorization of many sources of data, I subsequently made use of the various dimensions of curriculum. These facets of curriculum, namely formal curriculum, informal curriculum, null curriculum and hidden curriculum (Hafferty & O'Donnell, 2014), helped me to analyse both the seen and the less seen aspects of curriculum. Since 2015 I therefore carried out repeated readings of the curriculum during my everyday working life, repeating this again in systematic format in the preparation of the professional board's evaluation of the programme for accreditation purposes during the course of 2017 (cf. 4.4.2.2. - Data collection for genealogy analysis). I also relied on my biographical notes taken since 2015 on regimes of truth that were taken for granted or that were contested within the curriculum.

Step 2) Identifying where in the data each of the themes that emerged from the four groups of rules of formation continue or discontinue

Following Carabine (2001), Keller (2013, p. 54) suggests that the research object of the study must be selected at this point, as it is the object that is ultimately problematized via the rationalizations of power and knowledge that produce truths. However, the object need not have been rethought,

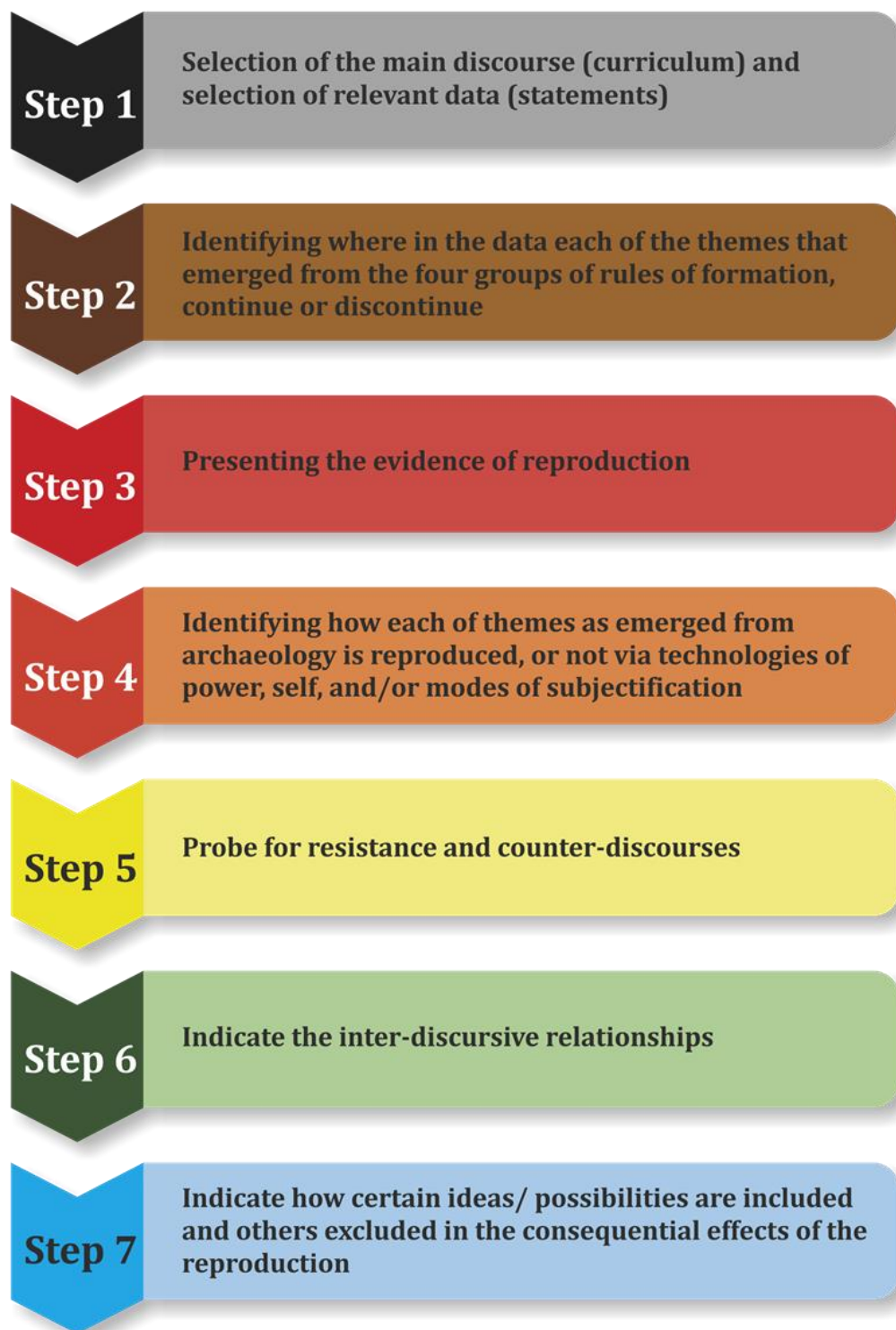


Figure 4.2. Flow diagram of steps followed in genealogy-analysis of a curriculum-as-discourse.

as the object of the study remains the student who is associated with the curriculum.⁴² Genealogy seeks to show how patterns of inclusion and exclusion as regimes of truth are systematically maintained and reproduced. In order to build a coherent bridge between archaeology and genealogy, the logical step, it seems, is to see where in the curriculum (as discourse in genealogy) the themes that were excavated in archaeology were either continued or discontinued. This was done by repeated readings of the genealogy data next to the completed archaeology-analysis. It was done systematically by starting with the themes that emerged from the formation of the object: the formation of enunciative modalities and the formation of concepts, followed by the formation of strategies.

During this process one can also search for gaps insofar as related aspects or objects are *not* spoken to. Carabine (2001, pp. 285) illustrates this step in her genealogy-analysis of unmarried motherhood during the period of 1830 to 1990. Within the context of the construction of the unmarried mother as 'immoral', the 'bastard child' was rarely mentioned in documents or in policy.

Step 3) Presenting the evidence of continuity (reproduction)/discontinuity

Once I had located in the genealogy data where a theme or themes from the archaeology-analysis continued or discontinued, I presented the evidence, including that from biographical accounts (Arribas-Ayllon & Walkerdine, 2008, p. 100). In the actual analysis, evidence presented was often interwoven with argument and/or the inter-discursive relationships in Step 6.

Step 4) Identifying how each of the themes as they emerged from the archaeology-analysis either is or is not reproduced via *technologies of power, self, and/or modes of subjectification*⁴³

Technologies are practical rationalities that are shared and used among a collective in maintaining and achieving a common understanding about others and the self, and are employed by people to construct certain knowledges as 'truth' (Foucault, 1988, p. 16). Rose (1999, p. 260), O'Farrell (2005, p. 158), Arribas-Ayllon and Walkerdine (2008, p. 101) and Carabine (2001, p. 288) refer to this part of the analysis as 'discursive strategies' that give a discourse importance and provide the impetus to construct the object/s in a certain manner. Expanding on Habermas' similar differentiations, Foucault describes four kinds of 'techniques' (which he later refers to as

⁴² Another object that may have emerged from archive may also be the patient who is constructed as the object of knowledge. However, in order to remain closer to the scope of the study, which is curriculum, the object that mostly emerges from curriculum archive is the student.

⁴³ Please refer here to Chapter 2, point 2.4.4. for an expanded discussion on these concepts.

'technologies') that operate as a practical rationality: firstly, technology of production and alteration (as would be applied in study of sciences); secondly, technology of sign systems (related to linguistic analyses); thirdly, technologies of power; and fourthly, technologies of the self (Foucault, 1988, p. 16; Foucault, 1997, p. 177). While technologies of domination more clearly demonstrate the discursive strategies used to create and/or maintain power over others, technologies of the self are referred to as "operations on their own bodies and souls, thought, conduct and way of being [...] in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality" (Foucault, 1988, p. 17).

During this step, I therefore identified *how* themes under each of the groups of rules of formation are reproduced. In order to identify the various technologies of power and the self, I again familiarised myself closely with Foucault's relevant readings on these concepts (as Schreurich and McKenzie, 2006, p. 859, methodologically recommend), with the focus on making detailed notes on the technologies of power, technologies of the self, as well the various techniques that ensue from them. I also focused again on the modes of subjectification (cf. 4.4.2.1. - understanding the concepts related to genealogy).⁴⁴ These readings were done repeatedly in order to construct a framework to identify and apply the various technologies and their associated techniques, as well as the modes of subjectification in relation to the data of the curriculum. I then drew up a grid of all the technologies, both of power and of self, as well as modes of subjectification that were kept aside during this part of the genealogy-analysis. (See Appendix C). Following are short descriptions and examples of each:

➤ **Technology of power:**

Technology of power has the main aim of shaping and regulating people's behaviour towards governing individuals or groups of individuals and often involves the objectification of such people (Foucault, 1997, pp. 177, 225). Examples of such types of techniques are: homogenising practices; the nature of supervision; practices that inculcate forms of civility/decorum/correctness and perspicaciousness that are put forward as taken-for-granted-insights; various practices of normalization and customs; and forms of examinations (Foucault, 2000, pp. 59; 70-71, 117; Foucault, 1984, pp. 183, 179-185; Rose, 1999, pp. 72-78).

⁴⁴ Though I have signalled the readings on which I drew directly for the technologies of power and self, these readings are not mutually exclusive from Foucault's and other readings within the conceptual frameworks presented in Chapter 2 and were done once the analysis of genealogy was carried out.

➤ **Technology of the self (the subject):**

Here I identified the techniques that both the individuals and the collective employ to achieve a state of “happiness, purity, wisdom, perfection, or immortality” (Foucault, 1997, p. 225). I therefore searched for ways in which the subject (the occupational therapy lecturer/expert) achieved these states using various practices of transformation or metamorphosis that involved the body, mind, soul, and entire way of being, either by their own accord or with the assistance of others. Such techniques entail practices that enable the subject (e.g. lecturer) to divide her/himself from the object (the student) or the subject from itself (Howarth, 2002, pp. 80-81), and are strongly undergirded by moralist rationalities. Examples include purification techniques; practices of self-reflection; self-repudiation and renunciation; and techniques of displaying suffering as a mode of self-punishment (Foucault, 1997, pp. 228, 238-249).

➤ **Identify modes of subjectification**

The questions I raised included: How can the subjects, following which practices, under which authority, and in which ways strive to regulate and master their own behaviour, configure themselves into ethical subjects and put themselves forward, as the ‘ideal’ occupational therapist, for example, by “recogniz[ing] their moral obligations” (Foucault, 1997, pp. 264-265)?

Step 5) Probe for resistances and counter-discourses

Foucault maintains that power cannot be exercised without the subject being ‘free’. I searched here for indications of counter discourses or resistance that either temporarily interrupted or attempted to disrupt the direction of the discourse - though not mutually exclusive of possible productive outcomes. These may also be referred to as ‘dislocatory’ events, during which tacit discursive frameworks are being brought to the surface to be recognised for their domineering qualities (Howarth & Stavrakakis, 2000, p. 13) .

Step 6) Indicate the inter-discursive relationships

During this part of the analysis one would attempt to show the knowledge-power intersections (Dreyfus & Rabinow, 1982, p. 120; Meadmore & Hatcher, 2000, p. 466), as well as intersections with previous themes and patterns of reproduction. For Foucault, analysing the power relations within a body of texts (statements) “involves investigating where and how, between whom, between what points, according to what processes, and with what effects, power is applied” (Foucault, 2007/1978, pp. 1-2; Koopman, 2013, p. 9).

Step 7) Indicate how certain ideas/possibilities are included and others excluded in the consequential effects of the reproduction

During this step, the material effects in terms of the notions/ideas that are preferred and made possible or are included are pointed out, as well as those that are excluded/barred. Having said this, however, many of the material effects refer back to the reproduction of themes that emerged from the archaeology-analysis.

Nevertheless, it must be iterated that these steps, especially from Step 3 onward, did not necessarily occur sequentially or linearly. At times they were interwoven and are therefore presented as such in the genealogy-analysis.

4.5. Trustworthiness and rigor in this research

Drawing upon Krefting, Klopper and Botma et al (2010/2016, pp. 230-235; Klopper, 2008, pp. 69-70; Krefting, 1991, p. 217), the following aspects (4.5.1. to 4.5.4.) of rigour (with the epistemological standards indicated in brackets) are relevant, and are supported by the associated strategies that were employed:

4.5.1. Credibility (Truth value)

4.5.1.1. Prolonged engagement

In terms of the context of the generation of the research question, I have been immersed in the struggle for transformation of higher education in South Africa since 2002. This gave me sufficient time to engender an understanding of the research question which emerged from real world questions both as lecturer and as a citizen of South Africa. I chose Foucault as a major theoretical framework once the research question was formalised. After reading widely both on his work and methodologies, I soon realised the perils of ‘cherry-picking’ concepts or lines of reasoning from Foucault’s work, and gradually became aware of the complexity of the archaeology-method followed by genealogy. I have been engaged with Foucault’s readings since 2012 in all three phases of his work.

Regarding the archaeology archive, I invested much time in reading through the archive/s many times over several months (since the study was conducted part-time). I also did so repeatedly over a period of time with lapses in between to ensure that the themes induced were consistent. With

regard to the genealogy, prolonged engagement was implicit in as much as I am part of the faculty which employs the curriculum that was referred to since the submission of the research protocol in 2012.

4.5.1.2. Reflexivity of the researcher

Being aware of the enhanced subjectivity due to being part of the curriculum that was being critically analysed, I first acknowledged and disclosed this position as researcher, after which I had regular reflexive sessions with my promoter and co-promoter. Many of the insights gained through these reflections have been shared with colleagues and students in scholarly discussions. These discussions, together with presentation of this work at national and international conferences over the years, met the criteria of *peer examination and group discussions*.

4.5.1.3. Triangulation

Triangulation was done in terms of method by applying both archaeology and genealogy methods to reveal the interplay between power, knowledge formation, truth and rationalizations in reproducing certain patterns of inclusion/exclusion.

Triangulation in terms of data sources was carried out in the archaeology-analysis by using multiple data sources that were generated in parallel at the same time, e.g. World Federation of Occupational Therapists (WFOT) Minimum Standards for Training Students, along with commemorative documents by training institutions, as well as the academic South African Occupational Therapy journal archive. With the genealogy-method, I also used multiple data sources which included an analysis of curriculum in terms of the formal, informal, null and hidden.

With reference to triangulation of theory, for the themes which emerged in the archaeology-analysis and the arguments for reproduction in the genealogy-analysis, I drew upon literature that was situated in critical theory as part of the conceptual framework, as well as the corpus of Foucault's work – the latter guiding both the construction of the method as well as its analyses. However, when I started analyzing the themes that emerged from the archaeology-analysis, it was inevitable that I had to include literature that spoke to epistemologies (which was not part of my initial conceptual framework), as these are intrinsically linked with knowledge formation and the

formation of the rules of concepts and strategies in archaeology. (I later included the concept of epistemology as an organising concept in my study.)

4.5.1.4. 'Negative case analysis'

When discrepant information was present in the analysis of the themes in archaeology, this was mentioned when the findings were discussed. With the genealogy-analysis, discussing the dis/continuation of themes from the archaeology-analysis is one of the methodological considerations of FDA, and those were therefore included.

4.5.2. Transferability (Applicability)

With regards to the extent that findings can be transferred the following considerations are relevant:

4.5.2.1. Selection of data sources

Data selection for the archaeology-analysis was done across the three contextual levels, from the international to the national and down to the local. With the formation of rules in archaeology, therefore, the findings derived could be transferred mainly to the South African context of the occupational therapy profession. The findings and arguments in terms of the genealogy were bound to a certain curriculum, although the historical context of the institution, that of a historically Afrikaans-medium university, could also be transferred to a certain extent to universities with a similar political history.

4.5.2.2. Saturation of data and thick, dense description of data

Saturation of the data was obtained in the early phases of archaeology-analysis by virtue of the volume and array of sources used. Multiple texts that supported the themes induced, were used. The method of archaeology included a thick and rich description of the data sources, their contexts and appearance. Concerning the use of textual data in the genealogy as evidence for arguments, saturation of data was obtained before the completion of the genealogy-analysis across the various dimensions of curriculum, though accounts from students as a source fell outside the scope of the study.

4.5.3. Dependability (Consistency)

4.5.3.1. Dependability audit and thick, dense description of methodology

I have given a detailed description of how data was selected, collected and categorised for both the archaeology and the genealogy analyses. As part of the methodology section of the study, I also provided a detailed description of the *steps* of reasoning followed in the construction of methods, as well as the steps followed in their analyses.

4.5.3.2. Triangulation and peer examination

As discussed under point 4.5.1., triangulation of method, data sources and theory were used to enhance the replicability of the study. The research data collection and analysis were scrutinised and discussed with my promoter and co-promoter. In addition, taking advantage of being in an academic environment, I made use of intellectual interlocutors, and presented sections of my study at conferences and seminars.

4.5.4. Confirmability ('Neutrality')

4.5.4.1. Confirmability audit

Since my position as researcher is emic, an etic position was alternated by constantly juxtaposing findings and observations to possible negative case analyses; the methodological underpinnings of the study; and triangulation obtained from literature related to the *theoretical frameworks* employed. This was done together with constant *reflexivity*, as discussed in 4.5.1., and in discussions with promoters and intellectual interlocutors, as stated in 4.5.3.

4.5.5. Meta-reflection on aspects of trustworthiness⁴⁵

These above-mentioned aspects are often seen as 'standard' measures toward rigor in qualitative research at medical faculties in the South African context (which occupational therapy is

⁴⁵ I gratefully acknowledge suggestions made by one of the external examiners of this thesis in the discipline of occupational science to question the taken-for-granted quality criteria under 4.5.

academically associated with). These aspects were required to be put forward and argued in the design of the research proposal. However, from a critical perspective, I am acknowledging that these 'measures' are strongly subject to the critique of their post-positivist origins (see e.g. Fine, 2006; Morse, 2018). For example, the notion of 'neutrality' are often masked behind claims of 'objectivity'; *vis-a-vis* doing critical work as an insider toward social justice means that one rather "wrestle[s] with objectivity" (Fine, 2006, p. 89) by engaging with one's subjectivities. As one a quality measure, I have critically interrogated these through-out the study as I have declared that my positionality form part of the motivation of doing this work (c.f. 1.9), but also by persistently assuming a critical posture through constant critical engagement with the theoretical frameworks underpinning this study (Fine, 2006, pp. 89-91, 93). A second quality measure as a meta-critical reflection, is strengthened by the very nature of this study being a historical deconstruction to unearth how and why certain ways of knowledge production came about to be viewed as dominant. By doing an archaeology analysis of the knowledge production of occupational therapy curriculum as discourse, an in-depth understanding about the contextually specific, may offer insight to how the rules of formation operate in general regarding curriculum-as-discourse (Fine, 2006, p. 92). By reframing a taken-for-granted one-dimensional view of curriculum to curriculum-as-discourse and its imbedded patterns of inclusion and exclusion, this study, may make an appeal on readers from various disciplines to "rethink and reimagine current arrangements" (Fine, 2006, p. 98; Greene 1995) about the historical narratives of occupational therapy and views about curriculum.

4.6. Ethical Considerations

Ethics in critical research is a belief and commitment to praxis—that upon encountering social conditions that are oppressive, it is the researcher's ethical and moral responsibility to transform contexts whenever possible to achieve or maximize greater equity and well-being among participants.

(Kincheloe, et al., 2018, p. 443)

With regard to the study as a whole and the critical theoretical paradigmatic posture that it required, I drew on aspects of the Singapore Statement on Research Integrity (Statement Drafting Committee, 2nd World Conference on Research Integrity, 2010) framework, together with the concept of critical ethics as outlined by Cannella and Lincoln (2018).

I agree with Cannella and Lincoln's statement that ethics may occupy the precarious position of being "a construct [that] is always and already essentializing" (Cannella & Lincoln, 2018, p. 176). As a health care worker, however, I also subscribe to the belief that when working with people who are vulnerable as a result of being sick, injured, or severely disabled, duty and consequential ethics remain a main point of departure for ethical reasoning. Nevertheless, when critically questioning the relations between knowledge, power and truth regimes that lead to systemic patterns of exclusion/inclusion and their reproduction, the discreet uber-authority of ethics that are designed to 'save' or 'protect' must be recognised as also carrying the inscriptions of the historical *a priori* weight of imperialism - of the moralist codes for gender norms, as well as being underscored by the neoliberalist imperatives of the economization of knowledge (Cannella & Lincoln, 2018, pp. 173, 181).

4.6.1. Honesty

Pertaining to the entire study and its location in the paradigmatic stance of critical theory, I lean toward to the concept of critical ethics as outlined by Cannella and Lincoln (2018, p. 177), which acknowledge and value the need to:

- *Expose the diversity of realities.*
- *Engage with the webs of interaction that construct problems in the ways that lead to power/privilege for particular groups.*
- *Reposition problems and decisions toward social justice.*
- *Join in solidarity with the traditionally oppressed to create new ways of functioning.*

Furthermore, this study deals with the ethics of attempting to grapple with the historical situatedness of knowledge generation and organization, power, and its irrevocable intertwinement with political context.

4.6.2. Accountability

Disclosing the existence and dynamic of reproductive mechanisms of exclusion within a curriculum is not an act of betrayal of a particular higher education system or of a profession, but rather an act aimed of solidarity in the quest for change. When this study reveals the rationalizations for unjust exclusions/inclusions, such a critique is not aimed at a specific group

of people, their identities or character, but sets out rather to show that we are all subject to, and complicit in, dominant discourses. The first line of action is to become conscious and aware, so that we know where to intercept and where consciously to question and dislocate in order to reconfigure discourse.

As an insider in the profession using this curriculum at a higher education institution, how can I render critique without a deep, reflexive awareness that I too form part of that reproductive system? Part of being accountable and of moving towards praxis that could bring about change may be to start doing 'self-criticalist' work, revealing my own historical *a priori* - all while correspondingly keeping in mind the dangers of assuming the self-imposed posture of a so-called 'transformative activist' (Cannella & Lincoln, 2018, pp. 184, 180).

4.6.3. Professional courtesy and fairness

For the two interviews I held with the experts and pioneers of the occupational therapy programme at a specific university, informed consent was obtained, in as much as the research question, purpose and methodology of the study were explained and discussed when the appointments were made for the interviews (see Appendices A1 and A2). However, in view of a utilitarian consideration, as well as the fact that the focus of the research is more on discourse and not individuals, professional courtesy and fairness were employed by allocating pseudonyms to the two colleagues who participated in the interviews. In the same vein, where possible, the higher education institution associated with the curriculum in the genealogy-analysis is generically referred to as 'a historically Afrikaans-medium university' or 'the historically Afrikaans-medium University'.

Since this study is registered in both the Faculty of Education and the Faculty of Health Sciences, the research proposal was subject then to two review processes; one in each of the faculties. Ethical clearance was obtained. (See Appendix A3, ECUFS no. 91/2012B).

4.7. Conclusion

This chapter provided an account of the methodology and methodological considerations for the study, the research design of which is grounded in the critical theory paradigm. The emerging nature of a qualitative type of research, coupled with my prolonged engagement in the study, led to adaptations of the initial methodology that I had proposed in 2012.

The construction of the methods used in this study is situated in a bricoleur type approach that is steered by a 'toolbox' approach of employing Foucault's work – meaning that the construction and the application of the research methods were informed not only by experience in various research methodologies but also by the judicious application of Foucauldian concepts. However, for me, though some eclectic room of movement was permissible in Foucauldian methods, it was important also to maintain theoretical integrity, and I took constant care to use concepts with accuracy. The concepts in Foucault's corpus of work were deployed in quite a fractal manner, which explains why many genealogy methods include aspects of archaeology. The interplay between these two phases in Foucauldian method was discussed by locating discourse and its morphological qualities as interface.

This study is therefore centred in a critical discourse theory that is underlain by Foucault's work in knowledge, power, truth regimes, subject positions and technologies of power and of the self, as well as modes of subjectification. The research contexts involve three domains: the macro-context of the historical origin of the profession in the Global North; the meso-context, being the origin of the profession at training institutions in South Africa; and the micro-context represented by the origin of an occupational therapy programme at a specific historically Afrikaans-medium university, which is also the source of the genealogy-analysis. My position as researcher is therefore emic as an occupational therapy graduate and member of faculty at the above-mentioned university, and a reflexive posture is important in maintaining the rigour and ethical standards of this study.

Archaeology and genealogy methods were constructed from Foucault's original work, as well as from existing methods by some scholars. A comprehensive account was provided on the development of the data collection and analysis of these two methods. In relation to the aim of the study, the object is demarcated as the occupational therapy student, though the patient could also be identified as the object from the archaeology archive, and that implicitly emerged from the themes induced. However, given the already sheer amount of data and breadth of analysis, the formation of the patient/learner/client as object may best be reserved for further study. In the genealogy-method, I chose not only to show how the object (student) was problematized but also how each of the themes that transpired from the archaeology-analysis either was or was not reproduced via the technologies of power and self and/or modes of subjectification.

Rigour of research was discussed by explaining how criteria were used to meet the aspects of trustworthiness, *viz.* credibility; transferability, dependability; and confirmability. These criteria

were fortified by epistemological standards - respectively by truth value, applicability, consistency, and neutrality. Ethical considerations for this study are seated in a critical theory perspective which holds that both context and the historical origin of asymmetrical power relations are undeniable. Therefore, an understanding of ethics as a potentially essentialized construct, with ethical imperatives that assume paternalist values of 'preservation' and 'protection' over the best argument, cannot be viewed without suspicion. This study is committed to praxis toward change and the cultivation of social justice, combined with the values of research integrity: of honesty, accountability, professional courtesy and fairness.⁴⁶ In the following chapter the presentation and discussion of the findings of the archaeology-analysis will be put forward.



⁴⁶ The Singapore Statement of Research Integrity includes a fourth principle, namely "good stewardship of research on behalf of others" (Statement Drafting Committee, 2nd World Conference on Research Integrity, 2010). I have not included this principle because of its paternalist/biblical slant.

Chapter 5 - The archaeology of occupational therapy in South Africa

In any discursive formation, one finds a specific relation between science and knowledge...[where] the hold of ideology over scientific discourse and the ideological functioning of the science are articulated...where science is articulated upon knowledge...structures certain of its objects, ...[where it is] certain of its enunciations, ...certain of its concepts and strategies, in so far as this development articulates knowledge, modifies it, and redistributes it on the one hand, and confirms it and gives it validity on the other...

(Foucault, 1969/2011, p. 204)

5.1. Introduction

In the previous chapter, the construction of the method for archaeology was presented and discussed. In this chapter, the findings of the archaeology-analysis are presented. This is done in order to answer the first objective (cf. 1.5.1.) relating to the main research question in Chapter 1 (cf. 1.4.). The findings are presented in two main sections. *Section A* speaks to the various archaeology data sources in terms of their source and context, as well as the structural surface of the text. The former describes the significance of the text in terms of its source, why the text was chosen, who the authors were, and its historical context. The latter gives an overview of what the physical text looks like in terms of its format and sub-format, what the main characteristics of the text are, as well as the symbols or pictures that are part of the text. Photographs of the front pages of the texts are included to give a visual context.

Section B of this chapter serves as the discussion of findings based on the four Foucauldian discursive regularities of an archaeology, as drawn from all of the data sources. These four aspects are (cf. 4.4.1.4.):

- a) the formation of the object;
- b) the formation of the enunciative modalities;
- c) the formation of concepts, and
- d) the formation of strategies that emerge as underlying theoretical themes, steering ideologies and perspectives regarding the future.

Section A

Presentation of Findings

5.2. Data sources, brief contexts and their structural surfaces

In this first section of the archaeology-analysis, each of the text categories is presented, identified and grouped in terms of unifying specifications. Four text categories are identified, namely:

- Historically commemorative documents relating to experiences of the beginning of occupational therapy programmes as well as of the professional association.
- Governing documents regarding occupational therapy knowledge.
- Historical documents written by academic experts.
- Articles and books related to the history and development of occupational therapy.

Following the identification of text categories, relevant documents were selected and grouped under each category. These served as the texts for the archaeology-analysis and are discussed with a brief description of their contexts and structural appearance. In addition, text sources in the first category, '*Historically commemorative documents relating to the experiences of the beginning of occupational therapy and of the professional association*', were augmented with data from two semi-structured interviews with people who were closely involved with the start of the occupational therapy programme at a specific historically Afrikaans-medium university in South Africa. Table 5.1 presents a list of the selected documents in each category, as well as reference to the semi-structured interviews.

Table 5.1. List of data sources used for the archaeology-analysis.

Text Category	Historical documents relating to experiences of the beginning of occupational therapy programmes and of the professional association (5.2.1)
Document title	Commemorative document of the 50th anniversary (1943-1993), of the first South African occupational therapy programme at a historically English-medium university
	"The first 30 years. A short history of the growth of the South African Association of Occupational Therapists 1945-1975"
	Commemorative document (1976-1986) of the 10th anniversary of the occupational therapy programme at the historically Afrikaans-medium University
	Lecture material: "Description of Occupational Therapy as Health Care Service. A short history of the establishment and development of the profession in South Africa"

Additional sources	Semi-structured interviews with Robert Douglas – Head of Department 1977-2004, and Joyce Oosthuizen – Lecturer 1976-1980
Text category	Governing documents regarding occupational therapy knowledge (5.2.2)
Document title	“Government Gazette, 3 December 1976. The South African Medical and Dental Council” “The World Federation of Occupational Therapists: 1952–1967” “A Chronicle of the World Federation of Occupational Therapists, Parts 1: 1952-1982 & Part 2:1982-1992”
Text category	Historical documents written by academic experts (5.2.3)
Description of document titles	The South African Journal of Occupational Therapy (SAJOT) archive 1953-1994, with specific focus on the annual Vona du Toit memorial lectures from 1976
In addition, to augment the above archaeology-analysis, I made use of various articles and books relating to the history and development of occupational therapy on an international level with the focus partly on the USA and Canada but mostly on the UK since the occupational therapists who established the programme in SA were sent from the UK. I also enhanced the archaeology-analysis with the published literature on the origin of occupational therapy in SA, e.g. Dart (1963) and Crouch (2016).	

5.2.1. Historical documents relating to experiences of the beginning of occupational therapy programmes as well as the professional association:

Four documents were selected for analysis in this category. They were chosen for the following reasons, some of which resemble similar reasons given before:

- They represent savoir – the conditions of possibility for the formal knowledge (connaissance) of occupational therapy curriculum. They are statements or “serious speech acts” (Dreyfus & Rabinow, 1982, p. 48) in as much as they offer “...fiction, reflexion, narrative accounts,... and political decisions” (Foucault, 1969/2011, p. 202) about the occupational therapy knowledge that eventually became formalised in the curricula at higher education institutions in South Africa.
- They give a direct account of what was valued as commemorative or important during the inception of the first occupational therapy programme in South Africa, as well as at a historically Afrikaans-medium South African university, the current curriculum of which was used in the genealogy-analysis.
- They provide direct historical accounts and context of the formation of the discursive regularities of an archaeology. These are: the occupational therapy student as *object of*

formation, and the associated *formation of enunciative modalities*. An example of the latter is lecture material specifically describing the ideal characteristics of occupational therapy students, as well as which universities admitted which race or language groups of students. This set of documents also provides a context for the *formation of concepts* and *formation of strategies*.

These documents' unifying specifications are:

- They are in their original formats and represent 'serious speech acts'.
- They are subjective in their accounts.
- They all relate to the start and importance of a particular occupational therapy programme and/or occupational therapy as a whole in South Africa.

5.2.1.1. Commemorative document of the 50th anniversary (1943-1993), of the first South African occupational therapy programme at an English-medium university

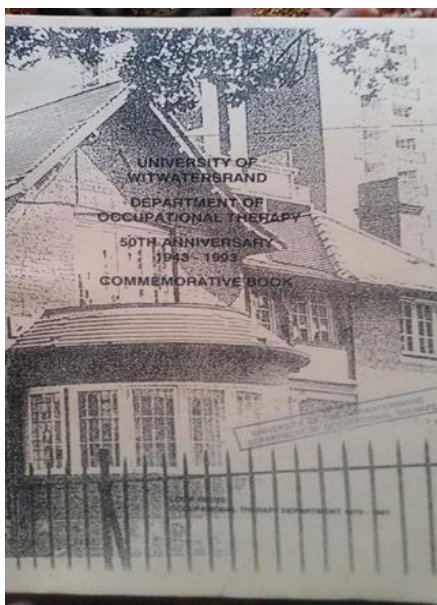


Figure 5.1. *Commemorative document of the 50th anniversary (1943-1993), of the first South African occupational therapy programme at an English-medium university (Franzsen, 1993, pp. 1-35).*

Data source and context

This data source was chosen as it captures to a certain extent the training activity across the first 50 years of occupational therapy in South Africa. One of the lecturers employed at the university at that time compiled the document in 1993. Its purpose was to commemorate the development of the department over the years. The contributions were made by various alumni and the book biographically tracks and documents the development of the first South African occupational therapy department.

The historical record shows that the founding of the department was led by two delegates who arrived from England in 1942. They brought with them the equipment and textbooks necessary

to set up an occupational therapy department. The need to create such a department at this university was spurred by two factors. One was that it was at the height of World War II and faculty had felt the positive effect of implementing a B.Sc. Physiotherapy course a couple of years before. However, a significant event involved a group of female medical students in collaboration with the Dean of the Medical Faculty, Prof Raymond Dart. The students began an 'Occupational Therapy Society' after a few of them had taught hundreds of patients in the so-called Non-European Hospital how to knit. The patients initially knitted garments needed by "soldiers, sailors and airmen" (Dart, 1963, p. 5) but later, due to internal fundraising for wool, could also knit garments for themselves (Dart, 1963; Tobias, 1982, p. 7-8).

Miss M. Crousaz and Miss I. McArthur were recruited under the auspices of the Red Cross to lead the first occupational therapy training programme at a historically English-medium university (Crouch, 2016, p. 27; Davy, 2003). This commemorative document from the first training institution in SA starts with a well-known narrative telling how the ship that was carrying these British pioneering women was caught in a storm on its way to Cape Point and sank. While their lives were saved, all apparatus and kit were lost at sea. Clearly determined, these women arrived at this University some nine months later. There they relied both on their institutional experience and on resources from the immediate environment, including the adjunct Johannesburg General Hospital (Franzsen, 1993, p. ii). The ingenuity and tenacity of these women is reflected in the following words from the text as one of the first students recalled:

According to Joan Davy the two lecturers who came out to start the course and clinical department, Mrs M Crouzas and Miss J McArthur, left the U.K. sometime early in 1943, but were torpedoed en route to the Cape and ended up in Freetown [Sierra Leone]. They lost everything – textbooks, equipment, samples as well as their personal belongings. They finally arrived in Johannesburg sometime towards the end of 1943. It was the first time the first group of students met their lecturers. The war was still in progress so importing textbooks and equipment to replace what they had lost was out of the question, and I am not at all sure where the first equipment came from but I do remember the University and hospital carpentry workshops were most co-operative and helpful.

(Franzsen, 1993, p. ii)

Structural surface of the text

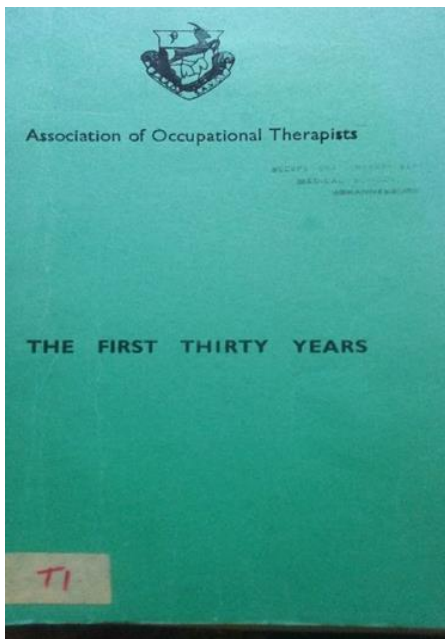
In its format, the document is informally bound and seemingly copied from an original version. The sub-format consists of a welcoming word by the head of department in 1993, and the document is further organised into sections on five decades. These consist of contributions in the

form of vignettes that were provided by various alumni over a period of 50 years, as well as pictures. The contributions are colloquial, though some give an organised account of their experiences – grouping them per year. Some pictures are less clear, because the copies are in black and white. One of the pictures in the section from 1943-1953 shows a banner in front of the department saying “Occupational Therapy – Treatment of the Future”. In the 1953-1963 section, there is also a picture of Rag (traditionally referred to ‘Raise and Give’ university student organizations). During this event, the occupational therapy students engaged as a department and ‘advertised’ the profession. (Early participation in Rag meant that the various departments were represented by their students. Current practices are often grouped under the various student residences serving as representative groups.) Noticeably, all of the pictures feature white women as staff, with the exception of one white male in the section for 1973-1983 who at one stage was the head of department. Pictures show social activities such as Rag, as well as students engaging with patients of all races (1963-1973). Other artefacts include a letter in the section from 1953-1963 encouraging students to become part of the South African Association of Occupational Therapy, as well as a subscription to the International Journal for Paraplegics. The following contribution tells about an experience as a student in 1946:

I did not enjoy visiting patients in the wards, where we were looked on as an unnecessary evil. I remember the sister of Ward 4, the private ward, who was an absolute tyrant and to be avoided at all costs. Then there was the sister of the Professional Surgical ward, also a harridan. All in all, we had to fight to get any sort of recognition from most of the doctors, who thought of us being useful to keep bored patients busy, but unwilling to recognise that O.T. really could play a valuable role

(Franzsen, 1993, p. 6)

5.2.1.2. "The first 30 years. A short history of the growth of the South African Association of Occupational Therapists 1945-1975"



Data source and context

This text was selected as it gives valuable background information for present-day occupational therapists on the proceedings and agendas covered by the South African Association of Occupational Therapy's (SAAOT) annual, and later on of more regular meetings. It was compiled in 1975 by one of the first South African occupational therapists, Joan Davy, with a view to creating an archive of the association's early days. This document, though not primary *per se*, serves as a summary based on the author's personal memory, as well as archival material (Davy, 1975, p. i) and reviews the SAAOT's proceedings for the period of its

Figure 5.2. *The first 30 Years. A Short History of the growth of the South African Association of Occupational Therapists 1945-1975 (Davy, 1975).*

Inception that is from 1945 until 1975. It is a valuable source for understanding the association's development, its constituents and points of discussion during the first thirty years of its existence. The text was augmented by a reading entitled "OTASA: a Remarkable Story", edited by Rosemary Crouch (2016) and published in 2016. One entry, dated 1946, highlights two milestones on the road to attaining legitimacy as a profession as one of the points of discussion and historical context:

The Association was officially recognised by the Medical and Dental Council as the professional organisation representing all the O.T.s [occupational therapists] in South Africa and the O.T.T.s [occupational therapy technicians] were then eligible for registration as a Medical Auxiliary (the term Paramedical was not used until much later). The course at Wits was also recognised by the M. & D.C. [Medical and Dental Council].

(Davy, 1975, p. 2)

Structural surface of the text

The document is organised by year from 1945 to 1975, with the subheadings of meetings such as: 'who is present', 'what was discussed', and 'decisions made'. It was typewritten and stapled together with the symbol of the association on the front cover: a Springbuck (one of South Africa's national emblems) in a typical leaping position spanning a basic map of all the South African provinces at that time. The content further records the chairpersons and vice-chairpersons of each meeting, guest-speakers, the amounts of money that were in the account, the number of members of the association, and the main points of discussion for each meeting. The establishment of the profession across the country, as well as the poor remuneration scales, are recurring topics throughout the text. An example of the concerns raised on these two salient discussion points are:

1949:

O.T. Posts

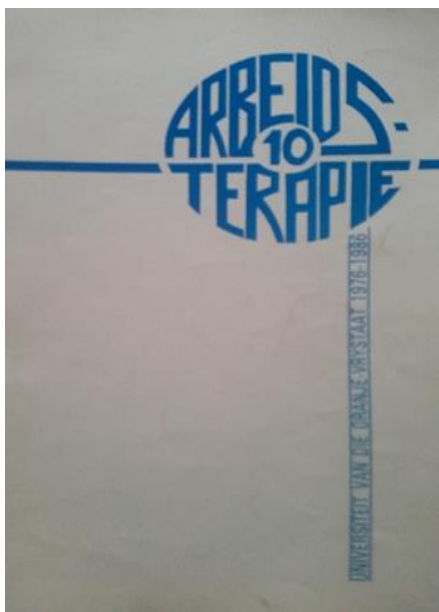
The result of representation to State Health Department, O.T. posts were created at Wes Koppies, Sterkfontein and Wentworth T.B. hospital. Salary scales, however, were still below Provincial scales.

[And later as summary:]

These early years reflect the constant concern of the S.A.A.O.T. of the need to inform employing bodies on the need for O.T. in their medical services, and for the improvement of salaries.

(Davy, 1975, pp. 5, 6)

5.2.1.3. Commemorative document (1976-1986) of the 10th anniversary of the occupational therapy programme at the historically Afrikaans-medium University



Data source and context

This document was selected as it is akin to the commemorative document of the first occupational therapy programme in SA. It also seems to have been collectively compiled (as no single author was indicated) to commemorate the department's 10-year anniversary. It was also chosen as it provided some historical context for the curriculum-as-discourse at the specific historically Afrikaans-medium University that is genealogically analysed. Specific authors are included in the booklet's introduction with a foreword and short CV by the head of department.

Figure 5.3. *Commemorative document (1976-1986) of the 10th anniversary of the occupational therapy programme at the historically Afrikaans-medium University (UOVS, 1986, pp. 1-32).*

The foreword gives some historical background, and is followed with a reminiscence by an occupational therapist who had advocated for an occupational therapy department to be started at this university. The main rationale was the scarcity of occupational therapists in this particular province. Contained in the booklet is a foreword by the Dean of the medical faculty, in which he congratulates the department on their 10-year existence. He also suggests that much of the value of occupational therapy lay in its expertise in community-based practice – something that was realised 20 years later. His message includes the following:

Daar bestaan by my geen twyfel dat die bydrae van lede van u professie tot die verhoging in die kwaliteit van lewe van ons fisies en geestelik minderbevoorregte mense in die toekoms meer en meer belangrik gaan wees. Na my mening sal hierdie rehabilitasie-aksies toenemend na die gemeenskap uitgedra moet word.

//

I have no doubt that the contribution of the members of your profession leads to increased quality of life of our physically and mentally underprivileged people will become more and more important in future. In my view, these rehabilitation actions will have to increasingly be carried out in the community itself.

(UOVS, 1986, p. 3)

Structural surface of the text

In its format the document is in Afrikaans in its entirety, including the advertisements of what seems to be the financial sponsors of the booklet. Some of the sponsors who advertised referred to their relevance to occupational therapy, for example companies which distributed assistive devices, but also glass companies and those that provided material for training of occupational therapy students. Besides the professional appearance of the booklet, it included pictures similar to those of the previous commemorative document. These showed students participating in sports such as swimming as part of the curriculum, as well as social activities. As with the previous document, all the students and lecturers shown in the photos were white and female, with the exception of one of the white male lecturers, who was also a head of department at that time. These images, together with reminiscent quotes by alumni, are light-hearted, humorous and seemingly non-specific in their descriptions. The document also outlines how the number of students had grown over the decade, with a section, 'external liaison', which describes who and when people visited the department as external examiners from other universities in the country. The document further describes, in annual progression, the number of students who graduated, who obtained their degrees *cum laude* and other academic accolades, who participated in academic events, including presenting papers at conferences, the implementation of a Master's programme, how the clinical platform at various hospitals, schools and care centres developed, and the type of research projects that were embarked upon (UOVS, 1986, pp. 10-11). The following excerpt illustrates some of the content of this booklet as well as its political context:

1982:

Mej. A. Prinsloo het die tweede prys ontvang vir haar referaat: "n Ondersoek om vas te stel hoe toeganklik die swart mense se huise in die onmiddellike omgewing van Pelenomi-hospitaal is vir rolstoel, en moontlike realistiese oplossings vir die probleme."

//

Miss. A. Prinsloo received the second prize for her paper: "An investigation to determine how accessible the black people's homes are in the immediate

vicinity of Pelenomi hospital for wheelchairs, and possible realistic solutions to the problems."

[And]

Vir die eerste keer het 'n gekwalifiseerde arbeidsterapeut deelgeneem aan die ope afdeling van die Jaardag, naamlik mev. I. Roux. Sy het baie lof ontvang vir haar referaat: "Die evaluering van die visueel-perseptuele vermoë van sotho-kinders (sic) te Bloemfontein."

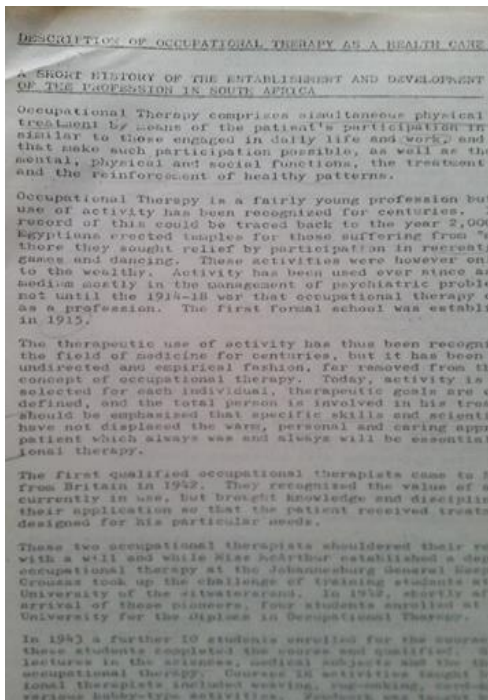
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For the first time, a qualified occupational therapist participated in the open category of the Yearday [institutional research forum], namely Mrs. I. Roux. She received a great deal of praise for her paper: "The evaluation of the visual perceptual ability of sotho (sic) children in Bloemfontein."

(UOVS, 1986, p. 10)

While some alumni in the previous commemorative document alluded to the political tensions during the apartheid years in their accounts as students, there were no references in this document to the actual political context of that time. This was notwithstanding that the department was established in the same year as the Soweto student uprising, or that resistance movements culminated in the declaration of a nationwide state of emergency in 1986 (Thompson, 2014, pp. 250-287 Kinle loc.). Perhaps this is an illustration of Said's critique of professionals who are politically blinded and critically deafened by the "cult of professionalism" (See Giroux's essay on Edward Said - (Giroux, 2004, p. 344), or, as Hussein (2004) refers to it, a "quasi religious quietism and its self-inflicted amnesia about serious socio-political issues" (Hussein cited in Giroux, 2004, p. 344).

5.2.1.4. Lecture material: “Description of Occupational Therapy as Health Care Service. A short history of the establishment and development of the profession in South Africa”



Data source and context

This 21-page typed text was found in the literal archive (storeroom) of the particular historically Afrikaans-medium University department, along with other documents about occupational therapy and activities. These were grouped together as lecture material and were coupled with several assignments by students who used the set of notes as reference. It can be inferred that these notes were compiled by an authoritative figure, as they are formulated in professional language, comprehensive in their content and accurate (when compared with other original sources). The name of the writer is not known.

Figure 5.4. *Description of Occupational Therapy as Health Care Service. A short history of the establishment and development of the profession in South Africa* (Unknown, 1977, pp. 1-21).

It can be further inferred from the references made to events in the document, such as “a 7th [training institution] to be opened in 1980” (p. 6) and the latest date of a regulation document being referred to as 1978, that this lecture material dates from approximately 1978-79 (the Department of Occupational Therapy at the historically Afrikaans-medium University commenced in 1976). I chose it as archive even though the author was unknown as I saw it as an important part of the curriculum-as-discourse – of what was taught to students as foundational knowledge regarding the structure and knowledge base of the profession. In this regard Foucault (1969/2011, p. 131) maintains that statements can be viewed as archive when they belong to the same discursive formation, in this case the discursive formation being the curriculum.

This document stands out in as much as it gives a clear overview of the history of occupational therapy as it would appear to a new occupational therapy student at that time (and therefore how it is viewed as an important speech act) - what its undergirding philosophy and purpose were, as

well as where it could be studied, in the context of apartheid at that time. The following excerpt is from the first page giving a short history of the profession in South Africa:

Occupational Therapy is a fairly young profession but the therapeutic use of activity has been recognized for centuries. In fact, the first record of this could be traced back to the year 2,000 BC when Egyptians erected temples for those suffering from "melancholia", there they sought relief by participation in recreation, gardening, games and dancing. These activities were only available to the wealthy. Activity has been used ever since as treatment medium mostly in the management of psychiatric problems. It was not until the 1914-1918 war that occupational therapy crystalized as a profession. The first formal school was established in Chicago in 1915.

(Unknown, 1977, p. 2)

Structural surface of the text

In its format this document is typed, with its main title being: "Description of Occupational Therapy as a Health Care Service". The pages are stapled together. The text is written in English, using professional terms characteristic of occupational therapy. Subtopics include:

- "A Short History of the Establishment and Development of the Profession in South Africa";
- "Aims and Functions of the Profession";
- "Qualifications Required to Practice the Profession";
- "Training Facilities and Possibilities" in which it outlines which universities offer training to which race/s of students and in which language/s;
- "Professional Control", which sketches the constitution of SAAOT; and
- "Availability of Services" where all the various areas and possible institutions where occupational therapists may deliver a service.

This document is descriptive and informative insofar as it gives a historical overview of the profession, where it can be studied, and its scope of practice 'professional standards'. There is however no evidence of critiquing inclusionary measures that it is part of, but rather presents these as 'normal'.

5.2.1.5. Semi-structured interviews with Robert Douglas – Head of Department 1977-2004, and Joyce Oosthuizen – Lecturer 1976-1980

Data source and context

Two interviews were held as augmentation to the archaeology-analysis of occupational therapy in South Africa. Both participants played a seminal role in the implementation of a curriculum at a particular historically Afrikaans-medium university. 'Mr Douglas' was purposefully selected to be interviewed because of his long standing in the institution, starting with his appointment as head of department a year after its inception. He filled this position for 28 years, with an additional two years as a lecturer before he retired. Mr Douglas is English-speaking and for the whole of his career was the only male both among the occupational therapy staff members and in the cadre of the rest of the allied health professions at that university.

Ms Oosthuizen was also purposefully approached for an interview because she was one of the first senior lecturers to be appointed at the specific occupational therapy department. She taught from 1976 to 1980, after which she accepted the position as head of department at another university. She is regarded as a respected scholar in the occupational therapy community. Now retired, she has been appointed as affiliated professor at one of the universities. It is notable that both interviewees' first language was English, though they were appointed at an Afrikaans-medium university where they taught in Afrikaans.

The interviews took place during 2016 on separate occasions and different geographical locations. They were held at the private residences of the persons, with the main focus on obtaining and corroborating factual events but also exploring context in relation to the beginnings of the department and the curriculum at the historically Afrikaans-medium University. I also wanted to see if I could trace any discontinuities in the history which could have had an influence on how the content of curriculum was constructed. The interviews included questions on the origin of the department and the curriculum, as well as questions that related to the rules of formation in archaeology (cf. 4.4.1.4.). One theme that was striking in both interviews was the prevalence of the patriarchal society, for example: "It was a very paternalistic environment for occupational therapy, especially in South Africa and discretion [*vis-à-vis* critique] was viewed as the biggest valour" (Mr Douglas, 2016). Both Mr Douglas and Ms Oosthuizen pointed out also that the content of the curriculum was chosen and constructed with the purpose of registration at the relevant authorities. Mr Douglas explained that it was important to have external examiners from other universities as part of quality assurance of the curriculum (as referred to in the historically Afrikaans-medium University commemorative document) for that purpose.

5.2.2. Governing documents regarding occupational therapy knowledge

Three documents were selected for analysis under this category. They were chosen for the following reasons:

- They represent savoir – the conditions of possibility for the formal knowledge (connaissance) of occupational therapy curriculum. They are statements or “serious speech acts” (Dreyfus & Rabinow, 1982, p. 48) in as much as they offer “...reflexion, narrative accounts, institutional regulations and political decisions” (Foucault, 1969/2011, p. 202) about the occupational therapy knowledge that eventually became formalised on an international (by the World Federation of Occupational Therapists) and national level (in the SA Government Gazette represented by the South African Medical and Dental Council). This set of texts is significant because it is prescriptive regarding the knowledge (O’Farrell, 2005, p. 47) of occupational therapy.
- They represent national and international regulatory bodies which determine the minimum standards for educating occupational therapy students and the ethical code of occupational therapy professionals (the definition and scope of the profession).
- They provide context for the formation of concepts and strategies but also for the formation of the ideal type of occupational therapist representing the profession, as well as the formation of enunciative modalities: who were the legitimate speakers and from where were they drawn.

These documents’ unifying specification are:

- The documents are by themselves an account of “serious speech acts” (Dreyfus & Rabinow, 1982, p. 48) that carried regulatory/governing weight about the knowledge of occupational therapy.
- The contents of these documents did not involve the input of a single author, but instead were (co)constructed by a group who represented national and/or international regulatory bodies of the profession.
- All these documents relate to specific events in the process by which occupational therapy knowledge became formalised (Howarth, 2002, p. 59) or was ‘epistemologised’ (Foucault, 1969/2011, p. 207).

5.2.2.1. "Government Gazette, 3 December 1976. The South African Medical and Dental Council"

No. R. 2287 3 December 1976 THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL	No. R. 2287 3 Desember 1976 DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD
<p>The Minister of Health, on the recommendation of the South African Medical and Dental Council, hereby makes the following regulations in terms of section 15 (5) and section 61 (1) (a) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), in substitution for the regulations published under Government notice R. 1761 dated 4 October 1974:</p> <p>REGULATIONS RELATING TO THE CONSTITUTION, FUNCTIONS, POWERS AND DUTIES OF THE PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY.</p> <p>The regulations are divided into chapters, which relate to the following matters respectively:</p> <p>Chapter I.—Composition of the Professional Board Chapter II.—Powers of the Professional Board Chapter III.—Functions and Duties of the Professional Board.</p>	<p>Die Minister van Gesondheid vaardig hierby, op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, die volgende regulasies uit kragten artikel 15 (5) en artikel 61 (1) (a) van die Wet op Geneesburo, Tandartsie en Aanvullende Gesondheidsdiensbeproepe, 1974 (Wet 56 van 1974), ter vervanging van die regulasies afgekondig by Governementskennisgewing R. 1761 van 4 Oktober 1974:</p> <p>REGULASIES BETREFFENDE DIE SAMESTELLING, WERKSAAMHEIDE, BEVOEGHEDHE EN PLEKTE VAN DIE BEROEPSRAAD VIR ARBEIDSTERAPIE.</p> <p>Die regulasies is verdeel in hoofstukke wat betrekking het op onderskeidelik die volgende aangeleenthede:</p> <p>Hoofstuk I.—Samestelling van die Beroepsraad. Hoofstuk II.—Bevoeghede van die Beroepsraad. Hoofstuk III.—Werksaamhede en pligte van die Beroepsraad.</p>
<p>DEFINITIONS</p> <p>1. In these regulations—</p> <p>"professional board" means the Professional Board for Occupational Therapy established under Proclamation 145 of 1973;</p> <p>"council" means the South African Medical and Dental Council.</p>	<p>WOORDOMSKRYPWING</p> <p>1. In hierdie regulasies beteken—</p> <p>"beroepsraad" die Beroepsraad vir Arbeidsterapie ingevolge Proklamasie 145 van 1973 ingesluit;</p> <p>"raad" die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad.</p>
<p>I. CONSTITUTION OF THE PROFESSIONAL BOARD</p> <p>2. The professional board shall consist of seven members and shall comprise—</p> <p>(1) one person, designated by the council, who shall be a member of the council;</p> <p>(2) five persons elected by the persons whose names appear on the register of occupational therapists kept under section 32 of the Act; such election shall be conducted by the council and members shall be elected for a period of five years, at the end of which period they shall vacate office; provided that such members shall be eligible for re-election;</p> <p>(3) one person, designated by the council, who shall be a medical practitioner or dentist and who shall have special knowledge of occupational therapy.</p> <p>3. (1) A member of the professional board shall vacate office—</p> <p>(a) if he becomes insolvent or assigns his estate for the benefit of, or compounds with, his creditors; or</p> <p>(b) if he is absent from more than two consecutive ordinary meetings of the professional board without the professional board's leave; or</p> <p>(c) if he has been disqualified under the Act from practising his profession; or</p> <p>(d) if as an elected member he notifies his resignation, in writing, to the professional board; or</p> <p>(e) if as a designated member he ceases to be eligible for designation or gives notice, in writing, to the council of his desire to resign office and his resignation is accepted.</p> <p>(2) Every such vacancy and every vacancy caused by the death of a member shall be filled by designation or election according as the member vacating office was designated or elected, and every member so designated or elected shall hold office only for the unexpired portion of that period for which the member vacating such office was designated or elected.</p>	<p>1. SAMESTELLING VAN DIE BEROEPSRAAD</p> <p>2. Die beroepsraad bestaan uit sewe lede en word soos volg saamgestel:</p> <p>(1) Een persoon deur die raad aangewys wat lid van die raad is;</p> <p>(2) vyf persone verkies deur die persone wie se name verskyn op die register van arbeidsterapeute wat ingesluit is op die Wet gebou sowel, sadertige verkiesing word deur die raad gebou en lede word verkies vir 'n tydperk van vyf jaar, na verloop van welke tydperk lede hulde amp oortruim. Met diesu verkiesing die oortruim lede herkiesbaar is;</p> <p>(3) een persoon deur die raad aangewys wat 'n geneesheer of tandarts is en wat besondere kennis van arbeidsterapie het;</p>

Figure 5.5. Government Gazette of South Africa, 3 December 1976. "The South African Medical and Dental Council" (Government Gazette of South Africa, 1976, pp. 109-122).

It was also selected because of its significance in the background to the South African Medical and Dental Council (today known as the Health Professions Council of South Africa). In 1973 it became compulsory for all 'Para-medicals' to register with this council. This was after several such requests from the South African Association of Occupational Therapists had been put forward for quality assurance; it was regularly noted in this organization's minutes that a problem was created by unqualified citizens who pretended to be occupational therapists in order to be employed as such (Davy, 1975, p. 26). This document covers the scope of the profession, the underlying theoretical themes, as well as the type of skills and knowledge that were expected of an occupational therapist. The following is an excerpt showing the formalization of the scope of the profession in this historical context:

1) In these regulations, unless the context otherwise indicates, "activity" means man's use of his mental and physical ability, his time, energy, interest and attention to pre-determined objectives, such activities being solely those

Data source and context

This document forms part of the "No. 5349, GOVERNMENT GAZETTE, 3 DECEMBER 1976". The Government Gazette of South Africa is regarded as an official mode of communication from the government to the public. When literally translated from the Afrikaans term *Staatskoerant*, it means 'government newspaper'. It is important in as much as it published the regulations of the Professional Board for Occupational Therapy, the so-called ethical rules for professional practice, and more specifically the scope of occupational therapy.

engaged in the community for purposes other than treatment, having a concrete or abstract end-product. These activities comprise-

2) activities involving hygiene, grooming, dressing, eating, mobility, wheelchair dexterity, travel and communication, in order to encourage self-care, self-management and personal independence;

3) work activities representative of fields of employment: Artistic – agricultural – persuasive – constructional – mechanical – clerical – manual labour – service – domestic – operative;

4) recreation activities which may be classified as follows: Sports and games; social activities; creative pursuits; intellectual activities; collecting; spectatorship; activities relating to plants, animals and machinery;

5) children's play activities

(Government Gazette of South Africa, 1976)

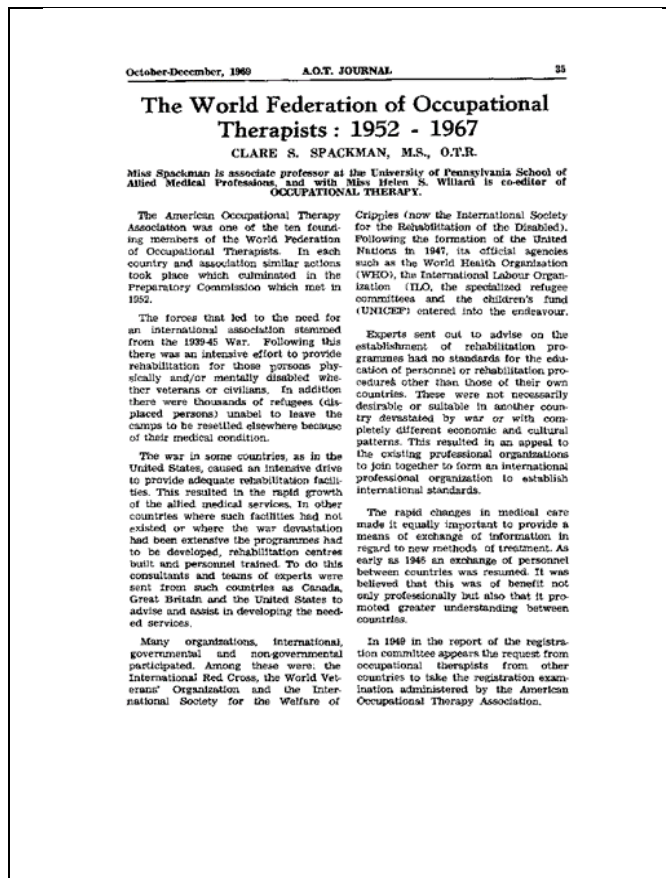
Structural surface of the text

The Government Gazette's format covers the scope of practice and entails four pages that are written in Afrikaans and English laid out next to each other in column layout. This section of the Government Gazette (pp. 118 to 122) specifically relates to one of the subsections of the "SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL" (Government Gazette of South Africa, 1976, p. 118). The subsection is entitled "DEFINING THE SCOPE OF THE PROFESSION OF OCCUPATIONAL THERAPY", and is very detailed in its clarification of the concepts of 'activity', 'work', 'recreational activities' and 'children's play activities'. It proceeds by describing again quite comprehensively the scope of the fields in which treatments and assessments may be performed, the types of programmes that can be employed, the various therapeutic purposes of activities, and the use of various techniques and procedures. This document is quite demonstrative in the wide ontological scope it straddles, as the following excerpt illustrates:

These acts comprise simultaneous physical and mental treatment by means of the patient's participation in activities similar to those engaged in daily life and work, and by techniques that make such participation possible, as well as the assessment of mental, physical and social functions, the treatment of dysfunction and the reinforcement of healthy patterns. Methods of treatment are based on the application of physiological, psychodynamic and education principles, the aim being to assist...where possible, to aid the individual's reintegration into the community.

(Government Gazette of South Africa, 1976, p. 119)

5.2.2.2. The World Federation of Occupational Therapists: 1952–1967 (Spackman, 1969)



Data source and context

The initial *Minimum Educational Standards* for occupational therapists were laid down by WFOT in 1952 (South Africa being one of the co-founders). The document was selected because it was adopted from its inception by universities in South Africa, and was therefore significant and important. After the compilation of an augmented document to assist tertiary institutions in developing occupational therapy programmes, *Education of the Occupational Therapist* was published in 1966.

Figure 5.6. *The World Federation of Occupational Therapists: 1952–1967 (Spackman, 1969).*

The document was revised in 1971 and again in 1984 to incorporate changes in medical practice as well as in occupational therapy practice and terminology. In 1991, the minimum standards remained mostly the same, except for being less prescriptive. The *Revised Minimum Standards for the Education of Occupational Therapists* was published in 2002, and again changed little of the core content. It aimed to meet the need for more particular guidance on the development and quality assurance of a new programme, as well as contextual content (WFOT, 2002, p. 2). A third revised version was published in July 2016 (WFOT, 2016a). The minimum standards of education would also signify the type of knowledge, skills and attitude that an occupational therapist should have. The first Vice-president of WFOT in 1974 was Vona du Toit. She was a 'legendary' figure in the history of occupational therapy in South Africa, for her leadership and innovation in developing conceptual frameworks for occupational therapy, which also formed part of WFOT. The following are some excerpts taking into account this historical context:

The war in some countries, as in the United States, caused an intensive drive to provide adequate rehabilitation facilities. This resulted in the rapid growth of the allied medical services...

Experts sent out to advise on the establishment of rehabilitation programmes had no standards for the education of personnel or rehabilitation procedures other than those of their own countries. These were not necessarily desirable or suitable in another country devastated by war or with completely different economic and cultural patterns. This resulted... join[ing] together to form an international organization to establish international standards.

(Spackman, 1969, p. 35)

Structural surface of the text

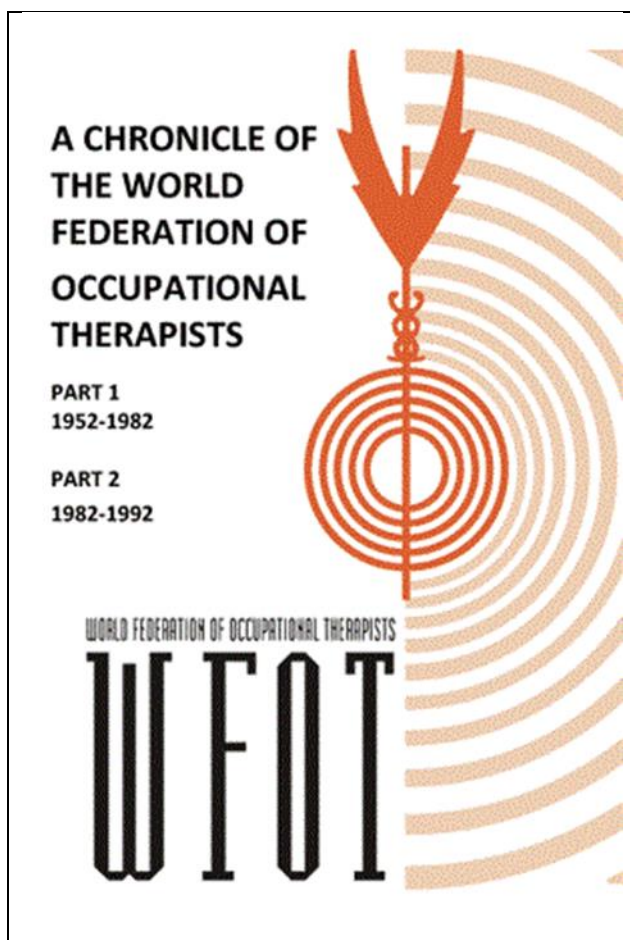
This article, entitled “WFOT 1952-1969”, was published in 1969 by Spackman. It was in plain format giving details of individuals and key role players (representatives from countries who were present) from the founding of the organization in 1952. It then gives an outline of the initial:

- *Minimum Educational Standards;*
- *Qualifications of Member Associations;*
- *Duties and Responsibilities of members;*
- *Resolution;*
- *A Code of Ethics, Functions of Occupational Therapy;*
- *Additional Objectives; and*
- *Office Bearers*

(Spackman, 1969, pp. 37, 39, 40, 41, 42, 43)

The article containing the 1952 Minimum Educational Standards, including the ethical code as derived from WFOT (Spackman, 1969, p. 41), was adopted by the SAAOT, and remains in its structure, largely unchanged until today. Section II: “Responsibility to the Physician” (Spackman, 1969, p. 41) and Section IV: “Responsibility to the Employer” (Spackman, 1969, p. 41) were gradually integrated with the rest. Section IV was omitted for the first time in the version of 2005 with its updated and current version (OTASA, 2005).

5.2.2.3. A Chronicle of the World Federation of Occupational Therapists, Parts 1: 1952-1982 & Part 2:1982-1992”



Data source and context

I procured “A Chronicle of the World Federation of Occupational Therapists”; Parts I: 1952-1982 & II: 1982-1992 (Mendez 1986; Greenberg Harris 1998) from WFOT. It describes all the meetings and congresses during this period and was quite valuable in plotting the contextual history of these events in terms of the knowledge frameworks and themes that enjoyed prominence, as well as providing the context of the role of the SAAOT in an international professional organization during the time of apartheid. Part I of the WFOT chronicle was compiled by Alicia Mendez, who served as president of the organization from 1972 to 1976 and was involved in the organization from 1964 to 1978.

Figure 5.7. *A Chronicle of the World Federation of Occupational Therapists; Parts I: 1952-1982 & II: 1982-1992 (Mendez 1986; Greenberg Harris 1998).*

The second part was compiled by Ruth Greenberg Harris, who also had a longstanding association with the WFOT. The following excerpt may serve as a summary of the historical context of the organization:

Each decade seems to reflect different aspects of development and thrusts of activity. The fifties saw the formation and foundation of purpose and principles; the planning of organisational ways in which to function; the setting of educational standards and striving for international recognition. The sixties were a period of consolidation of earlier policies; the establishment of links with other International bodies; a rapid increase in membership and an expansion in literacy publications.

The seventies and early eighties reflect a time when there has been a widening of knowledge in the professional practice around the world: a steady increase in membership; a very active liaison with WHO and an expansion of commitments to maintain education standards.

(Mendez, 1986/ 1998, p. iii)

Structural surface of the text

The first part of *A Chronicle of the World Federation of Occupational Therapists; Parts I: 1952-1982 & II: 1982-1992* (Mendez, 1986; Greenberg Harris, 1998) is procedurally organised, documenting each of the bi-annual Council meetings and Congress every four years. The first part contains the main points of discussion on the agenda, as well as a description of the venues where the meetings and congresses were held and how these proceeded, with interpretation of the author who was also a Council member and chair for a period of four years. The second part of the chronicle is a less linear version and interpretation of the history of WFOT divided into eight chapters, each with its contextual structure of the meetings and congresses held, as well as main points of discussion during the agendas (Greenberg Harris, 1998). What is characteristic about the text is that an entire chapter (four) is devoted to South Africa and Apartheid (Greenberg Harris, 1998, pp. 135-140):

The issues which challenged WFOT most severely and profoundly during this decade were unquestionably those which surrounded the subject of South Africa and Apartheid. At this writing, this chapter may be considered closed.

(Greenberg Harris, 1998, p. 135)

Council meetings were held bi-annually and congresses every four years. South Africa was scheduled to host the 1980 Council meeting of WFOT. This was questioned by some countries during the 1976 Council meeting in Paris and again during the 1978 meeting in Jerusalem, to the extent that a vote was taken. While nine countries abstained, seven voted against and eleven in favour of holding the meeting in South Africa. The Council Committee took the issue under further deliberation, and, notwithstanding the fact that South Africa had been barred from the World Health Organization since 1964, stood by its reasoning that a) it strove to prevent political issues from becoming main agendas in the organization and b) it could be of more value to the SAAOT by supporting them than by carrying out a crusade against an oppressive political ideology. The council meeting was therefore held in South Africa in 1982, though significantly fewer members attended and tension mounted, especially among the Nordic countries, about South Africa, apartheid and the profession's stance on it.

The next World Congress was to have been hosted by India in 1986. The political contentions about the inclusion of South Africa in WFOT during apartheid reached breaking point when India withdrew its invitation in 1984, due to the following section in WFOT policy that had been included in a 1980 Council manual:

...It will be the responsibility of the host member organization to ensure that no delegate or observer from a member or associate member countries will be prevented from attending the Council Meeting for political reasons

(Greenberg Harris, 1998, p. 136)

India was unable to obtain permission from the Indian government for South African delegates to attend. Denmark offered to act as a substitute, but was unable to do so for the same reason as India. The organization's quest to remain apolitical resulted not only in the first cancellation of a quadrennial World Congress but also in a "bitter Council debate" in 1986 (Greenberg Harris, 1998, p. 137). This debate, however, was preceded by the denial of a motion put forward during the 1984 Council by Sweden, Denmark, Finland, Iceland and Norway for the elucidation of "...SAAOT's views on, and possible application of apartheid within its own organization" (Greenberg Harris, 1996, p. 136). Returning to the 1984 Council meeting, the previous issue regarding the political stance of SAAOT, raised by the Nordic countries, culminated in an agenda point which argued that "SAAOT refrain from attending WFOT's meetings as long as apartheid is practiced in South Africa" (Greenberg Harris, 1998, p. 137). This motion was defeated, which led to the resignation of WFOT treasurer from Finland and the country concomitantly boycotting its participation in WFOT until 1989. In response, Marj Concha from South Africa put forward a motion that a delegation from WFOT should visit South Africa to:

- 1) review the training of occupational therapists.*
- 2) discuss the role of SAAOT with regard to its members and the health care system.*
- 3) view the treatment offered to all the peoples of South Africa by its occupational therapists.*
- 4) discuss with SAAOT ways in which WFOT can provide assistance to SAAOT in the achievement of its goals.*

(Greenberg Harris, 1998, p. 138)

During the 1988 Council meeting the investigative delegates reported back. The report determined that, besides one clear incident of racism witnessed, the South African community of occupational therapists needed assistance with coping strategies to deal with

a degree of passivity and compliance...underlying bitterness and a feeling of helplessness to influence change...[and] WFOT felt that the issue was not apartheid. No one supported apartheid. The South African occupational therapists were trying to exist and maintain themselves as ethical professionals in a system of which they did not approve.

(Greenberg Harris, 1998, p. 138)

WFOT concluded by stating that much finance had been used in dealing with the issue, and the organization was to return to its main aim, which was to promote the profession of occupational therapy (Council Minutes, Portugal, 1988 in Greenberg Harris, 199, p. 139). Neither the findings nor the recommendations were apparently further contested.

5.2.3. Historical documents written by academic experts

This set of documents was selected for analysis under this category. They were chosen for the following reasons, some of which have been stated before:

- They represent savoir as well as the significant emergence of *connaissance* of occupational therapy in South Africa – both the conditions of possibility for the formal knowledge (*connaissance*) as well as the development of formal knowledge that was regarded as ‘scientific’ and could be published in the South Africa Journal of Occupational Therapy.
- The Vona du Toit Memorial Lectures are regarded as an especially significant collection of “serious speech acts” (Dreyfus & Rabinow, 1982, p. 48) as they were given on a bi-annual basis at the SAAOT conference and afterwards published. (The time period of publication varied).
- This set of documents therefore shares similar objects, enunciative modalities, conceptual and logical organization, and similar theoretical themes (Sawyer, 2002, p. 436).
- It provides context and insight mostly about the *formation of concepts and strategies*. To a lesser degree, it provides context and information about the formation of the object: for example the ideal type of occupational therapist,

as well as the formation of enunciative modalities, i.e. who were the legitimate speakers and from where they were drawn.

These documents' unifying specifications are:

- They were all published in the SAJOT, mostly addressing contextually relevant occupational therapy (practice) in SA.
- The Vona du Toit lectures were delivered by individuals who were seen as experts and worthy of inclusion in the larger contemporary discourse in occupation therapy at that time – though those who delivered the lectures were not always occupational therapists.

5.2.3.1. The South African Journal of Occupational Therapy (SAJOT) archive 1953-1994, and specific focus on the annual Vona du Toit memorial lectures from 1976

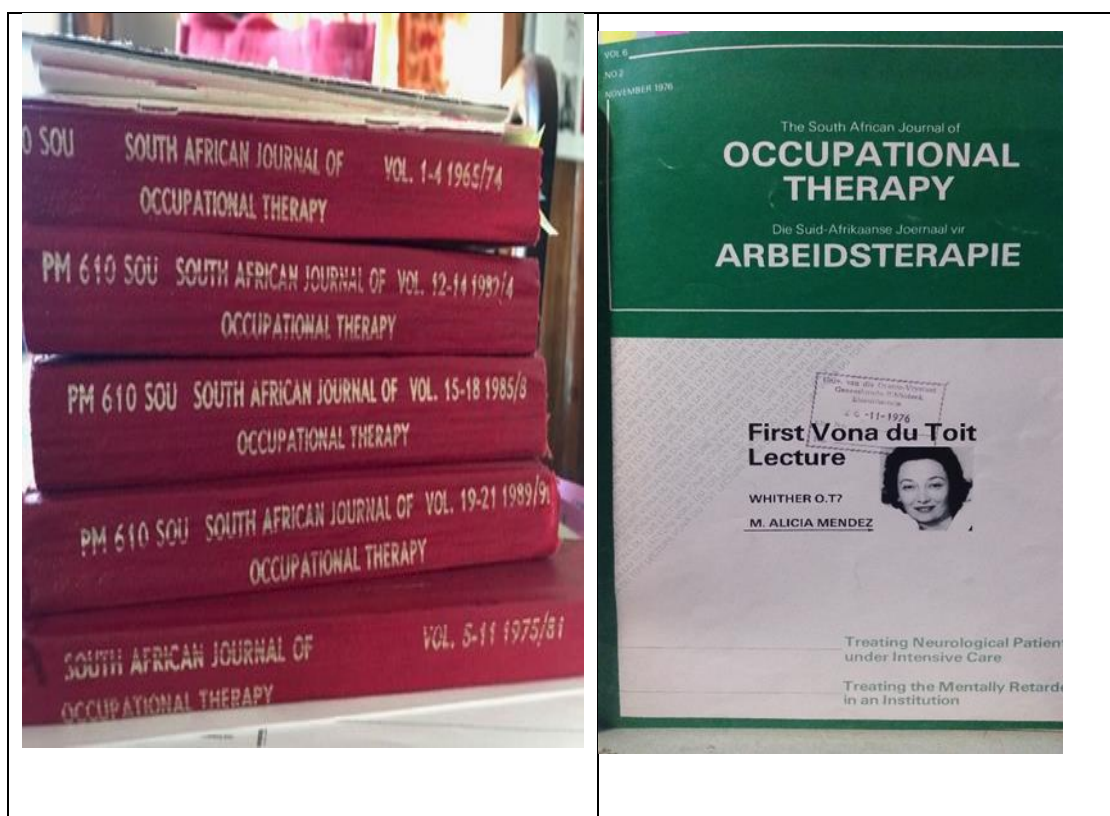


Figure 5.8. The South African Journal of Occupational Therapy (SAJOT) archive 1953-1994, with specific focus on the annual Vona du Toit memorial lectures from 1976.

Data source and context

This set of documents is included in the data collection as it represents constituting the profession's *connaissance* then. It also represented the scholarly extension of the South African Association of Occupational Therapy. Authors vary widely from within the profession, contributing in various fields. Contributions from authors outside of the profession were also included.

The majority of articles – especially in the earlier years - relate to practical solutions to problems of physical functioning. There are multiple contributions that include visual sketches of, for example, the architectural layout of a psychiatric hospital, assistive devices for writing, for washing dishes, and functional hand splints, as well as scooter boards to enable mobility for children. There is also a wide array of publications in paediatric, psychiatric, vocational rehabilitation, occupational therapy identity and later education. Early editorials, where they were included, were often short - briefly referring to important subjects relating to research, issues during Council meeting, or information from the most recent congresses:

Considerable interest has been shown in the Pretoria Multimotivational Therapeutic Apparatus (ref. South African Journal of Occupational Therapy Vol. No. 17). A request has been received from the Construction Committee that Occupational Therapists do not purchase this apparatus until it has been clinically approved. The Hospital Services of the Transvaal Provincial Administration are supervising the production of this apparatus and further information will be available in the next issue of this journal...

The theme of the congress is "Occupational Therapy – Keeping Pace"...

Registration Fees

R5.00 – Inclusive

R3.00 – Students

R1.00 – Per session

(Hinton Knowles, 1967)

Vona du Toit was venerated, both in the South African and international occupational therapy communities, for her contributions in education, in international leadership bodies (Mendez, 1976, p. 2), as well as in the inception and development of the Vona du Toit Model of Creative Ability (VdTMoCA). She received an award from the South African Business and Professional Women's Federation in 1968 (SAJOT, 1974, p. 5). She died of a terminal illness in September 1974. The following excerpt is from the eulogy published in the first SAJOT edition following her death:

Vona was not a career woman. She was a woman – primarily a wife, a mother and a family member, whose career added to her life at home. We thank her family for their support which enabled Vona to serve her profession so brilliantly and in our loss we extend our sincerest sympathy to Stephen du Toit, Suzanne and Annette.

(SAJOT, 1974, p. 5)

The people who were invited to give the Vona du Toit memorial lectures were chosen on the basis of their professional standing and expertise. The lectures were “intended to educate the community, notably the medical profession and health authorities generally, about occupational therapy” (SAJOT, 1976, p. 2). Truth, as a Foucauldian concept, is the result of an interplay between power and knowledge (Foucault, 2000, p. 132). Furthermore, truth in Western society since the age of Enlightenment is not only sought; those who are regarded as having specialised access to it are held in esteem (O'Farrell, 2005, p. 83). The following is an excerpt from the first Vona du Toit Lecture, an illustration of the historical context of the formation of concepts. This can be seen in the international speaker's reference to the apparent ontological tension of the profession's inclusion of both mental and physical dysfunction:

Researching into the breadth and scope of occupational therapy today has been a bewildering experience, producing an overall picture rather like a kaleidoscope's: the patterns change every time you turn the page. Reading the proceedings of our last three [international] congresses to find out what is happening around the world reflect this markedly. Perusing the professional journals increases the gestalt impression even more...One concept prevails throughout...It forms the very basis of our philosophy – namely, the therapeutic use of activity.

(Mendez, 1976, p. 5)

Structural surface of the text

The format and sub-format of the structural surfaces of this text varies over time. It is printed customarily on gloss paper with noticeable advertisements mostly from medical service providers, academic booksellers, providers of uniforms, craft and paediatric supplies, and disability associations, in addition to an array of advertisers that varies from framing shops to steel suppliers. The main language remains English, though the first Afrikaans article was published in 1965 (Morrison, 1965, p. 3). From then on some contributions, including editorials were in Afrikaans. For a period in the 1970s English contributions were summarised in Afrikaans,

as well the other way around. From 1975 to the point of review in 1994, the front page gave the name of the journal in both English and Afrikaans. The number of articles and frequency of publication of the journal in its first twenty years (1953-1973) were limited, but from then on the number of publications increased markedly and book reviews were also included. (See for example SAJOT, 1973, Vol 3, Issue 4.) While the journal was an extension of the scholarly work of SAAOT, it was also supported by an 'Advisory Board'. This consisted of scholars and professionals from various health care disciplines, though the affiliations were mostly with medical scholars who had international ties and who were all white males. (See for example SAJOT, 1978). In terms of inclusion and exclusion, contextual signifiers in academic contributions of race as a specification are evident, for example a publication by a medical doctor entitled "The Rehabilitation of the Non-White disabled in South Africa" (Wright, 1967). On the other hand, publications are also included in which assumptions relating to misinformation of 'the other' were addressed, as can be seen in an article making use of a conceptual clarification by N.C. Manganyi (1972, pp. 7-9): "African Ideas of Health and Disease: A Re-examination of the Theory of Forces", where he says:

We are led to the conclusion that the African, besides placing a high premium on vital force (living strongly); he must of necessity accord a very high price to harmony of relationship, with his neighbour and the universe of interrelated forces. Harmony of relationships ensures health (vital force); disharmony of relationship results in disease (limitation of vital force).

(Manganyi, 1972, p. 9)

The Vona du Toit memorial lectures were given by various role players in occupational therapy. The format and the sub-format also varied, since at times the full lecture could be published while at other times only excerpts were presented. The lectures, their titles and presenters follow in table 5.2., summing up their characteristics:

Table 5.2. List of Vona du Toit memorial lectures 1976-1994 (Compiled from actual SAJOT archive and list provided by OTASA (2017) as well as Crouch (2016).⁴⁷

Year lecture presented	Reference and year of publication	Title and year of Presentation	Presenter and position at that time
1976	(Mendez, 1976)	i) <i>Vona du Toit Lecture: Whither Occupational Therapy?</i>	Alicia Mendez, at that time recent previous president of the World Federation of Occupational Therapists at that time.
1977	(du Toit, 1978)	ii) <i>Extracts from the second Vona Du Toit Lecture (1977): A Suggestion and a Challenge</i>	Prof G.T. du Toit, Honorary President of the SAAOT and previous long-standing president of the Association.
1978	(Meyer, 1979)	iii) <i>The Third Vona Du Toit Lecture (1978): Let Us Do the Thing in... Style</i>	Christa Meyer, qualified in South Africa, was a registered occupational therapist in the USA and principal occupational therapist at Conradie Hospital at the Cape.
1979	(Watson, 1980)	iv) <i>Excerpts from the 1979 Memorial Lecture: The Second Mile</i>	Ruth Watson, Senior Lecturer at Stellenbosch University with additional qualification in Vocational Rehab.
1980	(Claxton, 1986)	v) <i>Fifth Vona Du Toit Memorial Lecture: Responsibility</i>	Valerie Claxton, occupational therapist qualified in London and longstanding member of executive committee of SAAOT.
1981	(Retief, 1982)	vi) <i>Vona du Toit Memorial Lecture - 1981: Occupational Therapy: Its relevance for Southern Africa</i>	Prof F P Retief, Rector of Medical University of Southern Africa (MEDUNSA) and later Dean of the Faculty of Medicine at the University of the Orange Free State.
1982	(Tobias, 1982)	vii) <i>Vona du Toit Memorial Lecture - 1982: The past and the future of Occupational Therapy in South Africa</i>	Dr P V Tobias, Head Department of Anatomy, Faculty of Medicine, University of the Witwatersrand.

⁴⁷ In terms of accuracy, I abide here by the exact titles (with incidental indications of 'du' in capital letters) as they were published in the various SAJOT volumes, all of which are indicated in italics. Where the titles were not indicated, I corroborated with Crouch's (2016, p. 374-375) edited reading on the history of OTASA.

1983	(Concha, 1983) (Concha, 1984)	viii) <i>Vona du Toit Memorial Lecture 1983:</i> <i>Perception: Occupational Therapy in perspective</i> (published in Part I and Part II)	M Concha, Head Department of Occupational Therapy, University of the Witwatersrand.
1984	(Rowland, 1984)	ix) <i>An Excerpt Vona du Toit Memorial Lecture - 1984:</i> <i>Assertiveness</i>	William Rowland, Director, The South African Council for the Blind.
1985	(Saunders, 1985)	x) <i>Vona du Toit Memorial Lecture - 1985:</i> <i>Occupational Therapy; Occupational Therapists; And Now?</i>	Dr Hannah-Reeve Saunders, Chief Medical Superintendent, Groote Schuur Hospital.
1987	(van der Reyden, 1989)	xi) <i>Vona du Toit Memorial Lecture - 1987:</i> <i>Creative Participation 20 Years Later</i>	Dain van der Reyden, occupational therapist, training in Vocational Rehabilitation and OT Coordinator Smith Mitchell Organization, later lecturer and Head Department OT at UKZN.
1989	(Heyns, 1991)	xii) <i>Twelfth Vona du Toit Memorial Lecture:</i> <i>How can Occupational Therapy in South Africa attain rehabilitation for all?</i>	Pamela Anne Heyns, part-time occupational therapist, KwaZamikhule School for Physically Disabled Children.
1991		xiii) <i>Vona du Toit - Memorial Lecture 1991:</i> <i>Ethical considerations concerning competition and advertising / Etlike etieseoorwegings rondom mededinging en reklame in arbeidsterapie</i>	Elna Jooste, occupational therapist.

1993	(Crouch, 1994)	xiv) <i>14th Vona Du Toit Memorial Lecture – 1993:</i> <i>Courage, conviction and confidence: Fundamental elements for the survival of occupational therapy in the new South Africa.</i>	Rosemary Crouch, Master's in Occupational Therapy, Part-time senior lecturer at the MEDUNSA and University of Witwatersrand and private practice practitioner.
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All these speakers were white and of the 13 lectures, four were given by males. In addition to the above, I augmented the archaeology-analysis by looking at a variety of books and articles. These sources speak to the historical origin of occupational therapy, specifically in the United Kingdom, the United States of America (e.g. Meyer, 1977), Canada (e.g. Friedland, 2012), and South Africa (e.g. Dart, 1963; Crouch, 2016).

Section B

Discussion of Findings

5.3. Statements about the socio-political historical formation of occupational therapy

The following are the findings on the discursive regularities of the archaeology-analysis, specifically in relation to the rules of formation regarding occupational therapy's savoir (implicit) knowledge, directed towards the construction of formal knowledge in the form of a curriculum-as-discourse. To provide a precise account of which set of documents informs which part of the archaeology-analysis is neither the aim nor the purpose of such analysis. However, since the statements do share similar object/s, enunciative modalities, concepts and strategies, it is possible to see that, for example, *I. Historical documents relating to experiences of the commencement of occupational therapy programmes as well as the professional association*; and *II. Governing documents regarding occupational therapy knowledge* mostly related to the formation of the object and enunciative modality. *III. Historical documents written by academic experts* mostly informed the generation of concepts and strategies. However, these were not treated atomistically, as the rules of formation of knowledge are non-linear, non-compartmental, iterative and inter-dependent.

The following Table 5.3. gives a summary of themes and categories that emerged from the archaeology-analysis from each of the discursive regularities. The themes which arose from the analysis show what the rules of formation were, or the 'conditions for possibility', that gave shape to a certain type of socio-politically constructed knowledge (Foucault, 1969/2011; Howarth, 2002, pp. 52-55).

Table 5.3. Summary of outline of types of the rules of formation in the archaeology-analysis and the themes and categories that emerged.

Types of Rules of Formation	Themes and Categories that emerged from Archaeology Data
Formation of the Object (5.3.1.)	5.3.1.1. The occupational therapist as white female: a) Professionalism b) Geo-political boundedness 5.3.1.2. Being Exceptional: a) Upholding excellence and high standards b) Virtuous c) Complaisant / docile / conforming
Formation of Enunciative Modalities (5.3.2.)	5.3.2.1. Regulatory bodies as legitimate speaker 5.3.2.2. Father / Mother / Child: Doctor / Occupational therapist / Patient: a) Patriarchy / paternalism
Formation of Concepts (5.3.3.)	5.3.3.1. Ontologically plural: a) Politically ambiguous b) Know how/practical knowledge 5.3.3.2. Called to do research to validate own theories and value in the health care field
Formation of Strategies (5.3.4)	5.3.4.1. Holism 5.3.4.2. Need for recognition

5.3.1. The formation of the object⁴⁸ – the ‘ideal’ type of occupational therapy student

While several objects may emerge from this set of rules, including the patient, the focus is on the formation of the occupational therapy student as the object to keep it close to the concept of curriculum (as discourse) as an instrument for the selection, organization and reproduction of professional knowledge, which is the focus of this study.

Two prevalent themes with two categories at the first and three categories at the second theme, emerged from the data:

Formation of the Object	Themes and categories
	The occupational therapist as white female: a) Professionalism b) Geo-political boundedness
	Exceptional: a) Upholding excellence and high standards b) Virtuous c) Complaisant / docile / conforming

5.3.1.1. The occupational therapist as white female

The formation of the object is the grid of specification (Foucault, 1969/2011, pp. 46-47; Gutting, 1995, p. 235) that yields the most insight into the construction of a typical and/or ideal occupational therapy student. Given the context of apartheid, the most prevalent specifications of homogeneity are race, sex and arguably gender – against the backdrop of the deep Calvinistic version of Christianity that coincided with the rationale of apartheid (van der Westhuizen, 2007, pp. 12, 56). While the female predominance was not uncommon among ‘para-medical’ professions, including nursing, it appears to be a core intersection between race and gender in the formation of the occupational therapy student as an object in the political landscape of South Africa. The origins of occupational therapy in the sphere of white, Eurocentric and classist grids of specifications have been pointed out in the critical reflexion on the profession’s ontology (Hammell, 2011; Hammell & Beagan, 2017; Hocking, 2012; Hocking & Whiteford, 2012; Owen, 2017).

⁴⁸ Cf. 4.4.1.4. (a) for the three sub-types of rules for the formation of the object: i.e. surfaces of emergence, authorities of delimitation, and grids of specification.

As noted above, in the analyses of the commemorative documents both from the university where the first occupational therapy programme in South Africa began and from the particular historically Afrikaans-medium University, the white female was hyper-visible and clearly shown in pictures in these documents. With apartheid as the backdrop, the following excerpt from the lecture material dated between 1976-1979 (cf. 5.2.1.4. for context), informs us about the various universities available, what type of occupational therapy qualification they offer (that is, either a B.Sc. or B. degree or diploma), which hospitals they are affiliated with for training purposes, the number of students for intake, the language of training, as well as 'facilities offered' for specific race groups. The years in which the various occupational therapy programmes commenced are indicated in brackets:

UNIVERSITY OF CAPE TOWN [1972] offers a four year degree B Sc Occupational Therapy to white, coloured and asiatic students. The annual intake of students into the first year is 24 and the medium is English.

THE MEDICAL UNIVERSITY OF SOUTH AFRICA (MEDUNSA) [1976] offers a three-year diploma in Occupational Therapy and will also offer a degree in the near future. Facilities are offered for black students. The annual intake of students...is 14 and the medium of study is English.

UNIVERSITY OF THE ORANGE FREE STATE [1976] offers a four-year degree in B Occupational Therapy. Facilities are offered for white students. The annual intake of students...is 20 and the medium of study is Afrikaans.

UNIVERSITY OF STELLENBOSCH [1961] offers a four-year degree B Occupational Therapy. Facilities are offered for white and non-white students [i.e. 'coloured']. The annual intake of students...is 35 and the medium of study is Afrikaans.

UNIVERSITY OF WITWATERSRAND [1943] offers a four-year degree B Sc Occupational Therapy. Facilities are offered for white, coloured, and asiatic students. The annual intake of students is...30 and the medium of study is English.

THE VONA DU TOIT COLLEGE OF OCCUPATIONAL THERAPY [1955] offers a three-year diploma in Occupational Therapy. (Change to a four-year degree

course at the University of Pretoria is under consideration). Facilities are offered for white students. The annual intake of students...is 35 and the medium of study is Afrikaans.⁴⁹

(Unknown, 1977, pp. 10-11)

From 1948, the National party as the governing party passed several laws of segregation that included restricted admission of different race groups to different universities. The social rules and norms of segregation (surface of emergence) therefore co-constructed the conditions of possibility for the formation of the occupational therapy student as an object. The English medium universities were characteristically more liberal, while the Afrikaans-medium universities were conservative and actively subscribed to apartheid. Despite significant resistance from the English-medium universities, the Extension of University Education Act 1959 was passed. This act not only criminalised the admission of black students to any of the established universities without special permission from the minister, but also supported the establishment of ethnically-based universities (O'Malley, 2005; Thompson, 2014, p. 4176 Kindle loc.).

However, racialization *per se*, as a grid of specification, was less evident in symbolic data such as pictures, or from the alumni's accounts in the few instances when they referred to patients. It would also not have been visible in the themes of the annual occupational therapy conferences, which were rather strongly geared to promoting the profession and various fields of expertise within the profession (also see Crouch, 2016, p. 370). The racialization of the occupational therapy student as object, however, was more implicit and embedded in the legislation that determined which universities trained which race. The allocation of certain students of colour to certain universities was enforced by apartheid legislation, specifically by the Extension of University Education Act 1959 (Thompson, 2014, p. 4176 Kindle loc.). The state therefore acted as one of the main authorities of delimitation (Foucault, 1969/2011, pp. 46, 46; Gutting, 1995, pp. 233, 234) in the context of apartheid, and determined the rules of formation of the occupational therapy student in an extended version of apartheid hegemony.

Gramsci (1971, p. 350) explains that hegemony is maintained by means of an "educational relationship". Occupational therapy programmes, as instrumental in the normalization of apartheid hegemony, were no different. It was only later, when pressures were mounting towards the end of apartheid that evidence surfaced about the profession speaking out against it. See for example Tobias (1982, p. 13) and the professional Statement of Intent in 1985:

⁴⁹ The undergraduate Occupational Therapy programme at the University of KwaZulu Natal commenced in 1977, and the University of the Western Cape in 1980 (Crouch, 2016, p. 325; OTASA, 2003).

The S.A.A.O.T does not discriminate on the grounds of sex, religion, race, colour or national origin when constituting its membership, electing its office bearers or in its modus operandi. We earnestly recommend the rationalisation of the Health Service and its placement under one responsible body, the opening of beds in hospitals where they are closed and the admittance of patients to health care facilities on the basis of need, not race. (SAAOT , 1985)

For the historically Afrikaans-medium universities serving as an extension of the state, maintaining apartheid hegemony was more readily accepted as the norm. There were pockets of liberal conviction, but these only surfaced later in the 1980s towards the demise of apartheid (see for example Retief, 1982, pp. 8, 10, 11). Self-determination, undergirded by a “deeply conservative variant of Calvinist religion” (van der Westhuizen, 2007, p. 12) was the main drive for apartheid to ensue from colonialism. Both British colonialism and apartheid ideologies shared the same elements and exclusionary logic, especially in terms of their shared “racial arrogance” (Ndlovu-Gatsheni, 2018, p. 11). Drawing on Emile Benveniste, and Tzvetan Todorov’s works, published in French, Mignolo (2009, p. 5) outlines the power matrix of colonialist rationale, consisting of four supporting and interdependent, operational elements: a) authority; b) economy; c) sexuality and gender; and d) knowledge/subjectivity. Mignolo further distinguishes between the *structures of that which are the enunciated* (the four elements as referred to above), *vis-à-vis* the *subject producing enunciations*, such as racism and patriarchy (Mignolo, 2009, p. 5). It is this power matrix of colonialism and later of apartheid, in addition to the moralism and exceptionalism associated with fundamental Christian religious beliefs that seems to map a large part of the South African history. Christianization was not only part of colonialism/hegemonic oppression (Ndlovu-Gatsheni, 2018, pp. 8, 12). It also served as the ‘lesser of two evils’ in offering black people (e.g. Nelson Mandela, Oliver Tambo and Walter Sisulu) access to decent education on account of apartheid’s exclusionary education (Thompson, 2014, pp. 3379, 4278 Kindle loc.)

The formation of the occupational therapy object as being white and female was a result not only of racial discrimination but also of a class struggle. In Foucauldian terms, apartheid, including at universities, can be explained as the classic technology of power of dividing in order to rule (Rabinow, 1984, p. 8), together with the normalization of racial classification and the hegemonization of whiteness. This *a priori* condition of possibility that co-created the history of the present as power “doesn’t only weigh on us as a force that says no; it also traverses and produces things,...forms of knowledge, [it] produces discourse” (Foucault, 2000, p. 120).

a) Professionalism

Yet, political activism appeared at times to be at odds with professionalism. On an international level, the danger of over-politicising a health care profession was iterated in the WFOT chronicles after the first and only WFOT conference in India in 1986 had to be cancelled as a result of the apartheid laws (cf. 5.2.2.3). The WFOT issued a statement asserting that the organization's mandate was not to render decisions on political, racial or religious matters that concerned countries directly but rather to focus on "where occupational therapy expertise can contribute to policy making with regard to general preventative, curative and rehabilitative health matters" (Greenberg Harris, 1998, p. 71).

Political awareness and deliberate action aimed at social justice was bound to the political orientation of the various universities. With its submission to the Truth and Reconciliation Commission in 1997, the SAAOT (later OTASA) expressed its regret at the failure of organizational solidarity - partly ascribed to the (fabricated) tension between becoming politically involved and maintaining professional values (Watson, 2008, p. 19). From a political discourse theoretical perspective, the rhetoric of 'conserving' professionalism may also be viewed as conservative political logic: an attempt to maintain the order of the occupational therapy profession from the past to the future, in spite of clear demands for change (De Cleen, 2017, p. 7). The Occupational Therapy Association of South Africa did, however, effect some changes aimed at inclusivity of its association, as well as declaring its commitment to human rights with the aforementioned submission in the early years post-apartheid in 1996-1997 (Watson, 2008, pp. 18-19).

While professionalization can be seen as a technology of power in the form of homogenization (Foucault, 1984, p. 195) and a 'will to truth' as knowledge and power (Said, 1983, p. 6), the geopolitical isolation intersects with a sort of epistemological isolation at the Afrikaans-medium University. The establishment of a new health care profession accessible to white women from a specific class in South Africa may be viewed as one of the results of a post-colonial mechanism for inventing a (professional) tradition as part of maintaining power and white supremacy within a post-colonial regime (du Toit, 1991, p. 11).

b) Geopolitical boundedness

In South Africa, the political activism of professional individuals from various universities was bound to the university's 'facilities offered' in the form of its main language of teaching and the

racial group for which it catered. Though the biographical accounts from the two commemorative documents covered different time periods (English-medium University 1943-1993; Afrikaans-medium University 1976-1986), no political undertones were overtly present in the accounts of the Afrikaans-medium commemorative document at the height of the international pressure against apartheid. In the commemorative document of the English university, however, there are references to the campaign of resistance to the 'passbook' law, as well as to political conflict between the English-medium University and a nearby Afrikaans-medium university during a RAG festival, where paint was thrown at the occupational therapy students' raft (Franzsen, 1993). Ms Oosthuizen (2016), who was one of the first lecturers at the Afrikaans-medium University, affirmed the geopolitical isolation and insulation:

I remember listening to the news and reading about the Soweto uprisings in 1976 and the political turmoil at that time and thinking about the implications for the country. Yet there was a sense at the [Afrikaans-medium University] that those incidents were miles from them. It appeared that they had existed in quite a 'sanitised' environment.

Ms Oosthuizen (2016) added that there "were pockets of liberals who would listen and encourage inputs", including the Dean of the Medical Faculty at the Afrikaans-medium University at that time. The distinction in political awareness and activism between Afrikaans and English universities was subject to the act on legislation imposed on separate universities in 1959 and on the liberal English-medium universities taking active political stances in the early 1970s (du Toit, 1991). However, considering the continuation of epistemic violence in higher education since the inception of colonialism (Heleta, 2016), the liberal stance of the historically white English-medium universities was not without misgiving, as they continued to epistemologically centre the white western subject. Their governance and management allowed for a collegial relationship between senior staff and associates, while junior staff and students were governed in the same authoritarian fashion as at historically Afrikaans universities (Bunting, 2002, p. 43).

5.3.1.2. Exceptional

The second theme that emerged as part of the formation of the object, and which intersects strongly with both race and femaleness, is that of the occupational therapist as an exceptional object, for example a (white) female who was *selected* on the basis of her "Academic Achievement" [and] Practical Skills" (Cynkin, 1954) and potential to uphold clear 'standards of excellence'. These

standards closely relate to the ethics and epistemology of virtue. However, together with the categories of upholding excellence and high standards, as well as being a virtuous object, the ideal type of occupational therapist and student is also one who is able to adapt consistently, to be amenable and to 'go the extra mile': complaisant / docile / conforming, accepting instruction from authoritative (male) figures.

Ms Oosthuizen (2016) recalls the following which indicates the intersection of class (elitism), meritocracy and instrumentalist rationality (Lim, 2016, pp. 161-162, 156-166) at a specific historically Afrikaans-medium university:

The first cohort was only twelve students: white women, from the conservative party, and from the rural farming areas. They were very educated women. Occupational therapy was a novelty then and many of the students were the daughters of [medical] doctors or professors.

(Oosthuizen, 2016)

a) Upholding excellence and high standards

The code of excellence - of having to excel - appears to be an implicit condition of knowledge formation among the alumni accounts of having to master all subjects, especially the basic science and medical subjects such as chemistry, anatomy and biophysics.

In the first record (an archival document) of a list of applicants for 1976, there were 22 applicants. The list started with the student who had obtained the highest percentage in overall average of matric marks and ended with the student who had obtained the lowest. To the above excerpt on the general class of the first group of applicants, Ms Oosthuizen added the following:

The selection criteria [for occupational therapy students] were based on academic achievement [in school] and the students were selected by a panel of male medical academia... [These selected students] were very good people, moral and though...they cried if they failed but picked themselves up and went on.

(Oosthuizen, 2016)

The names of the columns below indicate the categories of selection that were used at the Afrikaans-medium University at the end of 1975:

Nr.	Naam	Ouderdom	Naam van Skool	Vakke	% behaal	Gemiddelde %	Gem. % in Wetenskappe	Kerksverband	Buite-muurse Aktiwiteite	Besluit van Komitee
<i>English translation:</i>										
No. [of admissions]	Name	Age	Name of (2 ^o) school	Subjects [taken in 2 ^o school]	% obtained [for each of the subjects]	Average % [obtained in all subjects]	Average % obtained in science [subjects]	Denomination	Extra-mural activities	Decision of the committee

(UOVS , 1976)

During the first few years of selection of students, interviews were held with all applicants by members of the Faculty of Medicine, based on recommendations slightly adapted in the revised version of the initial WFOT Educational Standards in 1971 (WFOT , 1971).

In 1978, during the second Vona du Toit memorial lecture, the male presenter of the lecture, a medical specialist who was an ardent champion of the occupational therapy profession in South Africa, pointed to the following indicators of exceptional characteristics:

Necessarily, occupational therapy is required to render an individualised personal service.

It seems to me an occupational therapist needs to be an attractive, smart, intelligent, balanced, sophisticated, well-informed and versatile person able to speak three languages, to converse on a wide range of topics, to have her own subject to her fingertips, and yet be capable of establishing such immediate rapport with her patient that he won't mistake her for the matron.

(du Toit, 1978, p. 2)

The setting of standards was a normal process for a profession to be legitimised. However, the surfaces of emergence (Foucault, 1969/2011, p. 45) continued to be situated within the rationale of white supremacy as a form of Western exceptionalism (Santos, 2014, p. 19). From the above excerpt the intersections with elements of the colonial/apartheid matrix are clear: Christianization ('denomination' as a selection criterion), patriarchy, elitism and sexual heteronormativity. The discreet discourses of these values, such as an assumed superiority based

on experience and the expectation that male acknowledgement of the female should be appreciated, can be viewed as a form of an internal system of exclusion that supports the exclusion of the unspoken (Foucault, 1969/2011, pp. 27, 28; Hook, 2001, p. 9), and unimaginable 'other' black, lesbian or male occupational therapists. In addition, the list comparing the candidates who applied to study occupational therapy at the Afrikaans-medium University, as well as the descriptions from the account above, also indicate the subject exerting power by gaining knowledge and forming classifications of how they behave, what their attributes are, within the given frame of being white and female, in order to make decisions as to who will qualify as the most suitable object (Foucault, 2000, p. 84).

It was the exceptional female who gave form to, but also had to meet, the "WFOT Minimum Education Standards" that were established in 1952 (Spackman, 1969, p. 37). The standard of the exceptional (white) female was also inscribed in the selection criteria which were formalised by WFOT in 1952 and again in the lecture material describing the ideal occupational therapy student. Spackman (1969, pp. 37) states that during the founding WFOT meeting on 7-12 April 1952, the following criteria for selecting students were adopted as part of the Minimum Education Standards:

(1) Selection of Students:

Recognized Standards of Education.

Entrance examination or specific school or working records.

Personal references.

Personal interview when geographically possible.

Age – eighteen years minimum; thirty-five maximum, save in exceptional circumstances.

Health – medical examination, including tuberculin test. Done at school, if possible.

Probationary period – minimum of two months.⁵⁰

(Spackman, 1969, p. 37)

⁵⁰ The revised version of the minimum standards of education for occupational therapists indicates that "selection should not only be based on academic qualifications alone". They recommended the inclusion of criteria such as "[m]aturity and emotional stability, satisfactory attitudes toward social responsibilities and the ability to communicate". The maximum age was also revised: "Older candidates, having wider general experience may make a considerable contribution to the profession and should not be excluded only on account of age" (WFOT, 1971, p. 24).

The desired, or ultimate conduct of those who applied to study occupational therapy was therefore predetermined by forms of criteria for excellence by the WFOT and adopted by educational institutions. In this way it became systemised and normalised as a form of governmentality (Foucault, 2000, pp. 211-216; O'Farrell, 2005, p. 107) that continued to carry the imbued values generated within a colonial logic.

b) Virtuousness as an ethic

The typical and exceptional female suited for the occupational therapy profession was seen not only as someone who would uphold excellence and high standards of practice and behaviour but also as a person whose worldview was underlined by a moral imperative of duty, charitability, humour, modesty and compliance. In the lecture material given to students at the historically Afrikaans-medium University the following characteristics of the ideal occupational therapist are listed:

Those entering the profession should:
want to help the sick and the disabled;
be imaginative;
have practical and academic ability
have lively, flexible approach to life;
be capable of self-expression;
have a sense of humour and
be prepared to work as a member of the team.

(Unknown, 1977)

In 1993 an article was published in The South African Journal of Occupational Therapy describing a research project conducted with 45 participants against the backdrop of the quinquennial review of the Minimum Standards of Education of Occupational Therapists. The researchers wanted to determine and rank the core professional attributes needed for effective service in South Africa, as viewed by expert and qualified occupational therapists. The results were, among other factors, presented as 'trainable' features and 'non-trainable' features. For the purpose of illustrating which attributes were valued and in what order, the attributes with their related ranks are included and grouped together⁵¹:

⁵¹ The original version in the article showed the two groups of characteristics in two different tables, and the mean score and percentage were also given in the tables.

Rank	Core Personality Characteristics (Trainable)	Rank	Core Personality Characteristics (Untrainable)
1	To cope with own stress	1	To be motivated
2	To be responsible	2	To be honest
3	To behave in a responsible manner	3	To be conscientious
4	To form healthy IPR's [interpersonal relationships]	4	To have common sense
5	To have good work habits	5	To be a caring person
6	To be self-confident	6	To be determined
7	To be objective without prejudice and pre-judgement	7	To have a sense of humour
8	To be adaptable	8	To have a friendly personality
9	To be assertive	9	To be optimistic
10	To be analytical	10	To have vitality and cheerfulness
11	To be a good listener	11	To be intuitive
12	To cope with stressful situations	12	To be ambitious
13	To value the uniqueness of individuals		
14	To be organised and methodological		
15	To be resourceful		
16	To be approachable		
17	To be directive		
18	To be imaginative		
19	To have the ability for moral reasoning		

(Shipham & van Velze, 1993, pp. 20-21)

The first “Code of Ethics for Occupational Therapists” was formally adopted in 1960 by the WFOT (Spackman, 1969, p. 41) and listed seven responsibilities: to the patient, to the physician, to professional colleagues, to the employer, to the profession, and to the community. This ethical code, which was also adopted by SAAOT⁵², is threaded with the imperative of (an uncritical) ‘loyalty’ to the various stakeholders:

⁵²Until today OTASA’s “Code of Ethics and Professional Conduct” largely contained the same set of responsibilities. In view of the contemporary spirit of the times, the “Responsibility to the Physician” has been incorporated into “Section D - Responsibility to the Professional Colleague” of the ethical code in South Africa. The “Responsibility to the Employer” (Spackman, 1969, p. 41) has also been omitted from the 2005 professional updated code of ethics in 2005 (OTASA, 2005; Spackman, 1969, p. 41).

The occupational therapist should show concern for, and loyalty to those practicing the same or other professional skills, recognising that only by achieving and fostering mutual respect and understanding can the greatest service be rendered to the patient...The occupational therapist should be loyal to his employing institution and should assist in interpretation of its functions within the community...

(Spackman, 1969, p. 41)

The notions of virtue as described above are all situated in Aristotelian virtue ethics, but are perhaps more of a neo-Aristotelian approach to the underlying striving for a moral character (Harris, 2007, pp. 194-197). Aristotle's taxonomy of virtues comprises four groups. The first and second groups are those which relate to other people. They are *virtues of conscientiousness* and *virtues of benevolence*. The third and fourth groups relate to the self and are *virtues of self-discipline and self-assertion*, and *virtues of self-development* (Harris, 2007, pp. 194-197). In the excerpts above, *virtues of benevolence* (toward patients) such as generosity, compassion, caring and trustworthiness, as well as *virtues of conscientiousness* in relation to doctors and employers, such as obedience and loyalty, are evident from the ethical code (see Spackman, 1969, p.41). *Virtues of self-assertion* and *Virtues of self-development* are also inferred from the above documents. For example, creativity (see "be imaginative" in the lecture material, p.6); assertiveness (see in the research articles about core attributes of qualified occupational therapists), healthy self-esteem and independence of thought and action (see "be self-confident" as a 'teachable' core personality characteristic and to "have a lively, flexible approach to life and be capable of self-expression", p.6). It is also in the self-reflexive accounts that *virtues of self-discipline*, such as courage (to face difficult training circumstances) and temperance and humility, can be observed when the authors recall their experiences with the strictness of male lecturers in the medical sciences (see Franzsen, 1993). Yet nothing is said about being evaluative, independent-minded or about critical thinking as a virtue – but rather about qualities that affirm one as being amenable, if not conservative. Moreover, little is said about the (Western) individualism that underlies the notion of virtue as an ethic (Sherman, 2016, p. 233).

Morality as a virtue has been associated with occupational therapy since its inception, from Moral Treatment of the 'insane' (Wilcock, 2001, pp. 309-319; Reed, et al., 2013, p. 39), to the moral virtue of productivity as a Protestant work ethic (Pierce, 2003, p. 62), through to the establishment of the Chicago Hull House as part of the Settlement House Movement. These settlement houses were established by members who were part of the Women's Suffrage Movement and advocated for

social reform at the height of the industrial revolution (Friedland, 2011, pp. 48-49; Morrison, 2016, p. 296; Wilcock, 2001, pp. 388-390).

The therapeutic value of activity and occupational engagement may be attributed to the Women's Suffrage Movement at the turn of the 19th century at the height of industrialization, when many immigrants who were unable to speak English flocked to the cities to find work and share in the 'dream' of capitalism. At this time the Women's Suffrage Movement was also at its height, especially in Britain and the USA, advocating for the right of women to vote and to stand to be elected as political leaders. The imperative and perhaps rationale of the movement as countering the traditional authority of men (Beuchler, 2011, p. 31) and the consequent political oppression of women and children in the age of industrialization was clearly one of a moral character: activating against social injustice. It is well known in occupational therapy circles that Jane Addams, a well-educated woman who was also part of the suffrage movement, founded the Chicago Settlement House. This was a place where immigrants, arguably occupationally marginalised, could gather and take part in social activities such as macramé and weaving (Wilcock, 2002, pp. 28-29). Jane Addams also established the Arts and Crafts Society in 1897, viewing this type of activity as important in achieving some daily balance for the working class. This view was shared and appreciated by Romantics and social critics of the dehumanising effect of industrial labour such as John Ruskin and William Morris in Britain (Whiteford, et al., 2000, p. 4; Wilcock, 2001, p. 389). It was also during this time that many people who could not speak English and who were unable to work were institutionalised in asylums or so-called 'workhouses' (Foucault 1961). Indeed, it was through the actions of these women, advocating for the common good of the community, including the rights of children working in mines, and combatting the social problems that arose from the men's drinking habits, that the asylums were eventually overhauled (Gregory, 2014, p. 4).

Yet little is said in historical accounts of occupational therapy about the power that accompanied the practices of charitable organizations with moral causes, as "[a]ll these societies had the dual task of supervision and welfare assistance" (Foucault, 2000, p. 60). The fact that these philanthropic organizations were also deeply undergirded by religious ideology and values (Foucault, 2000, p. 60) seems to be mostly omitted from the literature on the origin and growth of occupational therapy. So while moral treatment was seen as a milestone in achieving a more humane approach to the ill, the unwell and the marginalised, by offering charitable assistance, it continued to be done for/to the 'other'. While the categories of the animal-like mad and the insane gradually faded, they were replaced by those of the deserving, the moral, the virtuous (Foucault, 1961/1989, p. 246), and the normal. Of these, the latter could be measured and eventually 'scientificised' (Foucault, 1961/1989, p. 260) as truths. In the quest to remain moral and virtuous,

the question is begged: to what extent has this quest intersected with the value of conformity, and to what extent are the values of being 'virtuous' opposed to critical theory and reasoning? In addition, to what extent do these historical feminist values of virtue and charity account for the continued exclusion of black females at that time?

Jane Addams' Hull House in Chicago was a place for social interaction for marginalised and exploited immigrants, and in a Weberian sense was a type of social movement characterised by value-based rational action (Beuchler, 2011, p. 30). However, the conditions for inclusion were grounded on the conviction of the virtue of morality, of doing good to others. Against the backdrop of a profession in an identity crisis (Duncan, 2011, pp. 22-23; Kielhofner, 2009, pp. 17-55; Kielhofner & Burke, 1977), these imbued values seem to relate directly to the findings of an independent enquiry that the profession was subverted, as it was viewed as being "do-gooding volunteers" (Blom-Cooper, 1989, p. 19). One can infer therefore that it was the moral foundation from which the first prototype of the occupational therapist emerged.

c) Compliant / docile / conforming

The third category that emerges from the data on the formation of the object under the main theme of 'exceptional' is that of being compliant / docile / conforming. This category seems to intersect strongly with the aspect of 'authorities of delimitation', based on the hierarchical but symbiotic relation to the authority of the medical fraternity. This played a role both in the establishment of an occupational therapy programme in South Africa and its professional trajectory in the country. Observing the positive effects of a knitting project run by female medical students for black tuberculosis patients in the early 1940s at the height of WWII, Prof Dart, with the help of his male colleagues, initiated an occupational therapy training programme at a (English-medium) university, connected with services at the Baragwaneth Hospital (Concha, 2014, p. 1; Dart, 1963; Franzsen, 1993, p. i). However, a second authority of delimitation came with the British women who were delegated as experts by the Cape Red Cross to establish a training programme in South Africa.

Thus, while migration of an occupational therapy curriculum from the United Kingdom was encouraged and approved by English-speaking white men at the English-medium University, the curriculum was mainly established and entrenched by two women who were delegated by the British College of Occupational Therapy to establish the first training centre in South Africa. They were also among the first five members in founding the South African Association of Occupational

Therapists (SAAOT) on 18 August 1945. Ms Cousaz was the chair for 1945/1946, while Ms McArthur was the secretary.

Although Ms Cousaz held chairmanship of the professional association in 1945, it appears that it was the intersection of the authority of delimitation with apartheid and patriarchy that determined that the professional organization SAAOT would be chaired exclusively by various male doctors for the first two decades of its existence (Crouch, 2016; Davy, 1975, p. 19). Dr GT du Toit, an orthopaedic specialist and surgeon and the final male chair, recommended as an adaptation to the constitution of the association that it be chaired by a member of its own. Subsequently, Vona du Toit⁵³ was elected:

1966

Constitutional changes for Internal President / Chairman.

At Prof. du Toit's suggestion, changes to the constitution were approved by the members to allow for the first O.T. member to be elected as President of S.A.A.O.T. The retiring President, Prof. du Toit, accepted an honorary Presidency.

(Davy, 1975, pp. 19-20)

This meant that the South African Association of Occupational Therapists, mainly consisting of white women, was chaired for 20 years by white men from the medical fraternity, with the exception for one year of Ms Cousaz.

In the 1979 Vona du Toit Memorial Lecture, entitled "Let us do the thing in...Style" (Meyer, 1979), the speaker, who had spent some time in the United States of America, reflected on the strengths and challenges of South Africa's occupational therapists' clinical expertise. While pointing to the high standards of care that occupational therapists in SA rendered, she added the following when talking about the gaps that needed to be addressed:

Since most occupational therapists are women, an occupational therapist is expected to be a gentle, kind, caring person who keeps everyone happy. We are afraid of hurting anybody's feelings and we are personally offended when our actions are criticised...we cannot disentangle our professional persona from

⁵³ The fact that GT du Toit and Vona du Toit shared a last name may seem more than coincidence and may render the question of possible relational proxy. Vona du Toit's husband was a pediatrician, as Mr Douglas informed me. I found no evidence from the data that GT du Toit and Vona du Toit were related.

our personal persona, and don't wish to upset anyone... Also, [at the backdrop of women leaving the profession because of getting married and having children] in this country, there is still some feeling that women ought to be subservient to men. This contributes to our reluctance to speak up."

(Meyer, 1979, p. 4)

In the formation of the 'ideal' type of occupational therapist as an object (white woman) who is virtuous (for example striving for excellence, being obedient toward instructions of doctors, caring for the ill), one may argue that such striving for an ideal led to the construction of the occupational therapist, at once being virtuous as the ideal and docile in reality. Foucault (1985, p. 70) explains that in order to meet or rather master the ideal of a virtuous subject, one manufactures a relationship with the self which results in an ideal-real duality – a "heutocratic structure of the subject in the ethical practice of pleasures" (Foucault, 1985, p. 70). The perceived characteristic of the typical occupational therapist as being docile, albeit unintended, has been alluded to previously in the Blom-Cooper Report (1989).

The rules of formation of the construction of the object – the occupational therapist in South Africa and specifically at an Afrikaans-medium university - also has inevitable inscriptions from Afrikaner nationalism. The notion of exceptionalism is deeply rooted in Calvinist history and gave form to the construction of the Boer during the Groot Trek – the sense of being a 'Chosen People', together with an epistemological isolation and insulation, removed from the large discourses of rationality which followed from Enlightenment and Industrialization (du Toit, 1983, pp. 922-923). Drawing on several writings, du Toit explains the central concepts of "predestination" and "the elect" (du Toit, 1983, p. 925) in Calvinism, which in turn resonate strongly with the remnants of exceptionalism. The occupational therapy object was both constructed and constructed itself as a moral subject. Both elements of morality, namely codes of behaviour (in the form of ethics) and forms of self-subjectification (in the form of docility) (Foucault, 1985, p. 29), were excavated from texts.

Several aspects are relevant to the construction of the object as a moral subject (Foucault 1985, pp. 25-37). One of the facets relevant to the formation of the occupational therapy object was the acknowledgement of moral duties, which were usually closely linked with religion or a strong ideology (O'Farrell, 2005, p. 115). Religion is historically and contextually closely associated with the origin of the profession in the Global North as well as in South Africa – and in particular forms at English and Afrikaans universities. While the domination of the Christian church as part of the selection criteria was removed later in the eighties, the Christian religion continued to be part of

campus and student residence practice. These practices included attending the Nether Dutch Reformed services on Sundays in a church that was built as part of the campus (rauch van der merwe, 2012-2018).

A second aspect relevant to the construction of an object as moral subject, is the extent to which individuals, or in this case members of a profession, are self-reflexive in improving themselves using a variety of techniques that require one or another form of self-discipline or sacrifice (Foucault, 1985, p. 11; O'Farrell, 2005, p. 115). (In genealogy terms referred to as ascetic technologies of the self). The notion of the profession as being quite self-reflexive can be seen in the Vona du Toit Lectures and other articles published, as well as in the editorials from the seventies onwards. The notion of perfectionism and 'having to do things correctly' is interwoven in the textual data of education, including several references to harsh or disciplinarian approaches in the education of occupational therapy students (See alumni accounts as well as Claxton, 1986, for example). These implicit values of perfectionism are also closely linked with the Puritan forms of religious conviction (Robinson, 1994, p. 41). There is inevitably a link between Calvinist and Puritan moralism and ascetic technologies of the self and the notion of work as a meaningful activity (Giddens in (Weber, 1930/2005, pp. xiii, xvi, xix). This teleological relation to capitalism has not been interrogated in relation to the origin of the occupational therapy profession. If one excavates deeper, the value system of Victorianism preceded the colonialism associated with the period of the two world wars, and is summed up by the following description:

The term 'Victorian' gathered strength after 1901, as it was called upon to evoke an historical period... but perhaps most of all, a state of mind. It meant earnestness, prudery, hypocrisy, overly ornate and elaborate design, bold entrepreneurialism, double standards, snobbery, sentimentality, utilitarianism, imperialism, narrow mindedness, cosy but stifling family life, rote-learning, extreme religiosity, racism, respectability, corporal punishment, hard work and drudgery... It came to describe a sepia-tinted age that trumpeted high ideals and Christian virtues but presided over an underworld of poverty and prostitution.

(Boyd & McWilliams, 2007, pp. 1-2 cited in Munford & Young, 2009, pp. 2-3)

Furthermore, regarding the formation of the rules of the object, the occupational therapy student was selected as the object for the purposes of this study. However, I will briefly mention the patient as well as an object of the rules of formation, in as much as it begs the question: 'How and why did the patient, treated by occupational therapists, become the object of study?' Or, adapting

O'Farrell's (2005, p. 41) words: 'What is the occupational therapist's sense of a human, when stripped from history and science?' While this is an analysis beyond the scope of the current study, I believe some of the answers about the formation of the patient as object lie in the formation of theoretical themes, as well as to a certain extent in the formation of strategies. In Foucauldian terms, knowledge is seen as "primarily a way of organising and ordering the social and physical environment to make it manageable" (O'Farrell, 2005, p. 66). For example, madness emerged as a category to be studied because of a "tragic experience" (Foucault, 1961/1989, p. 27) during the Middle Ages and a general awareness of truth and the tenuousness of human existence (Foucault, 1961/1989, pp. 27-28; O'Farrell, 2005, p. 36). Perhaps in a dichotomous manner, occupational therapy can be seen as the outcome of an episteme to make sense of the 'disorder' and the devastation of war, but also of the confusion associated with industrialization, of immigrants, not speaking English, flocking to the cities in pursuit of work and wealth. In such a way occupational therapy as knowledge formation perhaps came to be the "daughter of human fear" (Canguilhem, 2008, p. xix).

However, the subjects – the proto-occupational therapists – who gave impetus and form to the profession, represented a specific class, gender and race, as well as sexuality and worldview. The construct of the patient as object will therefore be delineated by the formation of concepts and strategies of the profession. In South Africa, after decades of apartheid during which the profession was established, Randall (1991) argued the issue of having genuine and accurate empathy with black clients.⁵⁴ This article reminds us of the deep racial and human categories of inclusion and exclusion that mapped the formation of the rules of occupational therapy knowledge – at least in South Africa. Moreover, these patterns of inclusion and exclusion are repeated, even in the call to fellow occupational therapists on how to structurally approach and practice deep and accurate empathy (Randall, 1991). The point of departure and content referred to in this writing remain squarely on the shoulders of white centrality, since in white literature about empathy and in speaking to white occupational therapists, the voices of the black 'client' and the black occupational therapist are silent.

⁵⁴ This is the actual terminology she used throughout the article.

Summary: Discussion of the formation of the object⁵⁵

The profession's knowledge in South Africa was initially informed by its colonial ties with Britain, at the height of WW II, against the backdrop of colonialism followed by apartheid. This was the *surface of emergence*. Hospitals, both so-called European and Non-European, were full beyond capacity with soldiers and those with communicable diseases such as tuberculosis. White male medical specialists, as the authorities of delimitation, advocated for the establishment of the first occupational therapy programme in South Africa in 1943 at an English-medium university. These *authorities (of delimitation)* determined which students were selected for an occupational therapy programme. The programme at the historically Afrikaans-medium University was established in 1976, 18 years before the formal end of apartheid, though these *authorities (of delimitation)* were similar to those who had implemented the programme in 1943: white males in the medical discipline.

Mignolo's (2009) power matrix of coloniality (economy, authority, gender and sexuality, and knowledge/subjectivity), together with race during apartheid were major pillars for the organization of the origin of occupational therapy *savoir* in South Africa. The intersectionality between power and knowledge paved the way for the homogenous construction of the profession in terms of race (whiteness), femaleness, class and, arguably, sexuality. Regarding Foucault's discursive regularities, race, gender and class were the most prevalent *grids of specification* in terms of the formation of the occupational therapy student as object. The homogeneity of whiteness, femaleness and class was also geopolitically bound, based on the implementation of the Extension of University Education Act in 1959. This implied that the historically Afrikaans-medium University was overtly subservient to the political agenda of apartheid until the 1980s, which also implied exclusion of black students – not only on the basis of race but also by virtue of language. For the occupational therapy student at a historically Afrikaans-medium university, therefore, the *grids of specification of race, gender and class* were compounded by the context of Afrikaner nationalism. The latter sprang from a deeply embedded historical drive for self-determination and the Calvinist version of Christianity, resulting in a geopolitically bound isolation and insulation (van der Westhuizen, 2007, p. 12).

⁵⁵ **Keywords for patterns of inclusion / exclusion:** whiteness; femaleness; class, apartheid; pre-apartheid / coloniality; exceptionalism; excellence; religion; moralism; perfectionism; virtueist; complaisant/docile; inverted moral subject.

Foucauldian keywords: governmentality (systemise, normalise); technologies of power (dividing practice, homogenization, classification, supervision via care); technologies of self (humility, modesty).

In the national(ist) context, occupational therapy attempted to standardise itself as a legitimate profession, which appeared to be at odds with a political awareness that was required in order to assume a critical posture against the injustices of apartheid. The WFOT visited South Africa during the eighties after some countries had withdrawn their membership on account of SA remaining part of the international association at the height of apartheid. The South African Association of Occupational Therapists eventually took a formal stand against apartheid in 1985 and more than ten years after the WFOT visit made a submission to the Truth and Reconciliation Commission in 1996 (see for example Watson, 2008).

The historical power matrix of race (authority), class (economy), and a new emerging profession that was built on the female gender (knowledge and subjectivity) further gave form to the object as being exceptional – adding to the technology of power by division. While the selection criteria for aspirant occupational therapy students served as a form of standardization via governmentality, these criteria had been established by 1952 by the WFOT which held a Global North worldview, and were intensified by that fact that the profession was mostly female against the backdrop of patriarchy in South Africa.

The profession, discursively formed because of World Wars, and before that owing its start to the Women's Suffrage Movement, had its origin in values dedicated to the common good and could therefore give form to an ethic of virtue. However, the notion of virtue ethics had several problematic implications. Firstly, the profession seems to have been uncritical about a historical power relation implicit in caring postures, namely offering charitable assistance to recipients who would be perceived by the carer as morally deserving. The question then is, in which way has this implicit value shaped our knowledge formation of the patient as object? Secondly, virtue ethics is individualist (Sherman, 2016, p. 233). The principles of an ethical code for occupational therapists were composed in 1960 by WFOT, and most of its principles were included in the South African code of conduct. Until today, both this ethical code and HPSCA's ethical rules for health care professionals rest on the basis of consequentialist and duty ethics. It has yet to be interrogated for communalist values and ethics central to African worldviews. Thirdly, it appears that virtue ethics held and practiced by white females in a patriarchal hierarchy in South Africa led to a hyper-normative version of virtuousness. The virtuous white woman, working under the instruction of the white medical male specialist in the context of apartheid - an ideology that was infused with Calvinist and Puritan values of moralism and perfectionism, in the context of a profession attempting to standardise and establish itself as a fully-fledged profession, at once constructed herself as a moral subject, one who was complaisant, docile and conforming. A moral subject who established an inverted relationship of being docile-'virtue-ist', she remained both docile in the

face of hierarchies of male power, patriarchy and paternalism and virtue-ist, exercising the power of virtue, of discipline and panopticism in the formation of the student as object.

5.3.2. The formation of the enunciative modalities⁵⁶/subject positions

The use of the term ‘enunciative modality’ supplements the term ‘subject position’ as a primary point of reference for the purpose of archaeology: of how knowledge (in this case occupational therapy as a discursive formation) becomes a legitimate or epistemologized body of knowledge (Foucault, 1969/2011, p. 207). This is in order to remain coherent to the understanding that the human subject is as constituted of, as it is constituted by, discourse of such knowledge, and therefore cannot occupy the position of analysing and being analysed at once. Foucault explains that the archaeology project is

...far from determining the locus in which it speaks...[but rather]...to deploy a dispersion that can never be reduced to a single system of differences, a scattering that is not related to absolute axes of reference; it is trying to operate a decentring that leaves no privilege to any centre.

(Foucault, 1969/2011, p. 226)

Here, however, I use of the term ‘subject position’ as an adjunct to ‘enunciative modalities’, in view of the fact that the ‘position of the subject’ is one of the platforms which indicate the legitimacy of a speaker.

Two prevalent themes (one with a category) emerged from the data.

Formation of the Enunciative modalities	Themes and Categories
	Regulatory bodies as legitimate speakers
	Father / Mother / Child: Doctor / Occupational Therapist / Patients: a) Patriarchy / Paternalism

⁵⁶ Cf. 4.4.1.4. (b) for the three platforms from which speakers claim legitimacy, i.e. type of speciality, type of institutional authority, and the position of the subject in relation of the object.

5.3.2.1. Regulatory bodies as legitimate speakers

Four main groups of legitimate speakers (Keller 2013, p. 47) emerged in relation to the curriculum as it took form, first at a historically English-medium university in South Africa and later across the country, including at a particular Afrikaans-medium university. In addition to apartheid legislation, the four groups of legitimate speakers were:

- medical specialists and academics who advocated for the implementation of occupational therapy programmes at the first university and later at others;
- the occupational therapists from England delegated by the Red Cross to start the first occupational therapy programme at the English-medium University in 1943;
- WFOT which determined the Minimum Educational Standards for Occupational Therapists; and
- The South African Dental Medical Council which oversaw the regulatory imperatives for implementing the new programmes at universities.

The first group of speakers comprised white medical male specialists and associated academics who in the first place permitted and advocated for the occupational therapy programmes and departments to be established at the various universities and affiliated hospitals, and who exerted their bureaucratic governance in order to do so.

The first occupational therapy course was established at the English-medium University:

The Occupational Therapy course was established at Wits in 1943 by Dr Humphrey Raikes after he had been convinced of the importance of the profession by Prof Raymond Dart and Dr E B Woolfe – the then head of physiotherapy.

(Franzsen, 1993, p. i); Also verified by Dart (1963, p. 6) and Tobias (1982, pp. 7-8)

At the formerly Afrikaans-medium University, the occupational therapist who put forward the need for an occupational therapy programme at this institution, alluded to the support of the Dean of that medical faculty at that time:

Na verskeie vergaderings is ek afgevaardig om die destydse Dekaan van die Mediese Fakulteit, prof. F.P. Retief (wie se suster 'n arbeidsterapeut was), en die Provinsiale Administrasie te gaan oortuig, dat die enigste oplossing, die totstandkoming van 'n eie department sou wees...Hulle het terstond ingestem...

//

(After several meetings I was delegated to the then Dean of the Medical Faculty, Prof. P.M. Retief (whose sister was an occupational therapist) and the Provincial Administration to convince them that the only solution would be to establish our own department ... They agreed promptly ...

(UOVS, 1986, p. 2)

The speakers who were qualified and socially located by means of the authority allocated to them and who co-created the formation of the object were medical specialists affiliated either directly or indirectly with higher education institutions. In the case of the historically English-medium University and the historically Afrikaans-medium University, the Deans of both the medical faculties were champions of the profession, in addition to being supported by other medical specialists. Some of these role players, by using the authority vested in them, also acted as what Foucault (1969/2011, p. 56) referred to as the supervisor and guardians of the profession. Their acquired status was due both to their specialist knowledge and their expertise (Foucault, 1969/2011, p. 55) in their respective fields, and they applied their status to call the profession into a shared professional space. It was also a small group of medical specialists who decided that occupational therapy should be established in South Africa, partly on account of the female medical students who had taught patients with tuberculosis how to knit (Concha, 2014; Dart, 1963). However, while the social, political and economic (Foucault, 2000, p. 15) results of war urged the occupational therapy profession into existence, it would later find difficulty in being organised around the norms (Foucault, 2000, p. 59) of the medical profession and its foundationalist epistemology. Nevertheless, occupational therapy came into being as a profession because of the pedagogical nature of the institutional sites, namely hospitals and university.

The second group of speakers were the women delegated from England to implement a first training programme in South Africa at the English-medium University in 1943. These women were brought out under the auspices of the Red Cross during World War II when rehabilitation of soldiers injured during the war was a major priority in the medical profession in the Global North. In response to this need, several occupational therapists were trained by the Red Cross (Wilcock, 2002, pp. 202-203). In the lecture material given to students at the Afrikaans-medium University, new occupational therapy students were informed of their special(ity) knowledge and authority:

The first qualified occupational therapists came to South Africa from Britain in 1942. They recognized the value of activities currently in use, but brought knowledge and discipline to refine their application so that the patients received

the treatment specifically designed for their particular needs. (Unknown, 1977, p. 2)

The third group of legitimate speakers is the regulatory international body WFOT, which together with South Africa as one of the founders, established the Minimum Educational Standards in 1953 in order to set a global minimum standard. These standards were also incorporated by the SAAOT. In 1952, The WFOT was founded by ten countries, USA, Canada, Denmark, Great Britain, Scotland, South Africa, Sweden, Australia, New Zealand and India, and the 'Minimum Education Standards' was compiled and distributed accordingly (Spackman 1969: 37-39). South Africa attended the founding meeting of WFOT and was therefore centrally positioned in the construction of these standards.

The WFOT Minimum Educational Standards included the following sections and sub-sections with some excerpts:

(I) Selection of Students

Recognised Standards of Education...

Personal references...

Age - 18 years minimum: thirty-five maximum, save in exceptional circumstances...

Probationary period - minimum of two months

(II) Programme of Training

- Length

2½ years (a minimum of 100 weeks)...

- Content

(Premedical subjects - study of the normal mind and body): 1/3 medical subjects - study of pathology and treatment of psychological and physical abnormalities, 1/3 therapeutic activities, 1/3 clinical practice

Medical subjects

Anatomy and physiology, kinesiology, medical and surgical conditions...

Theory of Occupational Therapy and Rehabilitation

Therapeutic Activities

Manual arts, fine arts, recreation and education

Clinical Practice

...experience in both the psychiatric and physical field

(III) School Organization**(A) Qualification of school director***(1) Education**(2) Experience**(3) Age**(4) Appointment***(B) Qualifications of school staff****(C) Space**

There should be adequate space allotted for the training of students which is not also utilized for the training of other personnel or for the treatment of patients

(D) Library**(E) Examination****(F) Records**

(Spackman, 1969, pp. 37-38)

In 1943 the curriculum was established at the English-medium University, and by 1952 had been used as a model for similar programmes at other universities in South Africa (Douglas, 2016). This implies that the various occupational therapy programmes in South Africa have very similar content (Watson, 1982, p. 3). In the SAAOT, the first reference made in its available archival summary was in 1967, after the 1963 revision of the WFOT Minimum Educational Standards (Spackman, 1969, p. 37):

Education Committee: *Main topics dealt with were the continuing discussions in the revision of the recommended minimum standards of training...*

(Davy, 1975, p. 21)

Though WFOT recommended minimum standards without it compromising its core, it did allow for countries to adapt according to their context.

A fourth legitimate speaker and authority of delimitation was the South African Dental Medical Council which oversaw the regulations for implementing new programmes at universities. On an institutional front, the occupational therapy programme, which was started at the then historically Afrikaans-medium University in 1976, was initially governed by the Education Committee of the Medical Faculty (Douglas, 2016). When the motivation for establishing an occupational therapy department at a specific historically Afrikaans-medium university was

motivated by the lack of occupational therapists in that province the suggestion was considered favourably by the Dean of the Medical Faculty, whose sister was also an occupational therapist (Douglas, 2016; Oosthuizen, 2016; rauch van der merwe, 2016; UOVS, 1986, p. 2). Mr Douglas explained further that, while the curriculum was initially compiled by occupational therapists, it still had to be approved by the Education Committee of the Medical Faculty, including any subsequent amendments to it in view of its approval by the South African Medical Dental Council (SAMDC). According to Mr Douglas (2016), it was the then Dean of the Medical Faculty who recommended to faculty board that all Heads of Departments should form part of the Education Committee. Both Mr Douglas and Ms Oosthuizen iterated that it was important that the content and structure of the occupational therapy programme meet the standards of the SAMDC in order for it to be accepted as a legitimate university programme:

The [content and form] of the curriculum was very much determined by whether occupational therapy [i.e. the programme] was 'registrable' at the Medical and Dental Council. This council consisted of medical practitioners, specialists, dentists and psychiatrists who were males and who were white at that time.

(Oosthuizen, 2016)

The SAMDC also formed part of the dominant discourses characteristic of apartheid and was subject to its racially biased and categorizational practice. Besides subjecting (only) black doctors (referred to as 'Class C') - whether they were internationally or nationally qualified - to exceptionally unreasonable professional exams and assessment, some of its members were known to have failed their ethical duties in upholding non-maleficence and delivering and promoting health to all those in need. A well-known case is that of Dr Benjamin Tucker, who twice failed to report the need for Steve Biko to be hospitalised during detention in 1977, and was brought to account by the SAMDC only in 1985 with a six-year suspension (Simpson, 1992).

The impetus to implement training programmes in occupational therapy was also supplied by individuals in the medical fraternity who recognised the potential value of occupational therapy for curative purposes. This is to be noted, since "[n]inety-eight percent of the medical budget was spent on curative rather than preventative services and most of it was consumed by white patients" during the late apartheid years (Thompson, 2014, p. 4293 Kindle loc.).

In 1979, in the historically Afrikaans-medium University, only one occupational therapist was allocated to the so-called new 'black' hospital. In the early eighties and the beginning of the end of

apartheid, the Afrikaners became increasingly divided and liberal universities took definite stances (Thompson, 2014, pp. 4650-4692 Kindle loc.). Two speakers, one from a historically Afrikaans-medium university and one from an English-medium university, in their respective Vona du Toit Memorial lectures in 1982 and 1983, emphasised the importance of training black occupational therapists:

Lei ons genoeg arbeidsterapeute op? Uit die voorafgaande statistiek, is die antwoord duidelike nee – veral ten opsigte van Swart arbeidsterapeute en ons diens aan die nasionale state.

//

Do we train enough occupational therapists? From the previous statistics, the answer is a clear no - especially with regard to black occupational therapists and our service to the national states.

(Retief, 1982, p. 9)

With 70 percent of the overall population of South African comprised of Blacks (Africans), another 15 per cent of Asian and Coloured people, and only 15 percent of Whites, it is obvious that the country needs to produce black occupational therapists in ever growing numbers. This is a challenge that the Wits University Medical Faculty is eager to face up to.

(Tobias, 1982, p. 13)

Both authors in different ways pointed to the concomitant problems of the political constrictions which had led to the consistent asymmetry between the numbers of qualifying black *vis-à-vis* white occupational therapists and its misrepresentation in relation to the country's demographics (Retief, 1982, pp. 9-20; Tobias, 1982, pp. 13-14).

These accounts of the legitimate speakers about occupational therapy knowledge show how power relations are not binary but interwoven (Foucault, 1978, p. 94). In the historical context, women were seen as subservient. Yet it was the women from England (representing the country which colonised South Africa) who believed in the common good, that the virtue of occupational therapy could prevail during World Wars and in their aftermath, who tenaciously travelled across a large part of the African continent to establish the first occupational therapy programme in South Africa. They met with the superiority of the white males in South Africa, against the backdrop of apartheid. Together they symbolise both the possibility and the restrictions of occupational therapy knowledge in South Africa.

The development of occupational therapy as a profession in South Africa is a splendid example of how power was deliberate and non-subjective (Foucault, 1978, p. 94) and manifested through the joint purpose of establishing occupational therapy programmes. On the other hand, the *positions of the subject/s in relation to the object* could not have been possible without what was regarded as privileged and a special kind of knowledge (Foucault, 2000, p. 31), which was in turn directly related to *institutional sites*. Concerning the universities as institutional sites, it is important to note that universities, first in the colonial project and then in the apartheid project, served a highly instrumentalist purpose to meet the socio-political imperatives of government. In order to meet the political agendas, authoritarianism was an important way of thinking and doing (Bunting, 2002, p. 40). This instrumentalist epistemology blocked the way to critical thinking, creative problem-solving (Jansen, 2001, p. 4) and a connectedness with a larger scope of the world and reality, instead affirming a sense of intellectual and discipline-bound ethno-centrality.

5.3.2.2. Father / Mother / Child: Doctor / Occupational Therapist / Student and Patient

a) Patriarchy and paternalism

The second main theme that emerged as formation of enunciative modalities is the analogy of the medical doctor as the father, the occupational therapist as the mother, and the patient as child. The enunciations that follow from these are paternalism, patriarchy, and matriarchy.

Both in the interviews and in the commemorative texts from both universities, it is striking how normalised both the hierarchy and hegemony of paternalism and patriarchy came to be. Besides the subservience of a female profession both to the larger post-colonial discourse and to apartheid in a national context - as referred to under the formation of the object - these enunciations were intensified at the historically Afrikaans-medium University.

When asked about the curriculum content, Mr Douglas said:

It was a very paternalistic environment then: if a [medical] doctor spoke, you listened and you often did not even look at him when he spoke.

(Douglas, 2016)

Lynne Visser, in light humour (albeit virtue-ist manner), recalled the following when presenting the newly compiled framework of the programme at the Faculty Board of Medicine Faculty:

Die finale raamwerk moes voor die Fakulteitsraad dien en ek is uitgenooi om hul toe te spreek. Groot was my verleentheid egter toe ek klaar was en die saal wou verlaat, toe al agt en vyftig mans vir hierdie eensame vrou, hoflik opstaan en gewag het terwyl ek my papiere bymekaar maak en loop.

//

The final framework had to be submitted to the Faculty Board and I was invited to address them. Great was my embarrassment, however, when I had finished and was ready to leave the hall that all fifty-eight men courteously stood up for this lonely woman and waited while I got my papers together.

(UOVS, 1986, p. 2)

The following two excerpts from alumni at the historically English-medium University, where the first occupational therapy programme was implemented, show the implicit patriarchal dynamic between male lecturers and female students (the dates are from 1957 to 1960 and 1968 to 1971 respectively):

We had the most amazing lecturers. I like Dr [B] best – he was a chemistry lecturer who liked the girls and we really played up.

(Franzsen, 1993, p. 13)

Activities were taught in one of the huts in the area...Mr [G] would very often lock us in the hut – or out if one of our teabreaks became too long – to “protect” us from the male hangers on.

(Franzsen, 1993, p. 17)

The following excerpt is from one of the alumni from the historically Afrikaans-medium University, who reminisces about the first year in the programme, framed in a light humorous way (dated 1976):

Die ou omies in die Bedryfsielkunde aandklas was baie in hul skik met die klomp meisiekinders. [D] en [A] moes al die prakties in die klas doen en danksy [R] se ywer was die dosent heel tevrede met ons.

//

The old 'uncles' in the Industrial psychology classes were very fond of us lot of girls. [D] and [A] had to do all the practical work in class and, thanks to [R]'s enthusiasm, the lecturer was very satisfied with us.

(UOVS, 1986, p. 13)

These excerpts not only indicate the patriarchal relations between students and (male) lecturers, but also the hierarchy in the education environment – especially when lectured by (white male) lectures outside of occupational therapy.

Contextually then, paternalism and patriarchy were evident not only in the education environment but also in the clinical sphere. Prof GT du Toit, a life-long champion of the profession in South Africa, in delivering the second Vona du Toit lecture in 1977 (published the year after) pointed to the struggle for legitimacy of a female-dominated profession in a male-dominated medical environment:

For 30 years occupational therapy could gain no foothold in South Africa's leading industrial hospital, the Chamber of Mine Hospital, because it was felt that underground miners, engineers, pipe fitters, electricians, surveyors, hoist drivers and the like were too rough and masculine to benefit from the gentle ministrations of ladies in uniform surrounded by looms, leather souvenirs and clay modelling materials. To this day the industry gives scant attention to occupational therapy as a rehabilitation tool... Do you, as an association, realise the need for demonstrating your functions and abilities and the contributions you could make...? Is it not your function to educate the various professions concerned?

(du Toit, 1978, p. 2)

The speaker continues by defining, in his view, the role of the occupational therapist:

We [i.e. medical doctors] need synthesisers who will bridge the distance between patient, therapist and doctor... I believe therapists should be taught to be full participating members of the professional teams, and not just technicians. I must stress that doctors mostly do not usually respond meaningfully to this team concept. They should be educated in this regard.

(du Toit, 1978, p. 2)

There were nevertheless several men who were viewed at that time as progressive and who advocated for the profession, as evidenced earlier by GT du Toit (1978; Davy, 1975, p. 19). Other examples include the dean of the medical faculty at the Afrikaans-medium University. It was he who suggested after the commencement of the Department of Occupational Therapy that heads of departments should be part of the Education Committee at the Faculty, thus creating an opportunity for some autonomy (Douglas, 2016). Phillip Tobias, a paleoanthropologist and one of the teaching faculty of the occupational therapy programme at the (English-medium) University where the first occupational therapy programme was implemented, advocated for a similar autonomy for occupational therapy, urging several times at faculty board meetings for the occupational therapy and allied health professions to have their own dean (Tobias, 1982, p. 17).

However, in the general context of apartheid, the taken-for-granted patriarchal hierarchy in the medical team, with the male doctor having to be revered as the sole decision maker on patient care – the “captain of the ship” (Campbell-Heider & Pollock, 1987; Andrews, 1999, p. 192) - was evidenced in the SAAOT’s (Davy, 1975) meeting proceedings. As previously noted, for the first 20 years of the association’s existence these were chaired by various members of the medical fraternity. This value and power relation of occupational therapy in the medical realm, coupled with its dependency on referrals from the doctors (Blom-Cooper, 1989, p. 119), is also evident in the WFOT Code of Ethics, as put forward and adopted in 1960:

II. Responsibility to the Physician:

(a) The occupational therapist should treat only patients referred by the physician and should co-operate fully in achieving the established goals...

(Spackman, 1969, p. 41)

The embedded paternalism of health care in South Africa was illustrated by a neuro-surgeon from the then ‘Non-European’ Hospital in Johannesburg, known to have worked “among Africans for thirty years... and had ample opportunities of studying the African in his tribal state”, who in 1963 published an article entitled: “Occupational Therapy and the Bantu” (Keen, 1956, p. 7). In it, the author, when referring to leprosy patients complaining about not receiving money for making articles as part of occupational therapy, stated the following:

...there is no doubt that the tribal African does not or cannot understand the aims and objectives of Occupational Therapy (original emphasis). Until the

African has a better understanding of Occupational Therapy, the only way to deal with him is to make a contract for every article made.

(Keen, 1956, p. 8)

This article was critiqued by an occupational therapist in 1991 for its “racist and ethnographic” (Randall, 1991, p. 24) content when she published a scholarly call for white occupational therapists, given the separating legacy of apartheid, to consciously cultivate a deep and accurate empathy for black clients (Randall, 1991).

The evidence above appears to resonate strongly with the symbolic and archetypal Victorian representation of the relations and hierarchy between the knowing, dominating and strict medical doctor (father), the nurturing, submissive, ‘para-medical’ female health carer (mother), coupling together in their authority over the ignorant and child-like (black) patient (Andrews, 1999, p. 194). The patient is not seen as a legitimate speaker in the formation of the enunciative modalities. The voice of the patient was absent in the textual accounts of the construction of the first occupational therapy programme in South Africa, as it was in the commemorative documents. It was absent in the WFOT Minimum Educational Standards for training of occupational therapists in 1952, as it was in the selection criteria for occupational therapy students at the Afrikaans-medium University. However, in the body of SAJOT publications (on the evidence of the titles of articles and pictures published), the voice of the patient starts to be heard, reflecting the growth of research and publications about ‘know-how’ knowledge, though the voice of the black patient can still only be heard through the ears and through the epistemology of the white therapist.

Patriarchy, matriarchy and paternalism were the effective power strategies of normalization and repression. The subject/object relation was normalised in terms of existing hierarchies of authority and race, gender and sexuality that form part of the power matrix of colonialism (Mignolo, 2009) and apartheid alike. The medical specialists called for the establishment of occupational therapy in South Africa. They were a tightknit fraternity of white males who wielded the power of a specialised kind of knowledge of science. Occupational therapy was a profession in the making, consisting mostly of white, heterosexual (as homosexuality was unspeakable) females. Most of the patients who received therapy in South Africa were black. Their knowledge or ideas about appropriate modes of therapy was as unspoken as it was unspeakable: what Foucault refers to as the “violence that discourse does to things” (Foucault, 1970/1981, p. 67), in this case especially epistemologically so. The social and epistemological white male, elitist authority not only led to the essentialization of (white) femaleness, but also to a categorical denial of the black person/patient as a legitimate bearer of truth. This is not just epistemic injustice: it is

the profound rejection of the black person/patient as being human and having epistemic virtue. To be human means to *have* knowledge – to be imagined as being a bearer of knowledge (Ndlovu-Gatsheni, 2018).

Summary: Formation of enunciative modalities/ subject positions⁵⁷

The formation of enunciative modalities is about those who were viewed as legitimate speakers. There were four groups of these. Firstly, the group of white male medical specialists who on account of *their speciality* and *institutional sites* recommended and advocated for the first occupational therapy training programme to be established at a historically English-medium university.

These medical specialists collaborated with the Red Cross, and a few occupational therapists from England were sent to start departments in some of the academic hospitals. These two women, having faced many adversities and challenges, together with the lecturers who followed after them at the universities, comprised the second group of legitimate speakers, as they not only established the first occupational therapy programme but also acted as consultants for the programmes that were introduced thereafter.

Moving further afield to the international front, the third group of speakers were the WFOT executive boards which were found in 10 other countries, mostly in the Global North but including India (then a British colony). As an international entity they not only established an initial code of ethics for occupational therapists but in 1952 also laid down the minimum standards of education for occupational therapists. These standards formed the template for the basic content of occupational therapy programmes around the world and were also emulated in South Africa.

Returning to the local front, the fourth group of legitimate speakers were the South African Medical and Dental Council (SAMDC), now known as the Health Professions Council of South Africa (HPCSA). In terms of their *position in relation to occupational therapy* this group were considered as legitimate speakers because their standards included the drive for universities and

⁵⁷ **Keywords of patterns of inclusion / exclusion:** special knowledge medicine and occupational therapy; coloniality and females; apartheid and male; **paternalism**; **patriarchy**; **Victorian trinity** (father/doctor – occupational therapist/mother – patient/student/child);

Foucauldian keywords: authority (guardians); power (interwoven and differentiated; deliberate / calculated and non-subjective / external); pedagogical nature of universities and hospitals; regulation of knowledge (WFOT; SAMDC); effect of instrumentalist agendas of universities: lack of critical thinking; (epistemic) violence

medical faculties to monitor the content of the occupational therapy programmes. These speakers were mostly specialists in the field of medicine in South Africa and were white males.

The women who were the initial experts in the field of occupational therapy were from England, and the body of experts who formed the international occupational therapy association at that time were either from the Global North or countries which had colonial ties with Britain. The power relations of various kinds of special knowledge (medicine and occupational therapy), genders (female occupational therapists from England and white males in South Africa), and authorities, were interwoven. They shared the aim of establishing and formalising occupational therapy knowledge in South Africa and had better control of the status of patients in hospitals at the height of WW II. Knowledge of occupational therapy was distributed according to the very pedagogical nature of hospitals and universities. It was an important disciplinary strategy (Lenoir, 1993) for the early heterogeneous organization to become legitimate and stabilised as a discursive formation. However, since the universities were used by the apartheid government to support its ideals, the imparting of knowledge was also subject to an instrumentalist function, which may have shaped the profession's pedagogy and epistemology – especially at historically Afrikaans universities - as parochial, authoritative, and devoid of critical reasoning. Knowledge of occupational therapy was later regulated by both the international occupational therapy organization and South African Medical and Dental Council.

Against the backdrop of Afrikaner nationalism and apartheid, the female object as student was particularly subject to enunciations of patriarchy and paternalism. This was compounded by the historical *a priori* of a female profession that was viewed at once as unique and exceptional, but also virtue-ist, complaisant, conforming and docile. Occupational therapy struggled to gain legitimacy in the medical field as it was compounded by the implicit power relations of colonialism and gender, and subject to the authority of the foundationalist epistemology in medical science in South Africa as well - as is evidenced throughout the archive of the SAJOT. Nevertheless, there were also male champions and advocates who resisted the subversion of occupational therapy and advocated for its legitimacy, albeit contextualised within a patriarchal and paternalist framework, while recognising the 'exceptionality' of the occupational therapist. The patriarchal relations between the male medical fraternity and the female 'para-medical' profession, with the voices of the patients and students in knowledge formation being markedly silent, recalls the analogy of the Victorian trinity of the strict medical doctor (father), the nurturing, submissive 'para-medical' female health carer (mother), joining together in maintaining their authority over the ignorant and child-like patient (Andrews, 1999). These interlaced manifestations of the

colonial matrix of power (Mignolo, 2009), authority, gender and sexuality, and knowledge/subjectivity imply, too, a sort of epistemic violence.

5.3.3. The formation of concepts⁵⁸ (modes of argumentation and reasoning about the knowledge that is applied)

The third group of rules relevant to the discursive formation of occupational therapy knowledge is the formation of concepts. Foucault refers to the formation of concepts as a description of “the organization of the field of statements where they appeared and circulated” (Foucault, 1969/2011, p. 62). The formation of concepts relates to three ways of organising groups of statements/serious speech acts. Firstly, the forms of logic, argumentation and reasoning (the *methodological relations* that are employed when referring to occupational therapy knowledge). Secondly, the norms that are allocated to the *positions / attitudes / postures of acceptance or rejections* of certain statements of knowledge. In other words, the norms allocated to the type of formation of statements which are a) accepted (included), and those which are rejected. It also includes statements that b) may be incorporated from other discursive formations, as well as c) a spectrum of statements that are taken for granted because of their historical context. The third type of organization of a field of statements relates to the way the statements change and are produced, that is, *the procedures of intervention* (Foucault, 1969/2011, p. 65; Gutting, 1995, pp. 236-237).

The following are the two most prevalent themes which emerged from the archive. The first theme is interwoven with categories as indicated:

Formation of Concepts	Themes and Categories
	Ontologically plural: a) politically ambivalent b) know-how / practical knowledge
	Called to do research to validate own theories and value in the health care field.

⁵⁸ Cf. 4.4.1.4. (c) for the three clusters of questions in relation to the rules of the formation of concepts: i.e. methodological relations (ways of argumentation), norms that are allocated for inclusion/exclusion of statements, and procedures of intervention in terms of the ways that statements may change or are reproduced .

5.3.3.1. *Ontologically plural*

One of the most predominant themes that emerged from the biographical archive was that the profession was viewed as ontologically plural since it involved studying a wide range of subjects as part of the curriculum. Given that occupational therapy straddles natural and social sciences, it could be argued that it is also ontologically plural in as much as it uses descriptors from various domains to define its delimitations. The profession's ontological plurality serves as a way of reasoning about its knowledge, as well as a field of concomitance, in as much as it draws on various frameworks of knowledge.

While ontological plurality could be seen in the formation of concepts as a principle of rarefication (Dreyfus & Rabinow, 1982, p. 70), it was also seen as problematic in medical science, as occupational therapy appeared to move epistemologically between natural and social paradigms. Medical science by its nature subscribes to a foundationalist epistemological view. Foundationalist knowledge is typically that which is linear and single-discipline bound, as is medicine, founded on its basic science. On the other hand, coherentist knowledge requires no or few previous base-line beliefs, relying rather on the coherence between a set of beliefs (Dancy, 2005, p. 263; Lehrer, 1990, pp. 13-19; Sosa, 2011, pp. 285-363 Kindle loc.), for example, between a set of natural and social sciences – typically a view one would argue exists in occupational therapy.

Know-how knowledge is marked by innovative and ingenious solutions to a practical problem, resulting in a physical product (Aristotle, 349BC/1962, p. 315). The SAJOT archive is laced with contributions of this kind of knowledge, evidenced also in the treatment of patients and in general practice. Using the classical Aristotelian framework, 'know-how' knowledge is defined as *technê*, also referred to by Aristotle as art or skill (Fantl, 2012/2017, p. 5). This type of publication was much more prevalent in the first 30 years of the journal's existence than written 'know-that' outputs. Know-that knowledge is seen as scientific knowledge, or *epistêmê* (Fantl, 2012/2017, p. 5). For any new discipline, it is a normal course first to apply practical, empirical knowledge before formally theorising it.

The intersection of knowledge and power leading to the construction of political truths was in this case inevitable. While the profession's ontological/epistemological plurality, together with its roots in pragmatism and social ethics, later paved the way to accessing the same heterogeneity of critical theory and to theorising occupational justice on an international front, its position regarding political discourse in South Africa remained ambiguous on a national intellectual level,

if not unspoken at historically Afrikaans-medium universities. The subject 'Volkekunde', for example, was used by Afrikaner nationalism to rationalise the premise of white supremacy and 'civilization', in opposition to 'primordial' identities (Blaser & van der Westhuizen, 2012, p. 381). The founding perspectives of an occupational therapy profession had historical inscriptions of the homogeneity of able-bodied females from the middle-class and a Western worldview with a largely "individualist epistemic frame" (Hocking, 2012, pp. 56, 55-56). These continued patterns in the occupational therapy profession paved the way for a "monocultural logic" (Kronenberg, et al., 2011, p. 7) as a methodological relation of the formation of concepts. This logic became reified and normalised in combination with the hegemonic patterns of white supremacy, white centrality, patriarchy and degrees of Calvinist epistemology associated with Afrikaner nationalism during apartheid (du Toit, 1991; du Toit, 1983).

Ontological plurality as a way of reasoning is observed in the wide range of subjects that were included in the curriculum. In the English-medium University, where the programme was first introduced, the initial diploma programme in 1943, which later became a B.Sc programme, included subjects such as:

- crafts - later basketry, sewing, weaving, pottery, lapidary and sport;
- basic science subjects: chemistry, zoology, anatomy, physiology, kinesiology, sociology, psychology, anthropology;
- and occupational therapy theoretical and clinical training (Franzsen, 1993).

In the Afrikaans-medium University curriculum in 1976 a B. Arbeidsterapie//Bachelors of Occupational Therapy degree was implemented that included:

- sociology;
- anthropology (or rather 'ethnology' if translated directly from the Afrikaans version of 'volkekunde');
- bio-physics;
- wood- and metalwork and sport, in
- addition to occupational therapy theory and clinical training (UOVS, 1986).

The WFOT Minimum Educational Standards for Training Occupational Therapists prescribed that the content of a programme should include one third medical and basic science subjects, one third occupational therapy theory and therapeutic activities related to rehabilitation, and one third clinical practice that entailed an equal amount of training in the fields of physical rehabilitation and psychiatry (Spackman, 1969, p. 38).

The occupational therapy profession's epistemological plurality includes a significant *field of concomitance* as scholars from various other disciplines' publications were included in its range of academic publications. Locating occupational therapy within the economy of practices of other disciplines served a significant purpose in stabilising and legitimising the emerging *connaissance* of occupational therapy as discourse. Or as Lenoir (1993, p. 74) explains, for a body of knowledge (in this case occupational therapy) to be stabilised as discourse, it must draw upon its coherence by means of its position among other affirming disciplines. This effect in itself is seen as a form of discipline in "stabilizing [its] heterogeneity". In addition to the publications by the medical specialists who delivered the Vona du Toit lectures (see (du Toit, 1978); (Retief, 1982; Tobias, 1982; du Toit, 1978), other examples with short descriptions follow:

- *Die Sielkundige Implikasies van Hospitalisering van die Kind* (Schlebusch, 1965)

This article was written by a clinical psychologist who argued the importance of the role of the occupational therapist in attending to the holistic needs of children who were admitted in hospitals.

- *Johannesburg Community Health Centre* (Karp, 1969)

Written by an architect as an excerpt from his/her thesis, this article outlines how the various services could be spatially accommodated.

Within the theme of ontological plurality as a mode of reasoning, the emerging profession was, as can be expected, subject to the discourse signifiers of apartheid. This was clear in some of the titles of the earlier publications, such as: "The Rehabilitation of the Non-White Disabled in South Africa" (Wright, 1967), in which the author referred to the African patients' traditional model of health thwarting a rationalist Western model of health (Wright, 1967, p. 10). Similar examples are evident from the Afrikaans-medium University's commemorative document:

- a study in 1981 entitled "'n Ondersoek na die Rol van die Arbeidsterapeut by die Swart Leergestremde Kind" (translated as "An investigation of the role of the occupational therapist with the black learning-disabled child"), and
- a study in 1982 entitled: "'n Ondersoek na die leerprobleme van die Sotho-kind (translated as "An investigation of the learning problems of the Sotho-child").

a) Politically ambiguous

However, the above excerpts also reveal a position of political ambiguity. In the SAJOT, references to race were often descriptively used as adjectives which would relate to grids of specification. These publications ran parallel with the discourse of apartheid. In the archive of SAJOT for 1972, an entire edition was devoted to the 'African'. The contributors ranged from a black psychologist (Manganyi, 1972) to the personnel manager of South African breweries with a doctoral qualification (Biesheuvel, 1972), to the chairman of the General Purposes Committee of the South African Institute of Race Relationships (Hellman, 1972), who also held a doctoral qualification. These articles in general contest racist assumptions and stereotyping and do so in various ways, such as providing correct and contextual information. As Manganyi (1972) noted in his article "African Ideas of Health and Disease: A re-examination of the theory of forces":

It should be emphasized that the moment that the African's world view is appreciated in its own right as an ontological system, the view that the African is primitive and naïve becomes entirely unacceptable.

(Manganyi, 1972, p. 9)

In the article titled "The Ability of Africans", Biesheuvel (1972), though contesting the genetic hypothesis of race and alluding to tests "that dispensed with language presume a mode of thought that is typical of western culture and largely determined by western language characteristics" (p. 10), continues to make a case that it is the environment, in the form of poor nutrition, limited sensory stimulation and "parental solicitude" (Biesheuvel, 1972, pp. 10, 11), which has the greatest influence on 'perceived limited performance'. He concludes that:

This is ... of some significance for work of the occupational therapist, concerned with restoration of function, re-education, or the development of alternative skills.

(Biesheuvel, 1972, p. 11)

Hellman's (1972) article, "African Family Life", gives quite a comprehensive description and explanation of the sociological family dynamics of a 'traditional African' family and how this is affected by segregated urbanization, concluding her argument that 'Africans' should be offered a secured right to reside in towns and that:

...determined efforts should be made to provide the full range of educational and social services and the facilities necessary to promote sound family life and stable family relationships.

(Hellman, 1972, pp. 15-16)

In terms of the field of presence, referring to the array of statements that are accepted, rejected and/or critiqued, it may be stated that, while the above academic accounts could at the time have been viewed as a discreet discourse against the dominating discourse of apartheid, and were perhaps informative, empathetic and challenging to the assumptions about race, they were nevertheless devoid of radical critique. In those historically English-medium universities which took a political stance against apartheid, most of the writings during the demise of apartheid (1978-1989) adhered to a liberalist notion of inclusion for the sake of inclusion, but continued to grant that, from the point of view of white centrality, the deeply ingrained colonial assumption of whiteness was the norm (Thompson, 2014, pp. 4173-4187 Kindle loc.).

One such example was a publication from 1991 that could be regarded as 'controversial', "The Acquisition of Empathy: Issues for White South African Occupational Therapists" (Randall, 1991). The author refers to the profession's signals of racist legacy and the social and human divisions apartheid had brought about. She states:

...South Africa has developed into a profession which contains diverse opinions as to the dignity and human worth of black patients. Unfortunately, there remain amongst us therapists who are overtly racist. However, it is my impression that a large proportion of white occupational therapists who work with black clients in South Africa are engaged in attempts to overcome our racist attitudes, to assert our clients' equality with ourselves and to become more sensitive to our clients' needs and realities.

(Randall, 1991, p. 24)

Yet, quite unwittingly, we may still perpetuate the same patterns of inclusion and exclusion today. The author uses a Western source in explaining the concept of and giving guidelines to practicing 'deep and accurate empathy' with fellow black South Africans:

Egan (1982) points out that the therapist needs maturity, control, patience, tolerance for puzzlement, and “cognitive suspension” in order to be truly empathetic.

(Randall, 1991, p. 27)

b) Know-how / practical knowledge

An examination of the SAJOT archives reveals a striking epistemology in the form of a mode of reasoning which seems to underpin the body of knowledge of occupational therapy, that of ‘how-to knowledge’ juxtaposed with ‘know-that’ knowledge.⁵⁹ Up to 1979 very few occupational therapy articles were published showing the use of a quantitative research methodology. The SAJOT archive is threaded with articles on how to solve problems, with clear descriptions and illustrations. Examples with short descriptions (as abstracts were not part of the early format) of such articles are:

- *Let’s Learn* (Occupational Therapy Department, General Hospital, Johannesburg, 1965)
This short insert included the detailed design for a writing aid for a patient with a weak grasp which enabled writing.
- *Function Splints for Quadriplegics* (Meyer, 1969)
This article contains several large, clear photographs of various splints to enable hand function for people who had sustained spinal injuries. The article includes a detailed assessment form, as well as a summary of data, gathered over three years, of the number of patients with various levels of injury and which splints were used.
- *Occupational Therapy for the Septic Hand as Carried out in Grootte Schuur Hospital* (Peart, 1973)
This article reports on the treatment protocol used in a particular occupational therapy department. It includes an illustration of how the

⁵⁹ There is much to be said for placing the concepts of knowledge-how and knowledge-that next to each other (intellectualist view), or distinct insofar as they are independent of each other (anti-intellectualist view). This however is not the purpose of the argument relating to *savoir* and *connaissance* and for that reason I will remain with Aristotle’s classical distinction between *epistêmê* and *technê*.

hand is bound by dynamic bandages, photographs of a recovered septic hand, as well as a detailed sketch of a hotbox used as part of the treatment protocol.

- *Designing and Rebuilding an Occupational Therapy Department* (Sidelsky, 1977)

This article was written by an occupational therapist who shared clear, succinct recommendations for the task of strategically redesigning an occupational therapy department based on her recent experience. The article included a sketch of a patient in a wheelchair, with detailed indications for various heights and ranges for various functions, such as the maximum height for reaching above the head and the recommended height for tables under which a wheelchair would fit.

As mentioned before, occupational therapy straddles both the theoretical perspectives of natural sciences and social sciences and is therefore “theoretically eclectic and epistemologically pluralistic” (Blair & Robertson, 2005, p. 275). However, it was not until the 1960s that it actively started to develop a scientific basis. It was challenged to do so by the medical fraternity in view of the lack of evidence for why treatment regimes were successful (Duncan, 2011, pp. 22-23; Kielhofner, 2009, pp. 17-55). The profession was asked to generate evidence that would be contextually relevant to the new social movements in the 1960s. These focused on social justice and the rights of the disabled, leading to shorter stays in hospital and an increase in those medical sciences which focused more on trauma (Wilcock, 2002, p. 283; 298). It was during this period too that the profession responded to the need for theoretical grounding in objective, justifiable assessment instruments and tools. Up until then, it had been a female group of post-war health and rehabilitation carers who had been propelled into a full profession (Wilcock, 2002, p. 221) by the need to meet the health demands created by World War I and II. The fledgling profession therefore tacitly relied on its savoir: “knowledge that are valued and effective because of their reliable instrumental efficacy...knowledge with connotations of “know-how”[...]” (Gordon, 2000, p. xviii). Occupational therapists were thus challenged to make their implicit, problem-solving knowledge explicit during a time of scientific development where justification for beliefs had be grounded in theoretical evidence and proof.

The South African context, strongly undergirded by patriarchy associated with apartheid, and with occupational therapy affiliated with a medical faculty at an Afrikaans-medium university, may have left the female-dominant profession being viewed as epistemologically illegitimate and

subservient to an infallibilist version of the foundationalist epistemology (Sosa, 2011, pp. 294; 997-1011 Kindle loc.) within medical science. It is imperative that such epistemology eliminate possibilities for error and provide justification of any assumption. Perhaps here one can draw on the distinction Wilhelm Dilthey (1991) makes between ideographic sciences (relating to interpretation and meaning) and nomothetic sciences (regarding rules and explanations).

However, the SAJOT archival data for the rules of the formation of concepts reveals glaring gaps, with no systematic or conscious inquiry on the views of patients about therapy and/or students about education. Occupational therapy struggled for epistemic recognition in an established natural science realm of bio-medics. While there were articles about education, as well as many know-how knowledge publications, research articles only gradually increased from the 1970s, though even then with little input from either students or patients. As a paramedical profession, it was subject to the epistemic surveillance of the established medical profession and had at all costs to demonstrate that it spoke the language required by the medical fraternity.

The philosophical origins of occupational therapy were strongly associated with pragmatism (see for example Hooper & Wood, 2002; Ikiugu & Sally, 2006; Morrison, 2016) as a mode of reasoning, and were bound to conflict with the foundationalist epistemology associated with the medical profession at that time. The emergence of a health care profession applying a pragmatist epistemology, together with the fact that it consisted only of females, may partly explain why in both the commemorative documents of the university where the first programme was started in South Africa and the Afrikaans-medium University the alumni recalled that they were often viewed as an unknown 'extra' addition by some of the medical and nursing staff.

I did not enjoy visiting patients in the wards, where we were looked on as an unnecessary evil... All in all, we had to fight to get any sort of recognition from most of the doctors, who thought of us as being useful to keep bored patients busy, but unwilling to recognise that O.T. really could play a valuable therapeutic role

(Franzsen, 1993, p. 6)

An alumna from the Afrikaans-medium University in 1976 more light-heartedly recalled the ignorance about occupational therapy shown by some lecturers, presumably from modules such as biophysics or sociology, during her first days as an occupational therapy student:

Die dosente op kampus het net so min soos ons geweet wat Arbeidsterapie is – party het nie eers geweet dat hulle moes vir ons klas gee nie!

//

The lecturers on campus knew as little about occupational therapy as we did – some were not even aware that they had to give us class!

(UOVS, 1986, p. 13)

On the other hand, occupational therapy students were more accepted and valued in psychiatric hospitals, as was expressed by one of the first students at the English-medium University:

I very much enjoyed the three months practical work we did at Tara in the last six months of our course. This was a well-run unit with progressive ideas, O.T. was considered an indispensable part of the treatment of mental illness... It was the first experience of being recognised as being an integral part of a team and valued as such.

One might argue that gaining acceptance of occupational therapy as ‘scientific truth’ was a struggle for new knowledge in the context of the devastation of two World Wars. This struggle, or quest for necessary ‘new’ knowledge about living and recovering through meaningful and purposeful doing, was perhaps indeed “knowledge [that] was invented” (Foucault, 2000, p. 7). Drawing on Nietzsche, Foucault explains that this origin is “like a spark between two swords, but not a thing made of their metal” (p. 8). The profession’s quest as a legitimate science through the generation of know-how knowledge and concepts about human life and adaptation, may best be expressed as follows:

Forming concepts is a way of living and not a way of killing life; it is a way to live in a relative mobility and not a way to immobilize life; it is to show, among those billions of living beings that inform their environment and inform themselves on the basis of it, an innovation that can be judged as one likes, tiny or substantial: a very special type of information.

(Foucault, 1998, p. 475)

5.3.3.2. Called to do research to validate own theories and value in the health care field

A second theme that resurfaced strongly was the importance to the profession of research, both to validate its theories and to earn recognition for its contribution to the field of health care. As Mendez (1976, pp. 5-6) put it during the first Vona du Toit Memorial Lecture:

In the past we have been rightly accused of being slow to undertake research projects... As yet our educational programmes do not train occupational therapists to have knowledge and skills to undertake research work.

She goes on to argue the reasons for this, as well as suggesting possible solutions to the challenges it presents, including building networks of “special interest groups”, and commends the South African professional group for making significant contributions to the profession’s body of knowledge (Mendez, 1976, p. 6). During the second Vona du Toit Memorial Lecture, G.T. du Toit (1978, p. 3) pointed again to the docility and modesty of the (female) members of the occupational therapy profession - as perceived by (male) members of the multi-disciplinary team. He goes on to make an appeal to the profession to produce evidence for the observed success of occupational therapy in psychiatric treatment, in shorter hospital stays and in “Workmen’s Compensation cases”:

These statements are undoubtedly true, and support your profession’s very existence but I have not seen statistic proof...Is it not one of the functions of your society to appoint a research committee with this main object? Think of how powerful you would be in your arguments if you could substantiate your statements with a scientific report.

(du Toit, 1978, p. 3)

The fledgling occupational therapy profession, discursively formed from the devastation of war and its concurrent economic implications, found itself not only lacking a theoretical base but also at odds in the entrenched medical realm because of its ontological and epistemological plurality.⁶⁰ This was compounded by a traditional and contextual foundationalist way of reasoning in the

⁶⁰ I add epistemology to ontology, as the former follows the latter. However, in the scope of decoloniality I recognize that the epistemological practices of that time were exclusive of the ‘other’s’ voice and input, so my reference here to ontological and epistemological plurality is in comparison with the foundationalist and reductionist knowledge practices of the biomedical model at that time (Engel, 1977).

medical epistemology, as opposed to the coherentist type of reasoning that ontological and epistemological plurality would require.

In the first account of occupational therapy published in a medical journal (Meyer, 1922/1977), the way Meyer describes and explains the improvement of patients who engage in activity resonates strongly with the notion of Varela, Maturana and Uribe (1981) (also see Maturana & Valera, 1987) on autopoiesis: a form of self-generating autonomy. Autopoiesis was initially developed by the latter authors as a concept in some biological systems:

The autopoietic organization is defined as a unity by a network of productions of components which (i) participate recursively in the same network of productions of components which produced these components, and (ii) realize the network of productions as a unity in the space in which the components exist.

(Varela, et al., 1981, p. 8)

If one considers Meyer's initial reading on the philosophy of occupational therapy, it may seem that the profession, within a Cartesian model of health, was able to recognise the need for and purpose of a holistic theory of health that was related to an open system, one that not only interacted with the environment but with which the environment in turn interacted. The profession's response to the positivist and reductionist limits of bio-medical knowledge later expanded, veering from a systems theory approach, perhaps even to a complexity theory approach, where the profession's conceptual base acknowledged the human being as an open system that interacts with the multitude of aspects related to context in non-linear ways (Cilliers, 1998; Heylighen, et al., 2006). The following excerpt from the Government Gazette on the scope of the profession treats the human being as an open system interacting with an array of contextual factors in the realm of health and serves as an example of the generation of a new statement as a rule for the formation of concepts:

... "activity" means man's use of his mental and physical ability, his time, energy, interest and attention to predetermined objectives, ...and having a concrete or abstract end-product.

(Government Gazette of South Africa, 1976)

However, while other disciplines such as medicine gradually developed a theoretical and scientific base⁶¹, the occupational therapy profession had to do so under duress in view of its continued existence as a 'para-medical' profession. The combination of an ontological plurality with its coherentist justification, and with its internal discursive formation having to generate positivist, reductionist evidence for a knowledge system that is open in its being, may explain the persistence of a defensive posture in parts of the profession. This conflates an anti-scientific view as critical resistance with reductionism. During the decades when the profession established its conceptual base for practice (1960-1970s), it had to embrace a scientific reductionist paradigm (Kielhofner, 2009, pp. 17-55; Kielhofner & Burke, 1977, pp. 681-684) that was aligned with the medical foundationalist epistemology. While this was an important developmental task aimed at attaining professional and scientific legitimacy, it also led to a second paradigm crisis at the end of the 1970-decade (Duncan, 2011, pp. 22-23). This second crisis came about when the profession realised that, in its quest to obtain objective proof and "biomedical explanations for its practice" (Duncan, 2011, p. 22), it had abandoned its philosophy of holism and veered toward technocraticism (Johnson in Kielhofner & Burke, 1977, p. 688). This led to a watershed moment in the holistic theoretical view of the profession and resulted in what seems to be an ongoing dichotomy within the profession between the so-called physical (bio-mechanical) and psychiatric (bio-psychosocial) settings that marked a similar, albeit discreet discourse in medicine and psychiatry at that time (Engel, 1977).

During the late seventies and early eighties the profession continued to have poorly described definitions of itself (Kielhofner & Burke, 1977, p. 685)⁶². It also assumed a posture of critical resistance to the reductionism of epistemological positivity (Duncan, 2011, p. 12) in reclaiming its holistic theoretical paradigm. I would argue that one of the fallacies in reasoning that some members of the profession had to negotiate in their assumed positions against positivism was a conflation of reductionism with scientific reason. Such a position *against* science may have led to the construction of a false quest and 'fight' in occupational therapy – the profession kicking into an open door. Within the post-positivist paradigm, contemporary science does not assume positions of absolute certainty or truth. Instead, it sets out to discover the 'new' (Pinker, 2018, pp.

⁶¹ I am not suggesting that the development of the bio-medical model knowledge was one of (preferred) order and progress because of its foundationalist and postivist logic. Here I am merely referring to the 'natural trajectory' of a knowledge-base towards reaching scientific legitimacy. Medicine's developmental course, as a discipline, is closely associated with the narrative of Enlightenment since the 16th century, while the occupational therapy profession had to establish a sort of scientific authenticity within a couple of decades. See Engel (1977) for a (genealogical) argument on the cultural development of the bio-medical model and its limits of knowing.

⁶² As Kielhofner and Burke (1977, p. 685), drawing on Shannon's (1977) work, notes: "There is no descriptive definition of occupational therapy (what it is), nor is there a normative definition (what it should be).

388-393), though this posture may be less recognisable within the hierarchies of medical science *vis-à-vis* the allied health care professions.

In pragmatism, as a mode of reasoning, knowledge and thought are closely coupled with experience (Morrison, 2016, p. 298). Drawing on Putnam, a Spanish author, Morrison (2016) explains that the pragmatic approach is about a sense of sharing reality and is enabled by a group/system's capacity for creating shared conceptions. This implies an open system and may affirm the profession's ontological similarity with Varela, Maturana and Uribe's notion (1981) of an open system that is self-generating and autonomous. Yet it should also be noted that pragmatism, while it originated as a social cause, nevertheless remained subject to Eurocentric delimitations. Although pragmatic values underscored advocacy for minority rights, including those of the disabled, Morrison maintains that: "A social ethics approach would preserve *individual* virtues in a new moral universe" (Morrison, 2016, p. 230) emphasis own). What is not said here is the normalization of two concepts within pragmatism: firstly, that of individualism as a Eurocentric concept, and secondly, the normalization of individualism as embedded in the social ethics of virtue (Sherman, 2016, p. 233), a value which is central to occupational therapy.

Summary: Formation of concepts⁶³ (ways of argumentation about occupational therapy knowledge)

A theme that emerged from the historical texts, as well as being interwoven in the SAJOT archive, was the profession's ontological plurality, especially when juxtaposed with the overarching foundationalist epistemology of medical science. This was one of the main rules for the formation of concepts in terms of a *mode of reasoning*. The linear, single discipline-bound medical science was at bipartite odds with the 'unique' but plural coherentist epistemology of occupational therapy. In the context of a fledgling profession which had to establish a scientific legitimacy under pressure, as recorded in the SAJOT archive, research was not a visible discourse until much later in the 1970s and onwards. A prevalent theme as a *mode of reasoning* in the national academic archive, especially during its first 30 years of existence, was know-how knowledge or *techné* (referred to by Aristotle as art or skill (Fantl, 2012/2017, p. 5), more than know-that knowledge,

⁶³ **Keywords of patterns of inclusion/exclusion:** ontological plurality; infallibilist foundationalist vs coherentist epistemology; pragmatism; know-how knowledge; mono-cultural epistemology; political ambiguity; white centrality; silence of student and patient voices; called to do research – validate value in health care; autopoietic/self-generating.

Foucauldian keywords: principle of rarefaction (Dreyfus & Rabinow, 1982, p. 70), intersection of knowledge and power in foundationalist vs. coherentist epistemologies – truth, savoir serving instrumental purpose, epistemic surveillance, discursive continuity, normalisation of individualism.

or *epistêmê* (Fantl, 2012/2017, p. 5). While this type of knowledge may have been expected for a profession in its early formation, it resonated soundly too with its theoretical origin in pragmatism, in as much as its archive is threaded with innovative, sometimes complex and at other times simple designs as solutions to functional and real-life problems.

However, though the profession was able to maintain discursive continuity with its relation to pragmatism and real-life solutions and its heterogeneous composition of knowledges, it found itself initially unable to take a political stand in the context of apartheid and came to be politically ambiguous. This ambiguity was partly rationalised and partly affirmed by the profession's imperative of maintaining professional values as a *norm for inclusion/exclusion*. The result appeared to be the fortification of a mono-cultural logic and reasoning that for all practical purposes excluded the voices of students and patients alike in its knowledge formation.

Occupational therapy became realised as a profession because of, and within the domain of, medical science and health care. As with any other profession/episteme in its initial stages, it had to establish theoretical evidence for why its therapeutic approaches were effective. However, for occupational therapy to have been legitimised in the realm of health care under the wing of the medical fraternity, it had to generate a sort of scientific legitimacy under duress. Moreover, it had to negotiate its coherentist epistemology and pluralist ontology of holism with that of the foundationalist epistemology to which the medical scientific profession adhered. Occupational therapy consequently adopted a reductionist paradigm for a period of approximately three decades (Morrison, 2016, p. 297), during which it validated its theories positivistically. It was during this time that the profession also developed a watershed dichotomy between the so-called 'physical' and 'psychic' fields – a similar bifurcation, albeit dualistic, which emerged in the discourse between the bio-medical and biopscho-social paradigms (Engel, 1977).

The profession was unable to define itself well at the time. However, during its second paradigm crisis, when it realised that it had sacrificed its holistic philosophical underpinning, it also assumed a position of critical resistance to the reductionist limits of medical concepts and understanding. It appears that one of the *norms* the profession assumed as a rule for the formation of concepts in its knowledge, was to conflate reductionism with scientific practice. This may have led to a continuous defensive posture towards the foundationalist type of reasoning that it may also have been required in practice.

The innovative concepts of occupational therapy and holism as an approach to health and well-being originated in pragmatism and a social ethic of inclusion. The theoretical assumptions of

pragmatism relate to the notion of an open system of knowledge as a *mode of reasoning*, which strongly resonates with Maturana and Ventura's (1992) concept of autopoiesis: occupational therapy as a form of knowledge that is actually self-generating and autonomous. However, the Eurocentric and therefore individualist underpinnings of the geopolitical origin of this type of pragmatism seem yet to be interrogated.

5.3.4. The formation of strategies ⁶⁴ (theoretical themes, steering ideologies and perspectives regarding the future)

Foucault refers to the formation of strategies as the

rules of formation of...theoretical choices...[as a] discursive formation will be individualised if one can define the system of formation of the different formation of strategies that are deployed in it; in other words, if one can show how they all derive...from the same set of relations.

(Foucault, 1969/2011, p. 76).

The formation of strategies is the fourth and last group of rules in the discursive formation of knowledge and in practical terms is employed to identify the underlying theoretical themes, steering ideologies and perspectives regarding the future (Jäger & Maier, 2016, p. 130; Keller, 2013, p. 47).

Formation of Strategies	Theme
	Holism
	Need for recognition

The following points of discussion emerged from the data, specifically the SAJOT archive, as a set of statements from which the concepts were excavated. Since the SAJOT archive is historically bound to indicate the formation of concepts, the historical context is included as part of the discussion.

⁶⁴ Cf. 4.4.1.4. (d) for the three sorts of sub-aspects in relation to the rules of the formation of strategies: i.e. underlying theoretical themes, points of diffraction, and fields of non-discursive practices.

5.3.4.1. Holism

When scrutinising the SAJOT archive, starting with the Vona du Toit memorial lectures, the theoretical theme that appears throughout these sets of statements is the affirmation that the underlying theoretical theme in occupational therapy is holism. Mendez, an international speaker, delivering the first Vona du Toit Memorial Lecture in 1976, affirmed the kernel of occupational therapy practice:

That which is unique to occupational therapy and that which is its essential contribution is...the treatment of man as totality. Totality is to be interpreted as the indivisible and indefinable diffusion in man, of spirit, psyche and soma...each exerting influences and pressures on the whole, in the process of living."

(Mendez, 1976, p. 5)

However, though holism was seen as the kernel of occupational therapy theory and practice, Mendez (1976) in the same address points to the incompatibility between hospitals and community-based practice when she calls for the "less rigid adherence to the dichotomy between physical and psychiatric occupational therapy" (Mendez, 1976, p. 7).

Watson (1980), in her address, "The Second Mile", iterated the holism underlying occupational therapy when working with people who experience 'interruption', 'isolation and deprivation', and 'disruption' as a result of illness or injury:

Occupational therapy is not only treatment for recovery but also facilitation of adaptation and realisation of human achievement. The service that occupational therapy renders can be identified in the four major treatment programmes...Promotive...Preventative...Therapeutic... [and] ... Rehabilitative

(Watson, 1980, p. 5)

The theme of holism was not only overtly expressed and embedded across the theoretical archive of SAJOT but also implicit in the variety of theoretical themes addressed in the Vona du Toit lectures. Some examples, with short descriptions, follow:

- 1983

Perception – Occupational Therapy in Perspective

This eighth Vona du Toit Memorial Lecture, published over two years in the SAJOT, is an in-depth scientific account of the development of research in neuroscience with specific focus on the field of perception. It includes the implications these findings have for occupational therapy in as much as assessment of patients cannot be limited to standardised cognitive tests only but should occur in context via daily activity participation and carefully designed activities – including for treatment (Concha, 1984, pp. 10-12; Concha, 1983, pp. 5-10; 10).

- 1984

Assertiveness

The ninth Vona du Toit Memorial Lecture was presented by the director of the National Council for the Blind and spoke to the integration of blind people into society – as functional people. He further argues how assertiveness training of blind people as a communication technique can sensitise sighted people about common misperceptions and stereotyping (Rowland, 1984).

Yet another example illustrating the holistic theoretical approach in occupational therapy:

• 1987

Creative participation – 20 years later

This address was delivered as the 11th memorial lecture by Elna Jooste (1980) who was a student of Vona du Toit. It reflects upon a theory, based on phenomenology and existentialism that du Toit (1974) developed on the various levels of volition through which people in recovery move. These stages, however, not only describe, explain and predict levels of ‘motivation in action’ but also the ways in which people may behave during activity participation, as well as what type of products and outcomes can be expected – giving the occupational therapist indications of which activities should be matched to which levels of volitional development (van der Reyden, 1989).

‘Community service’ was another significant theoretical topic that emerged from the data. This theme seems comfortably to straddle the holistic theoretical theme that characterises the occupational formation of knowledge throughout.

In 1976, in the first Vona du Toit Memorial Lecture, an international speaker, Alicia Mendez, singled out community-based practice coupled with research as a future perspective:

For, within the community, the occupational therapist must tackle a complex number of problems. As well as the treatment of the handicapped, skills will need to be acquired to deal with preventative and social medicine.

(Mendez, 1976, p. 7)

In 1977, an article written by a surgical registrar, M.D. Wellsted, spoke to the advent of “rural health service” (Wellsted, 1977). This was a theoretical theme that would become central in occupational therapy discourse against the backdrop of health services under pressure:

The concept of community health care has received considerable attention in recent years and much of the impetus has been imparted by the mission societies involved in medicine. Their concern arose from two major factors: they should care for the total man in a physical, spiritual and social sense rather than just treating the physical ailment; and secondly, the escalating cost of medical care...I would like to enumerate the various services which were rendered by the hospitals to illustrate the community programme run by church hospitals.

(Wellsted, 1977, p. 4)

In the above excerpt, Wellsted makes a case for the future possibilities of community health care as practice for occupational therapists that would resound closely with its holistic philosophical underpinnings. In one breath, the author mentions the holistic view and care of people, as informed by the Christian missionary approach in community health care (and naturally education). During the colonialist years of segregation followed by apartheid in 1948, community health care centres, together with community-based hospitals, laid the foundation for virtually the only access that black people had to health care (Coovadia, et al., 2009, p. 890). However, these health care approaches were deeply embedded in the Christian missionary world view (See e.g. Delobelle, 2013, pp. 169-172; Thompson, 2014, p. 3712 Kindle loc.). Together with the welfarist care and education in a colonialist and oppressive context was the underlying aim of converting the poor and the marginalised to the Christian religion. In the context of colonialism in general and colonialism of a special kind (apartheid), Ndlovu-Gatsheni (2018, p. 12) refers to this type of

education and assistance as combining the Christianization of African communities with the epistemicide of indigenous knowledge.

Foucault (2000, p. 7) reminds us that religion was constructed in history as an organised form of knowledge, while theology formed the initial and overall framework for organised knowledge-making through institutions such as monasteries and universities (Mignolo, 2009, p. 18). The notion of including every aspect of human existence as a form of care is strongly linked with the Christian rationale (O'Farrell, 2005, p. 46), and the care that it rendered can be seen as a form of pastoral power (Foucault, 2000, p. 307). It appears therefore that an intrinsic link exists between the holistic view of health in occupational therapy and care that can be seen as a form of pastoral power.

Occupational therapy's unique relevance and how it came into its own by integrating its holistic approach in settings outside of hospitals were iterated by Retief (1982) in his Vona du Toit Memorial Lecture, as well as by Tobias (1982). The description of occupational therapy treating people in their own environment or at their homes was repeated through several publications in the archive, such as by McLaren (1982), in an article entitled "What is successful community intervention?" Community-based practise was repeatedly put forward as a future perspective for the profession and later proved to be the playing field for the overt expression of the profession's political voice.

The unique proclivity for solving practical problems seems to relate strongly to the notion of functionality against the backdrop of non-discursive practice of work connected with independence and productivity. The detailed photographs of a multi-purpose mechanical device used to assist a patient during the recovery phases after poliomyelitis, with several self-care activities, as well as with writing, paging through a book, or doing weaving, were published in 1954 (Turner, 1954). A practical aid with detailed sketches for a person who had an upper limb amputation now able to wash dishes was published in 1974 (Swain, 1974). Another example is the drawings of an adapted toothpaste cap for patients with tetraplegia who had sustained high-level injuries to the spinal cord and who had an extension function in the wrist but no grip in their hands. At a time when toothpaste was available only with turn-on caps, the occupational therapist designed a cap that could be pulled out and pressed into the toothpaste tube using the mouth and a limited bilateral grip of both hands (Jooste, 1979). In 1981, a photograph and the drawings for the design of a tool to insert a bobbin into a sewing machine for a person with arthritis were published. These at times complex, at times simple but unique designs which enabled women to participate in daily activities threaded the South African theoretical archive of occupational

therapy. There are several examples also of products adapted to help male patients in various occupations, such as an adjustable sanding board (Occupational Therapy Department, Conradie Hospital, Pinelands, 1976) and the design for shoe repair offering a possible vocational income for the “rural African paraplegic” (McLaren, 1977). Aids designed to enable children in rehabilitation and encourage play were also evident. One example was a complex mechanical toy that enabled the child to move around and play. The device was designed to prepare a child with paraplegia to overcome his fear of leg braces, and was found also to strengthen his upper limbs, channel frustration and offer external environmental input (Best & Peart, 1978). In 1983, an article was published that showed intricate designs of several types of a ‘page turner’, a device that enabled those with various forms of muscle weakness to turn the pages of a book. The author included an argument for why reading was an important cognitive activity enabling the subject to avoid “boredom and apathy” (Reed, 1983, p. 30).

Nevertheless, looking at the type of activities designed for patients with various pathologies, the grids of specifications of race and gender are visible. These would have been expected in the context of apartheid and the concurrent patriarchy and authoritarianism. The uniqueness of occupational therapy in addressing functional problems also appeared to be coupled with a non-discursive practice of work as an accepted daily activity. Work and productivity were to be undertaken in the Protestant tradition (Pierce, 2003, pp. 58-63; 39-49) with diligence, within the structure of a daily time-boundedness, as the first and foremost activity to be prioritised by the values of virtue. In the same period as the commencement of the first occupational therapy programme, a reclusive woman⁶⁵ in a secluded village in the Karoo - a South African desert - referred to the distinct aesthetic adaptations to her house and the more than 300 sculptures in her garden, never as art, but as ‘work’ (Lyster, 2018, p. 3). In a letter before she committed suicide after going blind on account of working with broken glass since 1941, she referred to her activities as follows: “I cannot keep my eyes open, not for anything – should the doctor advise that I leave off *working*, then I shall die; and directly (Lyster, 2018, p. 6) (own emphasis).

The formation of strategies is closely linked with non-discursive factors, in the case of a political event (Foucault, 1969/2011, p. 179; Gutting, 1995, pp. 256-260), for example World Wars I and II. The devastation of these wars can be perhaps be compared to the analogy of the collective “tragic experience” (Foucault, 1961/1989, p. 27) of life during the Middle Ages, which made possible the conception of universal madness. Occupational therapy found a way to organise, order and give form to the knowledge of the effects of war, including the economic consequences of loss of work.

⁶⁵ This woman, Helen Martins, became a renowned artist - at least in the South African community - for the Owl House in Nieu-Bethesda.

Work as a concept, though, in the Western capitalist world, has been integrated as a fundamental essence of being human. It was entrenched and normalised by means of the institutional power that drove capitalism via labour. The control of the economy became intertwined with the technologies of power to grow and sustain the economic imperative: the body and the time spent on work in order to generate more economic power (Foucault, 2000, pp. 80-83). Work therefore became a taken-for-granted theoretical theme and with the formation of occupational therapy knowledge as a profession, it was able to access the epistemological power to do so (Foucault, 2000, p. 83).

5.3.4.2. Need for recognition of uniqueness

Again, this time in the form of a steering ideology in the formation of strategies, the theme of recognition clearly emerged as making a case for the continuing uniqueness of the profession. The following examples indicate a continuing future perspective of the profession at the time:

Influencing health planning systems at government level should be an objective because only in this way can our voice be heard at the appropriate place and at the right time. So often top level decisions are taken that affect the quality of our service without any reference to our opinions or specialist knowledge either at national or international levels.

(Mendez, 1976, p. 7)

During the third Vona du Toit Memorial Lecture, Christa Meyer called upon South African occupational therapists to transcend their docility in terms of their professional relationships, working conditions and salaries. She concluded her address on the future with the following:

We should be confident and proud of what we have to offer... Occupational therapy is an exciting career, an essential service, and a career of the future... OTs in South Africa seem to have accepted a humbly subordinate position in the medical field... Our skills and knowledge have improved but our attitude seems to have remained the same. We accept inferior working conditions and low salaries. We struggle to treat 500 patients on a budget for 50, and our feeble protests subside quickly; we cope somehow... We have much to be proud of, to talk about. to write and to share... Let us look toward the future with enthusiasm and courage and do the thing in style.

(Meyer, 1979, p. 7)

This subversion of identity and struggle for recognition of a professional identity coincided with the independent Blom-Cooper (1989) inquiry, commissioned by the College of Occupational Therapists in 1987. The enquiry was requested when the profession was challenged to make yet another paradigmatic shift (Duncan, 2011, p. 31). It was during this time that the profession realised that in its quest to gain a scientific base it had overcompensated into a mechanistic paradigm and had compromised much of its original philosophical foundation of a holistic perspective of the human being as an occupational being (Duncan 2002:31). The Blom-Cooper report (1989) pointed out several reasons for the profession's universal struggle for autonomy. One which was relevant to the theme about a need for recognition was that the profession was dominated either by the medical fraternity in the health sciences and/or by the social work profession in the realm of social health sciences (Blom-Cooper, 1989, pp. 18-19). This reflected the profession's dual ontological position. A second reason was that the type of activities occupational therapists had used as therapeutic modes, such as basketry and weaving, appeared to be "unskilled, 'commonsense' tasks" (Blom-Cooper, 1989, p. 19). These types of activities challenged the discourse of professionalism and did not match the prestige attached to medical and nursing training that were "reckoned to require high intelligence and long training" (Blom-Cooper, 1989, p. 19). In addition to this was the perception of occupational therapists coming across as "do-gooding volunteers" (Blom-Cooper, 1989, p. 19). This was coupled with a fourth reason, that the main composition of the profession was female and the pervasive perception by health service managers was that women in a profession were often "merely filling the time-gap between school-leaving and child-bearing and child-rearing" (Blom-Cooper, 1989, p. 20).

The notion of a highly demanding curriculum was referred to by the first speaker to present the Vona du Toit Memorial Lecture in 1976: "Educators have been juggling...for years to overcome the problem of the overloaded syllabus" (Mendez, 1976, p. 4). However, it seems too that the subject, which was once the object, and which is constantly struggling for recognition and for a voice and is repressed by enunciative modalities, exercises in an isomorphic (Foucault, 2000, p. 85) fashion the very same enunciations they wish to transcend when educating students.

During the fifth Vona du Toit Memorial Lecture in 1980, Valerie Claxton, who had acquired her qualification in London, spoke on the theme of responsibility (as virtue) toward the self, patients and students:

Humiliation, sarcasm and unconstructive criticism, distress and frighten, but they do not instruct... Do not misunderstand me. I am not suggesting that

students and patients should be treated in the same way, but I am saying that teaching students and treating patients should be rooted in the same disciplined generosity and caring that stems from personal security and freedom.

(Claxton, 1986, p. 7)

The speaker continued by again pointing to a phenomenon which still exists today:

[W]e try to hammer more and more information into our courses, and feel obliged to include every new development and theory... Dr Johan Koeslag... says: "It is an immense inferiority complex which drives teachers, whole departments and even entire faculties and universities to cram the courses with detailed specialist information, in the hope that nobody... will detect "hiatuses" in their students' education.

(Claxton, 1986, p. 8)

In the same year as South Africa's first democratic election and the formal end of apartheid Rosemary Crouch made a case in her address for the importance of the occupational therapist in a new South Africa to hold conviction, confidence and courage as the foundations of assertiveness:

The contribution of the profession will help ease the transition process and be an essential part of the health care of the country...We need to concentrate on the men and women of our wonderful profession being democratic, believing in their own rights, believing in their own worth, respecting others and their rights, listening, negotiating and resolving conflicts.

(Crouch, 1994, p. 9)

However, she also noted that confidence in the profession should be upheld as a shared value:

One occasionally finds a very self-confident occupational therapist who does not have confidence in the profession. This person can be very damaging to the profession and should be channelled into something where he/she finds more satisfaction.

(Crouch, 1994, p. 8)

Are these examples perhaps indicative of the traces of Calvinism in occupational therapy which are inscribed in teaching? Is occupational therapy constantly caught between the impulse to conform for the sake of belonging with a view to recognition on the one side and a lack of critical reasoning on the other? If this is so, then we indeed have a case of what we teach is what we become by means of reproduction. The occupational therapy student - the object of formation - becomes the educator who enunciates important speech acts from the subject position of expertise and power. Though it seems to have an isomorphic (Foucault, 2000, p. 85) dynamic, in the sense that as much as the occupational therapy object experienced the struggle for recognition, it is unable to offer such recognition when acting from a subject position. Moreover, it appears that in doing so it rather governs itself as a moral subject by objectifying the student, and so constructs a dividing practice as technology of power (Foucault, 2000, p. 327). The occupational therapist, exercising ascetic technologies of subjectification when in multi-disciplinary team such as humility and modesty that translate into 'docility', at once becomes the disciplinarian of the occupational therapy student - the body which becomes "shaped [and] trained; which obeys, responds, becomes skilful, and increases its forces" (Foucault, 1984, p. 180). The technologies of power include careful supervision and monitoring of the curriculum, and the inclusion of detail that becomes rationalised as rules and standards, and which eventually becomes a tradition. In the intersection of intricate knowledge about the student as occupational therapy subject and technologies of power and the self, truths are formed, not only about what constitutes occupational therapy knowledge but also about who are the legitimate bearers of such knowledge.

Summary: Formation of strategies ⁶⁶ (theoretical themes, steering ideologies and perspectives regarding the future)

Two themes emerged from this last group of rules in the formation of knowledge of occupational therapy. One is holism and the second is again the need for recognition of the profession. The theme of holism threaded the underlying theories in the archive, as much as it resonated with the content of an occupational therapy curriculum. Holism encapsulated the theoretical development of both physical and psychiatric themes, such as perception in the field of neuroscience, life skills,

⁶⁶ **Keywords of patterns of inclusion / exclusion:** holism; community service and religion; community service and the political; functionality; work that is race and gender bound; need for recognition; call to transcend docility; Calvinism and discipline.

Foucauldian keywords: pastoral power; religion as an 'economy of the discursive constellation'; work as non-discursivity; work and the organisation of the body; war as non-discursivity; isomorphic relation of subject position to object (educator to student); technology of self (modesty; humility); technology of power (supervision of curriculum; examination).

and volition. The topic of functionality interrelated with the formation of concepts: constant examples of assistive devices that enable patients to take part in functional activity. The value in occupational therapy placed on functionality is closely interconnected with the non-discursive practice of work, which is a taken-for-granted concept secondary to the economic effects of war. However, as much as functionality and innovation were evident, the interrelatedness of work and the grids of specification of race and gender, and the non-interrogation thereof, could also be clearly seen.

The theoretical development of community practice fitted well with the theme of holism. The field of community service as a future perspective was a pragmatic solution well suited to a health system that increasingly came under pressure during apartheid because of the inequality of access to health care. It also served as an appropriate platform for the realization of the ethical social values of the profession, which originated in pragmatism. In addition, it served as a platform for the profession to reconcile the dichotomy between the so-called physical and psychiatric bifurcations of occupational therapy, a result of attempts to attain a scientific legitimacy matching the criteria of bio-medical foundationalist epistemology. However, the philosophical origin of community practice was embedded in the Christian religion and missionary work, and this seems to have remained un-interrogated. Perhaps this is one of the reasons why such work continues to reverberate with the values of virtue and common good, linked as these are to the origin of the profession's philosophy. Nevertheless, they do also relate to the pastoral power of care.

The second theme under the formation of the concepts was the need for recognition. Extending from an international identity, the profession in SA struggled for recognition, not only of their legitimate knowledge in the health care arena but also for fair salaries and resources to do their work (see Davy, 2003). The morally constructed identity of a female profession via modesty and humility (technologies of the self) nonetheless seems to take an isomorphic form – a reversed shape of seeking recognition when the occupational therapy student, the object, becomes the subject and occupational therapy educator.

5.4. Conclusion

In this chapter the rules of formation that shaped the implicit knowledge (*savoir*) of the occupational therapy curriculum-as-discourse were archaeologically excavated, analysed and discussed. This was done using a two-pronged analysis. One - Section A, the presentation of the data sources, their contexts and structural surfaces. Two - Section B, the discussion of the findings.

The second section entailed an excavation of the rules of formation of the discursive regularities of an archaeology-analysis, that is, the formation of the object, enunciative modalities, concepts, and strategies. These rules of formation for implicit knowledge of occupational therapy provide a map of how occupational therapy knowledge was implicitly chosen, organised, produced and expressed. It is important to recognise this, since it is at the moment when implicit knowledge crosses the threshold of positivity, when it becomes legitimised and acknowledged as a scientific body of knowledge, that these rules inscribe themselves as markers for the future formalization of knowledge. These markers will then be continued or disrupted in curriculum as formalised representation of occupational therapy knowledge (cf. Foucault's quote at the beginning of this chapter). Eight themes emerged from the four discursive regularities. Some of the themes branched into further categories. See below Figure 5.9., which is a visual depiction of what the archaeology-analysis revealed.

The excavation of occupational therapy savoir revealed the patterns for inclusion for knowledge formation based on whiteness, femaleness, Western exceptionalism, Christian-Eurocentric norms and values, and patriarchy and paternalism. The archaeological excavation showed how rationalizations such as compliance, docility and professionalism can reproduce the same patterns of inclusion/exclusion and reification of the 'other' for the sake of keeping a dominant discourse stable. Examining the roots of how concepts and strategies were formed revealed how the position of epistemic privilege paved the way for exclusion of subalterns' voices based on epistemologies of blindness and absent knowledges (Santos, 2014, pp. 136, 156) with the continuation of mono-cultural epistemologies and insulation. However, the excavation of the rules of formation of strategies also gave a glimpse into the potential of epistemic openness that occupational therapy's know-how knowledge and philosophical underpinnings of holism may have offered. Through this excavation we may be able to recollect the voices and ways of thinking, speaking and doing that were excluded in favour of reconfiguration and knowing what was contextually relevant. In the following genealogy chapter, critical analysis and disclosure show how some of these rules of formation are continued, reified and projected into an occupational therapy curriculum at the particular historically Afrikaans-medium University.



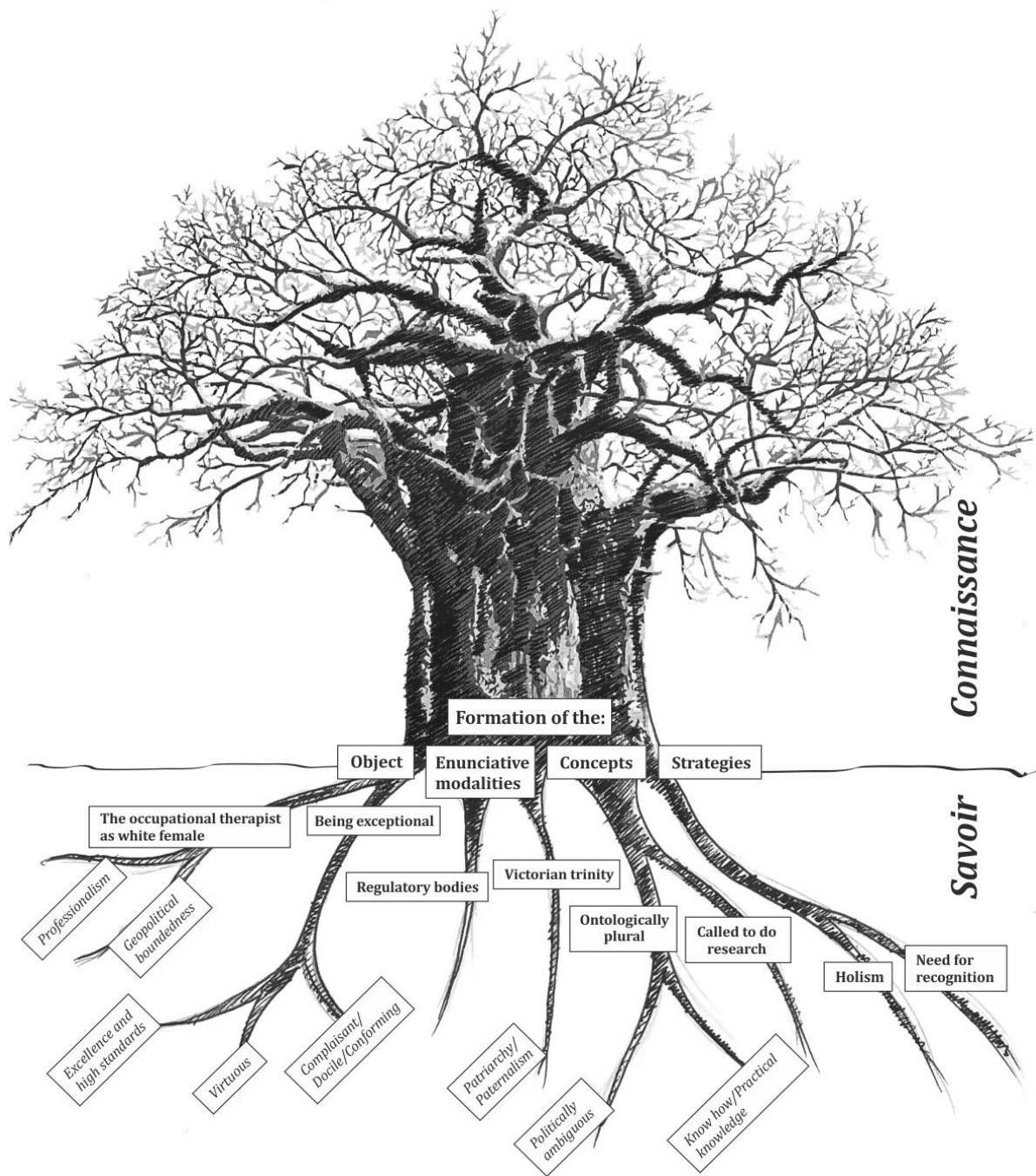


Figure 5.9. Symbolic depiction of the themes and categories for socio-political historical knowledge formation of occupational therapy's savoir.

Chapter 6 - The genealogy of an occupational therapy curriculum

6.1. Introduction

The previous chapter addressed the archaeology-analysis of occupational therapy savoir, its historical inscriptions – the rules of formation which paved the way for a curriculum at a particular historically Afrikaans-medium university. The archaeology excavated main themes in the rules of the formation of the object, including enunciative modalities (subject positions), formation of concepts, and formation of strategies of occupational therapy curriculum-as-discourse. This excavation can be seen as delineating the rules of formation for occupational therapy knowledge in South Africa, based on its political construction and given a colonial and apartheid history.

Now that the rules of implicit knowledge (savoir) in occupational therapy have been excavated, it is important to understand if and how these rules have inscribed markers for the reproduction of *connaissance* as it is known today in the form of a curriculum at the historically Afrikaans-medium University. In this chapter, therefore, the genealogy focusses on how knowledge formation is maintained, reproduced and solidified to co-creatively give rise to the manifestation of a curriculum in the present. In genealogy, however, curriculum is also seen as a multi-dimensional body of knowledge. In other words, it is not only the formal knowledge as it is presented in the outline of a programme or the outcomes and content to be covered in module guides but also how it is organised into subjects, its values (in plain sight and underlying), and its tacit and underlying assumptions and relationships between students and lecturers (SAQA, 2014, p. 6). Curriculum can thus be understood as consisting of four dimensions: the formal, the informal, the null and the hidden (O'Donnell, 2014, pp. 5-9). It is within these four dimensions that a curriculum operates further as discourse, that may continue to create and maintain certain patterns of inclusion and exclusion “along social, economic, cultural, racial and other fault lines [such as the political] already resident in society” (Keet, 2010, p. 3) This chapter will further aim to meet the second objective (cf. 1.5.2.) of this study toward the main research aim (cf. 1.6.)

While archaeology reveals what the historical conditions were from which occupational therapy knowledge was constructed, genealogy shows how this knowledge came to take the form it did in a particular curriculum (Seitz, 2012, p. 248), and how these patterns are repeated by various

technologies of power, self and modes of subjectification. This analysis will therefore include the “the strategies used to systematically maintain and produce the possibility of certain discourses in a given context [i.e. inclusion] and the ideas and possibilities that become obscured in the process [i.e. exclusion]” (Martimianakis & McNaughton, 2014, p. 1781 Kindle loc.).

The analysis is presented according to the structural outline of the genealogy methodology in Chapter 4 (cf. 4.4.2.3.). The following aspects of the genealogy-analysis are discussed under each of the rules of formation:⁶⁷

- the *rules of formation* as analysed in archaeology, followed by
- *presenting evidence* of how this rule appears to be visible in the current curriculum (either formal, informal, hidden, and/or null curriculum) drawn from the various kinds of sources – in other words how the rule materialises;
- *strategies employed* to maintain this rule of formation, by means of
 - *technologies of power* and/or *technologies of self*, and/or
 - *modes of subjectification*;
- indicate *resistances and counter-discourses*, if present;
- indicate the *inter-discursive relationships*, where relevant, and
- how *certain ideas or possibilities* are *included*, and others become obscured and *excluded*.

The object of study remains the occupational therapy student, though the intersections with the formation of enunciative modalities/subject positions are patent. However, in meeting the research objective in this chapter, I will focus less on the problematization of the object, as is often suggested for a FDA, than on problematizing the themes that have emerged from the archaeology-analysis and that may indicate unjust patterns of inclusion and exclusion. Where the categories of the themes have fused together in such a manner that they are indistinguishable, I have grouped them together under one subtitle and discussed them accordingly.

However, before presenting and discussing the findings of the genealogy-analysis, I will provide a brief description of the context of the specific occupational therapy programme at this historically Afrikaans-medium university in order to provide a perspective on the findings.

⁶⁷ The selection of the data – Step 1 has already been argued and presented in the Methodology chapter, (cf. Figure 4.2. – Outline of steps followed in genealogy analysis)

6.1.1. Brief context to the occupational therapy curriculum and programme

In South Africa, all occupational therapy programmes are subject to an accreditation process every five years. According to the Health Professions Act, 1974 (Act 56 of 1974) the HPCSA is set as the quality assurance body, in that all programmes educating health professionals on the assessment and treatment of physical and mental diagnoses must be accredited (Act 16 in HPCSA, 2013, p. 3)

The department at the historically Afrikaans-medium University started the process of re-circulation in 2009. This was implemented among the first-year students in 2012 and subsequently rolled out until the end of 2015, when the department had its first full cohort completing the whole of the new curriculum. Partly on account of some of the recommendations made during HPCSA evaluation for accreditation in 2007, a major focus of a new curriculum was that the programme had to be reduced from 736 credit points closer to the minimum credit points of 480. While the minimum hours of clinical training are 1 000 (HPCSA, 2009, p. 4), the previous programme had 1 700 hours built into its credits. The curriculum that was implemented in 2012 carried 540 credit points and reduced its clinical hours significantly, though not quite to the minimum that is generally viewed as sound practice (see UFS, 2019).

Seven full-time lecturers and four part-time lecturers are employed in the department. The lecturer-to-student ratio was 1:19 in 2018. Over the course of four years, 13 occupational therapy modules are presented (bearing various credits), including clinical fieldwork training⁶⁸. No single occupational therapy module is allocated to a single lecturer, as in general all lecturers participate in the teaching of various themes within all of the modules. All lecturers are involved in the formative and summative theoretical and clinical assessments according to their fields of expertise, e.g. biomechanical, neurophysiological or mental health.

When the department embarked on the re-circulation in 2009, the then Head of the Department, in collaboration with the Head of the School for Allied Health Professions, ensured participation from all the lecturers in the process. In organising the content of the curriculum, the Occupational Therapy Practice Framework (AOTA, 2008) was used as the broad point of departure as it gave direction to the conceptual framework that had to be included, as well as on how to scaffold the curriculum content from the first to the fourth year. As for the total programme, the minimum

⁶⁸ In addition to the occupational therapy modules, a total of 13 modules 'outside' occupational therapy are presented over the four years: e.g. anthropology, psychology, anatomy, physiology and technical sciences (see Figure 2.4.)

standards of education and training of occupational therapists from both the WFOT and HPCSA were used. These documents included the exit-level outcomes required for occupational therapy graduates, in addition to regulatory documents in terms of programme credits as prescribed by the university (HPCSA, 2006; HPCSA, 2009; WFOT, 2002). There are 11 Exit-Level Outcomes. Each of these has a 'Learning Outcome' and several 'Associated Assessment Criteria' (See Appendix D for the full version).

6.2. Repetition/(dis)continuation of the archaeology-analysis themes

6.2.1. Formation of the object

The rules for the formation of the object remain the most significant set of rules that are continued from *savoir* to *connaissance*: where occupational therapy crossed the threshold from a discursive formation to where it operates as a legitimised profession with a body of knowledge - *connaissance*. The set of rules for the formation of object is also significant, because reproduction in a curriculum seems mostly to take place not in its formal structure but within the in-between-spaces, between its pedagogy, epistemology, assessment practices, and the values and norms that are modelled and said and unsaid, during clinical training and supervision of students (Giroux, 1983; Hafferty, 1998; O'Donnell, 2014; Soudien, 2018, p. 154). Drawing from the data as outlined in the Methodology chapter, the following rules were explored critically in their reproduction.

6.2.1.1. The occupational therapist as white female: professional and geo-politically bound

The standardised occupational therapy curriculum was set out in the WFOT Revised Minimum Standards for the Education of Occupational Therapists, 2002⁶⁹. However, the formal curriculum and its content cannot be inferred as the cause for the prevailing homogenous patterns in terms of race and gender at the particular historically white Afrikaans-medium University in this study. Though the overall percentage of graduating occupational therapists in South Africa remains 63%

⁶⁹ WFOT has published a Minimum Standards of Education of Occupational Therapists (Revised 2016), which was discussed on an international level at the WFOT congress in 2018, in Cape Town. This document has been expanded with 40 pages from the 2002 version, and now underwrites the advocacy of human rights for people to whom the profession renders services to (WFOT, 2016a, p. 3). Since this specific curriculum was re-curriculated with the implementation starting in 2012, it had used the previous version of these standards as guidelines.

white and mostly female (OTASA, 2018), the diversity in gender and race has changed at another historically Afrikaans-medium university, (see University^B in Table 6.1). Nevertheless, analysis of the curriculum-as-discourse at the specific historically Afrikaans-medium University showed that the prevailing pattern for homogenous demographics in terms of race and gender appeared to be unabating at the historically Afrikaans-medium University of which its occupational therapy curriculum has been genealogically analysed, (see Table 6.1., University^A).

The relationships between these demographics, and geo-political boundedness, are not evidenced at this time, though this may be attributed to reasons that are not necessarily bound to the formal curriculum as that is uniform based on standardization by WFOT, NQF, SAQA and HPCSA regulations. The persistent white demographics at the historically Afrikaans-medium University, may be explained by its historical geo-political boundedness. However, in the case of this university, a convergence between history, archaeology, curriculum and white demographics may also be a particular expression of a reproductive epistemic order that continues to centre the white subject as an epistemological marker. Hence the aptness of the curriculum being viewed as discourse: as a regime of truth formed between the intersection of knowledge and power and “successful attempts to stabilise, at least temporarily, attributions of meaning and orders of interpretation, and thereby to institutionalise a collectively binding order of knowledge in a social ensemble” (Keller, 2013, p. 2).

Table 6.1. Demographics of graduate occupational therapy students at various universities in South Africa, 2018 as well as the historical race and language criteria for admission during apartheid (OTASA, 2018).⁷⁰

	Black		Coloured		Indian		White		Other	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
University^A	0,06%	0	3%	0	0	0	95%	0,06%	0,06%	0
The historically Afrikaans-medium University that admitted only white students during apartheid										
University^B	26%	3%	3%	0	1%	0	67%	0,6%	0	0
Historically Afrikaans-medium university that admitted only white students during apartheid										
University^C	8%	1%	27%	0	12%	0	52%	0,5%	0	0
Historically Afrikaans-medium university that admitted white and coloured students during apartheid										
University^D	21,5%	1,9%	6,8%	0	13,6%	0	55,8%	0	0,40%	0
Historically English-medium university that admitted white, coloured and Indian students during apartheid										
University^E	29,8%	6,4%	25,7%	3,8%	3,4%	0	24,2%	0	0	0
Historically English-medium university that admitted white, coloured and Indian people during apartheid										
University^F	25%	30%	42%	50%	5%	0	29%	20%	0	0
Historically Afrikaans and later English-medium university that admitted coloured and later black students during apartheid										
University^G	48%	9%	1%	0	25%	0	16%	0	0	0
Historically English-medium university that admitted black and Indian students and later students of all races during apartheid										
University^H	62,8%	29,8%	0	0	1,2%	0,61%	8,7%	0	0	0
Historically English-medium university that admitted black students during apartheid.										

⁷⁰ Percentages are calculated in line with the total number of pre-graduate occupational therapy students of that specific university.

The following Table 6.2. illustrates examples of the reproduction of white demographics as a norm in the current curriculum, taking into account the composition of the staff and students and the patterns of continuation and discontinuation.

Table 6.2. *The staff composition in 2017 at the occupational therapy department of the historically Afrikaans-medium University (rauch van der merwe, 2012-2018).*

Position	Race	Gender
1 x permanent snr administrative officer	white	female
1 x part-time (12 hours), contract student assistant	black	female
9 x permanent lecturers, part-time or full-time	8 x white 1 x coloured (working part-time)	female
2 x permanent full-time jnr lecturer	white	female
1 x part-time, temporary session academic	white	female
1 x contract guest lecturer	white	female
Total	white = 12 black = 2	14 = female ⁷¹

There are no employees in the department who are disabled. As for the race demographics, with the exception of the appointment of a coloured person in 2017, all staff in the history of the department, including for the period from 2012 to 2017, have been white and female.

⁷¹ I mentioned earlier that a coloured male of Muslim religion was appointed in 2016 for the first time in the department's history. His appointment however lasted only five months as he was recruited by a previous international employer at a remuneration which could not be matched by the University. This vacancy was filled by a coloured woman. In addition, when vacancies appeared, it appointed a black administrative officer and a black lecturer.

Table 6.3. *The student composition at the occupational therapy department of the historically Afrikaans-medium University (Department of Occupational Therapy, 2017, p. 34).*

Student Numbers		Race					Language		Disability	Gender
Undergraduates	Total ⁷²	Black	Coloured	Indian	White	Asian	Afr Class	Eng Class		Male
1 st year 2018	44	1	1	-	42	-	n/a	44	-	1
2 nd year 2018	43	-	-	1	42	-	n/a	43	-	-
3 rd year 2018	42	1	-	2	39	-	25	17	2	-
4 th year 2018	41	-	2	-	38	1	24	17	-	-
1 st year 2017	43	-	-	1	42	-	n/a	43	-	1
2 nd year 2017	46	1	-	2	43	-	25	21	2	-
3 rd year 2017	42	-	2	-	39	1	26	16	1	1
4 th year 2017	39	-	1	-	38	-	22	17	1	-
1 st year 2016	48	1	-	2	45	-	26	22	-	-
2 nd year 2016	42	-	2	-	39	1	27	15	-	-
3 rd year 2016	44	-	1	-	43	-	14	20	-	1
4 th year 2016	38	-	1	-	37	-	23	15	-	-
1 st year 2015	45	-	2	-	42	1	29	16	-	-
2 nd year 2015	41	-	1	-	40	-	23	18	-	1
3 rd year 2015	41	-	1	-	40	-	24	17	-	-
4 th year 2015	35	-	-	-	35	-	21	14	-	-
1 st year 2014	43	-	1	-	42	-	24	19	-	1
2 nd year 2014	43	-	1	-	42	-	24	19	-	-
3 rd year 2014	35	-	-	-	35	-	20	15	-	-
4 th year 2014	37	1	-	-	38	-	24	13	-	-

Table 6.3. shows the breakdown of the student population from 2014-2018, which affirms a pattern of continuation of homogeneity in student cohorts in terms of white racial and female demographics, as could be seen in Table 6.1. as well. The prevailing homogeneity of racial and gender demographics is in stark contrast with the demographics of the rest of the University, as was evident in 2017⁷³ (See Table 6.4):

Table 6.4. *Total student composition of the historically Afrikaans-medium University in 2017 (Department of Occupational Therapy, 2017, p. 8).*

Black	Coloured (mixed race)	Indian / Asian	White
73%	5%	2%	20%

⁷² Slight discontinuities in the same cohort from one year to the next are attributed to a student failing/repeating or permanently or temporarily deregistering, or reregistering.

⁷³ At time of completion of the thesis, the 2018 UFS report was not yet formally available although the patterns remained the same, meaning that the overall student population of the campus is more representative of the population at large than students from Occupational Therapy.

The reproduction and reification of whiteness seems to have been maintained by the modelling of whiteness and the normalization of homogeneity in the composition of staff in the department's history of 43 years. Historically, the composition of staff, with the exception of one white male who served the department for 28 years, was white and female from 1976 until 2016, when a coloured man of Muslim religion was appointed. Moreover, most appointments (with the exception of two out of 11) that were made during these years were of people who had graduated at the historically Afrikaans-medium University (rauch van der merwe, 2012-2018). Similar to an institutional pattern, most academics at the department have a longstanding service record, and the turnover of staff is minimal. White demographics as norm thus seem to find expression in curriculum-as-discourse, as it is archaeologically dragged into the present. In addition, the rationalization for the reproduction of white staff demographics appears to be discursively linked with this institution's parallel language policy up to 2016⁷⁴, as any new candidate for a lecturing or administrative post had to be proficient in both Afrikaans and English. The effect of this was to exclude black persons who could not speak Afrikaans, as the lectures had to be delivered in both Afrikaans and English (Department of Occupational Therapy, 2008). Note the ambiguity and underlying meritocracy, associated with professionalism, in this extract from a (previous) policy on appointment of staff:

Die Departement strewende daarna om personeel aan te stel wat op meriete die beste kandidaat vir 'n pos is maar ook met in agneming van die UV se beleid oor Billike Indiensneming

//

The Department strives to appoint staff who are the best candidate for a job based on merits but also taking into account the UFS Employment Equity Policy

(Department of Occupational Therapy, 2005, p. 2)

In addition, the department at the same time underwrote the following policy guideline regarding "Language / Medium of Instruction" (note the sequence in which the 'main languages' are placed):

Objectives

The main languages of the department of Occupational Therapy are Afrikaans and English.

⁷⁴ The language policy was reviewed in 2016 to employ a single-medium language in teaching and administration. In view of student education equality, the policy was implemented among first years only in 2017 to continue concurrently from then on. This implied its full implementation for student teaching from 2020.

The language policy of the department aims to:

- *Assist, develop and establish multilingualism;*
- *To manage language proficiency in the main languages [i.e. Afrikaans and English] as a strategic priority;*
- *To contribute to creating a culture of tolerance as well as an accommodating attitude within the department.*

(Department of Occupational Therapy, 2005, p. 2)

The intersection of whiteness as a (mono-cultural) epistemological marker, with the requirement of proficiency in Afrikaans were therefore employed as a technology of power in reproducing continuous white racial demographics at the historically Afrikaans-medium University. This rationalization is especially significant since the majority of black South African citizens are not proficient in Afrikaans – given that there are 11 national languages. An exclusionary pattern for a language preference may therefore demarcate the unsaid, but probable race of prospective students applying to the programme. Though, the change of the language policy in 2016 to English as single-medium of instruction and administration offered an opportunity for an epistemic break.⁷⁵

A further example of the reproduction of whiteness as a norm is visible in the physical architecture of the building that the occupational therapy department shares with other allied health professions (apart from a couple of departments associated with the medical school in the Faculty of Health Sciences). The building was a male residence before it was overhauled for offices and some teaching spaces in the late nineties. The building retained the name it carried when it was a student residence – that of a General in the South African war: ‘CR de Wet’.⁷⁶ General Christiaan Rudolf de Wet was a Boer general and rebel. While de Wet is seen as a key figure in the history of the South African wars against British forces, he also supported the deliberate and ‘strategic’ exclusion of black people from equality – maintaining “that the impossibility of equality should be impressed upon black people” (van der Westhuizen, 2007, p. 57). His bust is mounted at the

⁷⁵ During the course of 2017-2018, the department appointed its first black administrative officer following the retirement of the previous incumbent. It also appointed its first full-time black lecturer in the field of psychiatry. In spite of active recruitment via national networking with historically English-medium and black universities, only two candidates who met the requirements for qualifications in occupational therapy applied.

⁷⁶ Most male residences at this historically Afrikaans-medium university had the names of heroes or icons in the history of Afrikaner Nationalism or during their resistance against colonialism. While the names of the student residences have been revised, the names and statues from Afrikaans Nationalist history at present on campus are part of the new Vice Chancellor’s transformation plan and have been allocated to a task team for revision commencing in 2018.

entrance of the Northern wing in the building in which the Department of Occupational Therapy is located, next to the stairs.

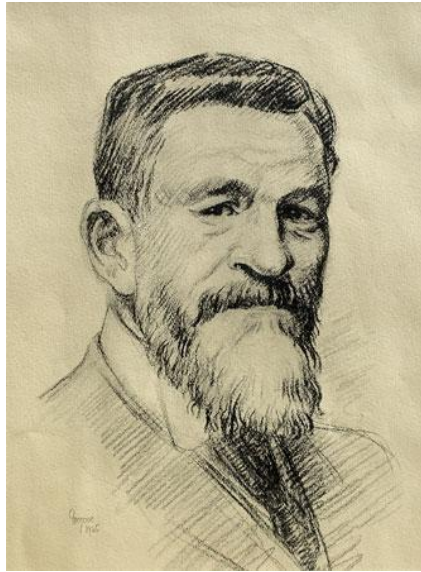


Figure 6.1. Drawing of CR de Wet, General in the South African Wars (1897-1915), after whom the building which houses the department is named (Boonzaier, 2010).

When the issue of statues and symbols as a national debate at South African universities was raised with students during a discussion on moral reasoning, the general discourse was that both the name of the building and the bust had not really been noticed by ‘us’, as they were not relevant in contemporary times (rauch van der merwe, 2012-2018). None of the students knew who CR de Wet was or his complicity in the construction of racial discrimination, and appeared quite unable to imagine an alternative interpretation (Solomona, et al., 2005 , p. 154) of historical symbols. However, this (epistemic) ignorance (as a strategy to keep the status quo) may indicate the maintenance of an assumed authority of white epistemology based on the inherent racial contract of deliberately not knowing (McEwan & Steyn, 2013, p. 3; Mills, 1997, p. 18).

This form of epistemic ignorance, if not epistemic deafness (Ndlovu-Gatsheni, 2018, p. 79) among students and arguably (white) staff alike, may be a form of committing epistemic injustice toward black students, who carry with them the memories passed on by parents and grandparents of white oppression and exclusion. Juxtaposing the concepts of memory and history, we are reminded by Mbembe (2016, p. 30) that: “History is not the same thing as memory. Memory is the way in which we put history to rest, especially histories of suffering, trauma and victimization.” Even if the defence would be that the placing of the bust and naming of the building after CR de Wet was against the backdrop of commemorating the courage of a Boer general against British imperialism, it could still pose the question: What does such exclusionary acknowledgement of

history say about the knowledges and epistemologies it currently gives preference to, which take form in a curriculum, as opposed to those which are silenced and repressed (Foucault, 2000, pp. 119-120)? What does this say about the null curriculum?

Finally, while clinical education falls outside the scope of this study, it must be mentioned that the majority of supervising clinicians (90%) involved in students' fieldwork training are not only white and female but also graduated from the same university from which the students they are now supervising will also be graduating – ironically, information that is not required to be included in the HPCSA evaluation for accreditation (Department of Occupational Therapy, 2017, pp. 56, section 6, reference 61). The continuous homogeneity of demographics in terms of race and gender, as well as its continuation between graduates and supervisors, reifies the unbending continuation of hegemonic patterns of being, thinking and doing, with the effect of the continuation and solidification of mono-cultural epistemologies (Kronenberg, et al., 2011, p. 7).

6.2.1.2. Being exceptional

a) Upholding excellence and 'standards'

The notion of upholding excellence, as key strategy in the reproduction of whiteness, appears to be repeated in the historically Afrikaans-medium University's curriculum. The pervading homogeneity of race among students (and staff) was identified as a concern during the 2007 HPCSA's evaluation for accreditation. This concern was further iterated as an ongoing issue by the HPSCA evaluation team in the 2012 report, during which the occupational therapy programme was again recommended for a five-year accreditation.

The issue of diversity is, therefore, still of concern but it is a multi-faceted issue that the programme and the profession need to consider as a collective to address the imbalance. While a number of suggestions can be put forward, it appears as if the discipline is well aware of these and is working hard to change this situation...The issue of lowering the admission criteria for OT is not open for debate as the University of the Free State (UFS) publically states that it is the one institution "Where standards still matter". The interplay between lowering admission criteria and perceived lowered standards requires discussion.

(HPCSA, 2012)

The admission criteria had not been changed up to 2018. The selection policy criteria are combined with those of the B.Sc. Physiotherapy programme and are the following⁷⁷:

- a. *AP [Admission Points] = 36*
- b. *National Senior Certificate*
- c. *Language of instruction (Afrikaans or English) = Achievement level of 5 (60%)*
- d. *Mathematics = Achievement level 5 (60%)*
- e. *And Life Sciences = Achievement level 5 (60%)*
And/or Physical Sciences = Achievement level 5 (60%)
- f. *National Benchmark Tests: An average of at least 50% between the three categories of the tests needs to be obtained in order to be considered for selection.*
- g. *Selection of learners who have already passed Grade 12 and are studying at a higher education institution and graduates.*
 - a. *For a degree not yet obtained at a University: A minimum average of 65% for the completed year.*
 - b. *For a degree already obtained at a University: Preference will be given to students with appropriate subjects with a minimum average of 65%.*
 - c. *For a degree/diploma not yet obtained at a University of Technology: A minimum average of 80% is required for completed modules.*
 - d. *For a degree/diploma already obtained at a University of Technology: A minimum average of 70% is required for students with a B.Tech degree, and a minimum of 80% is required for a diploma.*

(UFS, 2017)

However, statistics from 2012-2017 indicate that the total number of applications by students of colour is about 12%, most of whom could not be selected because they had indicated another programme in the faculty of health sciences as their first choice. This exclusion criterion is based

⁷⁷ During the course of mid-2018, the heads and programme coordinators of Occupational Therapy and Physiotherapy agreed on reducing the admission score from 36 to 34 in the hope of widening the pool of applicants from which selections can be made based on the selection criteria. This recommendation needs to undergo a ratification process and if accepted will be implemented in 2021.

on the experience of the selection committee that students who put the occupational therapy programme as their second choice do not accept the selection, since they will already have been selected for the programme of their first choice⁷⁸. The occupational therapy department selects 19-23% of the total number of applications (rauch van der merwe, 2012-2018).

Table 6.5. *Number of undergraduate student applications per ethnic group, gender, junior or senior⁷⁹ level 2013-2016 (Department of Occupational Therapy, 2017).*

Year	Afrikaans White/Indian Female	English White/Indian Female	Black/Coloured Female	Black/Coloured Male	White/Indian Male
2013					
Junior	107	58	10	2	2
Senior	13	10	5	2	1
2014					
Junior	78	69	19	3	0
Senior	14	10	4	1	0
2015					
Junior	95	73	16	1	1
Senior	13	9	9	1	1
2016					
Junior	77	91	15	1	3
Senior	19	18	7	1	0

As a strategy of reproduction, the continuation of the normalization of judgement in terms of aptitude and capacity as a technology of power (Foucault, 1984, p. 182) is reproduced within the selection policies that highlight the decimalization of measuring standards of excellence. This means what can be counted and presented in hierarchies of value affirms taken-for-granted assumptions of what counts as meritocracy (Keet & Swartz, 2015, p. 4) – the latter often interlinking with the notion of (white) Western exceptionalism (Santos, 2014, p. 19). Yet these selection policies do not ‘measure’ a student’s ability to relate to patients with various worldviews, to think critically, or to see themselves as responsive and relational citizens. Rather, it underscores an atomistic (Mungwini, 2016, p. 527) orientation to the human qualities needed to be a health care professional.

One of the most effective ways in which students are panopticed, and one which reifies the idea of excellence, is examination in the form of assessment practices taken as a norm. Contextually,

⁷⁸ As from end of 2017, the department has started to follow up with black students who have indicated their first choice as another programme but who have not been selected to that programme. As of 2018, it showed no change in the number of students from diverse race groups applying to the programme.

⁷⁹ ‘Junior’ meaning students who apply from their matric year in secondary school, and ‘senior’ meaning those who have completed modules in other degrees at university.

the imperative of assessment as a directive was manifested as a focus in our university practice in 2009, when it was required that all lecturers should undergo assessment training for which an accredited module was designed and implemented by the university. Consequently, during the re-curriculation of the occupational therapy programme that commenced in 2010, emphasis was also put on assessment as practice. Assessment is understood as being formative (during the course of the module), and summative (the end of the module to decide if the student has completed the module successfully). However, together with a constant discourse on negotiating a 'full curriculum', the issue of over-assessment of students was repeatedly raised. This concern was related to the optimum learning of students on both formal and informal platforms, raised during education committee meetings in the department, as well as in meetings with clinicians who were involved in the fieldwork training of students (rauch van der merwe, 2012-2018). It was especially the formative marks the students accumulated during fieldwork practice training that impeded their ability to learn without having to be constantly examined. The fact that they were constantly being assessed was not only a discourse among educators but also reflectively stated by fourth-year students, year after year as a counter-argument. During these reflective sessions, the students shared their experiences of attending a clinical elective of their choice, during which no assessment took place and where they worked merely under the guidance and supervision of a qualified occupational therapist. It was then that they had become aware of what it meant to focus on the patient and not themselves during patient contact. Perhaps it is this "assessment mania" (Mbembe, 2016, p. 31) by the taken-for-granted imperative on assessment prescribed by various regulatory bodies, that reproduces a student in pursuit of credits and marks which becomes the norm, rather than one who aspires to free-flow learning (Mbembe, 2016, p. 31) as a form of life-long learning. The ideological 'cross-alignment' between learning outcomes, contact hours and assessment raises the question: to what extent are students' skills for life-long learning cultivated, as opposed to them internalising a sort of "learnification" (Biesta, 2010, pp. 5, 56-59) during which they are "constructed, fashioned and moulded through assessment regimes"? (Hinchliffe, 2018, p. 192)

Moreover, the heavy emphasis placed on assessment with the aim of achievement and meeting standards of excellence may reify the "individual appropriation of reproducible items of knowledge and the individual cultivation of skills" (Connell, 1992, p. 137), especially within the level of the hidden curriculum, as assessment is one of the most covert forms of transmitting what is more, and what is less important (Hafferty, 1998; Wright-Peterson & Bender, 2014, pp. 152-153 Kindle loc.).

b) Virtuousness as an ethic

The theme of virtue remains an inherent value of a health care professional (albeit that the emotion of sympathy has its genealogy in Victorianism (Boddice, 2016) and the ethical code of conduct (OTASA, 2005) remains largely akin to the initial values put forward by the WFOT in 1960. The profession subscribes to the HPCSA General Ethical Guidelines for Health Care Professionals that are based on consequential and duty ethics. Though these ethical codes and values are generally seen as basic moral and virtuous values, they are however exclusive of communalistic postures, for example of Ubuntu found in an African ethics orientation. The paternalist slant that ethics review boards sometimes assume in ‘protecting’ research participants was until recently overlooked in research projects, where the point of departure was that research participants assumed an equally agentic role. This was witnessed in 2015 when one of the Master’s students at the Department carried out a study with participants in surrounding community-based practice settings. The student interviewed community representatives about their perceptions on occupational therapy service-learning engagements. Ethical codes prescribed by HPCSA (2018) and research ethics review boards determine the confidentiality and de-identification of participants as research ethos. These participants, too, initially signed informed consent documents, by which the identities associated with their input during interviews would be protected. However, when the student went back for member checking and reassured them of this clause, they questioned the purpose of such an arrangement and asked that their identities be included in the dissertation ‘so the contributions can be seen and known by family and fellow-community members’. The student subsequently wrote an amendment for such provision (Janse van Rensburg, 2015; rauch van der merwe, 2012-2018).⁸⁰ While these assumptions have started to be questioned by the faculty ethics review board, this strategy of ethics continues to act as a technology of power during which the judgement of individualism as well as a paternalist posture are universalised and normalised.

The paternalistic slant embedded in these ethical codes has not been interrogated adequately and may signify a continuous pattern of assuming the patient to have an *a priori* lack of agency. It could authorise the health care practitioner to treat patients similarly to a child – for example addressing and referring to older adults as ‘oumatjie, oupatjie, tannie, oom // (little) granny, aunty, uncle’, as has been observed during clinical guidance. This is a form of epistemic injustice, of the “co-constitution of power/knowledge by which epistemic identities are either affirmed or misrecognised” (Keet, 2014, p. 34), during which the patient/person’s ability to be a legitimate

⁸⁰ I was this student’s main research supervisor.

bearer of truth is negated (Fricker, 2007). In addition, it also repeats the technology of self in the form of objectification (Foucault in Rabinow, 1984, p. 7; Foucault, 2000, p. 327) and the dividing practice of affirming authority of the health care practitioner as the expert.

The idea that virtues lean strongly towards an individualist view (Sherman, 2016, p. 233) has been a contested concept in occupational therapy (Gerlach, et al., 2018; Hammell, 2017, p. 210), but the norm of morality that undergirds the notion of virtuousness in professional ethics appears to have become an embedded hyper-norm. This has been observed over the years with a significant group of students when they received feedback in clinical training and fieldwork practice, and often responded with a mixture of shame and an over-defensive posture about not having met the 'standards' from the outset. Part of this observed defensiveness may perhaps be explained by the phenomenon of defensive reasoning among high-achieving people who are trained as professionals. Compounded by measures of performance that are concomitant with professional environments, professional people and students who are training to become professional tend to be fragile about critical feedback. They are used to a positive relationship between effort and outcome and have difficulty dealing with unpredictability and new learning experiences and environments, such as clinical training. They then become trapped in a 'single-loop' learning pattern during which they are unable to reflect on errors in clinical practice. They fail to learn from their mistakes, or when they do, externalise the blame (Argyris, 1991).

However, the implicit shame that comes with defensive reasoning may very well be ascribed to the technology of responsabilization, that is buttressed between morality and civility (Rose, 1999, p. 74). This is the product of a "generalized disciplinary society... [where] the norm of discipline and the norm of regulation intersect along an orthogonal articulation" (Foucault, 2003, p. 253) to generate a truth. This 'truth' dictates that to receive feedback in the interest of learning is a form of correction, and to be corrected is a form of punishment and consequent failure because "[t]hose who have been properly disciplined will not err in the first place" (Jacobs, 2018, p. 12). It is this rationality that to me seems to solidify many students' resistance in handling feedback and impairs their learning.

On the one hand, virtues are important in health care, and in occupational therapy originated in a pragmatic social view of public good during the Women's Suffrage Movement at the end of the 19th century (Morrison, 2016). On the other hand, it seems that both the students' and the staff's infatuation with achievement, with ticking off the list of criteria for achievement and professional behaviour, is less about cultivating life-long learning skills and making a societal contribution than it is a subscription to a neo-liberalist mentality, as "knowledge, thought and training... [are] not

sought for developing capacities of citizens, sustaining culture, knowing the world, or envisioning and crafting different ways of life in the common. Rather it is sought for [positive]... return on investment". (Brown, 2015, p. 2599 Kindle loc.)

In terms of what is excluded, the virtue of critical thinking and reasoning as an entrenched value remains a glaring omission in the epistemological discourse of occupational therapy, though its importance is being progressively and overtly argued (see for example Farias, et al., 2016; Hocking & Whiteford, 2012)⁸¹, as well as in the three editions of the two-volume *Occupational Therapies Without Borders* edited by Kronenberg, Pollard and Sakellariou in 2005 and 2011 and by Pollard and Sakellariou in 2017. The systematic lack of critical cognisance (Owen, 2017, p. 195) in occupational therapy as well as a conscious, critical epistemology is also evident in the curriculum-as-discourse at the historical Afrikaans-medium University. Though Bloom's Taxonomy is consciously applied each year when tests and examinations are planned to ensure that all levels of knowledge are covered in assessment, the term 'critical' occurs only 13 times in the third-year module guide. This guide contains the outcomes of three theoretical occupational therapy modules that make up a total of 80 credits (including relevant extractions of the exit-level outcomes). The theme of 'Critical Thinking and Argumentation', which I teach, is a single half-day workshop presented to students at the beginning of their third year (rauch van der merwe, 2012-2018).

Taking a critical perspective in the education of occupational therapy students is an important strategy in countering those hegemonic epistemological patterns that characteristically originate in the Global North (Santos, 2014). Referring to Freire's *Pedagogy of Indignation* (Freire, 2004), Tolvett and Leiva (2017) argue the importance of critical epistemology in occupational therapy education, including the principles of encouraging critical questioning from students as a form of epistemic curiosity, critically positioning the self in relation to the rest of the world, and constantly reflecting upon one's own views (pp. 592-593). Formal curriculum, including at the historically Afrikaans-medium University, has yet to integrate and articulate such principles.

c) Docility as virtue

The theme of docility repeatedly appears throughout the archaeology-analysis of occupational therapy as well as in its history (for example Blom-Cooper, 1989)). The identity of the profession has been a theme throughout its development, as its philosophy of holism is contestable and

⁸¹ Regarding the latter reference: all the contributions in this edited book aim at a critical epistemology of the foundational science of occupational therapy.

difficult to express with precision in biomedical settings (see for example Gupta & Garber, 2017, p. 156).

In the 1940s, at the time when the occupational therapy profession was being established in South Africa, it was in the middle of a global paradigm shift, that of having to prove its scientific legitimacy within a biomedical realm. It appears that this vulnerable space was compounded by a deeply entrenched patriarchal value system (though not unique in a Global North context) that was related to colonialism and was followed by apartheid. In historically Afrikaans-medium universities, the Afrikaans Nationalist identities were strongly linked with a Calvinist version of the Christian religion (van der Westhuizen, 2007, p. 183). This determined the extension of docility as virtue and the postures of, for example, self-sacrifice and discipline through attention to detail, humility, and endurance as technologies of the self. These values seem to be repeated in the current curriculum.

A continuous topic in the department's organizational discourse is the workloads of the staff in terms of the number of lectures taught, the number of pre-graduate research projects (that is, part of the curriculum), the number of post-graduate students who are supervised, publication responsibilities, and the number and degree of responsibilities in the various departmental, school and other institutional committees. These workloads are regarded as exceptionally high, ascribed partly to a compulsory curriculum but also prior to 2017 to a double-medium language policy for all the year groups. (Implying that each lecture have to be lectured twice, once in Afrikaans and once in English). These workloads are reviewed during annual planning meetings, along with all other aspects of programme review and development, community-based engagement and research planning and output. The annual discussions on who carries which weight are underscored with the notions of virtue and endurance.

One of the ways that docility for the student as object appears to be reinforced is in the sheer volume of lectures (contact hours) in addition to clinical fieldwork training that they have to attend in order to meet the credits of the programme. This is especially the case for the third and fourth years, who follow modules which are examined at the end of the year. Along with the rest of the students in the medical faculty, the occupational therapy students not only start the January semester three weeks earlier than the rest of the University but also continue with an academic calendar when most students break for an exam period at the end of the semester. The crush of being engaged in lectures or clinical training every waking hour of a 'work' day, in addition to having to write reports, study for tests and complete assignments, leaves little room to engage with the material, to integrate and reflect on critical aspects, or to imagine a transformative slant.

Third-year students, for example, attend clinical training in the mornings and clinical science lectures in the afternoons. During clinical training they must assess and treat patients under supervision and write full assessment and clinical reasoning reports on a patient or group of patients. These reports are written after hours in addition to academic assignments, lecture preparation and tests.

One of the reasons for re-curriculating and implementing the first year of a new curriculum in 2012 was that the programme at that time (as identified during the HPCSA evaluation for accreditation in 2008) had morphed into 720 credits and was therefore 240 credits over the prescribed minimum of 480 credits for an occupational therapy programme in South Africa. This discrepancy was addressed by the head of the School for Allied Health Professions, and head of department at that time. The re-curriculation process was tackled together with all the staff members, and the curriculum was subsequently adapted so that the programme credits were reduced to 540.⁸² The process took two years and besides addressing the excess of credits also focussed on a deliberate scaffolding and integration of theoretical and practical knowledge⁸³ that appeared to yield a good balance between theory and practice. The reduction of credits was followed by an expected reduction of contact hours and lectures - in spite of the double medium-language policy that was still valid at the time. However, when the timetables were written at the end of the year for the following year - as they are every year - the expected reduction of contact hours in relation to credits was marginal, which left everyone perplexed. The result is not only a workload in terms of lecturing hours for staff that remains rather high but also a timetable which schedules students for class and/or clinical fieldwork every day and every hour, making a balance between lectures and integration of learning virtually impossible.

Could this infatuation with detail and subscription to the idea of totality as a form of order, which is a form of metonymic reasoning (Santos, 2014, pp. 166-167), indicate the unconscious practice of discipline as a technology of power in maintaining the exceptionality of virtue as a hyper-norm? Foucault (2005) explains that, historically, virtue is acquired by both theoretical and practical knowledge and is obtained through the practice of askēsis that is characterised by “taking pains, zeal and [repeated] practice” (p. 316). The maintenance of virtue is enacted through “great attention to detail...the utilitarian rationalization of detail in moral accountability and political control...[as] detail had long been a category of theology and asceticism” (Foucault, 1984, pp. 183-

⁸² It is commonly regarded as a ‘safe’ practice for accreditation purposes not to abide by the absolute minimum.

⁸³ The re-curriculation was done in consultation with the university’s Directorate for Institutional Research and Academic Planning (DIRAP) at that time and not necessarily from a curriculum studies point of departure.

184). The freedom of the subject is sacrificed to this entrenched 'mechanistification' of discipline through detail, by 'hard work' and by valuing 'being very busy' over reason and strategic thinking, during which the subject is not a free subject. The subject remains trapped in a Calvinist Christian distortion of critical curiousness that is regarded as futile, unable to distinguish between knowledge that matters and immaterial knowledge (Foucault, 1997, p. 325; O'Farrell, 2005, p. 116). In this way, we waste time, waste energy and reproduce docility.

The rationalization of Christian docility as virtue is also reproduced via the vehicle of the homogenous worldview of whiteness and religion, during which students, too, construct themselves as moral subjects. One example is the annual 'formal', which is a dinner and dance event the third-year students organise as a farewell to the final-year students. The structure of the event replicates the so-called 'matric farewell' in most model C schools⁸⁴, featuring expensive formal dresses and a formal dinner (See Figure 6.2.), often followed by Afrikaans dance music. With a view to including marginal students of colour and other students of class, departmental management initiated dialogue with the students to consider alternative formats for these events, but the students opted to maintain the status quo. In 2015 a lesbian student, in consultation with a mentoring lecturer, took the bold step of bringing her female partner to the event. Such codes of behaviour, however, are generally seen among students as 'moral transgressions' and are met with the rhetoric of 'forgive the sinner but not the sin'. Regular prayer sessions were held by her classmates to pray for this student (rauch van der merwe, 2012-2018).

A further example of employing the rationalization of moralism as virtue as a stabilising strategy was during the 2015 #FeesMustFall student protests. A handful of students from the occupational therapy department took part in the protest in solidarity with the plea of the majority of students in South Africa. This was not the norm for students from the School for Allied Health Professions, as most saw themselves as 'separate' from the rest of the campus on account of being affiliated with the medical faculty. As a result, both students and staff had to be reminded of the students' constitutional right to join in legal protest actions. One of the main discourses that surfaced among (white) staff members across campus, as well as among the occupational therapy students, was that of being 'traumatised' by the disruptions of protest actions, such as restricted access to campus or black students moving in groups across campus singing and dancing as part of the

⁸⁴ The term 'Model C' for primary and secondary schools is traditionally associated with white schools which during the apartheid regime achieved a form of autonomy by merging government funds with private funds. Though the term is not formally adopted by the post-apartheid government, it is still widely used because of the continuation of the historical inscriptions that are still visible in these schools.

protest. Actions also included disrupting some lectures and taking down a statue of one of the presidents from the apartheid era (Pijoos, 2016).



Figure 6.2. The hall decorated by students for one of the farewell events.

At first, most of the occupational therapy students chose ‘not to get involved’, though a few did join the protests in solidarity. When I probed the students who were passive and silent for discussion, one of the dominant discourses that emerged was counter-victimhood combined with ‘doing the right thing in following the rules’ (of the programme) (rauch van der merwe, 2012-2018). The students appeared to have negated a political and social justice plea for equal access to education on a national level by reframing themselves as white victims (Blaser & van der Westhuizen, 2012). A further strategy for stabilising a dominant discourse was to frame themselves also as moral beacons (Brewer & Hayes, 2011). By assuming such postures, these students were not only able to “confuse the moral landscape” (Brewer & Hayes, 2011, p. 75) but also to objectify themselves by putting forward victimhood and moralism as a dividing practice and technology of the self (Foucault, 2000, pp. 326-327; Foucault, 1997, p. 228).

Summary: repetition of the rules of formation of the object

The reproduction of the white female as archaeological object was discussed. Evidence of the current demographic homogeneity in terms of race and gender of staff and students as well the clinical staff was put forward. I showed how the rationalization of a previous parallel language

policy acted as a mechanism for excluding the appointment of certain staff, but also how the change in this policy offered an epistemic break, insofar of opening up the possibility for the discontinuation of the Afrikaans language as preferenced, and therefore an associated white racial demographic.⁸⁵ I discussed the epistemic ignorance among a homogenous group of students of the exclusionary meaning of the statues and symbols on campus that represented a colonial history. The reproduction of exceptionalism and the upholding of excellence were examined, along with the rationalization of meritocracy as technology, as well as the panopticism and subjectification of students via assessment practices. I showed how the reproduction of an object maintaining virtuousness as an ethic originated in paternalism and was reified via a technology of objectification that was undergirded by a rationalization of moralism. The effects of neo-liberalism and limited critical thinking as an epistemological practice were also examined. The theme of docility as virtue, also a characteristic of the object, was highlighted insofar as it isomorphically repeats itself through a pressing curriculum that values detail and ‘hard work’. These values are solidified via the power technology of discipline, moralism and technology of the self, namely askèsis.

6.2.2. Formation of enunciative modalities/subject positions

Several regulatory bodies are relevant to the formation of the rules of enunciative modalities (archaeology), or subject positions, as they would be referred to in genealogy. These regulatory bodies are imperative in standardising and assuring the quality of a curriculum, and have in some cases been reconfigured with the deliberate intention of addressing inequality in the interest of social justice. Examples include the reconstitution of the Health Professions Council of South Africa (HPCSA) from the South African Medical and Dental Council (SAMDC). On an international level, the recent WFOT Minimum Standards for the Education of Occupational Therapists Revised 2016 incorporates more room for contextually relevant considerations in curricula, while incorporating the international professional foci of “inclusion, diversity, justice and human rights in daily life” (WFOT, 2016a, p. 5). However, when one excludes some parameters of knowledge in the quest to include others, the danger is always present of knowledge having unjust consequences, as it carries with it the conditions for exclusion. Examples of exclusion can be in terms of representation, recognition or redistribution (Fraser, 2009, pp. 1-15, 100-115, 144-147).

⁸⁵ It has to be mentioned that in for example the Western Cape, SA, Afrikaans is also the first language for most coloured persons (Statistics South Africa, 2014, pp. 21, 26) – a statistic that may be historically geographically bound, though it finds more other expressions of inclusion/exclusion in its demographic representation. (See University^c in Table 6.1.)

The following regulatory bodies, by virtue of their regulatory or statutory mandate on the curriculum, employ/have to employ various techniques of power, the first and foremost technique of supervision and examination being via control in order to 'correct'.

The World Federation of Occupational Therapists (WFOT) was established in 1952, with SA as one of its founding members. This organization prescribes minimum standards for the education of occupational therapists. These act as a framework for interpretation and implementation by the respective accreditation bodies in various countries. The Health Professions Council of South Africa (HPCSA) is responsible for the quinquennial evaluation for accreditation of medical and allied health professions programmes. However, the registration of any higher educational programme is subject to it meeting the appropriate level of descriptors determined by the third regulatory body, the National Qualifications Framework (NQF). Coordinated, overseen and advanced by the South African Qualifications Authority (SAQA), this has a juristic status, directly informing the Minister of Higher Education and Training.

6.2.2.1. Regulatory bodies as legitimate speakers

The WFOT is recognised by both the World Health Organization (WHO) and the United Nations (UN) (WFOT, 2016a, p. 8). An international authoritative body, it standardises the criteria for the evaluation of occupational therapy programmes in order for them to be accredited. Accreditation is an option for all existing or proposed occupational therapy programmes. Occupational therapy has an international standard for its educational programmes (Pattison, 2018), similar to other international organizations such as United Nations Educational, Scientific and Cultural Organization (UNESCO) and WHO, which are considered by many countries as the point of departure for their respective national accreditation standards (WFOT, 2016a, p. 3). This is the case in South Africa as well, and HPCSA, a statutory body in South Africa, is responsible for assimilating and formalising the WFOT minimum standards into the HPCSA Professional Board for Occupational Therapy, Medical Orthotics/Prosthetics and Arts Therapy's minimum standards for the training of occupational therapists. The historically Afrikaans university's curriculum which is put forward in this chapter was built on the WFOT Revised Minimum Standards for the Education of Occupational Therapists 2002, though the 2016 version has yet to be formalised into the current HPCSA standards. The 2016 version was expanded by 40 pages from the 2002 version using a consultative process with members of the WFOT. Though various countries are listed for their contributions, the 2016 version was written by authors from the same origins as the preceding versions, which raises the question: Do many voices mean that all are equally heard?

The WFOT (2016a) document states four definite and interconnected purposes - societal, professional, educational and ethical – strongly interweaving these with human rights and population health (p. 10). In both the 2002 and 2016 versions, the criteria for the evaluation of occupational therapy programmes are grounded in contextually relevant philosophy, as well as in the purpose of the educational institution and its programme. In the WFOT (2002) document, relevant here to the current curriculum at the historically Afrikaans-medium University, this philosophy and purpose address five areas which stand central to the criteria of standards. These are congruence, depth and breadth, the local context, the international perspective, and quality improvement (p. 22). They are applied to each of the five criteria for standards for the evaluation of a programme. The criteria (Figure 6.4) are the following:

- a) content and sequence of the content in a curriculum;
- b) educational methods;
- c) fieldwork (“Practice Placement” in 2016, version, p. 26);
- d) educational facilities and resources; and
- e) educators (WFOT, 2002, pp. 21-26).

Among the issues in the philosophy and purpose that are applied to each of the criteria for evaluation of standards in a curriculum is the matter of “commitment to inclusion”, which has been added in the WFOT (2016a, pp. 43-54) edition.

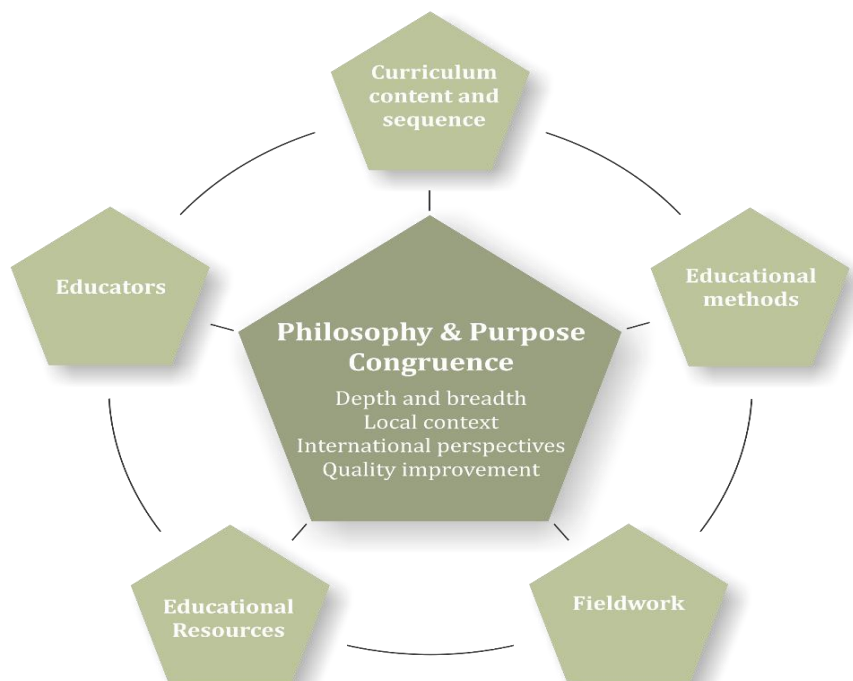


Figure 6.3. Criteria for evaluation of educational programmes for occupational therapists (adapted from WFOT, 2002, p. 21).

In addition, both documents speak to the components of an occupational therapy programme, as well as the essential areas of knowledge, skills and attitude for competent practice. The former is an expansion of the above diagram that includes contextually relevant aspects, e.g. occupational therapy history related to the context and relevant policies and legislation (WFOT, 2016a, pp. 25-30; WFOT, 2002, pp. 10-12). The latter gives an outline of knowledge, skills and attitude for competent practice that are required in terms of five aspects (Figure 6.4.):

- a) the Person-Occupation Environment theoretical framework (see for example Law, et al., 1996) in relation to health (well-being and human rights in the 2016 edition);
- b) therapeutic and professional relationships;
- c) the occupational therapy process;
- d) professional reasoning and behaviour, and
- e) knowledge, skill and attitudes relating to the context of practice.

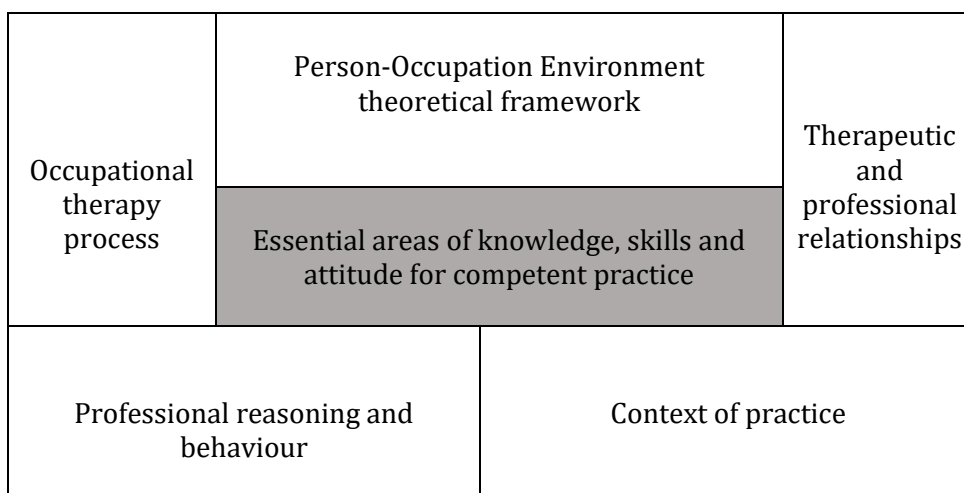


Figure 6.4. Essential areas of knowledge, skills and attitude for competent practice (adapted from WFOT, 2002, p. 14).

In the preamble to the 2016 version, the following is stated:

The 60-year history of The Minimum Standards is exceptional for its international oversight of entry health professional education. The Minimum Standards are a hallmark of quality assurance of “value added” education (Armstrong, 2011) in an ever-growing environment, reflecting the neoliberal concepts of corporate models in higher education, bottom lines and “for profit” higher education, such as private universities and programmes. They form the

structure of a quality assurance approach that includes international review, oversight and monitoring of the profession's global commitment to congruence with core professional and educational values and principles.

(WFOT, 2016a, p. 5)

This preamble is problematic and raises the following three issues for critical questioning. First, as shown in the archaeology-analysis, the structure of the curriculum content has been unchanged since 1952 in terms of the type of content that is required, namely basic sciences, occupational therapy knowledge and clinical practice. If curriculum is to address socially just patterns of inclusion, should it not critically and consciously engage with the historical patterns of exclusion as one of the principles toward constructing a socially just curriculum? (see e.g. Connell, 1992, p. 140; Soudien, 2018) The critical reasoning as employed for example in occupational science when it started to interrogate its Anglophonic, individualistic and gender-biased and able body-biased orientation (Hocking, 2012; Kantartzis & Molineux, 2012; Laliberte Rudman, 2012), does not seem to be carried over into the minimum standards document. For example, “Local Occupational Therapy History” (WFOT, 2016a, p. 26; WFOT, 2002, p. 11) is put forward as one of the components of an occupational therapy curriculum. This component is referred to as “[t]he pioneers of the profession and how they established the place and status of occupational therapy in the society [and] how occupational therapy has been perceived and welcomed (WFOT, 2016a, p. 29; WFOT, 2002, p. 13). However, does such a statement not reify the taken-for-granted positive qualities of the origin of occupational therapy knowledge that the profession endeavours to critique elsewhere?

Secondly, the document is conceptually rich and clearly attempts to negotiate ‘standards’ as well as the complexities of a contextually relevant interpretation - all while maintaining international indicators of health. Yet the concepts remain broadly descriptive, and often not as *measurable* standards (i.e. *quality* and *effectiveness*). Rather, the aim seems to be to achieve *outputs* in the form of *activities* and *efficiency*. What I mean here by ‘measurable’ is not necessarily in quantitative terms but rather in terms of the standard of quality and effectiveness. Drawing on Sen’s (2009) notion of comparative theory of justice, one question for example could be: How can the profession measure the *degree/s* to which its curricula is addressing injustices or not? This oversight renders the evaluation of curricula vulnerable to the subjectivity of the evaluators. So the ‘who’ that evaluates may overshadow the ‘what’ and the ‘how’.

Thirdly, the WFOT (2016a) document states that the revised minimum standards “reflects neoliberal concepts” (p. 5) and this is to be interpreted in the context of higher education

demands. However, a neoliberalist orientation to education also implies a Darwinian survival-of-the-fittest orientation, taking individual responsibility for success in education, as well as subjugating the noble intent of even social justice to economic imperatives (see for example Harvey, 2005). In the South African context, the ideal of equality seems to be increasingly unattainable, as equity is subject not only to pervasive historical continuities, such as a limited number of representative academic models (Badat & Sayed, 2014, p. 139), but also to a perpetually limited state funding, including inadequate state funding to deserving students (Badat, 2015/2016, pp. 74-75, 76), and an overall deep economic inequality (Ramugondo, 2018, p. 14). As one of the regulatory bodies, the WFOT has the function of supervising, monitoring, observing and evaluating (Foucault, 2000, pp. 70-72). As an international body establishing uniform standards, it therefore uses normalization of judgement as a technology of power, in as much as it employs universalism as a technology of discipline in the establishment of the weight of normative standards.

Turning to the national front, the SAQA and NQF are additional regulatory bodies that serve as enunciative modalities in the implementation and monitoring of a curriculum. Badat and Sayed (2014) remind us that post-1994 education was crafted with the “political consent of the privileged” (p. 129), with the aim of maintaining social order while a new government and democracy had to address social injustices. This in turn led to the fact that the “post-1994 educational goals were explicitly framed in relation to the existing and inherited order” (Badat & Sayed, 2014, p. 130). This is perhaps the reason why, in the NQF level descriptors, no values for transformation are visible. The objective of the NQF is stated as to

ensure coherence in learning achievement in the allocation of qualifications and part qualifications to particular levels, and to facilitate the assessment of the national and international comparability of qualifications and part qualifications [while its] philosophical underpinning...is...applied competence...

(SAQA, 2012, p. 3).

Before the democratic election in 1994 the South African Medical and Dental Council (SAMDC) fulfilled the regulatory function for practicing medical and health care professionals in accord with Act 13 of 1928, stating that the body fulfilled the function of four separate provincial councils. Act 56 of 1974 of the Health Professions Act replaced Act 13 of 1928, giving statutory power to the SAMDC (HPCSA, 2018). In 1995, after the democratic election, the SAMDC merged with the

Transkei and Ciskei Medical Councils, which resulted in the Interim National Medical and Dental Council of South Africa. After a five-year period of transition, the HPCSA came into existence.

After it came to light that SAMDC and some of its members had been complicit in atrocities associated with the apartheid regime (see for example Baldwin-Ragaven, et al., 1999), the HPCSA, its twelve professional boards, including the Professional Board for Occupational Therapy, Medical Orthotics, Prosthetics and Arts Therapy, faced the challenge not only of setting education and training standards but also of establishing and maintaining the highest ethical standards for practitioners (Dhai & Mkhize, 2006, p. 1). These ethical imperatives have evolved into the comprehensive “Guidelines on Ethical rules; Ethical rules, regulations and policy guidelines” in the form of over 15 booklets (see HPCSA, 2018). For the regulation of the training and education of occupational therapists, the Professional Board for Occupational Therapy, Medical Orthotics, Prosthetics & Arts Therapy assimilated the WFOT Minimum Standards for Education of Occupational Therapists into document “Form 123 B - The Minimum Standards for the Training of Occupational Therapists” (HPCSA, 2009). This document is relevant for the evaluation for accreditation purposes of occupational therapy programmes in terms of curriculum content, along with “Form 265 - Standards of Practice”, which guides minimum standards for clinical practice, and “Form 59 OCP, Guidelines for the Evaluation and Accreditation of Education and Training Programmes” (HPCSA, 2013). The document containing 13 exit-level outcomes is also considered an important source by most in the education field (HPCSA, 2006). (See Appendix D).

The HPCSA (2009) Minimum Standards for the Training of Occupational Therapists is a document of 11 pages which includes a background, reference to the philosophy and purpose of the programme, as well as its fundamental characteristics. It gives an outline of the core theory and practice content, as well as the weight of marks attributed during examinations (pp. 1-11). As with the WFOT Minimum Standards, this document is conceptually rich in its attempt to promote “educational objectives [that] should reflect the philosophy and aims of the profession and be flexible enough to accommodate changes in our society and advances in knowledge about human occupation and occupational therapy” (HPCSA, 2009, p. 3) as one of its aims. However, when looking at these documents and having recently coordinated the quinquennial evaluation for accreditation during 2017, I found little evidence of the curriculum being ‘measured’, other than that most of the focus was on formal curriculum, that is, curriculum content, with a conceptual focus that was largely subject to who evaluated the curriculum. Yet most of the reproduction of curriculum occurs ‘between the lines’. This includes, for example, the knowledge students come to value by virtue of *how* they are taught, which ways of thinking are rewarded, and which values

and attitudes are modelled as worthy (Martimianakis & McNaughton, 2014, p. 133 Kindle loc.; Ssebunnya, 2013). None of these aspects is overtly mentioned as an indicator for accreditation of a programme and/or curriculum. Again, this seems to be a case of the technology of power of supervision and monitoring, albeit for legitimate reasons of establishing quality and standards, while the taken-for-granted norms of universalism in terms of aptitude and capacity are applied (Foucault, 2000, pp. 193-195; Foucault, 1984, p. 182). The material effect may very well be an unwitting reproduction of dominant patterns of epistemic injustice and epistemic violence.

6.2.2.2. Father / Mother / Child: Doctor / Occupational Therapist / Student and Patient

As could be expected given the historical context during the establishment of occupational therapy as a profession and university qualification in the early 1940s, one of the rules of formation in terms of enunciative modality was the patriarchy and paternalism derived from colonialism and apartheid. While the profession has made great strides in its development of a framework and discourse which stand in opposition to (occupational) injustice, the following examples show how some archaeological rules of formation can be reproduced.

a) Paternalism

In the WFOT (2016a) revised version of minimum standards which provides the basis of the formal occupational therapy curriculum, the imperative of the awareness of, advocacy for and application of human rights is interwoven through the text in all the components mentioned above. The following are some examples:

The intention of the Minimum Standards for the Education of Occupational Therapists is to advance human rights in global society by impacting the profession through the establishment of international standards similar to those of other international organisations...

(WFOT, 2016a, p. 3)

And

The embedding of human rights is a key feature of this version of the WFOT Minimum Standards for the Education of Occupational Therapists, reflecting in particular WFOT commitment to support and promote the focus of the

World Health Organization (WHO) on human rights in the international health agenda.

(WFOT, 2016a, p. 8)

While WFOT's attempt to align its minimum standards with the equally rigorous standards of WHO and UNESCO can be appreciated, the dangers of an overbearing human rights perspective should be interrogated. While (human) rights is a useful tool in making a case for universal and equal access to health and well-being, in the same breath, health and well-being are to a certain extent bound to contextual factors, including the economic, the cultural, and the self-determinacy associated with citizenship and the sovereign – the latter being deeply political. Conversely, humanitarian interventions, such as advocacy for (human) rights, are equally apolitical, if not at times “antipolitical” (Mamdani, 2008, pp. 3, 4). Moreover, because human rights are often advocated by those who have them on behalf of those who do not, it may very well reify an existing order of “trusteeship and wardship”, with, at its bedrock, the notion of protection (if not paternalism) and the subsequent reproduction of dependence (Mamdani, 2008, pp. 5, 3-4), as well as a possible reproduction of white centrality. This tension is fundamentally at odds with the occupational therapy profession's claim of practicing from a client-centred perspective (Hammell, 2013). Indeed, it may erode a de-colonial quest to “mobilise...self-determinism and collective self-reliance” (Ramugondo, 2018, p. 20). The embedded notions of protection in the advocacy for (human) rights ‘on behalf of’, may fundamentally underscore the inscriptions of the paternalism the profession had to negotiate in its archaeological origin. In Foucauldian terms, this may be seen as a technology of the self in terms of objectification (Foucault, 1997, pp. 225-251; 177-178), specifically sustaining a dividing practice of authority, hierarchy and superiority, together with a “distinctive tradition of humanitarian rhetoric” (Foucault, 2000, p. 326; Foucault, 1984, p. 8) of paternalism, albeit with the posture of welfarism.

Turning to an example of informal curriculum, in the archaeology-analysis chapter I mentioned how the universities, especially the historically Afrikaans universities, served an instrumentalist purpose in reproducing an authoritarian epistemology that was averse to encouraging critical reasoning. Moreover, it is striking to observe how students are conditioned from their first year onwards. One of the themes that I teach is ethical reasoning. This is systematically scaffolded from first to fourth year, during which the students are given various tools to assist them in ethical reasoning, both as citizens and as health care practitioners. These tools include the SA Constitution and Bill of Human Rights, the profession's national association's ethical code of conduct, the HPCSA's guidelines of ethical practice and ethical rules, as well as a moral reasoning tool, which includes a factual, conceptual and normative analysis of ethical dilemmas (see for

example Harris, 2007, pp. 2-17). Everyday life examples and case studies are employed throughout this theme, giving the students opportunities to apply these tools for integration of their learning. It is striking to see how their attitudes and thinking about the ‘orientation’ practices and pecking orders in student residences without exception change from their first year onwards. While these practices are put forward for critical thinking in their first year, in their second year they are again used as a case study in which they apply moral/normative reasoning. The overwhelming mode of rhetoric in defending these practices in their second year is the “importance of ‘mother-daughter’ hierarchies (given that 99% of the students are female in this programme) in these residences in order to ‘guide younger students and promote a sense of belonging and unification’”. (rauch van der merwe, 2012-2018)⁸⁶

This paternalist mode of thinking is evident again in the Occupational Therapy Student Association’s Constitution, with one of the portfolios described as follows:

17.2 Mother first years:

- *Compile the “survival kits” for the first-year students to be handed out during their first week of class.*

.....

- *Organise an event for the fourth-year students, where each receives the name(s) of the first-year student(s) they will be mentoring until the end of the academic year.*

.....

- *Organise an event at the end of the year where the first-year students and fourth-year mentors can say goodbye to each other⁸⁷*

(Occupational Therapy Student Association (OTSA), 2016, pp. 9-10)

While some of the tasks included in this portfolio refer to the action of ‘mentoring’, the gist and nature of these engagements carry an implicit paternalist hierarchy, which begs the question: Do its recipients accept and integrate this technology of power and rationalization of judgement as a

⁸⁶ I do, however, facilitate debate and critical reasoning about this issue in class, which leads to lively discussions and is quite fruitful in facilitating critical and ethical reasoning.

⁸⁷ During 2016 when the first year of the single-medium language policy was implemented as pilot at some faculties, including at the Faculty of Health Sciences, the student association decided to consult me in my capacity as newly appointed Head of Department (since 2015) on the translation of the document from Afrikaans to English. They also asked for my inputs. I made some suggestions on inclusivity of the South African Constitution, responsible citizenship as well as changing the portfolio name from “mother first year” to ‘mentor first year’. After some discussion, they did agree to incorporate some of the former suggestions but offered the reason of the association’s autonomy not to change the name of the portfolio.

form of paternalist hierarchy? Perhaps the strong representation of a certain race, gender and worldview that persists as a critical mass can be ascribed as one of the reasons. The question can also be raised of which practices, to which authority, and in which ways does the subject strive to regulate and master his/her own behaviour, configure him/herself into an ethical subject, and put him/herself forward as the 'ideal' occupational therapist, for example by means of "recogniz[ing] their moral obligations" (Foucault, 1997, pp. 264-265)? By assuming the noble role of parent?

One of the observed discursive practices remains the unspoken pedagogy of expertise as a technology of objectification in the way that students are taught in the context of the residual historical authoritarian epistemology. As part of the hidden curriculum, one of the underlying, tacit assumptions about students is that they "should first and foremost listen to what lecturers have to say and if what they are saying is questioned, it is seen as a form of disrespect and subordination" (rauch van der merwe, 2012-2018). The general consensus is that the lecturer is seen as an expert who should not be questioned easily. These underlying assumptions have been the topic of many tearoom conversations among lecturers (myself included) on the way that lecturers become destabilised when students question their authority. Moreover, these underlying assumptions resonate strongly with the didactic methods (Martimianakis & McNaughton, 2014, p. 98) which are often used during lectures, and which the architecture of the lecture room mirrors. The organization of many lecture rooms is similar to that of a traditional congregation: the tables and chairs are in neat rows, all facing the centre point at the front. This is a fixed point from where the lecturer addresses the students. At times, it is elevated on a platform that assumes a static position with the lecturer behind it. (See Figure 6.5.)

In this setting, the lecturer can apply the technology of power in the form of expertise. This expertise relies on the students' ability to regulate themselves by employing their own technology of epistemological and pedagogical authority, as much as relying on the normalization of the lecturer's authority (Rose, 1996, p. 156). This type of expertise in teaching is based on the assumption that the best pedagogical practice is in the professional and technical skills and knowledge of a lecturer, and less in human skills such as cultivating moral reasoning, a posture of mutuality or sharing a social vision for the common good – skills which Jane Addams, one of the pioneers of occupational therapy's theoretical foundations, employed (Morrison, 2016, pp. 296-297, 299; Welker, 1992, pp. 35-39, 101-128). Could this type of pedagogical preference, interwoven with parental epistemological authoritarianism, be one of the reasons why students seem to be extremely sensitive to feedback that is critical from lecturers during formative clinical assessments?

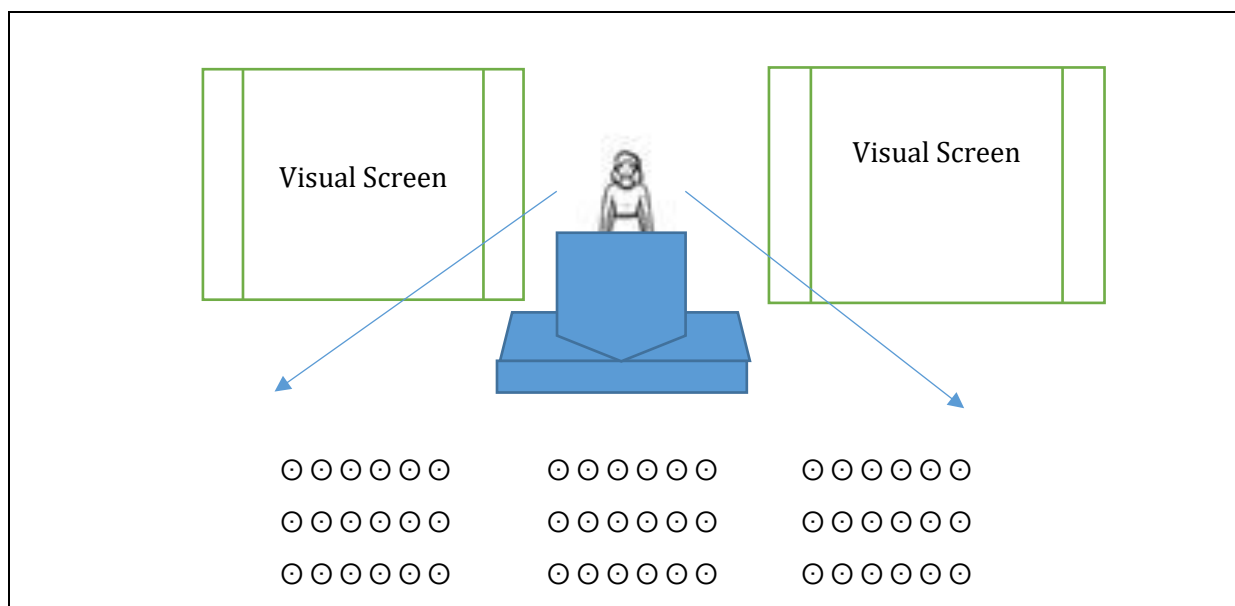


Figure 6.5. Illustration of architectural structure of most of the lecture rooms in which occupational therapy (and other medical sciences) are taught at the historically Afrikaans-medium University.

Summary: repetition of the rules of formation of enunciative modalities/subject positions

This section began with the international regulatory body WFOT, tapering down to the national regulatory bodies of SAQA, NQF and HPCSA. I argued that the uncritical slant in these documents towards redress or acknowledgement of the historical patterns of inclusion and exclusion patterns may reproduce the subjugation of subaltern voices. I also pointed out how the ‘standards’ for evaluation remain subjective (mostly in the eye of the historical beholder) as well as the neoliberalist slant that international regulation is not acknowledging. Equality and equity cannot be separated, yet technologies of supervision are normalised from the position of the guardians and original main speakers – possibly effecting epistemic violence and epistemic injustice. The reproduction of paternalism is problematized, for example, through the uncritical embeddedness of human rights in the WFOT 2016 standards of minimum education. Paternalism is reproduced in the informal curriculum, intersecting with the technology of a residual authoritarian epistemology of the teacher as expert.

6.2.3. Formation of concepts

The rules for the formation of concepts relate to the forms of logic and argumentation that are employed, and for the purpose of genealogy are the forms of rationalizations employed to explain

the inclusion or exclusion of these ways of reasoning. The following patterns of repetition are shown in relation to the formation of rules in the archaeology.

6.2.3.1. Ontologically plural

With reference to the form of logic, argumentation and reasoning, the knowledge base of the profession, by virtue of its origin and its holistic view of being human, remains informed by the natural and social sciences. In the WFOT (2002) minimum standards for the education of occupational therapists, the theoretical frame of “Person-Occupation-Environment and its relationship with to Health, Well-being (and “Human Rights” added to the 2016 version) is the main point of departure for occupational therapy knowledge. As pointed out in the archaeology-analysis, the ontological base of occupational therapy remains pluralistic and indicative of an open system. Its autopoietic (self-generating) qualities (Maturana & Valera, 1987; Varela, et al., 1981) include a view of the human being as a holistic occupational individual who is also bound by his and/or her environmental context/s (WFOT, 2016a, pp. 30-24; WFOT, 2002, pp. 14-16).

The occupational therapy exit-level outcomes (HPCSA, 2006) also seem to reflect an ontological plurality. They consist of 13 learning outcomes that are interwoven with the complexity of the context to which human beings are bound. One of the five objectives aptly alludes to such complexity:

7.2. Provide the graduate with an in-depth knowledge and understanding of the effect human occupation has on health and wellness, as well as the effect that physical/mental impairment and development delays have on occupational performance. This is done by focusing on the achievement of health through occupation and being competent in identifying where occupational risk factors¹ and occupational injustice² are present.

(HPCSA, 2006, p. 2)

In the curriculum at the historically Afrikaans-medium University, the programme employs overt (as can be seen in the compilation of its module guides) as well as embedded measures for incorporating education and training in both physical and mental health diagnoses, in various settings. These include primary health care, schools, non-governmental organizations, and tertiary hospitals, with individuals, groups and communities, as well as with all ages of patients/clients/ learners. When test and examination questions are planned at the beginning of

each year, the department keeps track of all variables according to the exit-level outcomes. This ensures that students from the third and fourth years are assessed across the scope of fields. These scope of fields include an opportunity to apply occupational therapy theory in various settings of practice. (See Appendix D, HPCSA Exit Level Outcomes). When they are placed in various fieldwork practice training areas, the same rationale is employed. They must have experience in paediatric settings, in settings where clients have mostly physical diagnoses or where they have mental diagnoses, and in community-based occupational therapy practice settings (Department of Occupational Therapy, 2017, p. 34).

However, though occupational therapy theories are undergirded with the notion of holism and complexity, in as much as human occupation and activity participation are interrelated with the environment, the notion of a positivist epistemology is still prevalent since its focus on individualism may confirm an “atomistic, ontological view of the world as comprising discrete, observable elements and events that interact in an observable, determined and regular manner” (Collins, 2010, p. 38) in theory in occupational therapy practice. The pervasiveness of the “Individualizing of Occupation” (Laliberte Rudman, 2013) has been critiqued in occupational science the past few years (see for example Galvaan, 2012; Hammell, 2011; Iwama, 2003; Laliberte Rudman & Dennhardt, 2008; Ramugondo & Kronenberg, 2015). This atomistic tendency toward individualism in epistemology, seems to materialise also as a core ingredient in assessment of students – both theoretical and in fieldwork practice contexts. Not only can the importance of students’ individual effort in accruing marks be witnessed daily, but also the taken-for-granted assumption and expectation that the accruing of marks, both in theory and practice, is first and foremost to the account of individual effort.

a) Politically ambiguous

In terms of the rules of formation of the concepts, the notion of political ambiguity was one of the themes which emerged strongly from the archaeological analysis. It was coupled with the historical homogenous representation of the profession in terms of race, and to a certain extent gender, which led, even in its quest of inclusivity of ‘marginal voices’, to the profession having departed by default from a point of white centrality. At the specific historically Afrikaans-speaking University, the homogeneity in terms of representation led to an entrenched mono-cultural epistemology that appears to continue in all levels of curriculum. Not only are students taught by lecturers who mostly graduated at the same university from which they too will be graduating, but 95% of the clinicians who are responsible for the students’ supervision during their clinical

training are white, and save for few, also graduated from the same university. Perhaps this repetition could partly be attributed to the geopolitical conditions of the university – in as much as it is geographically isolated from other universities. Perhaps the very aim of starting the programme in 1975, which was to produce occupational therapists who could provide health care services in the province, was indeed much more ‘effective’ than anticipated. Nevertheless, it seems that the logical effect of continuous homogeneity in the demographic and worldview representation of lecturers, clinicians and arguably students is a form of a mono-cultural epistemology or logic (Kronenberg, et al., 2011, pp. 4-9; Santos, 2003) that is devoid of political engagement. The following excerpt from a module guide shows the list of textbooks prescribed to students, and gives some indication of the absence of any material relating to the political realm of occupational therapy. On the one hand, this textual excerpt of prescribed books does not restrict lecturers from including readings relating to the individual themes they teach. On the other hand, based on the evidence submitted for accreditation purposes during 2017, besides some community-based practice readings (from the Occupational Therapy without Borders Volume I & II), and readings on occupational justice, no other readings about power, coloniality, national social justice or epistemic justice, are found in module guides:

2017 Prescribed Booklist	
COURSE	TITLE, AUTHOR(S) AND PUBLISHERS
OCTF1514/OCTF1524 (name of the year guardian)	Title: Occupation by Design, 2003 Author: Pierce, D Publisher: FA Davis Company
	Title: Occupational Therapy for Children, 6 th Ed, 2010 Authors: Case-Smith, J. O'Brien, J. D. Publisher: Mosby
	Title: The Complete Guide to Referencing and Avoiding plagiarism, 2 nd Ed, 2010 Author: Neville, C Publisher: McGraw-Hill Companies
	Title: Pedretti's Occupational Therapy Practice Skills for physical dysfunction – 7 th edition Authors: Mcttugh Pendleton, H. & Schultz-Krohn, W Publisher: Elsevier
	Title: First Step in Research: 2008 Author: Maree, K Publisher: Van Schaik Publishers
	Title: Sensory Integration & the Child – Understanding Hidden Sensory Challenges: 25 th Anniversary Ed Authors: Ayres.A. J. Publisher: Western Psychological Services
	Title: Service Learning in South Africa, 2013 Authors: Osman, R & Peterson, N Publishers: Oxford University Press
	Title: Using Occupational Therapy Models in Practice, 2010 Author: Turpin. M. & Iwama, M. Publisher: Churchill Livingstone Elsevier
Title: Brunnstrom's Clinical Kinesiology, 6 th Ed Author: Smith, L.K., Weiss, E. & Lehmkuhl, L Publisher: FA Davis Company	
Title: Finnie's Handling the Young CP Child at Home	

OCTA2614/2634 OCTI2724/2744 (name of year guardian)	Author: Bower, E (ed.) Publisher: Heinemann
	Title: Occupational Therapy in Mental Health: A Vision for Participation Author: Brown C & Stoffel V Publisher: FA Davis Company
	Title: Muscles: Testing and Function, 5 th Ed Author: Kendall, F.P.; McCreary, E.K., Provance, P.G., Rodgers, M M . & Romani, W.A. Publisher: Lippincott, Williams & Wilkins
	Title: Occupational Therapy for Physical Dysfunction, 6 th Ed Author: Radomski. M.V., & Trombly, C.A., & Publisher: Lippincott, Williams & Wilkins
	Title: Occupational Therapy in Psychiatry and Mental Health, 5 th Ed, 2014 Author: Crouch, R. & Alers, V. Publisher: Maskew, Miller & Longman
	Title: Textbook of Psychiatry Author: Emsley, R.A. & Pienaar, W.P. Publisher: Dept. of Psychiatry, Stellenbosch University, Mental Health Information Centre of SA, Tygerberg
OCTP3708/OCTM3708 (name of year guardian)	Title: Occupational Therapy without Borders, Volume 2: Towards an Ecology of Occupation-based Practices, 2010 Author: Kronenberg, F., Pollard N. & Sakellariou, D. Publisher: Elsevier
	Title: The Handbook: A practical approach to common hand problems Author: Mennen, U. & Van Velze, C. Publisher: JL van Schaik Publishers
	Title: Occupational Therapy and Stroke, 2 nd Ed, 2010 Author: Edmans, J. Publisher: Wiley-Blackwell
OPTIONAL	Title: Foundations for Practice in Occupational Therapy, 5 th Ed Author: Duncan, EAS Publisher: Elsevier Limited, London, UK & Philadelphia
	Title: Occupational Perspectives on Health, 3 rd Ed, 2013 Author: Willcock, A.A. Publisher: Slack Incorporated
	Title: Motor Control: Translating research into clinical practice, 4 th Ed, 2012 Author: Shumway-Cook, A. & Woollacott, M.H. Publisher: Lippincott Williams & Wilkins
	Title: Group Dynamics in OT: The theoretical basis & practice application of group intervention, 3 rd Ed, 2011 Author: Cole, M.B. Publisher: Slack Incorporated
	Title: Medical Ethics Law & Human Rights; A South African Perspective, 2011 Author: Moodley, K. Publisher: Van Schaik

Figure 6.6. List of the prescribed textbooks for students from their first to fourth year (Extracted from the general guide for first years, 2017).

This mono-cultural epistemology includes ways of thinking, speaking and doing about knowledge that are not adequately challenged by elements of diversity and differentiation. It was therefore unable to engage rigorously with one of the most pressing discourses in the period following the #FeesMustFall movement and student protests of 2015: the decolonization of curriculum. Though 'decolonization of curriculum' has been mentioned on several institutional levels and in the School for Allied Health Professions strategic planning document 2015-2020, it has yet to be integrated as a pressing discourse in the department, for example by means of a standing point in the agendas

of departmental meetings.⁸⁸ As part of a null curriculum, this silence may be attributed to a renewed strategic focus from top management to increase the Faculty of Health Sciences' research profile (as decided during a Faculty meeting in September 2018). However, the silence about the importance of addressing decolonization of curricula may also be interpreted as a micro-aggression that perpetuates epistemic injustice (Lorde, 1984/2007; Tschaeppe, 2016, pp. 89, 93, 97, 98).

The reproduction of mono-cultural epistemology is thus reified *inter alia* by the largely undisrupted and normalised demographic homogeneity of students, lecturers and clinicians. There is consequently a continuous and unquestioned silence about an important political discourse such as decolonization, as can be observed from the (lack of) agenda points in meetings or in the general discourse among lecturers or among lecturers and students. Furthermore, this silence as micro-aggression about the importance of addressing decoloniality may be reproduced by the technology of meta-cognitive epistemic ignorance, if not the 'will *not* to know', undergirded by a moral rationale (technology) of occupational therapy students (and lecturers who happen to be white) being 'good people' who choose to study a health care profession in order to 'help people' (Applebaum, 2015, pp. 448-451, 456; Rose, 1999, p. 79) – a regular retort from students and colleagues alike when difficult conversations about colonialism and decoloniality are initiated in tearooms and public spaces (rauch van der merwe, 2012-2018). The iterative relationship between epistemic ignorance and mono-cultural logic reifies epistemic injustice, as it renders it quite impossible for any 'other' "knowing subject" (Mungwini, 2016, p. 529; Alcoff, 2007, p. 86) to enter this hegemony with the potential to generate different and contextually relevant knowledge. If we accept Ramose's (2015) reminder of "the thesis that epistemic justice is an indispensable complementary to social justice" (p. 557), the question arises: How can occupational therapy render services that are occupationally just?

b) Knowledge-*'know how'* and knowledge-*'know that'*

In a Euro-American context, it is generally known that occupational therapy was spurred into a profession due to World Wars at a time when trauma-related health problems reached a high, with an associated impact on economic, sociologic and existential spheres of human beings.⁸⁹ An

⁸⁸ The issue of decolonization of curriculum has however been featuring since 2019 in the departmental task team for curriculum review. It is also part of the university's strategic plan for 2018-2019 (UFS, 2018, pp. 2-3)

⁸⁹ I am aware that the traditional humanist view has recently been subject to the critique of anthropocentrism, and the call for an overdue post-humanist paradigm that includes our interrelatedness

archaeology-analysis of the development of occupational therapy's 'scientific' discourse shortly after the first training programme was established in South Africa, revealed how 'knowledge-how' was prevalent in its rules for the formation of concepts in the *savoir* of the profession, which is a normal curve in the development of any profession. Together with a gradual development of theoretical evidence of occupational therapy in South Africa, this base was significantly influenced by the call for and development of occupational science at the University of Southern California in the 1980s. The gradual development of 'know-that' evidence, also at the historically Afrikaans-medium University, coincided with the fact that until 2012 very few lecturers were appointed with a Master's degree, not to mention a PhD degree, though being appointed at the university enabled them to attain post-graduate degrees while working as lecturers. Currently, 90% of staff members working in occupational therapy at this university have obtained a Master's degree, while two people have received their doctorates primarily in higher education. The rigour and quality of pre-graduate research projects (that is a pre-requisite in the minimum standards), have consequently increased to the point where approximately 30% of these studies (from 2012 to 2017) are published, albeit mostly in national journals (Department of Occupational Therapy, 2017).

Concerning the curriculum, however, one persistent pattern is the continuous lack of systematic evidence of the students' voices when it comes to the evaluation of curriculum. As mentioned before, a new curriculum was implemented in 2012. The planning for it was for the first time undertaken as a collective in the department and undergirded by thorough reflective discussions. These were based on the 2007 HPCSA evaluation for accreditation and observations of its shortcomings as these resulted in gaps in the knowledge and performance of the students, including where patterns of student duress were identified. Yet despite student-evaluation being repeatedly mentioned during annual strategic planning meetings, it remains one of the most difficult practices to formalise and entrench in the department.⁹⁰ The list of publications from the period 2012-2017 included several which involved the input of occupational therapy students. One publication in 2016, for example, reflected the students' positive experience in the clinical skills unit on a simulated learning experience. None of them, however, reflected critical evaluation of the curriculum, as it is or as it is presented to students by the occupational therapy lecturers themselves.

and responsibility to the planet and living entities is imminent and developing (see e.g. Mbembe, 2016, pp. 42-43)

⁹⁰ With the 2017 strategic planning meeting for 2018, I and a colleague who had completed her PhD in higher education committed to constructing a research protocol for curriculum evaluation that includes the evaluation of the various dimensions involved, including the formal and hidden curriculum

Table 6.6. Publications in the department in the field of higher education (2012 to 2018).

PUBLICATION TITLE AND RESEARCH AIM	WHERE PUBLISHED	DATE PUBLISHED
<p><i>Cultural competence among occupational therapy students at the University of the Free State, South Africa.</i></p> <p><i>Describe occupational therapy students' perceptions about cultural competence and assess their levels of competence to determine whether the undergraduate occupational therapy curriculum at the University of the Free State sufficiently equips students to become culturally competent professionals</i> https://journals.co.za/content/academ/44/3/EJC131996</p>	Acta Academica Vol. 44 (3):123-159	2012
<p><i>A Clinical Skills Unit: Addressing the need for Continued Professional Development (CPD) in Allied health Professions</i></p> <p><i>Investigated the needs of qualified dieticians (DT), occupational therapists (OT) and physiotherapists (PT) to assist in the provision of relevant CPD activities at the Unit</i> http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S2310-38332013000300007</p>	South African Journal of Occupational Therapy Vol. 43 (3): 41-46	2013
<p><i>Description of occupational therapy fieldwork supervision at the University of the Free State</i></p> <p><i>Describe effective and ineffective characteristics of supervisors and supervision in Occupational Therapy fieldwork education at the UFS as identified by third and fourth year Occupational Therapy students and supervisors</i> https://scholar.ufs.ac.za/handle/11660/947</p>	Master's dissertation	2014
<p>Chapter in book: <i>Enablement – A Foundation for Community Engagement Through Service Learning in Higher Education</i></p> <p><i>Describe the perceptions of community representatives regarding the enablement in occupational therapy service learning engagements, and to identify factors that facilitated or acted as barriers to enablement</i></p>	Knowledge as enablement: Engagement between the third sector and Higher Education in South Africa (M.A. Erasmus & R. Albertyn, eds)	2014
<p><i>Factors influencing academic success of first year occupational therapy students at the University of the Free State</i></p> <p><i>Describe the possible factors which influence academic success of first year occupational therapy students at the University of the Free State</i> https://scholar.ufs.ac.za/handle/11660/2056</p>	Master's dissertation	2014
<p><i>The value of a rural service learning experience for final year undergraduate occupational therapy students</i></p> <p><i>Describe the value that such a rural service learning experience has for occupational therapy students</i> http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S2310-38332016000100004</p>	South African Journal of Occupational Therapy Vol. 1 (1)	2016
<p><i>The Implementation of Difficult Dialogues toward Transformation in Higher Education, South Africa: Problematic and Potentialities</i></p> <p><i>Argument is made that Difficult Dialogues™ needs to be located theoretically within the academic landscape of higher education, positioning it within the nature of universities in SA, grounded by a critical theoretical approach that seeks to promote social justice and responsible</i></p>	International Journal of Educational Sciences. Vol. 13 (1)	2016

<p><i>citizenship in higher education and moreover as a pedagogical tool.</i></p> <p>https://www.tandfonline.com/doi/abs/10.1080/09751122.2016.11890444</p>		
<p><i>Reflections on simulated learning experiences of occupational therapy students in a clinical skills unit at an institution of higher learning</i></p> <p><i>Explore and describe the experiences of students who had benefitted from simulated learning in the Clinical Skills Unit (CSU) to improve on this method of obtaining clinical assessment skills</i></p> <p>http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S2310-38332016000300013</p>	<p>South African Journal of Occupational Therapy Vol. 46 (1)</p>	2016
<p><i>From paper to practice - academics and practitioners working together in enhancing the use of occupational therapy conceptual models.</i></p> <p><i>Investigate the use of conceptual models by occupational therapy practitioners in the Free State, South Africa.</i></p> <p>http://www.sajot.co.za/index.php/sajot/article/view/421/247</p>	<p>South African Journal of Occupational Therapy Vol. 46 (3): 35-40</p>	2016
<p><i>An integrated literature review of undergraduate peer teaching in allied health professions</i></p> <p><i>Critically appraising evidence of the effectiveness and implementation of PAL during the professional clinical skills training of undergraduate students in allied health professions to make informed future decisions on teaching and learning</i></p> <p>http://www.ajhpe.org.za/index.php/ajhpe/article/view/588</p>	<p>African Journal of Health Professions Education. Vol. 9 (1): 9-12</p>	2017
<p><i>An exploration of the roles and the effect of role expectations on the academic performance of first year occupational therapy students: a University of the Free State case study</i></p> <p><i>Qualitatively exploring the possible factors that influence first year occupational therapy students' academic performance.</i></p> <p>http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S2310-38332018000100004</p>	<p>South African Journal of Occupational Therapy Vol. 48 (1): 16-21</p>	2018

Perhaps the underlying rationale for avoiding overt critique from students lies in the very positivist, foundationalist epistemology that occupational therapy encountered when it was confronted with having to establish theoretical evidence and proof of why and how its therapeutic interventions were effective and led to positive outcomes. Foundationalist reasoning holds that what should or should not be included in a curriculum can be decided once the beliefs about what should be included have been established (as determined by WFOT and HPCSA). These beliefs are “intrinsically credible or self-evidencing” (Williams, 2001, p. 201) and therefore need no further justification (Scott, 2014, p. 18). Perhaps the tacit refusal to explore an objective critique about the curriculum can be explained in the political governance of knowledge in the form of gatekeeping (Morreira, 2015). These rationalizations may be complementary to the technology of objectification and the assertion of authority and hierarchy of the lecturer as expert (and a maternal figure) who expects conformity.

6.2.3.2. Called to do research: Validating own theories and value in health care

While the occupational therapy profession is increasingly developing its scientific base, the question of occupational therapy being called on to do more research on evidence-based practice remains unresolved, especially on a national level. OTASA representatives specialising in psychiatry and mental health recently undertook a nationwide workshop initiative to generate ideas on how the profession could strengthen its evidence base in order to remain relevant in the forthcoming minimum prescribed benefits, as well as the National Health Insurance plan (Buchanan, 2016, pp. 19-20). A recent communication from the editors of the South African Journal of Occupational Therapy, during which an appeal was made to all universities to submit publications so the journal could retain its DHET accredited status (rauch van der merwe, 2012-2018), may serve as an illustration of the profession's continuous struggle as a whole to establish an ongoing research culture.

At the historically Afrikaans-medium University, the record of research publication in terms of quantity is regarded as being in the top bracket of the country, though most staff members fail to meet the university's criteria of at least three publications every two years. (The shortcoming of meeting the criterion for number of publications are often attributed to high lecture and administrative coordination working loads due to the poor lecturer to student ratio.) In addition, most publications are in the SJAOT or national journals. At South African universities, staff salaries are calculated as the number of available 'Senior Lecturer Equivalent(s)' (SLE) as part of every department's salary budget. Publication outputs are the main source of generating SLEs as well as monetary research incentives. These research incentives are available for faculty members as financial aid in attending conferences. However, that also means that if a lecturer (in occupational therapy) has not generated her own research incentives to attend a conference, institutional funding is often rather limited.

In 2015 though, the executive committee of the department decided to start 'saving' some of its operational funds in view of enabling all lecturers in the department to attend the 2018-WFOT international Congress in Cape Town. Consequently, a record number 10 staff members attended this conference – for many being a first international conference. However, as to date, the publication output remains inconsistent and does not seem to be able to gain momentum. The table below shows the rate of publication (Refer to the numbers of full-time and part-time staff in 6.1.1.):

Table 6.7. Rate of publications among staff members since 2012 (until 2018).

YEAR	NUMBER OF PUBLICATIONS	CONTEXT
2012	5	-
2013	6	-
2014	7	-
2015	3	-
2016	17	It was the department's 40-year celebration during which a special edition is traditional at the SAJOT
2017	5	-
2018	4	-

The number of post-graduate students has grown significantly since the university introduced free tuition for such students in 2016, to the extent that every lecturer now conducts supervision of at least one Master's student. The acquisition of a PhD qualification by one of the staff members recently also led to the admission of PhD students to the programme. However, the homogenous demographics of pre-graduate students in terms of race and gender, and the normalization of these, seem to permeate the post-graduate student population. As of date, 95% are white and female, and about 90% received their Bachelor's degrees from this university.

Concerning pre-graduate research, on the one hand these projects have markedly increased in quality and rigour as several publications have ensued from these studies, which may be a reflection of the increased post-graduate qualifications and experience of the lecturers. On the other hand though, the difficulty in delimiting these pre-graduate projects from evolving into quasi post-graduate studies, may be another example of the subjectification of endurance (Foucault, 2005, p. 48). Also, given the overt competition among students about who will engage in the 'most novel' research, it may be a symptom of the increasing economization of knowledge within a neoliberalist (Brown, 2015, pp. 322-323) *zeitgeist*, including the acquisition of a professional degree.

Service learning, together with community-based engagement, originated in the late 1990s through the establishment of the Community-Higher Education-Service Partnerships (CHESP) and was also established as one of the three tiers of the university (Janse van Rensburg, 2015, p. 28; Stanton & Erasmus, 2013, p. 76). While community-based occupational therapy practice at this university has been interwoven with students' clinical practice, over the past five years it has been fused together with Community Based Education and Inter-Professional Education. As the archaeology-analysis has shown, social pragmatism was the main point of departure in

establishing the theoretical foundations of occupational therapy. This paradigm continues to apply in the practice of occupational therapy in community-based settings. However, in terms of resource allocation, only one therapist has been allocated to drive and coordinate community-based occupational therapy engagement,⁹¹ which makes it difficult to translate the important work done in this arena into research outputs and evidence-informed practice.

Summary: repetition of the rules of formation of concepts

The continuous ontological plurality is undergirded with the notion of holism, though I problematized the tension with individualization of occupation that is located in the Anglo-Saxon idea of health and well-being, as has been put forward in occupational therapy and occupational science literature over the past few years. It was argued that homogeneity leads to mono-cultural epistemology, which does not have to engage with decolonization and consequently is silent on decolonial critique. This silence is a form of micro-aggression and the concomitant epistemic ignorance results in epistemic injustice – all rationalised by virtue of choosing to practice a health care profession. In terms of the theme of know-how, the development of the profession's know-how knowledge was pointed out, but the reproduction of the student's absent voice in the evaluation of the curriculum was demonstrated by the evidence of publications in the education field. The technologies of the reproduction of foundationalist reasoning about a curriculum, as well as possible political governance of knowledge in the form of 'gatekeeping', were discussed as plausible technologies. The allocation of resources as part of a hidden curriculum to enable or increase research outputs was also discussed.

6.2.4. Formation of strategies

The rules for the formation of strategies relate to those which determine the underlying theoretical themes and perspectives that the profession holds about the future, and that may be associated with socio-economic, political and technical matters. The theme of holism that emerged from the archaeology-analysis has continued in the *connaissance* of an occupational therapy curriculum by virtue of its definition of occupational therapy in its ontological plurality. I have merged this theme with that of the 'need for recognition', in as much as the latter seems to follow the former. In 1976, in the first Vona du Toit memorial lecture, Mendez (1976) pointed out that

⁹¹ When one of the occupational therapy lecturers resigned, the new lecturer was appointed with the additional portfolio of community-based occupational therapy engagement.

one of the defining features of occupational therapy was “the treatment of man as totality. Totality is to be interpreted as the indivisible and indefinable diffusion in man, of spirit, psyche and soma” (p. 5). The term ‘totality’ includes the notion of interrelatedness and wholeness, but is also implies limits. It seems however that the theme of holism that emerged as a rule for the formation of concepts gave the occupational therapy knowledge base a generating quality that enabled it to expand its conceptual repertoire beyond its ability to theorise it. It is in this disjunction that it appears to struggle for recognition in the realm of allied health care.

The well-known Blom-Cooper report (1989) pointed to several reasons why the profession was being submerged, adding the following – still strikingly relevant in the wake of the profession being confronted with inclusion in national health plans:

There is even talk in responsible circles of ending the separate identity of the various [allied] professions within the general field of rehabilitation and creating a single profession with specialisms developing only after initial training. Paradoxically, the danger of imposing such second-rate solutions to the problems, as seen from a management perspective, arises not from the failures by the manifest successes in the last two or three decades...The problems...arise typically in situations where the demand for the services...is increasing, not declining and outstrips the supply...It calls for measures to achieve necessary changes in the internal organisation of departments, and in the external relationships with other health and local authority service personnel.

(Blom-Cooper, 1989, p. 21)

Two recommendations of note were made. The first was that the profession’s public visibility should be advanced by hosting inter-disciplinary conferences, and that “[t]omorrow occupational therapists should emerge as major practitioners in community care” (Blom-Cooper, 1989, pp. 89, 88). In the same decade occupational science emerged as a multi-disciplinary foundation to occupational therapy. Regarding the second recommendation, community-based occupational therapy, or Occupation-based Community Development as it was recently conceptualised by Galvaan and Peters (2017), became increasingly integrated with occupational therapy. This focus has also been expanded in the curriculum at the historically Afrikaans-medium University.

6.2.4.1. Holism and need for recognition

It appears that occupational therapy's underpinning philosophy of holism finds most expression in community-based practice. At the historically Afrikaans-medium University, it has been fused with service learning and inter-professional learning. The following is an excerpt from a second-year module guide:

By the end of the second study year the students will be able to

- *Conceptualise community-based practice (CBP) in occupational therapy and identify the related constituents...*
- *Identify and discuss approaches to CBP in occupational therapy and apply it as foundation for reasoning in CBP, namely :*
 - *Transactional, transitional and transformational approaches*
 - *Charitable, project-based and social-change approaches*
- *Utilize a project-based approach to organise and implement a games day in the community in a pre-determined context/framework*
- *Discuss and apply the basic theory of project management in the organization of the games day with emphasis on notions of collaborative planning and strategies for the maintenance of partnerships and projects.*
- *Discuss and apply the basic theory of proposal writing in the organization of games day.*

(Department Occupational Therapy, UFS, 2017, p. 2)

However, the complex philosophical underpinnings of occupational therapy seem to be at odds with a modernist, totalising view of complete health as a form of social justice. Drawing on Lyotard's definition, Heylighen et al. (2006) describe modernism as "a search for a single coherent meta-narrative, i.e. to find the language of the world, the one way in which to describe it correctly and completely" (p. 15). The following is an excerpt from the 2002 WFOT minimum standards for education of occupational therapists which formed the basis for the curriculum at the present university, implemented in 2012:

Various United Nations documents were influential in emphasizing the shift away from individual perspectives of health to a vision of health for all people and a developmental approach to health and welfare issues.

(WFOT, 2002, p. 4)

While the term 'welfare' is changed to 'well-being' in the 2016 minimum standards version (WFOT, 2016a, p. 14), the notion of ultimate health seems to be reflected in the concepts of occupational justice as a Rawlsian (1971) theory of transcendental and perfect justice. This is opposed to Sen's (2009) notion of comparative justice that suggests one should rather seek measures to ascertain/compare when moving towards reducing injustice (for example by applying the Human Capabilities Framework). Moreover, it is assumed that the implicit paternalism and welfarism (or charitability) associated with a striving toward perfect justice (Maffettone, 2011, pp. 120,124-125) can be brought about by people who have an *a priori* gaze of what is just and what is not. Does this not presume a lesser agency (Maffettone, 2011, p. 125) of the recipient than of the giver (of justice)? Paradoxically, this may re-centre the therapist as the point of departure in the occupational therapy process. This unintended centring of the 'agentic' therapist interface with an embedded paternalism as a technology of power was part and parcel of the archaeology-analysis of occupational therapy in South Africa. It was coupled with the historical heritage of a colonialist rationale consisting of four supporting and interdependent operational elements: a) authority, b) economy, c) sexuality and gender, and d) knowledge/subjectivity (Mignolo, 2009). It begs the question of how far community-based occupational therapy practice is able to embody a full expression of holistic underpinnings which would enable a continuous expansion of a community as a living organism, as opposed to acting as a mechanism for normalising a perpetual hierarchy.

In terms of the steering ideologies and perspectives determining the future for the department, the appointment of black staff has been a painfully slow process, subject as it is to the retirement or relocation of permanent staff. Over the past few years, the collective has become aware, perhaps painfully so, of some of the myopic constraints preserving homogeneity and the effects of the mono-culturalist view. The technology of civility, together with the anticipated discomfort and perceived subjective offense, often seems to mute robust debate and critical reasoning. The *zeitgeist* of neo-liberalism (Bauman, 2012; Brown, 2015; Harvey, 2005), which has economised teaching and learning and transformed the student into a consumer, is an apparent non-discursive aspect that nevertheless strongly intersects with the current genealogy-analysis. Though the decolonization of curriculum is a national and institutional discourse, the unabating homogeneity of students in terms of race renders it less urgent at the moment because of the normalization of this discourse. The selection criteria have finally been slightly adjusted in the hope that the diversity of applicants will widen. However, given the statistics presented at the beginning of this chapter, it seems that the problem is more systemic, in the sense that prospective black students seem to find it unimaginable to apply to the programme, even given the change in language policy to English as the single medium of instruction. Perhaps the decolonization of curriculum will

therefore rely less on feedback from alumni than it will on input from the people to whom we render services. Moreover, strengthening the diversity of staff is an essential ingredient in developing a critical meta-cognitive reflexivity about the curriculum. While the community-based practice platform – especially with community-based education of stakeholders in rural areas - is a fast-growing section of fieldwork training, it nevertheless struggles to find expression in the field of research and to secure adequate resource allocation.

Another way in which holism finds itself surpassing the limits of totality is in what seems to be a constant struggle to remain at the core of knowledge for a curriculum. Besides the full timetables of the students that have to be negotiated, relevant and recent information, techniques and practices also have to be imparted to students. Though the ratio of lecturer to student is never ideal for training in an applied science, there is a sense of pedagogical power which finds its expression in relatively small class groups of between 40 to 50 students per year group. Lecturers know the students by their names, year guardians are allocated to each year group to ‘monitor’ their progress and well-being, and half the lecturers are clinical supervisors themselves in areas where students attend fieldwork practice training. However, this pedagogical power - a form of pastoral power in Foucauldian terms - together with the infatuation with meeting learning outcomes and competencies, may solidify the student’s construction as a technocratic consumer of knowledge. It may also construct those students who focus only on meeting the assessment criteria at all costs, without engaging with the value of learning and knowing (Hinchliffe, 2018, p. 202). The following remark was from a clinical supervisor who has 26 years of experience in supervising students in fieldwork training when the issue of students’ quest for marks was again discussed during a quarterly meeting with clinical supervisors:

We keep teaching students about all the many accessories on a Christmas tree, but they don't know how to recognise the branches of the tree first. They should know first about the basics. All the fancy things they can learn when they qualify.

(rauch van der merwe, 2012-2018)

Summary: repetition of the rules of formation of strategies

Holism as an underpinning philosophy for occupational therapy was discussed. Historically it is best expressed within the ambit of community-based practice. It is also the reason for the profession’s ongoing struggle for recognition. However, the welfarist and perfectionist idea of

health as a form of social justice actually reifies an assumed paternalism which does not accord with the profession's philosophical underpinnings. Future perspectives about decolonization will need to be grounded by incorporating many voices of diversity in order to disrupt the continuation of homogeneity in being and thinking. The generating quality of holism may have found its expression in the ongoing struggle to keep curriculum content to core knowledge. The pedagogy of power may construct students who focus more on meeting the learning outcomes than on the value of knowing and relating to the people for whom they are rendering a service.

6.3. Conclusion

In this chapter, I deviated from the traditional method of genealogy. In this, the identification of an object is followed by an analysis of how it is problematized via the various technologies of power and self. Instead, I explored how the rules as excavated in the archaeology-analysis of occupational therapy knowledge in South Africa are repeated as truths. I used the themes under each of the rules of formation, which emerged from the archaeology-analysis as point of departure for the genealogy-analysis, giving evidence of its reproduction, pointing out the technologies of power or self that were employed, pointing out resistances where relevant, and speaking to the material effects in terms of inclusion and exclusion - although these aspects were not discussed in a linear fashion under each of the themes.



Chapter 7 - Recommendations, implications and conclusion

This research project was both a humbling and a deep learning experience. In this final chapter, I offer a synthesis of the study, its possible contributions, and implications and perspectives for the future.

7.1. Context and purpose of the study

The occupational therapy profession had its origin in World Wars I and II, though it only started to develop its scientific base in the 1950s. The construction of the profession's implicit knowledge in South Africa was highly political, given the historical context of the country's transition from colonialism to apartheid/ 'colonialism of a special kind' in the 1940s. This is of significance for this thesis, because Foucauldian theory explains that when a discipline, or profession, as in the case of occupational therapy, becomes legitimised as a science, the ideological markers as they are relevant at the time of transition are inserted into future and formal versions of knowledge.

Curriculum is a type of formal knowledge. After more than two decades of democracy, the profession in South Africa continues to grapple with demographic representations which emulate homogenous historical patterns in terms of (white) race and (female) gender. As a white lecturer at a historically Afrikaans-medium university in the 21st century, I am not only aware of the prevailing demographic patterns, in spite of multiple institutional efforts for turn-around, but also recognise tacit and taken-for-granted ways of thinking, speaking and doing similar to those I encountered while being educated in the apartheid era at the same university from which I graduated as an occupational therapist. This was the reason why I decided to embark on this study. My point of departure was a critical posture, as I believe this is essential when engaging not only with knowledge but also with questions about in/justice. Moreover, a critical posture is elemental when change is sought. However, I did not assume this posture in order to annihilate or alienate, or even to exonerate myself from critical analyses, but to seek liberation from the shackles of the past, from the brutal isomorphic repetitions and dividing shadows of colonialism and apartheid.

The aim of this study was to develop a critical analysis of how the socio-historical political construction of occupational therapy in SA created various patterns of inclusion and exclusion, and how and why those patterns are sustained in a specific curriculum at a historically Afrikaans-medium university. Drawing upon post-structural Foucauldian theory both as a lens and a

methodology, I saw occupational therapy curriculum-as-discourse. Discourse/curriculum is constituted both historically and in contemporary ways of thinking, speaking and doing.

In order to generate a critical analysis, I approached curriculum in two ways. Firstly, viewing occupational therapy's knowledge as implicit/unconscious (*savoir*), I performed an archaeology-analysis to excavate its rules of formation. These rules would indicate which historical markers could have been carried over into a present form of the curriculum. Secondly, viewing curriculum morphologically as operating in a formal way of knowing (*connaissance*), I carried out a genealogy-analysis to explore critically how such rules are reproduced (or not) and maintained through what are referred to as technologies.

7.2. Answering research question and objectives

The research question of this study was: *How and why does the occupational therapy curriculum, as a politically constructed discourse, create and sustain various patterns of inclusion and exclusion?* This question was undergirded by the puzzle as to why certain patterns from the apartheid era continued. For this reason I situated the study in a critical theory paradigm. Foucault's theory offered me the macro-concepts to work with: discourse, knowledge, power and truth. Focusing on the curriculum in higher education, I applied the Foucauldian discourse analysis in post-structural critical theory, rather than post-modern theory because I wanted to understand how the historical markers structurally came into being (first objective). I also wanted critically to explore how these markers are reproduced and maintained in a current curriculum (second objective). I needed to gain an in-depth understanding of the mechanisms of historical markers, and then to determine how these are reproduced in a current curriculum. To this end, I used two separate methodologies, those of archaeology and genealogy.

The first objective (cf. 1.5.1.) was: *To excavate the rules of formation that shaped the implicit knowledge (savoir) of the occupational therapy profession, and the conditions of possibility for the manifestation of a curriculum (connaissance) at a particular historically Afrikaans-medium university.* Drawing on several of Foucault's readings, I came to realise that the historical formation of occupational therapy as a profession entailed the construction of four discursive regularities that were uniform in the discursive formation of a scientific discipline. In relation to knowledge formation, these discursive regularities are subject to certain conditions called rules of formation (Foucault 1969/2011, p. 41-42). The rules of the formation of occupational therapy knowledge that were excavated via an archaeology-analysis, are the following:

- The formation of the occupational therapy student (object)
- The formation of legitimate authorities about occupational therapy knowledge (enunciative modalities)
- The formation of ways of reasoning about occupational therapy knowledge (concepts)
- The formation of theoretical themes, steering ideologies and how the future of the profession is imagined (strategies)

The construction of the archaeology-method is discussed in Chapter 4 (cf. 4.4.). In focusing on knowledge formation, I chose textual data sets that were canonical and which would yield findings about the historical rules of formation of occupational therapy (cf. 4.4.1.4.). From initial readings of the data for the archaeology-analysis, the student and the patient emerged as objects. After much deliberation, I decided to focus on the occupational therapy student as object, in view of the fact that I would be working with a specific curriculum in the genealogy-analysis. Given the density of Foucauldian archaeology concepts, I had to remind myself repeatedly of the conceptual meanings, especially in the formation of concepts and strategies. It was during the analysis of these two aspects that I began to realise how important the concept of epistemology was. In my discussions, I intuitively started drawing on literature which, while relevant, had not been included in the initial literature review and conceptual framework. I also realised how intrinsically occupational therapy's knowledge formation was interwoven with the dominant political, sociological and economic discourses of the time. From the archaeology-analysis, two themes emerged from each of the four rules of formation - some of the themes also produced categories, all of which were discussed under each of the respective rules of formation (see Table 5.3. that summarizes the 'Outline of the types of rules of formation in archaeology and themes and categories that emerged', as well as Figure 5.9. - 'The symbolic depiction of the themes and categories for the socio-political historical knowledge formation of occupational therapy's savoir', in the form of a Baobab tree). The findings generated in the archaeology-analysis paved the way for the data analysis of the genealogy. Though the problematization of the object usually forms the main focus of genealogical analysis, I was curious to see if and how the rest of the rules of formation were continued or discontinued in the curriculum that I teach.

The second objective (cf. 1.5.2.) was: *To critically explore and disclose how the (socio/politico-historically constructed) rules of knowledge formation in a particular curriculum (as discourse) are reproduced and maintained as truths at a historically Afrikaans-medium university.* The data analysis for genealogy was carried out once the archaeology-analysis had been completed. Still

using discourse as interface in viewing the concept of curriculum from archaeology to genealogy (see cf. 2.5.1.2. – ‘Curriculum as discourse’, and 4.2.2. – ‘Interplay between archaeology and genealogy, discourse as interface’, for explanatory discussions), I found the readings on the various dimensions of curriculum (formal, informal, hidden, null) very useful in setting up a grid and organising the relevant textual data (cf. Table 4.1.). Drawing upon Arribas-Ayllon and Walkerdine (2008, pp. 100-101), I categorised four types of textual data for data collection, including my own autobiographical notes compiled from 2012 to 2018. The construction of the genealogy-method, as well as the reasons for the selection of data, are comprehensively discussed in Chapter 4 (cf. 4.1.; 4.4. and 4.4.2.).

The point of departure for the genealogy-analysis was the plotting of the four rules of formation and their concomitant themes and categories, and the findings were presented in this order in Chapter 6. During the genealogy-analysis I began to grasp the complex matrix of curriculum, understanding the various dimensions of a curriculum in terms of its formal, informal, null and hidden scopes. It was also during this analysis that I came to understand that most of the reproduction of patterns of inclusion and exclusion occurred within the hidden dimension of a curriculum: the ways of teaching, tacit rules, adopted values and underlying assumptions.

Returning to the main research question then, the archaeology-analysis was employed to unearth those rules of formation which were historically constructed at a time when South Africa was politically transitioning from colonialism to ‘colonialism of a special kind’ - apartheid. These rules of formation included: how a typical occupational therapy student was viewed; which authorities were to be regarded as important, including what they prescribed about occupational therapy knowledge; the ways of reasoning about occupational therapy knowledge; and theoretical themes and perspectives which were held about the profession. These implicit rules carried the markers for patterns of inclusion and exclusion in a future curriculum. A critical exploration using an adapted version of genealogy exposed the reproduction of most of these rules and their patterns of in/exclusion. The genealogy-analysis also showed how these patterns were connected to each other in various ways, and how some shapes were maintained through forms of rationalizations referred to as technologies of power, self, and modes of subjectification.

7.3. Overall conclusions

All human beings are situated in discourse/s. Confronted with competing discourses that threaten to destabilise our ways of meaning making and our identities, and which we cannot integrate, we

may employ several epistemological devices to exclude confrontational ways of being (Torfing, 2005, pp. 13-18). Twenty-five years after democracy, South Africa was found by the World Bank to be the most unequal country in the world (Beaubien, 2019) citing WorldBank 2019). That is how powerful the legacy of colonialism and apartheid and the associated bifurcation in reasoning can be in semi-permanently constructing the 'other'. As someone who is part of an agonizingly slow transformation in higher education, I have come to realise, in particular through this study, how difficult it is to obtain a critical mass that will provide the volition needed to cross a threshold for change. Projects such as transformation and equality are easily subjugated to replicating patterns, *inter alia* through the fossilising inertia of normalization.

Metacognitive awareness of such processes is within human grasp, but it cannot come about without both a critical posture and agency. However, though critical thinking and action seek to destabilise taken-for-granted injustice, they can also lead to the construction of binaries, creating the negative of a photo, seemingly opposite but still preserving the same relations of injustice, the same mechanism – the other side of the same coin. Nevertheless, we cannot confront either the past or the present without the willingness, if not the courage, to start from a position of asking difficult questions and dialoguing about them.

There can be no liberation unless we free the mind and start with knowledge, as 'to know' is one of the essential constituents of being fully human. To be human also means to have epistemic virtue, to be equal in our capacity to know, to carry knowledge, to be able to make it, and to be able to both receive and give it (Fricker, 2007; Ndlovu-Gatsheni, 2018). Epistemic freedom is one way of liberation from the past. It means replacing the Eurocentric and colonialist centres of knowledge and theories that are taken for granted. However, it does not imply replacing one kernel with another form (e.g. African) of fixedness, but rather replacing this contextually irrelevant knowledge with a multitude of epistemologies which in themselves will generate more new epistemologies.

Making history visible, excavating the bones from the past and laying them bare for recognition, for *indaba* (dialogue and deliberation) aimed at new understandings, as this study has, is one way of accessing epistemic freedom. Decolonization of curriculum on the one hand is a fight for epistemic freedom, and on the other includes and creates new epistemologies that are contextually relevant for Africa. The danger of merely changing a current curriculum by starting from the point of what exists is that one may inadvertently include the codes and markers for reproduction. Using archaeology and genealogy as methods in this study, I showed curriculum to be a key instrument through which past legacies are reproduced. Unless we make history visible,

reproduction of previous dominant and oppressing discourses may happen, even if we are ostensibly fighting it. Occupational therapy's quest for occupational justice for marginalised groups, from an un-interrogated space of its ontological assumptions, is one example.

7.4. Contributions and implications

This study offers valuable insights for consideration in three aspects: Firstly, the reconceptualization of curriculum through archaeology-analysis, and its implications for assessment, pedagogy and curriculum review. Secondly, the question of geopolitical demographics and mono-culturalism, and their implications for institutional transformation and decolonization. Thirdly, the possible contribution of this study is to the field of methodology in (Foucauldian) discourse studies.

Reconceptualising curriculum through archaeology-analysis

The conceptualization of curriculum-as-discourse, was critical in excavating the weight of historical formation of knowledge; how it operated and carved paths into present ways of thinking, speaking and doing. The archaeology-analysis showed clearly how historical markers are inserted as ideology in the knowledge of a profession/discipline and how they, at the absence of deliberate reflexion and systematic excavation, serve as an archaeological template for their reproduction in a future curriculum. This was evident in the genealogy-analysis of a contemporary curriculum. In addition, examining how the curriculum works in the various dimensions of the formal, informal, null and hidden (O'Donnell, 2014) was also imperative in understanding where reproduction occurred. In terms of the evaluation and accreditation processes of an occupational therapy curriculum, I argued in the genealogy-analysis (cf. 6.2.2.1) how current indicators for minimum standards in curriculum were not adequate to determining the quality and degrees of justice in a curriculum, nor did they account for the various dimensions of curriculum. The genealogy-analysis (cf. 6.2.1.) showed how assessment practices, one of the spaces in the hidden curriculum, reify historical patterns of white exceptionalism and docility, diverting attention from the inherent value of learning. This in turn feeds a neoliberal macro discourse within the market-driven ideology, with achievement pursued through obtaining scores and checking outcomes. In the space of informal curriculum, the genealogy-analysis also revealed how the interface between the Afrikaner Christian religion, paternalism and moralism replicates patterns that run counter to critical thinking, agency, epistemic justice and epistemic freedom.

Implications for curriculum review/reform, assessment and pedagogy

Reconceptualising curriculum also means reconceptualising curricular configuration. One way of accomplishing this would be to view curricular redesign as a continuation of the historical struggles of South Africa against injustice and exclusion – indeed, we cannot do otherwise. The archaeology-analysis showed the importance of being aware of the moment when historical markers insert themselves upon knowledge, and the genealogy-analysis showed how (unconsciously) these historical markers are imported in their continuation, and reproduced in a contemporary curriculum. This projection may continue if we do not actively reflect upon them when we design new curricula. At the heart of epistemic freedom is the (re)cultivation of agency: the ability to read with accuracy the context in which one stands, to be critically aware of what and how one knows, where one's beliefs are situated, and what they represent – especially concerning their historical origins. This requires accurate (and not simply limited to self-referential) reflection, which resonates with Soudien's (2018) argument for the facilitation of meta-cognitive skills, including in the design of a new curriculum. However, making history visible is key in 'accurate reflection'. This means understanding how our modes of rationalization, designed to maintain stability, in fact lead to reproduction. This may be a point of departure for any university engaged in, or embarking on curriculum review.

Here it may be useful to place the conceptualization of the curriculum-as-discourse for occupational therapy in South Africa in all its four dimensions at the centre of the national discussions on the interpretation of the WFOT Minimum Standards for the Education of Occupational Therapists Revised (2016). In addition, I think there is ample room to deliberate and research what an authentic contextually relevant curriculum in South Africa, drawing first from contexts on our continent before it does so from the Global North, would look like. African epistemologies and histories are rich in complexity and bear astute insights on self-determination and how to read real-worldliness (to borrow from Said).

In terms of assessment for the specific curriculum analysed, until configuration of a new curriculum has come about, one possibility could be to change the assessment practices. One approach to this could be to rethink the structure and weight of marks allocated, especially in formative assessment. Perhaps more credit (in the form of measuring rather than counting) could be given to the extent to which students engage with ideas, theory and practice, and their relations to one another. In this way, one would not only encourage critical thinking but could also model the intrinsic value of learning in its own right, both as means and end.

In the area of pedagogy, this could suggest that the value of learning is framed, not in terms of reaching outcomes, the acquisition of skills or marks, or a graduate qualification, but first and foremost in the freedom dialogically to discover and generate knowledge (Hinchliffe, 2018, pp. 203-205). As for curricula that carry the epistemological markers of Afrikaner nationalism and apartheid, the importance of implementing and cultivating a critical pedagogy must be reinforced. Perhaps such a critical pedagogy should be deliberately inclusive of epistemic justice as a core human capability toward building a democratic society (Walker, 2018).

Geopolitical demographics and mono-culturalism

The genealogy-analysis showed how pervasive homogeny is in terms of race and gender among students and staff at a specific historical Afrikaans-medium university, and how this translates into a mono-cultural dominant discourse. These mono-cultural ways of knowing and being are also visible in architectural and teaching spaces. On the one hand this normalised mono-culturalism may be perceived as hostile by prospective black students, making it seem 'unimaginable' that they could apply to the programme. In turn, it may partly explain the relatively low application rates of black students to the programme at a historically Afrikaans-medium university and the continuation of an unrepresentative demography among the students. On the other hand, the low application rates of black students may also be attributed to geo-socioeconomic and political reasons in the sense of occupational therapy not being sufficiently visible in the real world of health and allied health care within especially, rural and peri-rural communities.

Implications for institutional transformation and decolonization

Diversity in terms of race and gender, but also in terms of diverse epistemological experience and background, especially among the staff, is essential to effecting transformation. Given the increasingly scarce financial resources and slow turnaround in staff, this suggests that the department may have to seek institutional and/or extra-institutional support in realising the project of gaining critical mass among diverse staff. The department recently appointed its first black lecturer. An interim step towards assimilating epistemic diversity would be to recruit post-doctoral students from the Global South, for example. In addition, the pervasive homogeny of staff in terms of race may very well bear more institutional implications than for the profession as a

whole in South Africa, as the continuation of these homogenies for occupational therapy at the specific university appears to remain largely uninterrupted.

Foucauldian discourse analysis and curriculum

In this study I constructed two separate methods for the archaeology-analysis and the genealogy-analysis, drawing primarily on Foucault's work but also on some key scholars who interpreted his work for their research methodologies. In the archaeology section I analysed all four rules of formation: object, enunciative modalities, concepts and strategies. In the genealogy, I made use of an innovative approach, which meant a) not only problematizing the object but also focusing the critical explorative analysis on all four rules of formation, and b) exploring how these historical rules of formation dis/continue into a present-day curriculum.

Implications for discourse studies and curriculum studies

It is my modest hope that the construction of these methods, and the insights gained on how unconscious knowledge repeats itself, continuing to deliver us as 'historians of the present' (Garland, 2014), will influence future applications and development of Foucauldian discourse analysis in curriculum studies and higher education, including in occupational therapy – both on a national and international level.

7.5. Delimitations and limitations of the study

Textual data, scope of the study and duration

I have pointed to the delimitations of the study in terms of its methodologies in Chapter 1 and qualified them in Chapter 4 as part of the contextual development of the methodologies (cf. 1.9 and 4.1.). The delimitation of using texts as data, and my decision to compensate for that by the choice of the extent and volume of these, paradoxically almost contributed to a limitation of the study in terms of its do-ability. However, while this resulted in an extended duration of the study (from 2012), it also contributed to the depth of the analyses.

This study is inter-disciplinary and the conceptual framework was rather broad from the outset. Eventually the work stretched into the timeline of the student protests between 2015 and 2017. Consequently, though the literature review in Chapter 2 includes a section of post-colonial and decolonial critical theory, the study falls more within the context of post-1994 transformation in South African higher education than the recent calls for decolonization.

Archaeology and the conceptual framework

A further possible limitation in the archaeology-analysis concerns the scope of the conceptual framework. Covering all four rules of formation in archaeology led to an organic extension of the conceptual framework and theoretical underpinnings. The original concepts of social justice for higher education and occupational therapy, which I used as points of departure for the study, became more akin to watermark concepts than main lenses. When I started with the analysis of the rules of formation of concepts and strategies, I became conscious of how important the concepts relating to epistemology were. The result was that it was quite impossible to incorporate all of the relevant concepts from the conceptual framework together with those of Foucauldian theory into the archaeology-analysis. This could be seen as a limitation for the archaeology-analysis.

Genealogy, data collection and the hidden curriculum

One of the delimitations of the methodology was the exclusion of fieldwork practice training from the scope of curriculum analysis for genealogy (cf. 1.9.). However, it was only during the genealogy-analysis, *post facto* its data collection (cf. Table 4.1. – ‘Matrix of genealogy data collection: data sources, dimensions of curriculum and types of texts’), that I came to understand the various dimensions of curriculum (e.g. O’Donnell, 2014) and where reproduction mostly occurred. I realised that had I included this field for data collection, the data demarcated for the genealogy-analysis could have been sharper, and the findings might have been much richer, since clinical fieldwork practice and its associated assessment practices are very productive areas for the hidden curriculum. Though, this is a choice I had to make towards the manageability of the data and the study, it may be considered as a limitation for the genealogy-analysis.

7.6. The future and recommendations for research

The curriculum that I analysed in the genealogy is due for an upcoming review process. In collaboration with another senior colleague, we will be writing an overall protocol for the review of the current curriculum. There is a clear awareness among colleagues at this historically Afrikaans-medium university of the silent voices of students in curriculum review. However, because of the prevailing homogeneity of race and gender of the students who have graduated or are studying at this institution, the danger is that the voices about curriculum will remain homogenous. For that reason, special focus will fall on involving the view of (the few) black students who are in the current programme, as well as those black students who have graduated from the occupational therapy programme over the past eight years.

One of the strategic goals of the particular historically Afrikaans-medium University against the backdrop of its 2018 to 2022 transformation project is to “[r]enew and transform the curriculum” (UFS, 2018). A consulting team was composed of members from each faculty, to make contributions to research project on transformation of institutional culture that *inter alia* focuses on review of curriculum and education practices. I have been approached by the Directorate for Institutional Research and Academic Planning (DIRAP) to be part of the task team, and I am looking forward to contributing to this process.

I think future research on how historical markers are archaeologically formed on the knowledge of a profession/discipline as well as the levels of curriculum in terms of its four dimensions operate and reproduce historical patterns, could provide fruitful insights for occupational conscious (Ramugondo, 2015) practice as lecturers. This type of research could include the formalization and articulation of pedagogical practices, perhaps *especially* in fieldwork practice training. Furthermore, in my view, the concept of curriculum-as-discourse should be incorporated as a theoretical underpinning in the curriculum review projects mentioned above.

Given the South African socio-economic, political and epistemological contexts during the course of this study, I have thought much about how easily paternalism becomes interwoven with the posture of care when one is practising as an occupational therapist. I have become aware of how simply and subliminally the centrality of the therapist can replace that of the person/s with whom s/he is working - reproducing and reiterating the forever unspoken and taken-for-granted hierarchy between therapist and patient/person. Resting on the foundations of epistemic freedom (Ndlovu-Gatsheni, 2018) and its pluriversal, intraversal, multiversal and transversal nature (Grosfoguel, 2011, p. 4; Mignolo & Walsh, 2018, pp. 132-145 Kindle loc.), I look forward to

continuing research on the notion of praxis. Through that I hope to truly decentre the occupational therapist as subject (and as object of analysis for that matter) and re-centre the person/patient as a legitimate and agentic knower (cf. 3.3.1. footnote no. 29).

7.7. Concluding remarks

Once one has looked through the lenses of discourse, what one sees and the impressions one receives are irrevocable. It is my hope that the findings and methodologies of this study will be useful for interested researchers and education practitioners. Equally valuable, though, would be the dialogues and debates which may emerge about the possibilities and limits of Foucauldian discourse theory and analysis. These could focus on the fruits and perils of 'anti-Eurocentric Eurocentric critique'⁹² and if and how we can bring Foucault to Africa.⁹³



⁹² Wallerstein (1997) cited by Ndlovu-Gatsheni (2018, p. 8).

⁹³ Derived from Pezek's (2011) article titled "Foucault Hardly Came to Africa: Some Notes on Colonial and Post-Colonial Governmentality".

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Appendix A1 – Consent to participate in research



CONSENT TO PARTICIPATE IN RESEARCH

PROJECT TITLE: **The Political Construction of Occupational Therapy in SA: Critical analysis of a curriculum as discourse**

You have been asked to participate in an interview for a research study which has no cost implications for you. The interview will be between one and one-and-half hour. The data gathered are part of an overall PhD study with the purpose to find out why and how certain patterns of inclusion and exclusion in teaching and practicing within the occupational therapy profession remains the same. That means the researcher, Tania Rauch-Van der Merwe (083-399-0278) will be looking at among other things, the discourses within occupational therapy curriculum and education.

Although there will not be direct advantages or remuneration for you as a participant, your input will be considered extremely valuable in understanding what the assumptions are that the occupational therapy profession have about teaching and practicing within the nature of the profession and will be used as part of understanding where the profession can start doing things differently in order to take it forward. If you have further need for individual discussion after the interview or there are inputs that you prefer not to be included as data, you are free to contact the researcher, supervisor or Ethics Committee of the Faculty of Health Sciences, UFS. You are free to enquire about the results of the study, although the final thesis will be available at the University of the Free State's library or the researcher personally, who should be able to send the information either electronically or by mail. The researcher will also follow normal academic dissemination processes which may include conference presentations and publications, although all participants will remain de-identified.

Your participation in this research is voluntary. You may also withdraw from the study at any time and will not be penalized or lose benefits if you refuse to participate or decide to terminate participation. Please note that the input you give during the interview will be handled as confidential as each participant will be allocated a number and not a name. The interview will be audio-recorded and subsequently transcribed as texts. During the study all recordings and texts will be kept safe (locked) at

undisclosed premises and in the possession of the researcher. After the study the recordings and transcriptions will be stored according to highest standards for safe-keeping at the Ethics Committee of Health Sciences.

You may contact Prof Keet⁹⁴ at The International Institute for Studies of Race, Reconciliation and Social Justice at the University of the Free State, 051-401-9808ⁱ any time if you have questions about the research. You may contact the Secretariat of the Ethics Committee of the Faculty of Health Sciences, UFS at telephone number (051) 4052812 if you have questions about your rights as a research subject.

If you agree to participate, you will be given a signed copy of this document as well as the participant information sheet, which is a written summary of the research.

The research study, including the above information has been verbally described to me. I understand what my involvement in the study means and I voluntarily agree to participate.

Signature of Participant

Date

Signature of Witness
(Where applicable)

Date

⁹⁴ Particular details were relevant and correct at the time the interviews were conducted.

Appendix A2 – Information to interviewees



A summary about the study titled,

The political construction of occupational therapy: Critical analysis of a curriculum as discourse

Abstract:

Statistical patterns suggest that after more than two decades in post-apartheid South Africa, the white, female professional identity remains overwhelmingly dominant despite the regulatory imperatives of equity. This structurally-anchored inscription requires a deeper analysis of the role of curriculum in the reproduction of such patterns which result the concurrent under-representation of black students in the profession. If the majority of occupational therapy faculty and occupational therapy students are and seem to remain to be white (and female) on the one hand, and authentic occupational therapy is based on the notion of client-centred practice on the other, the argument is raised of how socially responsive and socially just occupational therapy practice and service delivery are within highly diverse political, economic and socio-cultural contexts of South Africa. The main aim of the study in progress is to develop a disclosing critique of the profession's view on the nature of curriculum at higher education institutions in SA and specifically the content and practice of a particular curriculum and to critically explore how such assumptions relate to the political construction of the profession('s identity). This study is rooted in a critical theory research paradigm and its depth-analyses merge the archaeological and genealogical approach of Foucault with critical discourse analysis. Its methodological contribution will be an innovative process to study curriculum where an archaeology is employed to make visible how curriculum practice constructs the functioning of discourse, and how discourse, further legitimates curriculum repeating patterns of inclusion and exclusion. In addition, new knowledge will emerge from this study in the field of curriculum review and development by making visible the conditions under which the dominant discourse operate, and to suggest options for an equalising discourse to develop in occupational therapy in higher education.

Appendix A3 – Letter of ethical clearance



Research Division
Internal Post Box G40
☎(051) 4052812
Fax (051) 4444359

E-mail address: StraussHS@ufs.ac.za

Ms H Strauss

2012-09-20

REC Reference nr 230408-011
IRB nr 00006240

MS T RAUCH-VAN DER MERWE
DEPT OF OCCUPATIONAL THERAPY
CR DE WET BUILDING
UFS

Dear Ms Rauch-Van der Merwe

ECUFS NR 91/2012B

PROJECT TITLE: THE POLITICAL CONSTRUCTION OF OCCUPATIONAL THERAPY IN SOUTH AFRICA: CRITICAL ANALYSIS OF A CURRICULUM AS DISCOURSE.

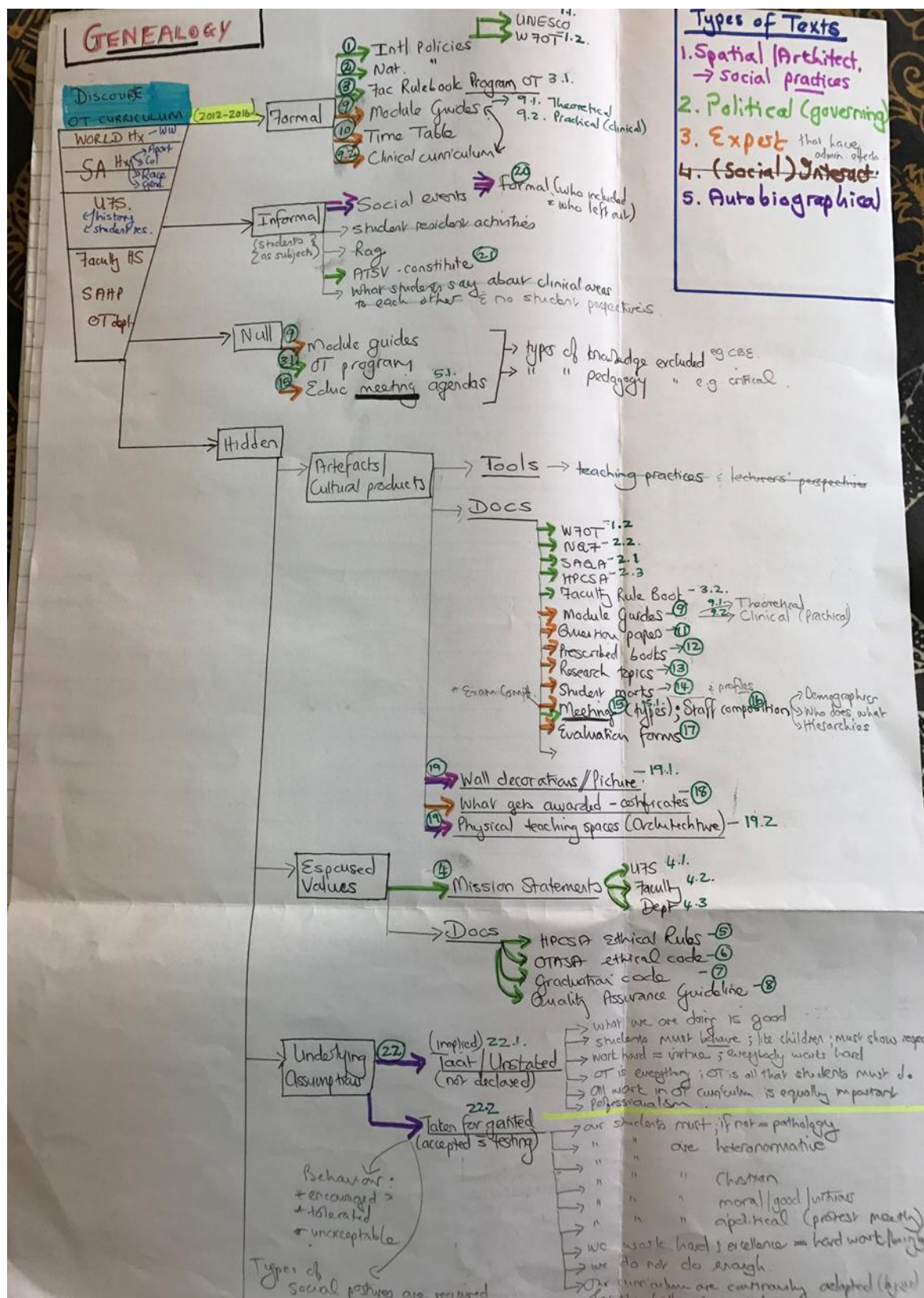
- You are hereby kindly informed that the Ethics Committee approved the above mentioned project at the meeting held on 18 September 2012.
- Committee guidance documents: Declaration of Helsinki, ICH, GCP and MRC Guidelines on Bio Medical Research. Clinical Trial Guidelines 2000 Department of Health RSA; Ethics in Health Research: Principles Structure and Processes Department of Health RSA 2004; Guidelines for Good Practice in the Conduct of Clinical Trials with Human Participants in South Africa, Second Edition (2006); the Constitution of the Ethics Committee of the Faculty of Health Sciences and the Guidelines of the SA Medicines Control Council as well as Laws and Regulations with regard to the Control of Medicines.
- Any amendment, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.
- The Committee must be informed of any serious adverse event and/or termination of the study.
- A progress report should be submitted within one year of approval of long term studies and a final report at completion of both short term and long term studies.
- Kindly refer to the ECUFS reference number in correspondence to the Ethics Committee secretariat.

Yours faithfully


.....
PROF WH KRUGER
CHAIR: ETHICS COMMITTEE



Appendix B - Matrix of genealogy data



Appendix C - Work cards for technologies

Techn. Power

- How
- What

Supervision ①

- surveillance
- monitoring
- observation via eval
- supervision = care & mgmt
- regulation " adminstr. & report
- rectification / improvement of pt / student behaviour.

Civility ②

- normalcy
 - class
 - wort
 - normal
 - morality
- rationality
- sensibility
- Responsibilization
 - private ethics / morality
 - hygiene
 - nuclear family
- Punish & Shame
 - public spaces
 - conformity
 - Roman VIRTUES
 - Victorianism
- Autonomization
 - autonomous individual
 - birth started no meaningful life

Roman Virtues Rose 1999 p.79

- prudentiam (81)
- frugalitas
- habitus ad thift

Discipline ③

- homogenization
- mechanistification (utility)
 - docility
 - conformity
- detail
 - measured
- hierarchical observation
 - 1) architecture
 - 2) normalization
 - 3) examination

discipline ④

- normalization of judgements
 - opposing values
 - comparisons
 - totality → order
 - hierarchies / hegemony
 - rules / standards
 - nominalism
 - atomism
 - indiv. ism.
- Examinations
 - exceptionalizing (binary) ⊖ ⊕ ⊕ ⊖
 - ritualized
 - times
 - procedures
 - clownwork

Appendix D – HPCSA Exit level outcomes for occupational therapy

PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS/PROSTHETICS AND ARTS THERAPY

SUBMISSION OF A QUALIFICATION FOR REGISTRATION WITH SAQA

1. Title: Occupational Therapy
2. Field: Health Sciences and Social Services
3. Sub-field: Rehabilitative Services
4. NQF Level: 8
5. Credits: 480
6. Acceptable titles: First Professional Degree in Occupational Therapy
7. Purpose of Qualification:

To prepare students for a professional career as an occupational therapist.

The programme has a coherent core of basic, pre-clinical and clinical sciences knowledge and a comprehensive body of occupational specific knowledge which provides a viable platform for further studies and lifelong learning. The comprehensive body of occupational specific knowledge will enable development of the profession and areas/fields of the profession.

As such the programme shall:

7.1 Educate students who are:

- competent to develop and implement projects and programmes (preventative, promotive, curative, rehabilitative, habilitative and palliative) that will facilitate recovery from illness, disease and trauma causing impairment or adaptation/adjustment to chronic illness.
- who are competent to enable people with disabilities to take control of their lives to achieve optimal occupational performance and function as integrated members of society and/ or.
- able to promote health and wellness through programmes for people or communities who are at risk of illness or disability.

- 7.2. Provide the graduate with an in-depth knowledge and understanding of the effect human occupation has on health and wellness, as well as the effect of physical/mental impairment and development delays have on occupational performance. This is done by focusing on the achievement of health through occupation and being competent in identifying where occupational risk factors¹ and occupational injustice² are present.
- 7.3 Produce practitioners who demonstrate a sound understanding of relevant legislation, policy and procedures which impact upon the health and wellness of individuals, communities and populations. The actions taken by practitioners will result in proactive advocacy and mediation with regard to issues which impact negatively upon individuals with occupational dysfunction³.
- 7.4 Produce socially responsible, culturally sensitive and ethical compliant practitioners who are competent in developing and delivering relevant, high quality occupational therapy interventions within the South African health and welfare context in the first instance, but also in a global context.
- 7.5 Establish the foundation for life-long learning and culture for research as well as to provide the basis for practitioners to proceed to post-graduate studies.
8. Rationale for the Qualification:
- The main contribution of the profession for many years has been in the field of rehabilitation and patients were treated according to the medical model. The theory base of the profession was mainly taken from fields such as medicine, education, psychology.
 - Since the early 1970's a body of occupational therapy knowledge has developed which has produced occupational therapy specific theory that has moved the field of practice beyond the previously limited scope that was centered around the more curative/illness focus of the medical model. Occupational therapy has now developed as an independent profession with a unique focus on human occupation and its effects upon the health and wellness of individuals. Although aspects of the medical model apply in certain areas of practice the current occupational therapy approach fits more appropriately into a social and developmental model of disability.

¹ Occupational risk factors such as:

- occupational deprivation
- occupational alienation
- occupational injustice

² Occupational injustice: People's occupational engagement is prevented by a set of external limitations on choices and/or opportunities.

Wilcock AA, Townsend E. (2000) Occupational terminology interactive dialogue. *Journal of Occupational Science*; 7(2): 84-86.

³ Occupational dysfunction: A temporary or permanent loss or change in occupations and occupational repertoire of an individual usually associated with illness and injury.

Watson R, Swartz L. (2004) *Transformation through occupation*. Whurr Publishers, London and Philadelphia.

- The core concern of the profession is the occupational performance of individuals, groups and populations within their environments in order to provide greater quality of life. Various occupational therapy models are available whereby the occupational performance of people can be restored, enhanced, improved, maintained and developed. This focus on occupation is unique to the profession.
- The aforementioned development has enabled the occupational therapy profession to now make contributions to the occupational performance of people within rehabilitative, curative, preventative and promotive programmes.
- Occupational therapy in South Africa today is guided by the imperatives within the National Rehabilitation Policy (2000)⁴ which spells out its policy of rehabilitation for all and *is informed by the principles of development, empowerment and the social integration of persons with disabilities*. In addition the white paper on *An Integrated National Disability Strategy (November 1997)*⁵ acknowledges the inadequacy of the medical model in meeting the needs of people with disabilities and supports the Social Model of Disability as being a more appropriate, reconstructive and developmental ideology in meeting these needs. The Social Model thus forms the basis for the Integrated National Disability Strategy (INDS) in the current Government of South Africa and thus has been used to guide the foundations of this document.

9. Access to the Qualification

- Must be in possession of a National Senior Certificate (NSC) at NQF Level 4 or equivalent thereof
- Possess subjects: Mathematics/Mathematical Literacy and Life Sciences and/or Physical Sciences and communications
- Must register as an occupational therapy student with the Professional Board of Occupational Therapy, Medical Orthotics/Prosthetics and Arts Therapy.

10. Learning assumed to be in place

- Recommended reading, speaking and writing in the language of instruction and reading, speaking and writing in English at NQF level 4 as most of the text books are available in English
- Assessment through RPL is recognised.

11. Recognition of prior learning

Any learner, who wishes to be assessed, may arrange for RPL.

⁴ The National Rehabilitation Policy (2000). Department of Health.

⁵ Integrated National Disability Strategy (INDS). November 1997. White Paper of the Office of the Deputy President of South Africa. Rusticana Press, Ndabeni.

12. Qualification mix

Learning Components	Number of Credits Allocated	NQF Level
Fundamentals	100	6
Core	360	7
Elective (compulsory)	20	8

13. Exit Level Outcomes and Associated Assessment Criteria**Exit Level Outcome 1:**

Learning Outcome: Demonstrate competence in the theoretical and philosophical base of occupational therapy through direct⁶ or indirect services⁷, to meet the occupational needs of individuals, groups and communities in the South African context.

Associated Assessment Criteria

1. Describe the historical, cultural, socio-political, economic- and environmental factors that influence occupational choice and performance in all sectors of the South African population and which contribute to the meaningful and appropriate selection of activities/occupation in the occupational therapy process.
2. Differentiate the occupational therapy needs of individuals, groups and communities using appropriate processes and techniques and consultation.
3. Define and describe the critical roles for an occupational therapist within the occupational therapy scope of practice.
4. Explain the use of appropriate models, theories and frames of reference within the occupational therapy process.
5. Justify and defend the decision to use direct and/or indirect service delivery procedures understanding the responsibilities inherent in both.
6. Apply the occupational therapy process within different fields of practice, with all age groups, and in different sectors (health, education, welfare, labour and both in the public and private sectors) describing how the role “fits” and is shaped by the context.
7. Display belief in the occupational therapy process, the uniqueness of the individual, the value of caring and person centeredness, and the value of effective engagement in appropriate occupations to facilitate health, recovery and adjustment to disability.

⁶ Direct occupational therapy services – refer to the occupational therapy process of assessment, planning, intervention, evaluation, recommendation.

⁷ Indirect occupational therapy services – services which do not involve the patient/client directly, but provide dimensions to improve and augment the delivery of direct services – e.g. education, consultation, administration, research. Reed K, Sanderson S. (1983) Concepts of Occupational Therapy, Williams and Wilkins, Baltimore, London.

Exit Level Outcome 2

Learning Outcome: Demonstrate competence in adapting the occupational therapy process for individuals, groups and communities using clinical reasoning and critical thinking in order to deliver services to persons of all ages who are at risk of or are occupationally dysfunctional.

Associated Assessment Criteria

1. Apply the principles embedded in the Primary Health Care⁸ approach when the occupational therapy process is used.
2. Demonstrate the value of meaningful and purposeful engagement in occupations to promote health and prevent illness as the guiding principle.
3. Apply methods to screen populations to identify individuals or groups experiencing occupational risk factors.
4. Design and implement appropriate prevention and health promotion programmes to prevent occupational dysfunction and promote the concept of Activities Health for individuals, groups and communities.
5. Demonstrate competence in using appropriate educational practices and principles to plan and implement educational programmes related to human occupation and its link to health and wellness.
6. Describe how to mediate with local, provincial and national authorities about the occupational risk factors evident in groups and communities.

Exit Level Outcome 3

Learning outcomes: Demonstrate competence in adapting occupational therapy intervention programmes to meet specific, cultural and unique needs in diverse settings.

Associated Assessment Criteria

1. Demonstrate the ability to effectively assess occupational performance of individuals, groups and communities to determine occupational performance problems requiring intervention, using appropriate assessment techniques and processes, considering the individual characteristics, cultural and unique needs and context of the individual, group or community.

⁸ Primary Health Care Approach – Equitable distribution of resources; community involvement; a focus on prevention; appropriate technology; multi-sectoral approach.
Watt G; Vaughan P. (1981) An introduction to the Primary Health Care approach in developing countries. Publication 13. London School of Hygiene and Tropical Medicine. London.

2. Design and implement appropriate intervention programmes for occupationally dysfunctional individuals, groups and communities:
 - i. Within the recognised scope of practice, ethical rules and code of ethics,
 - ii. Using a people-centered approach.
 - iii. Using appropriate models, theories, frames of reference, approaches specialised techniques and treatment principles.
 - iv. Select and therapeutically use activity to enhance wellbeing and to restore health and justify the choice made.
 - v. Using a programme of activities which are meaningful and purposeful for the client(s) and appropriate to their context as well as for their therapeutic value to restore, enhance, promote and/or establish healthy lifestyles..
 - vi. Plan and implement programmes for the attainment of occupational performance in all areas of daily life for individuals, groups and populations.
 - vii. Demonstrate the ability to effectively apply appropriate programmes to solve/address differing occupational needs.
 - viii. Demonstrate the ability to adapt procedures and principles to different programme demands and contexts.
 - ix. Using appropriate critical thinking, problem solving and professional reasoning, outcomes based research and appropriate consultation to guide and evaluate intervention outcomes.
3. Record all direct/indirect intervention programmes clearly, concisely and accurately.
4. Demonstrate an awareness of, and sensitivity towards and tolerance of cultural, language, socio-economic, political, gender and/or other diversity issues as evident in the South African context.
5. Demonstrate an understanding of and ability to reflect upon own biases and their impact on the relations and interactions with others: e.g. service providers, colleagues, service recipients.

Exit Level Outcome 4

***Learning outcomes:* Demonstrate the capacity to operate effectively as an occupational therapist in complex, unfamiliar and ill-defined contexts.**

Associated Assessment Criteria

1. Interpret complex, unfamiliar and ill-defined situations by using professional reasoning, against the framework of the role and scope, professional policies and principles to determine the professional contribution and behaviour that would be appropriate in each setting.
2. Adapt, based on the outcome of the interpretation, the specific content of the occupational therapy process, using innovative methods and techniques and appropriate professional behaviour so as to contribute effectively to such situations.
3. Demonstrate ability to negotiate reasonable, appropriate and sufficient resources to apply professional principles, policies and work effectively in a particular context.

Exit Level Outcome 5

Learning outcomes: Demonstrate competence to perform and collaborate as an effective team member.

Associated Assessment Criteria

1. Explain the role(s) of each team member /in a specific situation.
2. Justify the role of the occupational therapist within various settings, within various types of teams, and at different levels of health care provision in relation to other health team role players.
3. Display effective and efficient teamwork during interventions (includes co-operation, contributing, enabling, collaboration, liaising).
4. Demonstrate competence with both formal and informal written/verbal communication in group discussions/ward rounds with team members.
5. Display an understanding of the relevant ethical behaviours and professional code of conduct in terms of team members with acknowledgement of their roles in the team.
6. Demonstrate effective management of conflict.
7. Refer clients to appropriate team members where intervention is beyond the scope of occupational therapy.

Exit Level Outcome 6

Learning outcomes: Demonstrate critical awareness to act professionally, ethically and reflectively and be responsible for own competence and actions within the professional and legislative framework of South Africa.

Associated Assessment Criteria

1. Identify/recognize common ethical issues and dilemmas in everyday practice.
2. Explain a course of action for professional and/or ethical considerations based on the value and effect that legal documents have on the practice of the profession (e.g. the Constitution; the Bill of Rights; Employment Equity Act; National Health Act; Mental Health Act; Inclusive Education)
3. Display knowledge and understanding of the ethical rules of the HPCSA enables practitioners to practice accountably.
4. Display professional commitment and responsibility to ethical practice on a daily basis.
5. Use various processes of clinical reasoning to plan and critically evaluate outcomes.
6. Use and integrate feedback obtained from the supervision process and/or through self-reflection to revise practise, judgements and behaviours.
7. Demonstrate knowledge of the legal and professional requirements, rights and responsibilities for independent practice as an occupational therapist in this country.

Exit Level Outcome 7

Learning outcomes: Demonstrate awareness of the role of the occupational therapist in mediation and advocacy of occupational justice for the individual, group or community at risk of experiencing occupational imbalance⁹, deprivation¹⁰ and/or alienation¹¹.

Associated Assessment Criteria

1. Explain the links between Health Promotion as stated in the Ottawa Charter and occupational therapy intervention that addresses occupational imbalance, injustice, deprivation and/or alienation.
2. Identify when occupational imbalance, injustice, deprivation and alienation, resulting from economical, political and environmental factors, compromise the health and wellbeing of individuals, groups or communities.
3. Explain the principles and philosophy of mediation, advocacy and enablement for occupational justice.
4. Engage relevant role players as partners in the process of restoring occupational justice and occupational balance.
5. Establish partnerships, network extensively and follow appropriate community entry and/or client/case management protocols.
6. Act as advocate for clients, disability and human rights.

Exit Level 8

Learning outcomes: Demonstrate critical awareness of the “Person-Occupation-Environment Relationship”¹² relevant to the South African context of practice.

Associated Assessment Criteria

1. Apply - person-centered principles in occupational therapy practice.
2. Demonstrate understanding of the interaction that physical, psychological, spiritual, social, cultural and political factors have on occupation and how it influences occupational function and dysfunction.

⁹ Occupational imbalance – occurs when people’s engagement in occupation fails to meet their unique physical, social, mental or rest needs and allow insufficient time for their own occupational interest and growth as well as for the occupations each feels obliged to undertake in order to meet family, social and community commitments. Wilcock A A (1998). An occupational perspective of Health. Thorofare: Slack Incorporated.

¹⁰ Occupational deprivation – implies the influence of an external agency or circumstance that keeps a person from acquiring, using or enjoying something. Wilcock A A (1998). An occupational perspective of Health. Thorofare: Slack Incorporated.

¹¹ Occupational alienation -

¹² Person-Occupation-Environment Relationship (PEO): The knowledge of occupation (analyzing, adapting, grading occupation); analyzing occupational performance and environmental factors that influence occupation; attitudes about different people’s participation and their attitudes about environmental issues. World Federation of Occupational Therapists. (2002). The WFOT Revised Minimum Standards for the Education of Occupational Therapists.

3. Demonstrate an understanding that engagement in meaningful occupations is a determinant of health and can restore and promote health and assist adaptation to life circumstances.
4. Assess and adapt or eliminate environmental and/or attitudinal barriers that restrict opportunities or competence required for engagement in occupation to achieve valued life goals.
5. Measure and interpret limitations in activity participation due to impairments or environmental restrictions.
6. Identify and assess disabling conditions and occupational injustices that limit opportunities for individuals, groups and communities to engage in healthy, meaningful occupations.
7. Relate the aetiology/pathology of disease and illness processes in terms of human structure, function and behaviour using a range of explanatory models (medical, social, occupational).
8. Apply occupational therapy intervention approaches and strategies to address issues that affect health and occupation of individuals, groups or communities.
9. Apply and modify adult education principles and methods in the exchange of information to meet the needs of individuals, groups and populations during occupational therapy interventions.
10. Apply activities, tasks and occupations as a means for the achievement of health objectives in promotive, preventative, palliative, curative, rehabilitative and community development programmes.
11. Apply the principles and adapt the methods that promote occupational engagement and competence across the life span.
12. Develop, implement, monitor and or manage generalist occupational therapy services and/or preventative, palliative, promotive, curative and rehabilitative occupational therapy programmes within different settings, across different sectors and at different levels of the national health service.
13. Utilize available data to determine realistic short and long term objectives.
14. Select appropriate principles, strategies and technologies for promotive, preventative, palliative, therapeutic/care, rehabilitative interventions or programmes.
15. Provide a rationale for professional choices and actions based on knowledge of the precipitating, perpetuating and predisposing factors that impact the health status of individuals, groups and communities.
16. Demonstrate use of continuous evaluation or participatory action methods throughout all planning and action.
17. Identify and monitor precautions and critical success factors, in particular those that affirm the principles of primary health care and community development.

Exit Level Outcome 9

Learning outcomes: Demonstrate in-depth knowledge of occupational science and occupational therapy and its practice within the South African and global context acknowledging both indigenous and international knowledge or perspectives.

Associated Assessment Criteria

1. Explain how engagement in occupations can restore and promote health and assist adaptation to life circumstances.
2. Explain the meaning and purpose that individuals, groups or communities attach to occupations.
3. Demonstrate an awareness and sensitivity of the influence that diverse cultural and social contexts and systems have on occupational choice and behaviour.
4. Achieve health objectives that have occupation as a central concern, through promotive, preventative and community development programmes.
5. Apply creativity in the construction or conceptualization of practical solutions, new conceptual frameworks and novel ideas to solve problems.
6. Demonstrate an understanding of and ability to reflect upon own biases and its impact on the relations and interactions with others; service providers; colleagues; service recipients.
7. Display creativity to deal with an appropriate combination of issues such as cultural, language, socio-economic, political, gender and/or diversity in:
 - * adapting the occupational therapy process for individuals, groups and populations within the South African context.
 - * applying occupational therapy intervention programmes.
 - * establishing a person-occupation-environment relationship.

Exit Level Outcome 10

Learning outcomes: Demonstrate the ability to select and apply appropriate research methods, techniques and technologies appropriate to occupational therapy research problems.

Associated Assessment Criteria

1. Identify an appropriate research question with/under supervision.
2. Identify and plan an appropriate approach for the research with/under supervision.
3. Identify appropriate quantitative and qualitative research methodology for the research question(s).
4. Prepare a research proposal and ethical clearance application (as appropriate for the venue) under supervision.
5. Complete a literature search and critically appraise the quality of published literature and research under supervision.

6. Prepare a literature review under supervision.
7. Prepare to put the research protocol into practice under supervision.
8. Carry out the research protocol.
9. Appraise results of the research and draw conclusions based on evidence.
10. Appraise the application of research processes, principles and methods that promote meaningful and occupational therapy research.
11. Communicate the research in a written report.
12. Communicate the research findings verbally in presentations..
13. Display insight into the ethical issues at play, and the requirements for undertaking research in occupational therapy.
14. Justify the value of published research with regards to usefulness to inform occupational therapy service and/or knowledge production.
15. Demonstrate the ability to undertake self-study and research as needed to maintain and sustain the ability to function effectively as an occupational therapist.

Exit Level Outcome 11

Learning outcomes: Demonstrate a well-rounded and systematic knowledge base of management functions and skills.

Associated Assessment Criteria

1. Describe the managerial functions, namely planning; organizing; coordination; guiding and controlling as well as managerial skills, namely decision making; problem solving; motivating; delegation; communication and creative thinking.
2. Integrate the application of these functions and skills in the context of the practice of occupational therapy.
3. Demonstrate understanding of the interaction of all the components of management as it relates to occupational therapy: human resource, finance, service provision, support services.
4. Select and perform appropriate functions for a sustainable management system for an occupational therapy service within the South African health system.
5. Describe and demonstrate an understanding of the planning cycle used in management for the quality assurance of service delivery.
6. Propose a strategic and yearly operational plan that included a budget, a human resource plan and service delivery plan.
7. Demonstrate the ability to write a business proposal of motivation for additional resources.
8. Demonstrate the ability to write progress reports on the occupational therapy service.

9. Demonstrate the ability to select appropriate styles for communication, engagement and dialogue within teams.
 10. Operate an appropriate administrative system to support the management in an occupational therapy environment.
 11. Demonstrate the ability to supervise the category of assistant staff and voluntary workers in various practice settings.
 12. Manage time effectively.
 13. Guide assistant category of staff to perform effectively within their scope of practice (e.g. Occupational Therapy Assistant/Technician).
14. Note on Associated Assessment Criteria
- Overlap exists between performances specified for different outcomes. The same evidence may be used toward assessing competence under different outcomes.
15. Critical Cross Field Outcomes
- The critical cross field outcomes as identified by SAQA are embedded in the specified exit level outcomes. Refer to addendum A for the critical cross field outcomes.
16. International Comparability
- International comparability of the whole qualification is ensured by adherence to the minimum standards of the World Federation of Occupational Therapy (WFOT) by all the training centres. WFOT formally evaluates all occupational therapy training courses every 7 years. Being accredited by WFOT enables practitioners to practice internationally.
17. Integrated Assessment
- Assessment of theory and practice is required. A variety of summative and formative assessment methods are used, e.g.: case studies; written papers; practical examinations; OSPE/OSCE; case study presentations, research reports, portfolios, orals.
18. Articulation possibilities
- The exit level outcomes ensure that a graduate of a programme meeting these standards would meet requirements for entry to the following programmes:
- Post graduate Diploma in Occupational Therapy
 - Masters programmes (course work) leading to a Masters in Occupational Therapy (M.Occ.Ther/MSc.Occ.Ther)
 - Masters in Occupational Therapy (by thesis) (M.Occ.Ther/ MSc.Occ.Ther)
19. Criteria for registration of Assessors
- Assessors should comply with the requirements of HEQC.

20. Moderation options

External examiners are appointed annually by training centres to participate and moderate in the evaluation of all final year students.

The Professional Board of Occupational Therapy and Medical Orthotics/Prosthetics evaluate all occupational therapy training programmes according to a schedule every 5 years. Two evaluators are appointed on the Professional Board of Occupational Therapy and Medical Orthotics/Prosthetics to evaluate a training course to ensure that the minimum standards of training are met. The evaluation is performed according to a set procedure. It is the responsibility of the Professional Board for Occupational Therapy and Medical Orthotics/Prosthetics to endorse recommendations made by the evaluators as to whether a training course meets the minimum standards of training and can be accredited for a 5 year period.

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- * 18 June 2006
- * 17 October 2006.

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Appendix E – Letter from language editor

John Kench


Editor, proofreader and overwriter

LETTER OF CONFIRMATION

21 May 2019

To whom it may concern,

This is to confirm that I have edited Tania Rauch van der Merwe's doctoral dissertation, 'The Political Construction of Occupational Therapy in South Africa: Critical Analysis of a Curriculum and Discourse'.

A handwritten signature in black ink that reads "John Kench". The signature is written in a cursive style and is positioned above a horizontal line that underlines the name.

John Kench

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