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Can post-apartheid South Africa be enabled to humanise and heal itself ?

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ABSTRACT

This paper posits that for occupational therapy and occupational science to be able to address complex social issues, a radical reconfiguration of the dominant historical rationalities that govern their theorising and practices is required. This position is informed by the rationale for and the philosophical and theoretical foundations of a doctoral study currently being undertaken by the first author, entitled: 'Humanity affirmations and enactments in post-apartheid South Africa: A phronetic case study of human occupation and health'.

The paper commences with the description of the problem – a historicised dual occupational diagnosis. The first diagnosis considers post-apartheid South Africa (1994-2014) as embodying and embedded in a vicious cycle; 'divided–wounded–violent', and held hostage by an enduring history of dehumanisation. The second diagnosis considers occupational therapy and occupational science, which the paper argues are not yet adequately positioned and prepared, both theoretically and practically, to serve as enabling resources for society to interrupt vicious cycles of dehumanisation.

In order to address the problem we need practical knowledge to possibly enable our society to humanise and heal itself. This paper proposes an alternative two pronged philosophical foundation – Phronesis and Ubuntu – to advance such knowledge. The synergistic use of critical contemporary interpretations of Aristotle's intellectual virtue Phronesis (practical knowledge) to guide theorising about knowledge production; along with the African philosophy of critical humanism called Ubuntu to guide theorising about the core concepts of human occupation and health as well as their interrelationship.

Key words: Critical, Phronesis, Ubuntu, human occupation, health, humanity

"What we expect of Africa as it sets out on its regeneration, cannot be divorced from the global environment in which the continent operates. But as Seme, Luthuli and Biko argued, Africa has a responsibility to itself and to the world to contribute its own unique attributes, to offer 'the great gift' of 'a more human face'"[1].

Joel Netshitenzhe, 2013

INTRODUCTION

See **Note 1**.

South African political strategist Netshitenzhe (2013), speaking about the regeneration of Africa, acknowledges the responsibility which the continent has both to itself and the world for sharing its unique perspectives on what it means to be human.[1] As occupational therapists and occupational scientists we are mandated to position and prepare ourselves to respond to the key-challenges of our post-apartheid society and in so doing, contribute to the epistemologies (see Guajardo, Kronenberg and Ramugondo in this Edition) of the profession locally and internationally.

In this paper, South African society is presented as a case example for re-theorising human occupation, health and their inter-relatedness.

It is argued that humanity affirmations and enactments in post-apartheid South Africa, concepts which will be discussed later, have occupational and health dimensions that are worth studying in order to align theorising and practice with the need for humanising society. We propose that the regeneration of humanity is possible through human occupation, assuming that if humans have the capacity to dehumanise one another, they can also commit to do the opposite, that is, (re)humanise one another. Pushed by the hugely problematic and complex challenges at hand in contemporary societies both in South Africa and elsewhere, the authors believe that it is fundamental to make visible and matter the processes through which pervasive dehumanisation dynamics can be defeated on a day-to-day basis through human occupation, generating practical knowledge to possibly enable society to humanise and heal itself.

Although rarely brought to the fore, this is not a new premise. In 1972 the American psychiatrist Bockoven asserted that "occupational therapy has a message that can be more effectively utilized if it is not limited to being a service solely for sick people"[2:219]. He also claimed occupational therapy to be "a neglected source of community re-humanisation"[2:217], and that "occupational therapists could and should assume effective leadership roles in humanizing [American] occupational life by emancipating it from standardisation and conformity"[2:222]. Bockoven nudged the profession to provide leadership in social change. More recently Laliberte Rudman coined the term 'occupational imagination', arguing for a transformative approach to scholarship which would require the fostering of "a radical sensibility to challenge scholars to make critical, creative connections between the personal, occupational 'troubles' of individuals and public 'issues' related to historical and social forces"[3:1]. This article provides a theoretical rationale for doing just this. As such it is positioned on what may be framed as 'the moving line' between the profession of occupational therapy and the discipline of occupational science. What remains uncontentious within the debate is that occupational therapy and occupational science both ontologically view humans as occupational beings and share human occupation as a core concept. The former always in relation to health and the latter including and going beyond its relationship with health[4].

BACKGROUND TO THE PAPER

This paper is based on the proposal of the first author's doctoral study which asks: *How does humanity become affirmed and enacted in everyday life in post-apartheid South Africa?* It does not report on

Note 1: This paper is principally based on the first author's doctoral study under construction, in the text most often referred to as the researcher. The three co-authors are his supervisors and they are included to recognise their influence on how he shaped the rationale and philosophical and theoretical foundations of his research. When 'we' is used in the text, it refers to their collective voice.

the study's methodology or findings. Instead, it seeks to stimulate thought and discussion by elaborating on the rationale as well as philosophical and theoretical foundation of the proposed doctoral research. The rationale of the study is informed by a historicised 'dual occupational diagnosis': firstly, how are we doing together in/ as post-apartheid South Africa? And secondly, how are occupational therapy and occupational science doing as a resource in response to the first diagnosis? The study is grounded in Critical contemporary interpretations of *Phronesis* (practical wisdom), one of Aristotle's three intellectual virtues—to guide theorising about knowledge construction; and *Ubuntu*, as an African philosophy of Critical humanism—to guide theorising about human occupation and health as well as their interrelationship. This two-pronged philosophical foundation provides the conceptual lenses through which data will be analysed and the research questions answered. Our intention in presenting a philosophical paper which underpins the research is to raise awareness of the need to re-theorise human occupation to better position and prepare ourselves in response to the societal challenges at hand.

SITUATING THE PRINCIPAL AUTHOR*

Before elaborating on the doctoral study's 'formal' rationale - a 'dual occupational diagnosis', the first author of this article will briefly situate himself as researcher, disclosing how his personal unfolding life story also importantly contributed to the genesis and shaping of the research topic.

The researcher was born, grew up and obtained his first bachelors degree in pedagogy in the Netherlands (1964-1985). He then travelled extensively and lived in so-called 'developed' and 'developing' societies around the world, gaining work experiences in education, health and social care programs and projects (1984-1995). These diverse first hand exposures to and engagements in and with the world ignited within him *an unerasable and much appreciated* [emphasis added by researcher] political consciousness about the nature of human beings and our human condition. He found that "whilst seemingly waging war against itself and the planet, humanity struggles on to keep alive *that* which makes us human' and that 'humans cannot do without each other'"[5:25]. What then attracted him to study occupational therapy (1995-1999) was what he perceived as this profession's early 20th Century origins in social activism. The coining of 'occupational apartheid' in his 1999 undergraduate thesis on occupational therapy with 'street children'[6,7], appears to have been a catalyst for a number of political (positioned in critical perspectives), personal and professional transformative events: co-founding the movement 'Occupational Therapists without Borders'; authoring the WFOT's first ever position paper[8]; and co-authoring the first volume of 'Occupational Therapy without Borders'[9]. Through this book project he met his South African life partner with whom he chose to make South Africa home. And 'home' here means, borrowing from Ronald Suresh Roberts (and the 'human occupation for health' dimension in his words cannot be overlooked): *'there where what you do matters … and what South Africa is doing matters for everyone in the world'*[10]. The researcher acknowledges that he is not from the context in which his study is carried out and that he may always remain an outsider. However, his personal choice to raise a family here, pushes him as a professional and scholar to learn how he may best contribute to what South Africa needs and is (and perhaps is not yet) doing to become 'a home for all people who live in it, united in our diversity'[11].

A DUAL OCCUPATIONAL DIAGNOSIS

The 'dual occupational diagnosis', alluded to earlier, examines two interrelated questions which are explicitly framed within a *political* occupational perspective of health. In its most basic form, the central question that 'traditional' occupational therapy asks a client is: *'how are you doing?'* - being concerned with the relationship between what certain (groups of) individuals are doing (and/or not doing) and their wellbeing in their everyday life contexts. An explicitly *political* occupational perspective of health, drawing from Aristotle

21

who proposed that politics is about 'being concerned with what is good and bad for Man'[12,13], may translate into the question *'how are we doing together?'* - being concerned with the relationships between what all people who make up a given community or society are doing (and/or not doing) and their wellbeing in the context of everyday life. A 'dual occupational diagnosis', therefore examines the following questions, firstly: *'How are we doing together in/as post-apartheid South Africa?',* and secondly: *'How are we doing [together] as occupational therapists and occupational scientists?'* in terms of our positioning and preparedness in response to the first question.

The Societal Human Condition of Post-Apartheid South Africa (1994-2014)

As a point of departure for examining the first question, the researcher drew from the 2011 Diagnostic Overview[14] conducted by the South African government's National Planning Commission (NPC). To establish a baseline for the National Development Plan (NDP)[15], the NPC sought input from all sectors of society to construct a vision for South Africa 2030 and to identify obstacles standing in the way of realising the vision. In order of priorities, the report lists nine key-challenges: 1) too few South Africans are employed; 2) poor educational outcomes; 3) crumbling infrastructure; 4) spatial patterns marginalise the poor; 5) resource intensive economy; 6) high disease burden; 7) public service performance is uneven; 8) corruption; and, *last but not least* [emphasis added by authors], 9) South Africa remains a divided society[14]. The NDP outlines how these challenges are to be addressed by 2030 with its key strategic objectives as *'Eliminating Poverty and Reducing Inequality'*, 'simply put', and well aligned with a neoliberal political emphasis on economy, by increasing employment and raising per capita income[15].

Although the NPC's diagnostic overview and the NDP are important and useful working documents, they insufficiently speak to the political-human-occupation-for-health nature of the first diagnostic question and the focus of the doctoral study (i.e. how are we doing together in/as post-apartheid South Africa?). Also, whilst the researcher recognises that our government was democratically elected and as such 'represents us', it is not us, it does not and cannot embody South African society. The government only exists to serve the people who make up South African society. And the NPC seems to underscore this point: "It is up to all South Africans to play a role in fixing the future"[15:1]. South Africa refers to all of us who live in, make up this society, and who ought to be able to draw from government and our respective professions and disciplines, as resources in the regeneration process. Thus, can post-apartheid South Africa be enabled to humanise and heal itself?'

Wondering what might be 'missing' in the predominantly neo-liberal, macro-economic and political framework of the NDP, the researcher tapped into a mix of relevant literature and internet sources[16,17,18,19,20] and his own lived experiences in South Africa since 2004. This then informed the following 'approximation' of how we are doing together:

'Some twenty years after the end of apartheid and the beginning of democracy, South Africa remains a deeply divided, wounded and violent society. And what may underlie this apparent vicious cycle, and may in fact hold our society hostage, appears to be a long and enduring history of dehumanisation dynamics, a key-mechanism of power under Colonialism, Apartheid, Neo-colonialism [coloniality][21] and Neoliberal Capitalism'.

'Dehumanisation dynamics' refer to an on-going, seemingly self-perpetuating history of systematic renderings of some people by other people as worth (valuing) less than human, or even being regarded as non-human, through the exercising of asymmetrical relations of power. Relevantly, dehumanisation dynamics strongly resonate with the underlying rationale and the proposed working definition of occupational apartheid:

"...the segregation of groups of people through the restriction or denial of access to dignified and meaningful participation in occupations of daily life on the basis of race, colour, disability, national origin, age, gender, sexual preference, religion, political beliefs, status in society, or other characteristics. Occasioned by political forces, its systematic and pervasive social, cultural, and economic consequences jeopardize health and wellbeing as experienced by individuals, communities, and societies"[7:76].

The definition of occupational apartheid underscores the need to historicise the proposed 'dual occupational diagnosis', situating it long before Apartheid's institutionalisation, and going back to the beginnings of colonisation on the African continent, which for South Africa 'started' with the arrival and the founding of the Cape Colony in Cape Town by Jan van Riebeeck in 1652[22].

The following phrases by writers from Africa also resonate with the proposed vicious cycle and its underlying dehumanisation dynamics: 'Africans are seeking to understand and restore their violated humanity'[23]; "Africans are injured and conquered people[24:44]; 350 years of patterns of unfree black labour in South Africa[25,26]; "Fifty years after the celebration of decolonisation the 'European game' which denied Africans agency, continues to prevail [...] coloniality remains a reality"[27:243]. An exhortation from Archbishop Emeritus Desmond Tutu, drawing from the African worldview of Ubuntu, resonates directly with the problematic 'dehumanisation dynamics': "We are humanized or dehumanized in and through our actions toward others ... My humanity is caught up, bound up, inextricably, with yours. When I dehumanize you, I inexorably dehumanize myself"[28:31]. We contend that the inter-related human occupation and health dimensions of these actions are critically important sites of investigation for occupational therapy and occupational science.
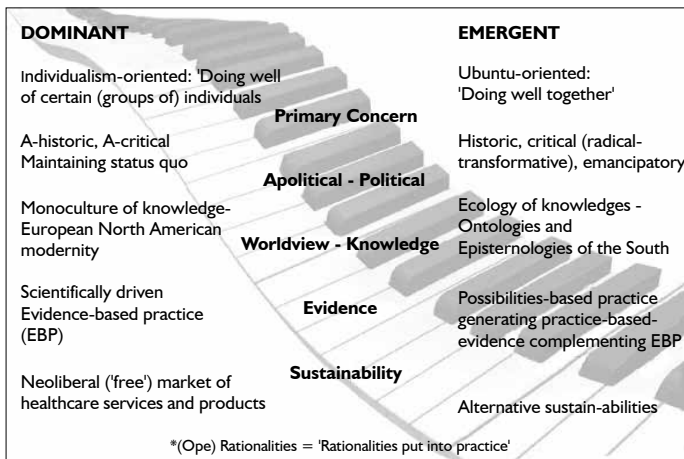
Positioning and Preparedness of Occupational Therapy and Occupational Science

The second question asks, to what extent are occupational therapy and occupational science positioned and prepared as a relevant resource to enable this society to humanise and heal itself? Acknowledging that it may not be doing justice to historical nuances, the short answer to this question is that our profession and discipline are not adequately positioned and prepared. However, 'not' may mean 'not yet'. The next section will briefly address both questions arising from the dual occupational diagnosis within an unfolding historical context. Occupational therapy was introduced in South Africa from Britain at the end of the Second World War, in a postcolonial era, with an emerging apartheid government[29,30]. Joubert's doctoral study problematised this birth as it gave rise to a 'flawed epistemology', because of its origins within a Eurocentric, paternalistic and male dominated health milieu under the influence of the medical model; the unnatural, oppressive nature of governance at the time; and the design of curricula and research was inadequately informed, leaving out disabled people and the diverse majority population of the country[31]. However valid this critique may still be, the past decade also bears evidence of relevant contributions by South Africans to globally emergent rationalities (ideas and theories) of occupational therapy and occupational science[32]: two WFOT key-notes[33,34]; several new concepts: occupational choice[35]; occupational consciousness[36]; collective occupations[37]; Fanonian practices[38]. And also significant, in 2018 South Africa will be hosting the 17th World Congress of the World Federation of Occupational Therapists, themed *'Connected through Diversity, Positioned for Impact'*, for the first time ever on the African continent (see Guajardo, Kronenberg & Ramugondo in this Edition).

Box 1 on page 23 depicts the interplay of dominant and emergent (ope)rationalities (rationalities put into practice) evident in contemporary occupational therapy and occupational science literature[3,5,32,36,37,39,40,41,42,43].

Box 1 suggests that the dominant rationalities favour individualism, are a-historical and a-critical, embrace modernity and a monocultural worldview, support scientific evidence based practice and subscribe, often inadvertently or unthinkingly[44], to neo-liberal market forces (see Guajardo, Kronenberg and Ramugondo paper in this Edition). In contrast, the emergent rationalities evident in the extant literature are more Ubuntu-orientated, adopt a critical-emancipatory stance, appreciate an ecology of views, ideas and ways of knowing, particularly those arising from 'the South' or our

22

DOMINANT		EMERGENT
Individualism-oriented: 'Doing well of certain (groups of) individuals	**Primary Concern**	Ubuntu-oriented: 'Doing well together'
A-historic, A-critical Maintaining status quo	**Apolitical - Political**	Historic, critical (radical-transformative), emancipatory
Monoculture of knowledge-European North American modernity	**Worldview - Knowledge**	Ecology of knowledges - Ontologies and Epistemologies of the South
Scientifically driven Evidence-based practice (EBP)	**Evidence**	Possibilities-based practice generating practice-based-evidence complementing EBP
Neoliberal ('free') market of healthcare services and products	**Sustainability**	Alternative sustain-abilities

*(Ope) Rationalities = 'Rationalities put into practice'

Box 1: Interplay of Dominant and Emergent (Ope) Rationalities* in Occupational Therapy and Occupational Science

society's peripheries (see Guajardo, Kronenberg and Ramugondo in this Edition), support possibilities and practice-based evidence and seek sustain-abilities[32] (pun intended). However, the juxtaposition of rationalities in *Box 1* is not intended to dichotomise but rather to depict the dynamic interplay between the primary concerns, political positions, worldviews, evidence and ideologies that shape how the profession and the discipline engage with societal issues. When faced with hugely complex realities and challenges such as those identified in the first occupational diagnosis, what is required of occupational therapy and occupational science is to imagine different positionings. Contextual relevance means broadening our horizon of possible (ope)rationalities. Sandra Galheigo's closing keynote at the 2010 WFOT World Congress in Chile provides an example of such an imagining exercise. She opened her lecture with a powerful metaphor - the 'Tale of the Fisherman' (*Box 2*), to reignite our ethical and political responsibilities as professionals and scholars towards the societies in which we find ourselves.

A man is walking by the riverside when he notices a body float-ing down stream. A fisherman leaps into the river, pulls the body ashore, gives mouth to mouth resuscitation, saving the man's life. A few minutes later, the same thing happens, then again and again. Eventually yet another body floats by. This time the fisherman competely ignores the drowning man and starts running upstream along the bank. The observer asks the fisherman what on earth he is doing. Why is he not trying to rescue this drowning body? "This time", replies the fisherman, "I'm going upstream to find out who is pushing these poor folks into the water". [45,236]

Box 2: The Tale of the Fisherman

Addressing a global audience, Galheigo suggested some of us to be in the position of the fisherman … and that more of us are called upon to follow his example … but also that we must collectively become more concerned with the upstream structural conditions that (re)produce downstream challenges[46]. The first author imag-ines that above and beyond, we must also position ourselves at the river's origins, that is, if we are to get to and prepare ourselves to address what may indeed be at the root of the seemingly vicious re-lational cycles of our deeply divided-wounded-violent South Africa.

In summary, we posit that addressing post-apartheid South Africa's deeply troubled human condition requires that we - as a society and as a profession and discipline - must push above and beyond the structural conditions and their consequences - the vicious cycle 'divided-wounded-violent', and get to their origins, the politics of being human, which appears as the root cause of the gross inequalities and subsequent high levels of poverty that post-apartheid South Africa embodies and is embedded in. We therefore need to understand how to affirm and enact humanity on a day-to-day human occupation basis. The doctoral research aims

to generate knowledge in this regard, but on what philosophical and theoretical basis? The next section engages this question, again drawing on the doctoral proposal.

PHILOSOPHICAL AND THEORETICAL FOUNDATIONS

Appreciative of the anthropologist Lila Abu-Lughod's stance "… that every view is a view from somewhere and every act of speak-ing, a speaking from somewhere"[47:141], the study integrates three 'somewheres'. The inescapably first and foremost political nature of the study's question and dual occupational diagnosis, guided the researcher to ground it in Critical contemporary interpretations of Phronesis and Ubuntu. The terms Critical, Phronesis and Ubuntu are deliberately and consistently capitalised to distinguish them from small case versions, to allow for different positionings, respectively on a continuum of 'political - apolitical somewheres'.

Critical: As Radical Transformative

Being Critical means taking a stand, disclosing upfront, that the focus and underlying rationale of the investigation is to be about a long and pervasive history of unequal relations of power which produced and continue to reproduce structural conditions and consequences that are harmful to humanity (and the planet). Neu-man in this regard points to "… a critical process of inquiry that goes beyond surface illusions to uncover the real structures in the material world in order to help people change the conditions and build a better world for themselves"[48:95].

Critical means radical, intervening at the roots, committing to transforming or eliminating anything that harms or conspires against our humanity[49,50,51,52], which (may) include rethinking our (dominant) philosophical and theoretical foundation. Taking a Critical position as a researcher requires a going beyond classical and / or traditional discourses of Phronesis and Ubuntu. It meant adopting contemporary, emergent, indeed Critical interpretations of these philosophical categories: Phronesis - to guide theorising about knowledge construction, and Ubuntu - to guide theorising about the core concepts of: human occupation, health and their interrelationship. *Diagramme 1* depicts the philosophical and theo-retical foundations on which to build a Critical understanding of the politics of being human, an understanding that is essential for interrupting dehumanisation dynamics.
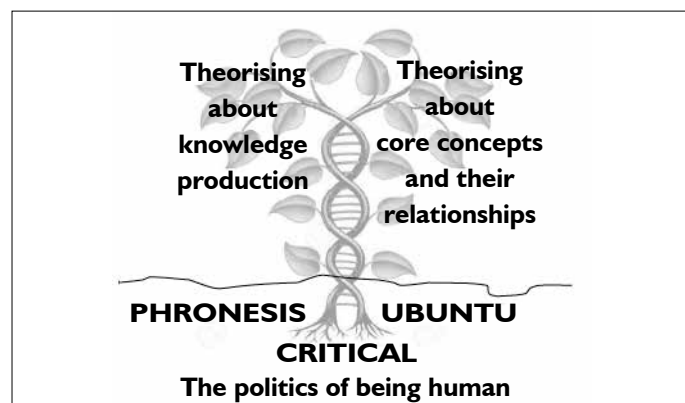

Theorising about knowledge production

Theorising about core concepts and their relationships

PHRONESIS   UBUNTU

CRITICAL

The politics of being human

Diagramme 1: Philosophical and Theoretical Foundation

The Critical grounding of the study, temporality and place in which the researcher uses Aristotle's classical conception of Phronesis prompted him to draw from Flyvbjerg's contemporary interpretation of the philosophy; 'to not only involve appreciative judgments in terms of values but also an understanding of the practical political realities of any situation as part of an integrated judgment in terms of power', explicitly raising questions about power and outcomes, such as: "Who gains and who loses? Through what kind of power relations? What possibilities are available to change existing power relations"[53:284]? This then also pushes us to challenge for example; whose conceptions of knowledge and their constructions may count more than others, which is powerfully problematised by Boaventura de Sousa Santos in

his recent book 'Epistemologies of the South: Justice against Epistemicide'[54,55]. Leonhard Praeg's concern with "... the historical conditions for the possibility of knowledge on and from Africa today"[56:56] also implicates such questions of power and its outcomes.

Phronesis: Foregrounding Practical Values and Power Rationality

Aristotle identified three intellectual virtues: *episteme*—scientific, theoretical knowledge; *techne*—technical, applied scientific knowledge; and *phronesis*—practical knowledge or wisdom. For a juxtaposition of these three kinds of knowledge and their main characteristics, see *Box 3* (adapted from Flyvbjerg[57]). According to Flyvbjerg, Aristotle regarded phronesis as the most important of the three because it is that activity by which the theoretical and practical instrumental rationality of *episteme* and *techne* is balanced by value and power rationality.[53] Phronesis involves 'the good example' and context-dependent knowledge, guiding practices that are 'good for Man'[51].

EPISTEME	TECHNÉ	PHRONESIS
Kinds of knowledge		
Scientific knowledge: 'knowing (theoretically) why to do'	Technical knowledge: 'knowing (practically) how to do'	Practical knowledge: 'knowing (ethically) what to do'
Characteristics		
Universal, invariable, context-independent	Pragmatic, variable, context-dependent	Pragmatic, variable, context-dependent
Orientations		
Production of theory, the identification and explanation of universals	Production of tangible things	Value-judgements and action in specific situations
Rationality it produces		
Theoretically (means) instrumental rationally Judgements informed by analytical rationality	Practical (means) instumental rationally (governed by a conscious goal) Judgements informed by technical rationality	Practical value and power (substantial) rationality ('reasonableness') The art of practical judgement
Analogous contemporary terms		
Epistemology, epistemic	Technique, technical, technology	Not to be found. It has disappeared from modern language
Research would be about		
Uncovering universal truths and laws about the topic of interest	Arriving at better applied understandings on topic of interest	Deliberation about (including questioning of) values and interests related to the topic of interest ('power of example')
Key-questions		
What is knowledge? How can it be acquired? To what extent can knowledge pertinent to any given subject or entity be acquired?	How to make or produce (something)? What skills are required? What tools can be used? How are the tools to be used? What steps are to be followed?	Where are we going? Who is gaining, who is losing, and by what mechanisms of power? Is it desirable? What are we going to do about it?
Human occupation and health treated/studied as		
Theoretical concepts	Technical concepts	Practical concepts

Box 3: Aristotle's Three Intellectual Virtues (Adapted from Flyvjerg)[57]

The nature of the research question does not seem to call for knowledge that is purely scientific or technical. It seeks a different kind of knowledge, drawing from Aristotle to advance "the ability to deliberate rightly"[13:1140a24-b12] about which human occupations may promote or prevent harming health. In this scenario, that which people can do to affirm humanity is a variable, given that "... it may be done in different ways or not at all"[13:1140a24-b12]. Considering that scientific knowledge is invariable "... it is distinguished by its objects, which do not admit of change, these objects are eternal and exist of necessity, e.g. 'the necessary truths of mathematics'"[13:1139b15-30], it was not considered suitable to answer the study's main question. Technical knowledge was also not suitable because it constitutes production aimed at an end other than itself, a skill used to produce something. Humanity affirmation and 'doing well' cannot be reduced to a technical competence. That then leaves phronesis as the preferred intellectual virtue and philosophical position. In Nichomachean Ethics, Aristotle argues: "…what remains, then, is that Phronesis, practical knowledge/wisdom, is a true state, reasoned,

and capable of action with regard to things that are good or bad for Man…", because it considers "…things which admit of change, e.g. the contingencies of everyday life"[13:1140a24-b12].

We started this paper arguing that the regeneration of Africa and South Africa in particular is advanced by drawing on the continent's unique attributes. The next section summarises sections of the research proposal that address Ubuntu as an African philosophy of Critical humanism.

Ubuntu: As an African Philosophy of Critical Humanism

The African philosophy Ubuntu is framed by Leonhard Praeg as *Critical humanism* [capitalised throughout by researcher], who distinguishes it from traditional *Western humanism* by comparing their central concerns. Whereas the focus of Western humanism is simply the human – the human capacity for science, beauty and knowledge in a world that no longer defers meaning to a transcendental source – in Critical humanism, the focus is on a more fundamental or primary concern, i.e. "…with the relations of power that systematically exclude certain people from being considered human in the first instance"[58:12]. This concern strongly resonates with why the first author coined the notion 'occupational apartheid'[6,7]. Mogobe B. Ramose relevantly puts this concern in the local context of post-apartheid South Africa, remarking that: "Africans are an injured and conquered people, and this is the pre-eminent starting point of African philosophy in its proper and fundamental signification"[59:44]. In other words, "…to do African philosophy, to posit, to ask and address the question of Ubuntu is therefore always, inescapably first and foremost, a political question"[58:12].

Tutu tirelessly stressed that dehumanisation causes harm to both the injured and the injurers, noting that '…my concern … the fact of our being wounded, we are lying, we mislead ourselves, if we pretend that there is anyone who lived under Apartheid who has not been damaged'[19]. The American philosopher and feminist theorist Drucilla Cornell defends Ubuntu on two counts: as a new humanism, a new ethical vision of being human together, which appears to speak directly to the heart of this study's dual occupational diagnosis, calling for a thoroughgoing philosophical, political and ethical critique of racist Western modernity. And, secondly, because it offers us "…a way of renewing and reinvigorating the philosophical and political project of human solidarity and, if one takes 'revolutionary Ubuntu' seriously, *radical transformation*"[60:170], which is in line with this study's interpretation and grounding in 'Critical' soil.

The researcher finds Van Marle and Cornell's interpretation of Ubuntu particularly relevant and useful for re-imagining and reframing theorising about human occupation, health and their interrelationship in the context of understanding and addressing South Africa's deeply troubled societal human condition:

"Ubuntu in a profound sense, and whatever else it may be, implies an interactive ethic, or an ontic orientation in which who and how we can be as human beings is always being shaped in our interaction with each other. This ethic is not then a simple form of communalism or communitarianism, if one means by those terms the privileging of the community over the individual. For what is at stake here is the process of becoming a person or, more strongly put, how one is given the chance to become a person (a human being, added by researcher) at all. The community is not something 'outside', some static entity that stands against individuals. The community is only as it is continuously brought into being by those who 'make it up', a phrase we use deliberately. The community, then, is always being formed through an ethic of being with others, and this ethic is in turn evaluated by how it empowers people"[61:206].

In summary, Critical contemporary interpretations of European and African thought are brought together by adopting ('planting') both Phronesis and Ubuntu as the philosophical pillars ('seeds') for radically ('grounded in Critical soil') reconfiguring theorising and practices in occupational therapy and occupational science (also see *Diagram 1*).

The next section will propose subsequently reframed interpretations of human occupation and health and their interrelationship that infuse both our profession and discipline.

Repositioning and Re-framing Human Occupation, Health and Their Interrelationship

We have proposed the need for changes in the philosophical discourses and theoretical foundations of occupational therapy and occupational science to better position and prepare us for possibly addressing complex social issues in general, and the humanisation of everyday life in particular. Perhaps such changes are (metaphorically) analogous to a manipulation of the 'DNA structure' of occupational therapy and occupational science. If we can agree that all subjects and practices are shaped within particular discursive contexts, then the proposed Critical contemporary interpretations of Phronesis and Ubuntu consequently call for a shift in positioning and framing of the core concepts of human occupation and health as well as their reciprocal relationship. *Box 4* identifies ways of repositioning and framing core concepts and their inter-relationship which often times may either be overlooked or taken for granted.

Human Occupation
That which occupies in context, resources available to humans.
Health
The process of spiritual, social, mental and physical and ecological wellbeing, not merely a state and the absence of disease (modified 1946 WHO definition of health[62]). Health is closely linked with occupational justice interpreted as 'doing well together'.[63]
Human Occupation & Health
Human occupation may manifest on a continuum of affirmations and negations of our humanity and as such either be promoting or harming our individual and collective health.

Box 4: Repositioning and framing core concepts and their interrelationship

Human Occupation

What appears to constitute a shift in theorising about human occupation is a repositioning of 'humans who occupy', the traditional dominant discourse, to foregrounding *'humans who are occupied'*. The notion of *'that'* which occupies, refers to what humans do *and do not do* every day, which is done with (resources) and to (having implications for) ourselves and others (and the environment), and this can to some extent be observed. *That* also refers to a complex schema of (possibly unquestioned) beliefs, values, rationalities that shape our (more or less conscious) intentionalities, which cannot be directly observed. Human occupation is always both embodied (person, agency) and embedded (context, structure). For analytical purposes, depending on (concrete) historical conditions, possibilities of human occupation manifest on continuums, for example; doing-not doing; ordinary-extraordinary; political-apolitical, meaningful-meaningless, social-asocial, historic-ahistoric; constructive-destructive; intentional-unintentional; health promoting-harming health; nonviolent-violent; etcetera.

The notion *'resources'* can constitute means and opportunities, and may be both internal and external, individual and collective, private and public, material (land, housing, water, jobs, money, institutional, etc.) and immaterial (spiritual, relationships, intellectual, knowledge, capabilities, time, etc.). The notion *'available'*: resources may exist, but are not considered as available to some people for person and/or context related (endogenous and/or exogenous) reasons. For example, access to education is guaranteed by the Constitution, but it may not be accessible. Or although, access to resources is guaranteed, internalised inferiority may not allow a person to regard the resource available due to fearing not being able to successfully make use of it. The notion *'humans'*: literally speaking, since 31 October 2011, our planet now hosts more than 7 billion of us[64], occupational beings. The fact that this statistic could be arrived at implies a set of common characteristics that allow humans to be identified and counted as such. However, a critical look at human history reveals that some humans count (matter as being) more human than others, that is, the notion 'humans' constitutes a matter of 'the politics of being human'.

Health

The framing of health in *Box 4* appreciates the common principles under the term social medicine. Resonating with perspectives falling within a social determinants of health framework, there is recognition of the profound impact of social and economic conditions on health, disease, and the practice of medicine; a view of population health as a social concern; and a societal role for the promotion of health via individual and social means[65]. Health and disease are viewed dialectically and dialogically, and healthcare is understood as part of a historical and social process. It assumes that any discussion about health today is inevitably a social, international and political discussion[66].

The Human Occupation—Health Interrelationship

Ngũgĩ wa Thiong'o, the Kenyan literary and social activist, powerfully speaks to the proposed discourse, 'the politics of being human', and the Ubuntu guided reframed premise of the dialectical and dialogical dynamic between human occupation and health:

"Our lives are a battlefield on which is fought a continuous war between the forces that are pledged to confirm our humanity and those determined to dismantle it; those who strive to build a protective wall around it, and those who wish to pull it down; those who seek to mould it and those committed to breaking it up; those who aim to open our eyes, to make us see the light and look to tomorrow (...) and those who wish to lull us into closing our eyes"[67:50].

Alex Boraine and Janet Levy edited a book in 1994 titled 'The Healing of A Nation?'[68] The inclusion of a question mark back then still applies twenty years onward, to acknowledge that there exists "…no quick fix, no magic formulae (…) which will remedy the sickness that reached endemic proportions leaving many victims in its wake'[68:XIV]. Whereas Boraine and Levy primarily framed 'the sickness' as the legacy of apartheid (1948-1994), this study contextualised the post-apartheid human condition of South Africa within a much longer history of enduring dehumanisation dynamics. Back in 1995, Boraine suggested that "…the healing of the nation will require an absolute commitment to both economic justice and the restoration of the moral order"[68:XIV]. The phrase 'the restoration of the moral order' is problematic because it assumes the pre-existence of such an order, which cannot be claimed at least since the beginnings of colonialism. Whereas the NDP prioritises a commitment to address economic challenges, we recommend commitment, at least by the profession and the discipline, to the second goal, albeit reframed as 'the restoration of our humanity'. If humans have the capacity to dehumanise one another, they can also commit to do the opposite, that is, (re)humanise one another… commit to learning how to humanise everyday life.

WAY FORWARD

This paper used the rationale and philosophical-theoretical foundations of the first author's doctoral proposal as the basis for its argument that occupational therapy and occupational science can become catalysts for creating a society with *'a more human face'*. To date, there is no literature or empirically verified methods to confirm this argument. To do so would require substantial repositioning and re-framing of human occupation, health and their interrelationship. The following set of value and power rationality questions (adapted from Flyvbjerg[53,57]) are part of the researcher's ongoing interrogation of data and these may enable us to better position and prepare ourselves to generate (more) contextually relevant practical understandings in relation to the challenges at hand: What are we doing with the resources available to us?; Who decides what we are doing and what resources are available to us and by what mechanisms of power?; How does what we are doing manifest on the continuum affirming/negating humanity - promoting/harming health?; What should we be doing about it?

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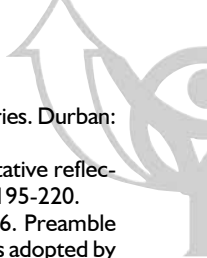
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Situating occupation in social relations of power: Occupational possibilities, ageism and the retirement 'choice'

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ABSTRACT

Introduction: *Research attending to social relations of power can enhance understanding of the mechanisms through which occupational injustices occur and inform socially transformative practice. This study explored how power operates through ageism in ways that shape what people come to take for granted regarding occupation in relation to age, and what occupations are supported through socio-political conditions.*

Methods: *Narratives were collected using a two-stage interview process with 17 retired Canadians. A critical narrative analysis approach was employed to examine how these narratives revealed the complex ways occupations are negotiated within broader discourses and age relations.*

Findings: *Ageism mattered for how and when individuals came to retire and for occupational possibilities in the realm of work. Informants conveyed experiences of being marginalised, displaced and disempowered in the work force and, at times, internalised ageist discourses to make sense of when and how they came to retire.*

Conclusion: *Within the study context, social relations of power related to age influenced occupational possibilities for work and bounded retirement 'choices'. A focus on power in relation to occupation as it intersects with a variety of social markers can provide a nexus to inter-connect socially transformative work in occupational therapy and occupational science, advancing the shared intent of promoting human flourishing through occupation.*

Key words: Narrative, discourse, occupational injustice, later life

INTRODUCTION

There has been a sustained critique of the pervasiveness of an individualistic approach to the conceptualisation of occupation over almost the past 10 years[1,2,3]. In turn, scholars have incorporated a range of social perspectives to study 'occupation as situated'; that is, as always shaped within and contributing to the shaping of social, cultural, political, and economic contexts[4]. Such work has lead to the expansion of concepts, such as occupational identity and occupational choice, in ways that have de-centered the individual and raised awareness of the dialectical transactions of individuals, contexts and occupations[3,4,5]. However, building on foundational work related to occupational justice and the political nature of occupation[6,7], there has been increasing recognition of the need to employ theoretical and methodological approaches that address social relations of power[8,9,10]. To date, work addressing the situated nature of occupation has tended to neglect how social relations of power are enacted in ways that create and perpetuate situations of discrimination, marginalisation and oppression[11,12,13,14]. Attention to social relations of power is essential if the study of occupation is to critically raise awareness of the mechanisms through which oc-

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