

Medical Law. Some comparative perspectives' (2003) XXXVI CILSA 267,270,277,278.

40. McQuoid-Mason DJ, Singh JA. Medicine, Dentistry, Pharmacy and other Health Professions. *LAWSA*, 1999; First Reissue 129:143,153.
41. Tarasoff v Regents of University of California (1976) Cal S Ct, 17 Cal Rep 3rd Series. Failure to warn endangered third party.

Acknowledgement

This paper is adapted from a dissertation submitted in partial fulfil-

ment of the requirements for the LLM (Medical Law). Professor Jerome Singh's support and guidance is acknowledged.

Corresponding Author

Dain Van Der Reyden
reydend@ukzn.ac.za

Book reviews

Title: Contemporary issues in Occupational Therapy: reasoning and reflecting

Authors:

Jennifer Creek: European Network of Occupational Therapists in Higher Education terminology.

Anne Lawson-Porter: Head of Education for the College of Occupational Therapists

Book information:

Publisher: John Wiley & Sons Ltd, Chichester
Date of publication: 2007
ISBN number: 978-0-470-06511-2
Paperback
Number of pages: 227
Price: R755.00

Jennifer Creek did it again – here is a book addressing current issues that occupational therapists battle with globally. South African occupational therapists will be the first to acknowledge the diverse, ever changing and multi-faceted environments associated with their service delivery. Therefore Creek and Lawson-Porter set out to define the quiet revolution that brought about complexity thinking after 40 years of systems thinking within the field of occupational therapy.

Complexity thinking “accepts unpredictability and does not demand that complex phenomena should be simplified or controlled in order to be understood. Relationships and interactions between components in a complex system are non-linear, which means that the system cannot be described or understood in terms of its components” (p xviii).

The book consists of 10 chapters, of which one was written by our very own Lindsey Nicholls from the University of the Western Cape (UWC).

In Chapter 1 Jennifer Creek defines *the thinking therapist* by distinguishing between a technician, technologist and a thinker. The thinker practises in a person-centered way and “she does not see herself as an expert in her client’s life, but recognises that the client is the expert in his own life” (p.12).

Chapter 2 by Clare Hocking addresses the *romance of occupational therapy*. She attends to the origin of romantic perspectives embedded in our profession’s philosophical assumptions and moves

on to identify five romantic notions that have endured over time: (1) the longstanding controversy over the product versus process aspect of therapy; (2) the role of creativity; (3) the art of establishing a therapeutic alliance; (4) holism; and (5) spirituality.

The role of occupation and the gap between occupational therapy and occupational science is discussed by Clare Hocking and Ellen Nicholson in Chapter 3.

Lindsay Nicholls devotes Chapter 4 to the *psychoanalytic discourse in occupational therapy*. She explains how the psychoanalytic view of occupational therapy influences her engagement with clients, her understanding of the clients’ choice of occupations, and her relationship with team members within the care context.

In Chapter 5 (*What’s going on? Finding an explanation for what we do*); Rosemary Caulton and Rayna Dickson take knowing, showing and telling as an important part of our professional credibility.

Chapter 6 by Elizabeth White focuses on *when service users’ view vary from those of their carers*. She addresses many complex aspects using her experience from working in a wheelchair and seating clinic where her clients have a considerable level of disability and a wide range of carers are involved in their daily lives.

Jennifer Creek concentrates on *engaging the reluctant client* in Chapter 7. She indicates that engagement in activity could be influenced by motivation, volition and autonomy. The therapist needs to have the skills to overcome barriers caused by these three factors.

Clinical reasoning is yet another topical issue in occupational therapy. In Chapter 8 Kit Sinclair explores *the facets of clinical reasoning*. Clinical reasoning undertaken by occupational therapists, as identified in research, is explored and discussed.

Pricilla Harries focuses on *knowing more than we can say* in Chapter 9. Group consensus, consistency of policy use and coherence to current professional recommendations are some of the issues identified that influence judgment and clinical reasoning.

As final food for thought, Katrina Bannigan addresses evidence-based practice as part of *making sense of research utilisation* in Chapter 10. She addresses the academic-practice gap and makes useful suggestions on how to foster the use of research findings.

Reviewed by:
Sanet Du Toit

Title: The intentional Relationship: Occupational Therapy and use of self

Author:

Renée R. Taylor:
PhD, Professor, Department of Occupational Therapy, University of Illinois in Chicago

Book information:

Publisher: F.A. Davis Company:
Publication date: 2008
ISBN number: 13:978-0-8036-1365-2
(ISBN - 10:0-8036-1365-2)

Paper back
Number of pages: 321
Price: \$46.95 (not available in South Africa yet)

In the preface of this book, Renée Taylor captures its relevance very aptly: “This book emerged from an ongoing curiosity and a fair amount of frustration in trying to locate a detailed, comprehensive, and integrated textbook on therapeutic use of self specific to the field of occupational therapy” (p v), and at last the romantic notion of the art of establishing a therapeutic alliance (as stipulated by Hocking



in *Contemporary Issues in Occupational Therapy*) is de-mystified and framed.

Sixteen chapters are used to initially discuss theoretical foundations and guidelines for practice (Chapters 1–7) and then address building an interpersonal skill base (Chapters 8–16). True to other publications by staff from the Department of Occupational Therapy, University of Illinois at Chicago, the book has numerous case studies and photos that provide contexts with which the readership can identify. The book also includes activities for learning and reflection, in addition to boxes containing useful tips (e.g. on how to provide clients with feedback).

The contents are:

Part I: Theoretical foundations and guidelines for practice

1. The changing landscape of therapeutic use of self in occupational therapy: Historical overview.
2. What defines a good therapist?
3. A model of the intentional relationship.
4. Knowing ourselves as therapists: Introducing the therapeutic modes.
5. Knowing our clients: Understanding interpersonal characteristics.
6. Challenges to client-therapist relationships: Inevitable interpersonal events of therapy.
7. Navigating the challenges: Therapeutic responding and interpersonal reasoning.

Part II: Building an interpersonal skill base

8. Therapeutic communications.
9. Establishing relationships.

10. Interviewing skills and strategic questioning.
11. Understanding families, social systems, and group dynamics in occupational therapy.
12. Understanding and managing difficult behavior.
13. Resolving empathic breaks and conflicts.
14. Professional behaviour, values and ethics.
15. Working effectively with supervisors, employers, and other professionals.
16. On becoming a better therapist: Self-care and developing your therapeutic use of self.

The stories shared by twelve therapists in this book are informative and encouraging, and underline and describe the various facets of the “intentional relationship”.

The last chapter needs specific mention as it describes the self-care and development necessary for being a better therapist. Emotional and intentional spontaneity depends on therapists being able to involve themselves in nurturing, enriching and relaxing activities. Furthermore, developing therapeutic use of self is a life-long endeavour. Challenges discussed as part of this process are:

- cultivating critical self-awareness;
- cultivating reflective use of current strengths, weaknesses, limits, preferences and world views;
- creating and capitalising on opportunities for self-care to strengthen the self and develop new strengths; and
- maintaining mindfulness of the reason why one decided to become an occupational therapist.

Reviewed by:
Sanet Du Toit

Title: The Core Concepts of Occupational Therapy, a Dynamic Framework of Practice.

Author:

Jennifer Creek, a freelance occupational therapist and a Mental Health Act Commissioner for the Care Quality Commission. She has been writing and speaking about occupational therapy and terminology for over 20 years, and has been working with the ENOTHE terminology group since 2003.

Book Information:

Name of Publisher: Jessica Kingsley Publishers, London and Philadelphia.
Publication Date: 2010
ISBN no: 978 1 84905 007 4
Paper back
Number of pages: 255
Price: R341.85

The book is the outcome of collaboration between occupational therapists from six European countries speaking six different languages, the European Network of Occupational Therapy in Higher Education (ENOTHE). It presents a conceptual framework that has been constructed from key terms used by occupational therapists to describe and explain their work. The framework describes the relationship between a set of defined terms, and is a consensus of the meanings of, and the relationship between, the concepts and theories underpinning occupational therapy practice in Europe.

As most words have more than one meaning, a common meaning is discussed which would be understood by the majority of people within a linguistic, cultural and social group, and then the specialised meaning that would be used within a discipline or professional group. As occupational therapists take ordinary words and give them specialised meanings, we need to think carefully about how our clients understand the language we use and select the words that will best communicate our meanings, this book has done this for us.

The book is in three parts.

Section 1 (chapters 1-3) deals with the ENOTHE terminology project and introduces the European conceptual framework for occupational therapy.

Section 2 (chapters 4-11) headed The Performer's Perspective, describes in detail the eight clusters of concepts that make up the conceptual framework, from the perspective of the person performing the activity. They include chapters on Forms of Action; Action; Structuring Action; Boundaries to Action; Personal Requisites for Action; Energy Source for Action; Social Contract for Action; and Place of Action.

Information and definitions from occupational literature were studied and utilised to try and concisely define a meaning: *Autonomy* (within the conceptual framework) is defined as *the freedom to make choices based on consideration of internal and external circumstances and to act on those choices*.

Section 3 (chapters 12-14) headed The Observer's Perspective gives the perspective of the occupational therapist on understanding, measuring and facilitating the actions of her clients. In this section the collaborative process between client and occupational therapist is explored with terms such as analysis, task analysis, activity analysis and occupational mapping being defined. In chapter 13 there is an in depth discussion of the words analysis and evaluation. Chapter 14 explains how the conceptual framework can guide the occupational therapist's thinking throughout the intervention process.

Throughout the book there are examples given to clarify the concepts.

It would not be necessary to read this book from cover to cover, but it is certainly a useful reference book, which helps to clarify the semantics which we use every day in our in conversations with clients, doctors and other medical personnel, and it has helped to clarify a number of concepts for me after forty five years as a practising occupational therapist.

Reviewer:

Christine Bell Dip COT.
Private Practice, Functional capacity assessments,
work evaluation and placement, medico-legal

