In this essay, I explore the alternative futures of Occupational Therapy and Occupational therapists. This exploration is very much from the view of an outsider and thus I focus on the overall directions of OT, not particular details. The tools I use are drawn from the emerging discipline, or more appropriately discourse of futures studies.

The goal is to structure our understandings of the future through theory and methodology. The data is from texts on OT futures and from interviews with some of OT professionals.

Of course OT futures exist in a broader future - e.g., outsourcing of services of almost every type to India; dramatic changes in health particularly via advances in genomics and robotics; new pandemics; an aging population; as well as new conflicts, everywhere, and new images and indicators of the future. Certainly a disruptive future. Business-as-usual in a world undergoing foundational shifts perhaps is more accurately termed as business-was-usual.

In this presentation, I intend to present some of the basic theories and concepts of futures thinking and then use this framework to map out the futures of OT.

**Theoretical framework**

First is the theoretical framework. There are four approaches to research, particularly research on the future (see the appendix).

1. **the empirical** - In this approach the issue is what are the trends on future OT demand. We focus on new competition from other market players, future illnesses and demands on OT, competition from technology. The crucial question is: what does the data tell us – is the future stable, with increasing demand for OT, or is the future unstable?

2. **the interpretive** - this is equally important. In the interpretive, less important is the external data, more significant are the meanings that actors personally and collectively give to the data. What do trends mean mean for the individual OT - for the profession, as a whole? As well, what are the different images of OT’s future – how do OTs see their future? The future thus moves from an empirical data drive space to an interpretive meaning creating space.

3. **the critical** - In this approach, borrowed from poststructuralism, what is important is: what is not said when we forecast the future? What are the problematic categories i.e. is OT the appropriate category? Should it be health worker instead? Is “Occupation” limiting – how is work itself changing in the future? What is the appropriate unit to see the future – and should the future only be forward time or can we learn from the past, even ancient past? That is,
each profession has its own biases – what it can’t see. This is more that what we know we don’t know but indeed, what we don’t know we don’t know.

4. **action learning** – this is an iterative process of integrating empirical, interpretive and critical and doing something about it – changing the world through action and reflection. Research then is cyclical, each approach informs the other.

Now what are some basic concepts of futures studies?

**Foundational concepts of futures studies**

1. **Second-hand futures**

Have you, as OT, purchased a used future? Is your future derived from other fields which are mimicking, i.e. only as a caring profession, drawing from a Christian past? For example, work I’ve been doing with the Endeavour Foundation in Australia rejected the view of the Organization as carer of those with intellectual disability. Professionals argued that the carer image evoked an older time in history –a used future. This future took away dignity of those with intellectual disability, and assumed a strong subject-object distinction, instead of seeing how the “carer” too was disabled in certain ways or could experience disability in certain circumstances. The carer image essentialized both the disabled and the professional, creating a vicious cycle of dependency.

In a project with Mayors from Asia-Pacific cities, the Asian mayors saw their future as following that of western cities – larger, more cars, more roads, more formal relations between cities, more global – while many western mayors reported that this trajectory had reached a dead end. Instead, the move toward urban villages, more community, more focus on livability instead of on speed was a possible new future.

So, in what ways have OTs adopted a used future? Is the anglo-american cultural and even, if you permit, epistemological base for OTs silencing other civilizational perspectives?

For example, if we examine the futures of knowledge we can use the library as a metaphor. An easy way to include the other is through the purchase of books from other cultures, and making these books easily accessible via the public library. We can even have a Talkstory collection, focused on oral narratives, story telling from Pacific cultures for example.

However, could it be that the organization of knowledge that creates the library is the problem – should we in fact rethink the floors of the library challenging the division of science, social science, humanities, arts and other fields (women’s studies, ethnic studies)? What might the floors of an alternative library that are more sensible to the field of Occupational Therapy?

Is the ordering of knowledge that makes OTs sensible and intelligible to each other both the legitimator of the future and as well the chain that recreates the used future?

2. **Alternative futures**

What this discussion opens up is that there are alternative futures. You can take this personally, borrowing from Eckhart Tolle and others, that at any moment one has
multiple choices, or from the new physics in that at any moment there are an infinite number of universes, or more humbly from futures studies, that there are alternative futures for each profession or category.

Does OT have a fixed view of its future, or are there alternatives? The challenge, as Ashis Nandy has pointed out, is to keep open the options of dissent.\(^7\) Dissent can be seen as a problem for the creation of more efficiency, or dissent can be seen as crucial information about one’s future – the voice of dissent is helping us choose a different evolutionary possibility. This can be an external group – OTs working with robotics or OTs that are foundationally spiritually focused – or a voice inside one’s self – an alternative future within.

As we know the best companies over time have been those with a vision for the future and an acceptance for ideas on the margin – these are the ideas that often create the alternative future.\(^8\)

Who are these Bedouins, if you will, in the world of Occupational Therapy? I use Bedouin here in the Khaldunian sense (borrowing from Ibn Khaldun, the macrohistorian)\(^9\) – those outside of realpolitik and epistemological power who see a different future, live in a different type of time. Which of you are the Bedouins riding on your camels ready to challenge the official view of OT futures? Or as I suspect, OT futures are less rigid, still fluid, there is space for creation, that is the distinction between those in power and those outside may not be as rigid.

3. The disowned self and the disowned future

The third foundational concept of futures thinking is the notion of the disowned self and disowned future. This borrows heavily from the work of Hal and Sidra Stone.\(^10\) They argue that we have primary selves – a pusher self (high achiever, productive), a pleaser self (being nice to others) for example, but we also have disowned selves – selves that we pushed away as we grew up (a lazy self, a tired self, a child self). When we see these selves in others we are often irritated, because they present to us what we disown. As well, each future disowns its opposite. The right focuses on security disowning freedom; economic growth disowning distribution. The left focuses on structure and blame disowning innovation and agency. The empiricist focuses on data, the bottom line and disowns meaning and imagination; the visionary focuses on the image, the metaphor, disowning the real world.

As we evolve, personally and in terms of our organizational evolution, certain pathways are pushed away. One can argue we have evolved toward higher states, if one takes a linear Darwinian view, or from the view of ecology, that these are selves that provide important sustenance to us. The hypothesis is that the disowned self bites back in terms of personal health crisis or professional crisis of meaning.

At Endeavour, a play was apparent between these selves. Focused for years on caring, the professional self had been pushed back, and thus bankruptcy loomed. The response has been the professionalization of the organization. When we engaged in creative visualization, participants saw the future as being shiny, housed in a modern building – they no longer wished to be shabby. Their modern entrepreneurial side had been pushed away, workers believing they were entitled to funding – a cargo cult type of mentality.
However, the story is not so simple. In the past few years of professionalization, what has been pushed away – the social justice side, the vision of changing the world, of changing the rules that define power. It appears that integrating carer, professional and social justice aspects of self are important next steps.

What then are the owned and disowned selves of OT? As OT becomes more and more of an accredited formal profession, what is lost, which self is disowned. Who are you jealous of? And who is jealous of you? Which group do you find yourself making fun of? 11

4. **External alignment**

The fourth foundational concept is one of external alignment. This means aligning the vision with big picture changes (in the nature of work, the nature of health, new technologies, aging society – the big picture scenarios) with strategic thinking (where are the opportunities, is it better to find a niche in the health landscape or go with mass issues or with elite diseases and their care, for example). Of course, first step is coming up with a shared collective vision. The second is the big picture work.

**Landscape of the Future**

- Jungle – survival – competition
- Chess Set – strategy – winning
- Mountain Tops – big picture – rethinking
- Star – the dream – creating

5. **Internal alignment**
Strategy can often succeed or fail depending on the nature of the collective unconscious – the inner story told by members of who they are. Are we a young go-getting field? 24/7, cutting edge, as with the dot.com world? Are we in search of respectability? Are we old and mature? Or, most likely, are we caught between possible futures, in search of identity?

How do we construct the future – is it random or ....?

Merely focusing on external strategy without engaging in inner meaning is fraught with difficulties. The Prime Minister of Australia has certainly understood the inner collective, focusing on the “children overboard” imaginaire when fear of the other was dominant and then interest rates when fear of Australian prosperity was threatened. Telling a different story about OT is as important, if not more so, as developing smarter strategies for achieving preferred futures.

In a project on the future of Australian identity, the following images emerged. 12
- Lucky country but quickly running out of luck;
- back to the white picket fence – keep in what is good, but keep out what is not, well, white;
- the boxing kangaroo – innovative, punching above one’s weight;
- theme park Australia – from movie to dream world (a theme park for every culture, official diversity);
- global-local (beyond the nation but wedded to local community) and
- the global aussie, fair go for the planet.
These possible identities tell us a great deal about the current tensions in Australia, as it searches for new and old directions.

What are your potential identities? Which one do you use currently in your practice as an occupational therapist? Which one are you likely to use in the future?

**Questioning the future**

To begin this mapping of the future, let me ask you some foundational questions.

I ask these questions as I do not merely want to present information, as that tends to lead to zero loop learning (information in and quickly out) and at best, single loop learning (a few ideas taken for strategic advancement) but move toward double loop learning (reflecting on identity) and transcend loop learning (moving away from subject-object by exploring the owned and disowned identities, i.e. asking who is doing the reflecting and what are the interests of that particular self).

1. What do you think the future of OT will be like? Your forecast, if current trends continue?

2. What do you fear about the future of OT – degree creep, needing a Ph.D. to practice; end of profession because of internet and its precursors; remaining anglo-american focused; reduced to techno-rationalist interventions (as suggested by many of you – this particular term I borrow from Gail Whiteford)

3. What is missing from your forecast and your futures? What are some of the foundational assumptions?
4. What are the alternative futures? Chris Kang offers these:

(a) *Occupational Reactive* – reacting instead of being proactive; reductionist and bureaucratic because that is where the money is.

(b) *Occupational smart* – savvy, uses new technologies without being used by them; makes strategic decisions, i.e., maps the future and changes accordingly;

(c) *Occupational Sage* – uses inner and outer technologies; has a foundational spiritual being-based approach in her or his work; presence is more important than words – embraces multiple worldviews and integrated them – integrated medicine and therapy – multiple doors and knows which door is appropriate for every issue – this is the OT as a social artist.

(d) Another occupational therapist - Jeanette Isaacs-Young offers the future of OT as *life-transition coach*, enabling every transition be it to disability, aging, loss of work, or the opposite, from survival to thriving.

5. What is your vision of the future for OT? Is social activism the main focus, with identity that of rebel at the gate. Or is it the support network, balancing life, family, and community – inner and outer sustainability. Or is it......?

6. What is one action or change in thinking you can do to get there? I am not here asking for a plan of action but a simple step you, alone, or with others, can take.

**Mapping the future**

To map the future, I use the MATDCT framework – mapping, anticipating, timing, deepening, creating alternatives, and transforming the future. Each pillar of futures thinking has a related methodology.

For this presentation, I use a variety of methods.

First is the futures triangle. The triangle focuses on three dimensions – the pull of the future, the image, the push of the present – quantitative critical drivers, and the weight of the past, barriers to change. Our question here is: what are the dominant and alternative images of OT?
First, the OT remains care based – this is the physio-nurse. Helps others, listens to others, shows compassion, uses evidence plus intuition. The OT is not directly in the medical establishment nor in the community, but at the intersections of many institutional frameworks and discourses. What is pushing this is greater need for caring as society ages and becomes more technologically dependent. The weight is the dignity of the cared, and the dependency relationship this creates, as well, that caring is not valued in a globalized market society.

Second, the OT becomes social activist justice based. What underlies this image are values that a good world can be created – that humans have agency; and inclusion, that is, merely shifting policy is not enough: rather, structural changes are needed.

What is the weight to this future, the barrier? Certainly these are bureaucratic and funding issues. Getting funds for structural change is difficult. Moreover, the academic itself is under threat from globalization qua privatization meaning funding from the public sector is less available except generally for security issues. Public funding for occupational issues is possible when global competition is used as a catch cry – but this is far different from social justice and social activist issues. Moreover, as an identity, it begs the question social activism for what? The preferred future still needs to be defined.

The third image is: OT disappears. The trends supporting this include the internet and of course its future form (far more interactive, tailored, more speed). This could
mean the health bot, helping us make safety, health, and wiser decisions through our life. Can a good bot take the role of the OT? Genomics as well challenges current definitions of OT. Also, other professions can easily expand and take on many of the functions of the OT.

But what mitigates against this is: new forms of disability, created partly because there are more people in the world but also from new forms of accident, new forms of illness, and the full range of psychic illnesses we are just beginning to experience. Thus, there will always be a role for the OT. However, it could disappear from being too everything? As -- everything for everyone, and thus not having a recognizable core.

The fourth image is: OT as health cog (not bot) but as part of the larger health medical system, i.e. generally reductionist (focused on a particular body part), extremely vertical (God, specialist, GP and then all below, nurse, OT, and of course just below Hell, the patient), only accepting what is evidence base based on the dominant paradigm. OT has limited agency since system requirements do not allow much movement. That is, even if the OT is wholistic, funding and monitoring requirements are not. The OT is certainly not the master of her or his destiny.

The trends supporting this include the continued bureaucratization of health, surveillance as the solution to every health crisis – the British government plans\textsuperscript{16} for the surveillance of all children, including information on whether they eat five portions of fruit and vegetables, is an example of this. The goals are fine however the grid continues to tighten.

The weight mitigating against this future includes the rise of the alternative health movement (complementary health), the changing nature of medicine as women enter the field; breakdown in the medical world (quality and safety issues).

The fifth image – and certainly this is an outlier – the OT as adaptive – determining the core non-negotiable dimensions of identity (care and empowering persons with disability, for example) but adapting to changing world – aging, new illnesses, new challenges created by globalization, needs in poorer areas in the world, the losers of globalization, for example.

Trends supporting this include the field already embarking on the who are we question, focusing on future trends. Mitigating against this is the challenge of adapting to new circumstances – requiring

1. facilitative leaderships;
2. learning and healing organizations (focused on learning about learning but also on the emotional dimensions of working and living in bureaucracies) and
3. linking a new type of leadership with a new type of organization.
4. Future too disruptive, making it far more easier to fund a safe niche that is not challenged by others in the evolutionary landscape.

There are certainly other images – the OT as sage, for example.
Emerging issues

Most futures researchers use trend analysis to determine which issues are about to become public, or common place. However, prior to becoming a trend, is it possible to identify a nascent issue, an emerging issue? According to James Dator, emerging issues are those with a low probability of occurring but which, if they emerge, will have a dramatic impact on society. However, since these issues are often undeveloped—there is low visibility—Dator argues that one indicator of knowing that an issue is really an emerging issue, instead of a trend or problem, is that it should appear ridiculous (within our current frameworks). Issues should thus be disturbing, provocative, forcing one to change how one thinks, especially in challenging assumptions about the nature of the future, and thus ultimately present.

What are some emerging trends and issues that could challenge or disturb these images? These issues can be about the changing content of illness and health and ones that challenge the identity (culture and structure of the field). I identify ten emerging issues below.
1. Health bots and new diagnostics (smart toilet) Sensory telemetry – google in the real world – digital air
2. Changing nature of work, from full employment to 10/30/30/30 or other variations
3. Outsourcing – via globalization and technology, i.e. robotics, outsourcing as well of the aged, outsourcing of everything.
4. City design and health, i.e. social and environmental determinants of a healthy city – smart and green buildings - creating new social planning and niche cities – the healthy green city, even the orgasm city.
5. Depression as a growing disease, and a precurso of new psychic diseases
6. Digital divide and other divides (diet, obesity)
7. Meditation, spirituality, brain-mind revolution – more and more evidence base for alternative health
9. Collapse of capitalism and creation of a new world political-economy
10. Global warming leading to an ice age.

Certainly, what one gets from these is a disruptive future, where those with a stable fixed image of reality will find themselves more and more in personal disarray. Many years ago, when I asked groups in different countries their metaphors of the future – the American one was the unbounded ocean, endless opportunity. For others, this was horrifying, overwhelming – too much choice, or often the appearance of choice. For muslim groups, it was praying together toward Mecca i.e. fixed time, fixed space, fixed direction, fixed community – this made the world sensible and stable. The emerging issues and trends I’ve mentioned – and the many others not mentioned – will not make it easy for the traditionals and modernists – the adaptive, at inner and outer levels, appear to have easier times in store for them.
Scenarios

Based on these trends and emerging issues, the following worlds appear to be possible. I will first focus on macro scenarios, or different pictures of the future. They have a predictive purpose, as well as helping clarify what OTs need to be doing in different futures. At the very least they challenge foundational assumptions of our shared and not shared worlds.

FLUID Global tech and culture

- Far more globalization, including movement of people, along with capital
- Multiple political poles
- Capitalist dynamic continues - nation state becomes more porous
- Technology is primary, social technology lags, more benefits from growth environment remains the challenge
- Health remains a huge expense, still seen in non-ecological ways i.e. as a reductionist external

Generally, we search for the silver bullet, the genetic solution. Most public schools are linked via large plasma screens with other public schools – the PC has disappeared because all public space is tele-presence driven.

A headline in this future could be: Eric Sprague wants to inject himself with jellyfish proteins, a process that has made rats glow in the dark. "I just want to be glowing green. I've looked into being a human subject without much success thus far".18

ECO Gaia Tech – sustainability plus new technologies.

- Cultural creatives are the main driver19
- Integrated health, deepening of society
- A move to a more gender partnership society are some of the attributes of this future
- The Rise of world governance system, even hints of a world government system with interlocking houses20 (of citizens, organizations – NGOs, professional associations, corporations – nations)
- Dramatic regionalization with the rise of the new Asian currency

Health is primarily preventative based, seen in holistic and in inner and outer ways - Body-mind and spirit. Gene therapy is allowed but voices of persons with disability are included in the debate – they advise health practitioners and are heard.

A headline in this future could be:

Schools in the Maleny, Queensland21 area have found that children are more productive – higher test scores – and are happier (more confidence, social capacity) than other regions of Queensland. They attribute this to 10 years of regular meditation starting from primary school. The Premier congratulated these schools, and a policy group is investigating whether all schools should practice meditation. This fits well into the Smart and Shanti state policy program.

FORTRESS – globalization recedes as groups challenge the movement of capital and labour.
• Trade is only between like minded cultures
• The other is everywhere, in islam, East Asia – gated communities
• Funding for the social continues to drop as security remains priority
• A destabilized world as multi-polar world develops
• US hegemony disappears.
• Health funding soars, especially for high-tech interventions (but not preventions) aging of society continues
• Prayer in public schools

Persons with disability are viewed as costs – religious groups care for them. The main need is for strong men to protect against new threats.

A headline here is – OTs band together to keep western way of life prosperous. OTs have found innovative ways to reduce pain of those returning from overseas wars.

Using new technologies, they are able to help

<table>
<thead>
<tr>
<th>SCENARIO</th>
<th>FLUID</th>
<th>ECO</th>
<th>FORTRESS</th>
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<tbody>
<tr>
<td>Global Technology</td>
<td>Global Technology and Global Culture – Technology saves the day</td>
<td>Sustainability plus new green technologies – global governance</td>
<td>Trade only between the like-minded. Multipolar fear driven world.</td>
</tr>
<tr>
<td>OT IMPLICATIONS</td>
<td>Ots repair those damaged from globalization. They use new technologies.</td>
<td>Ots work with communities to create smart and shanti programs. They enable.</td>
<td>Ots use new technologies to help those injured from conflict. They care</td>
</tr>
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Now what does this mean for OT?

In the global tech and culture, this means the smart and savvy OT – working with the new technologies, including repairing the social damage caused by virtualization and geneticization. It also means working with the casualties from the dramatic movement of capital, labour and culture – those who do not wish for movement but for stability, for local community. It means in terms of archetypes bringing in the classical feminine to the male drive for hyper progress. Working with the new technologies is crucial.

For Gaia tech, it may mean OTs disappear as the entire culture is far more balanced. As well, it could mean dramatically more funding for taking care of those whose Darwinian selves are now in regress. Mediating physical and social technologies is crucial –helping individuals find meaning in a world where progress has been redefined is primary.

For Fortress, it means returning to the caring image – Fortress will occur with strong evocations of the religious. OT will be forced into other professional associations.
Microscenarios

Let me now focus more directly on OT scenarios.

I will use the double axis method here.

On the first axis is the approach OTs use in their work – the dominant discourse. Will they become more biomedical and reductionist in their approach or more causal focused, searching to enable changes in social structure? This is the issue of symptoms or causes, depth.

On the second axis is the breadth of their work. Will OTs focus on particular diseases, disability and loss of work or will they focus on the full life transition, every step of the way, from abled to disabled; work to unemployed, youth to aged – the purpose issues.

This creates four futures.

Four worlds emerge here.

1. The business as usual scenario works for many OTs in that the future is known – traditional case load under traditional bureaucracies. It is within the medical model. Professionalization continues. They are shallow and narrow but funding continues, and indeed, increases. But is this enough?
2. In scenario 2, OTs are focused on particular issues and they resolve them from a social justice discourse. They are focused on rights. They have depth but are singularly focused.

3. In scenario 3, OT are creative, adaptive, they create new discourses. They develop a triple bottom line for the profession, they anticipate new diseases. They have both breadth and depth.

4. In scenario 4, they have breadth, but are shallow focusing on biomedical advances. They enable through the new technologies. They do not wear their hearts on their sleeves but figure how to prosper in the emerging technological knowledge economies.

Certainly, as with all scenarios these show parts of the future, but they also hide certain futures. You may prefer to be at the centre of all quadrants.

If so, then your organizational capacity to deal with difference, competing interests, competing models of funding, competing models of health, must be robust. You must be a learning (learning to learn, double loop reflection) organization, at outer and inner levels i.e. develop a deep mythology and guiding metaphors that give you a story to navigate multiple worlds.

What I am suggesting here is that the inner dimension – your collective unconscious story – is as important as your external strategy.

To excel at the latter one needs data and goals, trends and information, sensitivity to changing markets; to excel at the former, one needs vision and insight, a deeper understanding of the changing story of the OT, what the role has been, and what the role can be.

Are you able to do this?

I certainly hope so, as the world certainly needs therapy.
APPENDIX

Types of Futures Studies

In the **predictive**, language is assumed to be neutral, that is, it does not participate in constituting the real. Language merely describes reality serving as an invisible link between theory and data. Prediction assumes that the universe is deterministic, that is, the future can be known. By and large this view privileges experts (planner and policy analysts as well as futurists who forecast), economists and astrologers. The future becomes a site of expertise and a place to colonise. In general, the strategic discourse is most prevalent in this framework with information valued because it provides lead time and a range of responses to deal with the enemy (a competing nation or corporation). Linear forecasting is the technique used most. Scenarios are used more as minor deviations from the norm instead of alternative worldviews.

In the **interpretive**, the goal is not prediction but insight. Truth is considered relative with language and culture both intimately involved in creating the real. Through comparison, through examining different national or gender or ethnic images of the future, we gain insight into the human condition. This type of futures studies is less technical with mythology as important as mathematics. Learning from each model—in the context of the search for universal narratives that can ensure basic human values—is the central mission for this epistemological approach. While visions often occupy centre stage in this interpretive view, the role of structures is also important, whether class, gender, or other categories of social relations. Planning and policy analysis rarely practice an interpretive cultural form of goal setting or impact analysis.

In the **critical**, futures studies aims not at prediction or at comparison but seeks to make the units of analysis problematic, to undefine the future. We are concerned not with population forecasts but with how the category of population has become valorised in discourse, for example, why population instead of community or people, we might ask? The role of the State and other forms of power in creating authoritative discourses is central to understanding how a particular future has become hegemonic. Critical future studies asserts that the present is fragile, merely the victory of one particular discourse, way of knowing, over the other. The goal of critical research is to disturb present power relations through making problematic our categories and evoking other places, scenarios of the future. Through this distance, the present becomes less rigid, indeed, remarkable. The spaces of reality loosen, the grip of neo-realism, of the bottom line, of the predictive approach widen, and the new is possible. Language is not symbolic but constitutive of reality. While structures are useful, they are seen not as universal but particular to history and episteme (the knowledge boundaries that frame our knowing).

In the fourth, **anticipatory action learning**, the key is to develop probable, possible and preferred estimations of the future based on the categories of stakeholders. The future is constructed through deep participation. Content learning gives way to process learning. The future thus becomes owned by those having interests in that future. Moreover, there is no
perfect forecast or vision. The future is continuously revisited, questioned. Not only is the product, delivery system or process questioned, but so is the image of the future. Who owns it? How does it circulate in the organization? Is it visionary? Technical? Is there an official vision statement, and, if so, does it guide decisionmaking or is it merely ornamental?

Ideally, one should try and use all types of futures studies. If one makes a population forecast, for example, one should then ask how different civilisations approach the issue of population. One should as well deconstruct the idea of population itself, defining it, for example, not only as an ecological problem in the third world but relating it to first world consumption patterns as well. Finally, asking, individuals and communities how themselves construct population completes the circle. Empirical research then must be contextualised within the civilisation's science from which it emerges and then historically deconstructed to show what a particular approach is missing and silencing. Finally, the process must be participatory and iterative.
This speech is based on a keynote presentation at the world conference of occupational therapists, Sydney Australia, July 25th, 2006.


4 I am thankful for comments from Clare Hocking, Nancy Wright, Chris Kang, Jennifer Pascoe, Liz Townsend, Gail Whiteford, Carolyn Webster, and Jeanette Isaacs-young.

5 Email from Philip Sutton@green-innovations.asn.au – August 28, 2006

6 See: http://www.eckharttolle.com/home.php


11 Workshop participant at the WFOT meeting commented that the primary self of the OT is that of carer – the fairy godmother. What is pushed away is the wolf – the self with bite! This could be financial bite, or it could be the self that demands that the injured take responsibility for their health.


15 Again, see my book, *Questioning the Future,* for more on this.

16 Sarah Womack, Big Brother keeps an eye on children. *The Age* (June 27, 2006), 9.


21 In South- East Queensland, known for its focus on cooperatives.