

Writing the ordinary:

AUTO-ETHNOGRAPHIC TALES OF AN OCCUPATIONAL THERAPIST

Sally Denshire

**A thesis submitted in fulfilment of the requirements of the degree of
Doctor of Philosophy in Education**

**Faculty of Arts and Social Sciences
University of Technology, Sydney
May, 2009**

TABLE OF CONTENTS

TABLE OF CONTENTS	ii
LIST OF FIGURES	v
LIST OF TABLES	vi
APPENDICES	vii
Abstract	viii
Author’s declaration	ix
Publications during candidature	x
Conference presentations and submissions during candidature	xi
Acknowledgements	xii
Dedication	xiii
PART 1 : WRITING WITHIN/AGAINST OCCUPATIONAL THERAPY	1
CHAPTER 1: INTRODUCING MY AUTO-ETHNOGRAPHIC INQUIRY	3
Introduction	3
Representing and troubling occupational therapy	7
‘The sock knitter’ and the heritage of the profession	7
A profile of the profession in Australia	9
‘Now, what do occupational therapists do again?’	11
The hybridity of occupational therapy.....	13
Absence of the ordinary in the literature	14
The actors in practice situations.....	16
About ‘derided interventions’ and power relations	18
Emergence of a critical literature in occupational therapy	19
Opening the space for this inquiry	21
Auto-ethnographic tales in dialogue with published work	22
An overview of the selected publications.....	22
The elements in my ‘layered account’ of practice	24
What is to follow?	24
CHAPTER 2: OCCUPATIONAL THERAPY & ITS REPRESENTATIONS. PERSONAL AND PROFESSIONAL HISTORIES	26
Introduction	26
A personal history	27
A professional history: Occupational therapy. 1937 - 2008	30
Critical reflections on the bicentenary history	30

Borrowing from everywhere!.....	36
Early calls to publish.....	37
The absence of recent historical analysis since entering the university	39
The rise of an occupational science discourse during the 1990s	45
Regulatory discourses in the early 21st century.....	48
Challenges to re-inscribing gender into the professional literature	50
The gradual professionalisation of occupational therapy	54

CHAPTER 3: THEORETICAL & METHODOLOGICAL FRAMING..... 56

Introduction56

Auto-ethnography as a methodology57

Recovering everyday ordinary aspects of practice	60
Representations, readings and re-readings	61
Narratives, fictions, stories, tales	62
Writing ‘within/against’	66

Distilling the phases in my auto-ethnographic writing process.....69

Assembling a published body of work and deciding on selection criteria	72
Critically re-reading and situating the three selected articles	72
Using images as a stimulus to writing new, fictive, twice-told tales.....	73
Developing critical commentary around and across the tales	76

Introducing the tales.....76

‘Le moment de la lune’	77
‘Orchestrating a surprise party’.....	77
‘Assembling Sofya’s keepsake’	77
Why ‘tales’?	78
Why each tale is twice-told	78
Dealing with difference and becoming.....	79

CHAPTER 4: A ‘CULTURAL GEOGRAPHY’ OF CAMPERDOWN CHILDREN’S HOSPITAL 82

Extent of youth-specific occupational therapy before the Adolescent Ward.....	84
The milieu of everyday creativity-based approaches in hospital.....	89
A gender analysis of hospital structure and facilities in early-mid 1980s.....	90
Remembering the Occupational Therapy Department	94
The idea of a youth-specific occupational therapy	95

PART 2: A PORTFOLIO OF TALES OF SEXUALITY, FOOD & DEATH 97

CHAPTER 5: LE MOMENT DE LA LUNE. A TALE OF PRACTICAL SUPPORT AT MENARCHE..... 99

Introduction101

1 st telling: Sally recalls her first contact with Meli.....	101
2 nd telling: Through Meli’s eyes	106

Situating ‘Normal spaces’110

Writing as an experienced occupational therapist in the lead-up to motherhood	111
How ‘Normal spaces’ came to be published in AOTJ	112
A critical re-reading of ‘Normal spaces’	113

Critical commentary on ‘Le moment de la lune’116

How ‘Le moment de la lune’ problematises supporting menarche in a kids’ hospital.....	119
Reading ‘Le moment de la lune’ against constructions of professionalism in occupational therapy..	120

CHAPTER 6: ORCHESTRATING A SURPRISE PARTY. A COLLECTIVE TALE OF YOUTH-SPECIFIC OCCUPATIONAL THERAPY	122
Introduction	124
1 st telling: Working behind the scenes	124
2 nd telling: Made some deadly friends this time.....	129
Situating ‘A decade of creative occupation’	131
Relocating en famille to an inland university.....	132
How ‘A decade of creative occupation’ came to be published in JOSA.....	134
Situating ‘A decade of creative occupation’ within conversations in the field.....	135
A critical re-reading of ‘A decade of creative occupation’	136
Critical commentary on ‘Orchestrating a surprise party’	138
How ‘Orchestrating a surprise party’ problematises food-related activities in a children’s hospital...140	
Reading ‘Orchestrating a surprise party’ against constructions of professionalism in occupational therapy	143
CHAPTER 7: ASSEMBLING SOFYA’S KEEPSAKE. A TALE OF DYING YOUNG	145
Introduction	147
1 st telling: Working with ritual and memorial	147
2 nd telling: My anne and baba feel me slipping away.....	150
Situating ‘This is a hospital, not a circus!’	152
Finishing ‘This is a hospital, not a circus!’ and ‘leaning towards’ doing a doctorate	152
Where this article was published and why	153
A critical re-reading of ‘This is a hospital, not a circus!’	155
Critical commentary on ‘Assembling Sofya’s keepsake’	158
How ‘Assembling Sofya’s keepsake’ problematises a therapist’s first experience of a death in hospital	162
Reading ‘Assembling Sofya’s keepsake’ against constructions of professionalism in occupational therapy	163
CHAPTER 8: CONCLUSIONS	165
Introduction	165
Where did we get to after all that?	166
On writing twice-told auto-ethnographic fictions	169
Motifs inside the fictive process	172
When you listen to the tales	175
Those stories not yet told.....	176
PART 3: THE PUBLISHED WORK	179
BIBLIOGRAPHY	217
APPENDICES	241

LIST OF FIGURES

Figure i. The sock knitter, painted by Grace Cossington-Smith in 1915	1
Figure 3.2: Aspects of fiction, adapted from Grenville, 1990.	65
Figure 4.1. Façade of The Children’s Hospital prior to the relocation to Westmead in 1995. Photograph by Richard Gates	82
Figure 4.2: Youth-specific occupational therapy in a classification tree of mainstream practice areas	96
Figure ii. Three auto-ethnographic images from the tales	97
Figure 5.1: Sally on holiday in Fiji. Photograph by Alan Key, 1982	99
Figure 5.2: The original abstract of ‘Normal spaces’	100
Figure 5.3: ‘Getting ready for market’ painted by Grace Rogogo, Bega, Fiji, 1982.....	102
Figure 5.4: Cover of the International Youth Year issue of AOTJ.....	112
Figure 5.5: The cover of the book, ‘Period’	118
Figure 6.1: Group project, carved and painted door. Youth Arts Archive 1988-89.....	122
Figure 6.2: The original abstract of ‘A decade of creative occupation’	123
Figure 7.1: The marbled cover of Sofya’s Keepsake.....	145
Figure 7.2: The original abstract of ‘This is a hospital, not a circus!’	146
Figure 7.3: A photograph of the mural painted by Pixie O’Harris in the 1940s	161
Figure iii. Youth Ward Campaign poster, Youth Arts Archive, 1985-86.....	179

LIST OF TABLES

Table 1.1: The selected publications from my published body of work	23
Table 1.2: Distilling the phases in my auto-ethnographic writing process	24

APPENDICES

Appendix 1: My published body of work (1985 - 2005)	242
Appendix 2: Gradual professionalisation of occupational therapy with a focus on NSW	243
Appendix 3: Developments in youth-specific occupational therapy with a focus on Camperdown Children's Hospital	244

Abstract

This thesis is an auto-ethnographic study of my life as an occupational therapist. Auto-ethnographic writing animates the culture of occupational therapy by fictionalising moments of practice in one woman's life that can contribute to the collective biography of the profession in Australia. The purpose of this auto-ethnography is to re-inscribe the everyday world of practice into public accounts, at a time when occupational therapy as a profession is becoming a scholarly discipline.

Every profession has rich oral and practice traditions that are located in the everyday. Occupational therapists have a 'double dose' because the work we do explicitly concerns the everyday activities of others. Participation in all the ordinary things that people need and want to do every day is part of the 'immense remainder' (de Certeau, 1984, p. 61) of human experience that 'does not speak' (Hasselkus, 2006). This auto-ethnographic inquiry into my professional life restores something of the intimacy, viscosity and particularity of practice, which, I argue, has been left behind in the search for scholarly and professional legitimacy for occupational therapy.

The thesis consists of a portfolio of fictive tales together with layers of historical and theoretical framing. The tales are in direct dialogue with a selection of articles from my own published work concerned with the practices of a youth-specific occupational therapy project undertaken in the 1980s. A critical commentary connects the new writing with the old, related to the problematic of everyday life and to constructions of professionalism in the bigger picture of occupational therapy.

This portfolio of tales of sexuality, food and death dramatises 'paradigmatic scenes' from a remembered world of occupational therapy, recalling moments of practice with young people living and dying at Camperdown Children's Hospital. These fictional tales are twice-told, first, by an Anglo-Australian occupational therapist in her 30s and then by girls of Pacific Islands, Aboriginal and Turkish heritage. The particular approach of crafting twice-told tales in dialogue with selected publications is what makes this auto-ethnographic project distinctive. These fictive engagements with practice may 'recover' subjugated knowledges from lost and repressed places. Such 'writing the ordinary' may have ethical implications for (re)presenting interactions between all the actors involved in moments of practice.

Author's declaration

CERTIFICATE OF AUTHORSHIP/ORIGINALITY

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

Signature of Student

Production Note:

Signature removed prior to publication.

Publications during candidature

Denshire, S. (2007). Stooping Down in Complete Occupation of the Footpath, Occupational Terminology, *Journal of Occupational Science*, 14,1, 52-53.

Denshire, S. (2006). Towards an auto-ethnography of an occupational therapist's published body of work, Conference paper in Proceedings of the ACSPRI 2006 Social Science Methodology Conference, New Ethnographies and Critical Creativity Stream, The University of Sydney, 10-13 December, 2006, pp. 1-21.

Denshire, S. (2006). In praise of auto-ethnography. *Australian Occupational Therapy Journal* 53 (4), 346-347.

Conference presentations and submissions during candidature

Denshire, S. & Choi, J. Adventures in autoethnographic research: Doctoral students writing self and writing other. Paper submitted to the ACSPRI 2008 Social Science Methodology Conference, New Ethnographies and Critical Creativity Stream.

Denshire, S. 'Within/against' occupational therapy: A conceptual frame and method for writing an auto-ethnographic account of practice. Paper at *open-ing research space-s: Post graduate Student Research Conference*, UTS City Campus, Sydney, 30-31 May, 2008.

Denshire, S. Fictionalising practice: A workshop on expanding ways of writing occupational therapy that draws on doctoral research. Abstract submitted to OT AUSTRALIA 23rd National Conference & Exhibition, September, 2008.

Denshire, S. 'Into the picture': Working with the visual to expand ways of telling practice. Poster at RIPPLE Seminar, Wagga Wagga, 7-8 Feb, 2008.

Denshire, S. Crafting A Portfolio Of Fictional Tales In Dialogue With My Selected Publications On Occupational Therapy With Young People: An Auto-Ethnographic Design. Paper at 6th International Conference on Imagination and Education, Canberra Rydges Lakeside 29-31 January, 2008.

Denshire, S., Poster at postgraduate day, *11th Annual Australian Association of Writing Programs*, Perilous Adventures: Creative writing and research in the higher degree and beyond. Creative Industries Precinct, Queensland University of Technology, 23-26 November, 2006, Brisbane.

Denshire, S., What does(n't) the dictionary say? Playing with poetic representation. Poster at *14th Congress of the World Federation of Occupational Therapists*, OTs in Action: Local and Global, 23-28 July, 2006, Sydney.

Acknowledgements

First, Professor Alison Lee for extraordinary and unrelenting doctoral supervision in multiple locations, her good humour and for gradually allowing the text to come into being. Associate Professor Colleen Mullavey-O'Byrne for an in depth reading of the history chapter and guidance on the doctoral assessment panel early on. I also appreciated input of Professor David Boud on the panel. Janet Bell and Barbara Anderson for their considered advice on the history of occupational therapy. Professor Bruce Pennay for his historical perspective during chance meetings at the airport and on the train.

Dr Jennifer Jones for our Writing Group, her consistent feed back as the work took shape and valuable suggestions on writing cultures. Thanks also to Marie Macklin and Helen Van Huet for visiting. Jane Downing for sharing the journey and writerly encouragement. People at UTS were always welcoming; Teena Clerke for design, doctoral students Kate Bower, Juria (Julie) Choi, Ishbel Murray and Lorraine West. Sam Sayin for advice on writing Turkish cultures. Cynthia Nelson and Cate Poynton for writing workshops, Susanna Gorman for ethics advice. My talented occupational therapy colleagues in Dalrye, Tracey Parnell and Professor Gail Whiteford. CSU colleagues in Community Health, Education, Humanities & Social Sciences and Business. Colleagues at the Imagination and Education Conference 2008, and in the New Ethnographies and Critical Creativity Stream at the ACSPRI Social Science Methodology Conference 2006, in particular Dr Debbie Horsfall and Debbie Long.

Dr Rosy Black, Dr Michael Curtin and Leslie Milne, Therese Schmid, Pam Milliken for ongoing support and interest. Nancy Robinson for core stability classes, Albury Swim Centre, The Masonic Club and Country Link. My colleagues and young people from Camperdown days. Mum, Jayne and Dr Elise, Dr Jo Zubrzycki, Dr Judith Peppard, Amanda Stavert, Sheri Sommerley, Nina Kyte, Chris Singleton, Bill Bottomley, Maxene Morgansson and Pru Gollege. Last and most important, my partner Alan and our grown up children Tim and Holly, for their practical support and endurance throughout the writing process.

Thank you to the University of Technology, Sydney for the award of an RL Werner Doctoral Scholarship.

Dedication

To the grandmothers of occupational therapy in Australia

PART 1 : Writing within/against occupational therapy



*Figure i. The sock knitter, painted by Grace Cossington-Smith in 1915
Source: Gray (2005, p. 118)*

[T]he small experiences of everyday life and everyday occupation have complexity, beauty, meaningfulness and relevance to health and well being, that belie their aura of ordinariness and routine. For in the unique and small experiences that comprise each individual's daily life, we, as occupational therapy personnel, can derive deep understandings about the nature of lived occupational experiences of human beings and about human occupation more broadly. And these understandings can help to dissolve the anonymity of the everyday and give voice to the 'immense remainder' of human experience that, at present, does not speak. Such understandings can embrace and have relevance for people with and without disabilities.

The premise of the 2006 Eleanor Clarke Slagle lecture, 'The world of everyday occupation: Real people, real lives.' delivered by Emeritus Professor Betty Risteen Hasselkus (2006, p. 630).

Chapter 1: Introducing my auto-ethnographic inquiry

Introduction

Every profession has rich oral and practice traditions that are located in the everyday. That occupational therapists have a ‘double dose’, because the work we do explicitly concerns the everyday activities of others, is an important part of the problematic. Participation in all the ordinary things that people need and want to do every day is part of the ‘immense remainder’ (de Certeau, 1984, p. 61) of human experience that ‘does not speak’ (Hasselkus, 2006, p. 630). Occupational therapists can be found working in many different roles in a wide range of clinical, rehabilitative and community contexts.

Such diversity has become a ‘hallmark of occupational therapy’ (Whiteford & Wright-St Clair, 2002, p. 129). Frequently, occupational therapy practitioners have adapted to their surrounding habitat by ‘filling gaps’ (Fortune, 2000, p. 225) according to the situation and human environment they are presented with. Typically, these chameleon qualities often mean the varied contributions of occupational therapy may be highly regarded in the immediate environment but still little understood by the general public. Inevitably, much occupational therapy practice remains subjective, culturally bound and hard to describe.

Diverse personal narratives may have the potential to communicate ethical experiences of occupational therapy as it is lived. Emotions, bodies, sexualities and heritages existing outside the dominant discourses of the profession can reshape the profession of occupational therapy. These tellings go largely unwritten: the ‘[t]ension between the values of a *profession* and the practitioner’s *lifeworld* is a largely ignored and unarticulated dimension of professional life’ (Kinsella, 2006, p. 39). Practitioners may think back on, and perhaps talk about, ordinary everyday moments of practice but rarely get to write them publicly.

Hence, this is an auto-ethnographic study that re-inscribes moments from the everyday world of practice, moments that were ‘written out’ of my publications on the practices of a youth-specific occupational therapy project undertaken in the 1980s. I take up auto-ethnography in this inquiry to animate the culture of occupational therapy by fictionalising moments of practice in my life as part of the collective biography of the occupational therapy profession in Australia (Anderson & Bell, 1988b). This auto-ethnographic inquiry into my own professional life, as both occupational therapist and published writer, is intended to restore something of the intimacy, viscerality and particularity of practice, which, I argue, has substantially been left behind in the search for professional legitimacy in occupational therapy.

Challenges in valuing ordinary everyday practice as important and scholarly (Florey, 1996) have complicated the progressive ‘academicising’ of the field of occupational therapy, particularly since the Dawkins reforms of Australian higher education were enacted in 1989. Twenty years ago now, these national reforms of tertiary education changed the face of emergent professions such as occupational therapy by enabling training courses that, as I explain in Chapter 2, were previously based in Colleges of Advanced Education, to enter and participate in shaping, new configurations of universities across the country.

Writing from a trans-disciplinary perspective, critical psychologist and qualitative researcher Jane Selby, with whom I recently had the pleasure of collaborating on a ‘Critical Professionals’ project as detailed in Chapters 6 and 7, has described the everyday conflicts and dilemmas as contemporary professionals and academics ‘wrestle to dress experiences constituted by current organisational structures in ill-fitting theoretical clothes’ (Selby, 2005, p. 8). Certainly, as academics, my occupational therapy colleagues and I have experienced these sort of contortions first hand.

The remaining sections of this chapter address a series of positionings of occupational therapy, setting the context for the inquiry. First, you get to meet *The sock knitter* in the context of the war-time origins of occupational therapy and the inflections of gender and class that colour and shape its first steps. Then,

several key issues to do with representing and troubling occupational therapy are unfolded. The question that is likely to be forming in your mind — ‘Now what do occupational therapists do again?’ — may be answered and I provide a profile of the profession in Australia based on OT Australia’s Report to the Productivity Commission in 2005.

I then progressively unpack the dilemmas that inform the research problematic. These are to do with the hybrid character of occupational therapy, the absence of the ordinary in scholarly written accounts, the actors in occupational therapy interactions, ‘derided interventions’ (Selby, 2005, p. 9) and power relations, and the emergence of a critical literature in occupational therapy. And I show how these dilemmas then lead up to the research questions, nested one inside the other. The first question is a more general one concerning how auto-ethnography may contribute to an understanding of occupational therapy practice. And the second, about how auto-ethnography may contribute to understanding the published work of experienced practitioners, explored through an auto-ethnographically focused re-reading and re-writing of a body of my own published work, is more specific and personal.

Re-visiting some of my published work, I have attempted a re-visioning of my own writing; in other words, ‘the act of looking back, of seeing with fresh eyes, of entering an old text from a new critical direction’ (Rich, 2001, p. 11). In this first chapter I overview my selected publications, the elements comprising my ‘layered account’ (Ronai, 1995) of practice and the phases in my auto-ethnographic writing process. The new writings are presented as a portfolio of tales (in Part 2 of the thesis) in direct dialogue with three articles (in Part 3 of the thesis), published at points of becoming (Somerville, 2007) in my own career as an occupational therapist, and selected from my body of work published over two decades (See Appendix 1: My published body of work (1985-2005)).

The actors participating in moments of practice in hospital are always faced with multiple and competing realities, positionings and decision-makings. There is never just the one truth or the one account; this is why my tales of practice are twice-told in a portfolio of ‘double tellings’ in dialogue with selected articles, or

‘double writings’. Deconstructive ideas of doubled-ness that feminist ethnographer Patti Lather (2007) unfolds in re-tracing her writing trajectory over the last fifteen years in *Getting lost: Feminist efforts toward a double(d) science* offer some rationale for the double tellings and writings at work in my own inquiry.

Applying Lather’s central question to my inquiry: ‘what would practices of research look like that were a response to the call of the *wholly other*’ [italics added] (p. ix) sharpens its ethical aspects and, without sounding too virtuous, her question can highlight the humble interactions occurring every day among the actors in the tales. Interactions in my twice-told tales are intended to represent both my self in relation and the otherness of oneself. Each tale is crafted twice to address the unintended professional distancing in the articles and to try and show ethical aspects of practice, restoring moments of shared humanity (Muecke, 1997) amid the multiplicity and messiness of practice.

So my twice-told fictional tales are told, first, by an occupational therapist who is an urban, middle class Anglo-Australian woman in her early 30s (‘Sally’), and then by girls on the edge of puberty of Pacific Islands, Aboriginal and Turkish heritage (‘Meli’, ‘Julie’ and ‘Sofya’). The ‘Sally’ character tells her version in the third person, then the young woman in each tale tells her version in first person. These tales of sexuality, food and death dramatise ‘paradigmatic scenes’ from a remembered world of occupational therapy, recalling moments of practice with young people living and dying in hospital.

Differences and diversities are expressed in the tales. The absence of an explicit acknowledgement of gender in the original articles gives rise to a ‘correction’ in the form of a direct focus on gender in the tales which deal with girls on the edge of puberty and grandmother figures. The girl characters are selected from outside the dominant Anglo-Australian culture. Meli is from Noumea, Julie is an Indigenous Australian living in inner city Sydney and Sofya is Turkish-Australian. The cultural heritages of the young women portrayed in the tales are representative of the demographics of young people being admitted to Camperdown Children’s Hospital, as I recollect. Trying to portray others of

difference (Chang, 2008), taking into account the politics of representation, has been a challenge for me as an Anglo-Australian woman in the ‘developed’ world. I will take this point up in a discussion of the idea of cultural insiders in Chapter 3. Chapter 1 closes with an overview of the remaining chapters of the thesis.

Representing and troubling occupational therapy

‘The sock knitter’ and the heritage of the profession

The striking image of *The sock knitter*, (see Figure i), painted by Australian artist Grace Cossington-Smith in 1915 (Gray, 2005) at the beginning of World War I, encapsulates, for me, both the war-time beginnings and the ethos of occupational therapy. The practice of occupational therapy originated to assist returned soldiers in World War I in the United States, and during World War II in Australia (Anderson & Bell, 1988b). Around the same time as Cossington-Smith was painting *The sock knitter*, an American architect, recovering from illness and injury, would set up Consolation House with like-minded colleagues as a centre for occupational re-training in Clifton Springs, New York (Schwartz, 2003).

Mary Reilly (1962), in her 1961 Eleanor Clarke Slagle Lecture entitled ‘Occupational therapy can be one of the great ideas of twentieth century medicine’, proposed that ‘man [sic] through the use of his hands, as they are energised by mind and will, can influence the state of his own health’ (p. 2). The practice of occupational therapy has continued in the light of Reilly’s premise¹ about the use of the hands in doing everyday occupations. Occupational therapists have always valued hand-made things, often fabricating ingenious ‘aids and appliances’ to assist people in everyday living as well as hand-crafting gifts to celebrate seasonal events.

The subject of the painting, Diddy, the artist’s sister, has an air of both resolve and compliance as she sits in a domestic interior in everyday clothes doing ‘busy

¹ The premise that Mary Reilly (1962) originally proposed for occupational therapy derived from the Second Principle from which medical science draws its premise, namely, for humans to grow and be productive.

work'. A portrait of a middle class woman at home in war-time doing volunteer work for the feet of men in active war service, *The sock knitter* features the always useful and often restorative craft of knitting. Knitting socks to send to soldiers in the trenches, her 'active hands the focus of the picture' as Anne Gray (2005) comments. She goes on: '[b]oth her eyes and hands create a mood of intense concentration on the task at hand' (p. 121). The hands, as the motif of occupational therapy, will keep appearing and recurring throughout the thesis. For example, the hands of the actors in my dramatisations of practice unobtrusively feature throughout the portfolio of tales in Chapters 5, 6, and 7.

There is something about *The sock knitter*, something about her pose and demeanour that resonates with the gendered, sexed, racialised and classed heritage of occupational therapy that I wish to make visible in this study. Perhaps *The sock knitter*, in portraying the ordinary-everyday domesticity of a middle class woman's contribution to the war effort in Australia, is depicting something of what women of her class were expected to do within the prevailing 'gender order' (Matthews, 1984), something that will be discussed further in Chapter 2.

With some important exceptions (Anderson & Bell, 1988b; Grayson, 1993; Griffin, 2001; Howie, 1984; Nelson, Allison, & Copley, 2007), the gendered, racialised, classed intricacies of everyday domestic practices seem largely absent from the professional record in Australia, maintaining an implicit gender order within the literature and the official culture. Even though nearly all occupational therapists are women, dominant discourses in occupational therapy do not appear to have questioned the exclusion of an acknowledgement of gender that has been built into the concept of profession (Witz, 1992). Any gender story resisting the dominant discourse has involved transgressing 'the proper' to create new knowledge. I say more about these 'accounts that transgress' in Chapter 3.

What I have almost neglected to say is that *The sock knitter* is only one part of the story of gender and participation in war. Clearly, there is a class dimension as to whether women during the war got to stay at home while the men were

away or, in between caring for their families, went off to work in ship yards, steel mills or munitions factories. The propaganda figure, Rosie the Riveter² (Honey, 1984), for example, advertised a very different picture of war work for working class women. There is more to be said about *The sock knitter* and more to be said about the class heritage of occupational therapy. In fact, we will re-visit her in Chapter 8 in order to witness my Sydney North Shore class beginnings in so far as they connect with the culture of occupational therapy and to stories that are still to be told.

A profile of the profession in Australia

In a report to the Productivity Commission Health Workforce Study, OT Australia (2005) estimated the occupational therapy workforce at 11,500, i.e., 10% of the allied health³ workforce. The overwhelming majority of Australian occupational therapists are women (93%), with 59% working part-time. Occupational therapists are under-represented between the ages of 30 and 40 years compared to other professions, presumably due to family responsibilities, although this is not recorded. 55% of therapists are under 35 years and an additional 25% are under 45 years.

In Australia, occupational therapists are predominantly Anglo-Australian middle class women, mostly urban and young (OT Australia, 2005). There are very few male occupational therapists, in contrast with an increasing number of men in fields such as physiotherapy and nursing (Schofield & Fletcher, 2007). Given that only 7% of Australian occupational therapists are men, there seems to be disproportionate numbers of male occupational therapists involved in management and in publishing and editing occupational therapy knowledge, although these trends are not documented in the available sources.

² My partner tells me that his grandmother, Grace Purvis, worked as a welder and her photo was used on recruitment posters put up around Marrickville in the inner west of Sydney during World War II.

³ In the 21st century, occupational therapy has been remade as one of an indeterminate number of 'allied health' professions. The national professional association has embraced the term 'allied health' and it has become common parlance in governmental and managerial discourse to refer to any health profession that is not Medicine or Nursing.

Nearly all occupational therapists have undergraduate qualifications but there are still very few Australian occupational therapists with Masters degrees and/or doctorates. 91% have a Bachelor's degree and 20% postgraduate qualifications (OT Australia, 2005). With the nation-wide transition from college to university education in the late 1980s, the face of the profession in Australia has continued to change. In 2006, twelve Australian universities (in Queensland, NSW, Victoria, South Australia and Western Australia) offer occupational therapy at undergraduate and postgraduate levels with a trend toward Masters level entry courses (OT Australia, 2007). Opportunities for collaborative research between the university and the field would appear to be developing since the practice profession of occupational therapy has entered the university system (Dibden, Zakrzewski & Higgs, 2002).

Since World War II, regulated phases of immigration have influenced societal, cultural and national values, with many settlers in Australia being first and second generation immigrants (Jupp, 2001). Interactions in Australian hospitals involve several multi-layered cultures: the cultures of service providers, the cultural memberships of the service user, the cultures of contemporary health care and, for service users from non-Western backgrounds, cultures of traditional healing (Fitzgerald, 1992; Mullavey-O'Byrne, 1996). Cultural diversity is slow to be reflected in the growth and development of occupational therapy and there appear to be few bi-lingual therapists outside metropolitan centres. There seems to be a slightly higher representation of people with disabilities employed in the profession than in the general population in my experience, though there are no statistical data on this.

Aboriginal people from many distinct descent groups and Torres Strait Islanders represent just 2.5 % of the total population (Australian Bureau of Statistics, 2006). To date, less than 0.1% of the occupational therapy workforce identify as Indigenous Australians (Lowe & O'Kane, 2004). This trend is changing, however, now that Kelli McIntosh has received the first fellowship associated with the Koori OT Scheme to promote Indigenous Australian practitioners in the profession (Connections, 2008).

The occupational therapy profession has a low retention rate and a high degree of professional mobility. An increasing number of occupational therapists work in the private sector (Dibden, Zakrzewski, & Higgs, 2002). Less than half of all occupational therapists are members of the professional association (OT Australia, 2005). There is a current national shortage of occupational therapists, with 19% leaving the workforce each year (OT Australia, 2005) for more rewarding jobs with better pay. Often located in large organisations, these can be jobs requiring systems thinking, people management skills, creative approaches to needs assessment and an unapologetic social justice orientation⁴ (Colleen-Mullavey-O'Byrne, pers. comm, November, 2008).

'Now, what do occupational therapists do again?'

The personal, ordinary tasks that people do every day are the legitimate concerns of occupational therapy practice. Occupational therapy practitioners work collaboratively in both clinical and naturalistic settings, addressing the 'fit' between people and their environments and facilitating engagement (or re-engagement) in the rituals of everyday activities that give daily life a structure, using creative problem-solving and 'clinical reasoning'. Typically, occupational therapists find themselves using 'common sense' to adapt equipment and do things in new ways in 'the uncommon world of the clinic' (Fleming, 1994, p. 108). Often, occupational therapists are 'transporters' (Fleming, 1994, p.110), members of a translational profession bridging the everyday lived world and the medical world in both directions (Polatjako et al., 2007).

⁴ Several high profile occupational therapists who have gone on to work outside the profession in social inclusion roles come to mind. Lin Oke, a former president of Australian Association of Occupational Therapists, is now the project officer with Indigenous Allied Health Network at Allied Health Professions, Australia. Professor Gail Whiteford, the Foundation Chair of Occupational Therapy at Charles Sturt University has just been appointed Pro Vice Chancellor (Social Inclusion) at Macquarie University. And some years ago Penny Coombes, the former Head of the School of Occupational Therapy at Cumberland College of Health Sciences, went on to found and direct The People for Places and Spaces in Sydney. Emeritus Professor Jo Barker, formerly of Curtin University, became Chair of Mandurah Performing Arts Centre in her retirement.

In 2009, the World Federation of Occupational Therapists⁵ (WFOT) describes the profession of occupational therapy in 66 member countries as follows:

Occupational therapy is a health care profession based on the knowledge that purposeful activity can promote well-being in all aspects of daily life. The aims are to promote, develop, restore and maintain abilities needed to cope with daily activities to prevent dysfunction. Programs are designed to facilitate maximum use of function to meet demands of the person's working, social, personal and domestic environment. The essential feature of occupational therapy is the active involvement of the person in the therapeutic process. Occupational therapists receive education in social, psychological, biological and medical sciences, professional skills and methods. Fieldwork studies form an integral part of the course.

Occupational therapists endeavour to work collaboratively with people whose lives have been disrupted through illness, injury, dislocation or transition, facilitating meaningful everyday occupations to improve health and wellbeing with individuals, groups and, occasionally, communities, and within political, governmental and resource constraints. Most occupational therapists and occupational therapy theory are unavoidably part of 'invisible' White culture, which impacts on transactions with people from all cultural groups (Iwama, 2006). Concepts such as 'occupation' are based on Western world-views and social norms (Iwama, 2006).

However, the political potential of occupational therapy is emerging, particularly with communities in the majority world. In the newly democratised South Africa, for example, occupational therapists have identified four levels of service — therapy, community development, transformation through occupation and redistributive justice (Watson, 2006). Politically-oriented projects in occupational

⁵ The World Federation of Occupational Therapists website is home to information regarding the profession as well as news and events in the world of occupational therapy (<http://www.wfot.org/>).

therapy, for example, Pollard and Kronenberg (2008), Watson and Swartz (2004), Kronenberg, Algado and Pollard (2005) and Thibeault (2006), are starting to be documented and, for the first time, Latin America will host the World Congress in 2010 in Chile.

The hybridity of occupational therapy

Occupational therapists are trained to attend to ‘functional problems... within biomedicine’ (Mattingly, 1994b, p. 37), to see the body as a machine, while simultaneously displaying ‘anthropological concern with illness experience’ (Mattingly, 1994c, p. 64), in other words, the broader meanings of the disruption to a person’s life. This ‘two-body practice’ (Mattingly, 1994b, p. 37) applies to both the biomechanical body and the phenomenological, lived body. In my own hospital-based practice of occupational therapy, I would usually reverse this order. While addressing those functional problems I was conversant with (or else sought assistance with), routinely I would spend more time with a young person’s experience of illness and how this experience was impacting on his or her life.

I use the term ‘hybrid’ in three different but inter-related ways in this thesis: first, to describe occupational therapy as a ‘two-body’ practice; second, to refer to the multi-disciplinary nature of occupational therapy; and, third (and to a lesser extent), in relation to an established ‘gender order’ (Matthews, 1984) in the sense of occupational therapy practitioners being both tame and wild.

The hybrid field of occupational therapy in Australia is ambivalently represented in the early 21st century. Since its beginnings, occupational therapy has been theorised with varying degrees of success. It has been conceptualised as ‘para-medical’ in relation to medicine, and similarly compared to physiotherapy, a profession that is closely allied to medicine in ways that occupational therapy is not. Enduring conceptual frameworks have been developed to guide occupational therapy practice by American scholars such as Kathlyn Reed (1999) and Gary Kielhofner (1997). I discuss the phenomenon of ‘borrowing knowledge from everywhere’ in Chapter 2. It is no surprise that notions of

disciplinarity are unsettled in occupational therapy⁶ and in Chapter 2 I take up this point in relation to occupational science.

Absence of the ordinary in the literature

The domain of concern of occupational therapy is participation in those ordinary things that people need and want to do following disruptions to everyday life, part of what Hasselkus (2006), paraphrasing the English translation of Michel de Certeau (1984), has called the ‘immense remainder’ (p. 61) of human experience that ‘does not speak’ (p. 630). Cultural and social forces contribute to maintaining the ‘obscurity of the everyday’ (Hasselkus, 2006, p. 627). Often, everyday occupation is ‘seen but unnoticed’ (Garfinkel, 1964, p. 226).

My auto-ethnographic project is about the absence of ordinary things that, superficially, are unaccounted for and suppressed, the things missing from mainstream accounts. The knowledges that inform my auto-ethnographic project are necessarily plural, partial and situated (Haraway, 1988). Subjugated knowledges are ‘a whole set of knowledges that have been disqualified as inadequate to their task or insufficiently elaborated... [I]t is through the re-appearance of this knowledge ... that criticism performs its work’ (Foucault, 1980, p. 82).

The term ‘subjugation’ is used to name what happens to everyday processes that are often overlooked and regarded as being ‘under the radar’. Subjugation as I use it is about everyday knowledge and practice being silenced from or absent in formal written accounts within the occupational therapy literature. The purpose of my new writing is to recover subjugated knowledges from lost and repressed places in order to highlight particular, local and unsaid moments of practice. I take up subjugated knowledges again in Chapter 3 in order to unpack the pre-Industrial revolution meaning of ‘occupation’.

⁶ Most occupational therapy courses in Australia and overseas are still located within faculties of health sciences and medicine. Some courses in the United Kingdom and North America are located in humanities and social science faculties. Occupational therapy education at Charles Sturt University is offered alongside physiotherapy, speech pathology and podiatry courses from a School of Community Health within a broadened Faculty of Science. Previously, the School of Community Health was located within a Faculty of Health Studies.

The Freudian term 'repressed' is used in the thesis to name what may be retrievable from far below the surface of occupational therapy practice. Something that is *suppressed* in the discourse of occupational therapists is pushed down to just below the surface. The profession is still aware of it but it is not allowed to be spoken. Something *repressed*, on the other hand, will be remote to access, buried in the unconscious of individual practitioners and the heritage of the profession. The repressed are things that cannot be spoken and are no longer consciously remembered.

The 'return of the repressed' is an idea in psychoanalysis. When something is not available to deal with directly and consciously, it pops up in another way through neurotic symptoms such as misplaced or inappropriate aggression, depressions or slips of the tongue (de Mijola & Cengage, 2005). This phenomenon may contribute to the professional identity confusion and unproductive behaviours that seem to recur in the profession. I take up repression and its various unwanted consequences in the history of occupational therapy in Chapter 2.

Betty Risteen Hasselkus is an eminent occupational therapy scholar influenced by phenomenology (Hasselkus, 1993; Hasselkus, 2006), an accomplished writer, and the former editor of the *American Journal of Occupational Therapy*. She has integrated some of de Certeau's thoughts into her theorising about everyday occupation and is one of the women interested in the ordinary in occupational therapy literature, together with Linda Florey (see below), and anthropologists Cheryl Mattingly, whose work I draw on in this chapter (and in Chapters 2, 3 and 8) and Gelya Frank (2000), whose work I draw on in Chapter 6. Being in dialogue with these women, I am invoking them. Betty Risteen Hasselkus, in particular, becomes a character, a text in my text and crops up at different times in the thesis, for example, in the Part 1 epigraph and in Chapters 3 and 6.

In 'articulating a discourse on non discursive practices' (p. 61), de Certeau (1984) elevates subjugated places, naming 'this immense remainder constituted by the part of human experience that has not been tamed and symbolised in

language' (p. 61). The 'every day practices that produce without capitalising' (pp. xx-xxi) are integral to occupational therapy. Occupational therapists encounter discursive challenges in seeing the ordinary and mundane as important and the everyday as scholarly (Florey, 1996). The ordinary activities of school age children in the United States are elevated to a place of importance in Linda Florey's description of her approach to 'paediatric' occupational therapy:

Children ... have 'cub scout disorders', 'playmate disorders', 'kicking the soccer ball disorders', 'getting dressed in gym class disorders', 'best friend disorders', 'no one to eat lunch with disorders.' These are the important disorders. These are the ones with which we must ultimately concern ourselves. We must not lose our commitment to ordinary activities nor to the interpersonal context in which they occur. Their value to our patients is enormous (Florey, 1996, pp. 427-8).

The actors in practice situations

Throughout the thesis I use the term 'actors' to refer collectively to everyone involved in practice situations: staff, clients and significant others, re-working the usual clinical binaries such as patient-therapist and client-practitioner. The discourses circulating in occupational therapy are nearly always focused on the experiences, problems and abilities of clients. It is still uncommon for practitioners to be reflexive and turn the spotlight back on our selves, in particular onto our 'interior' worlds. However, some of us reach a turning point in our careers, often around mid-life, where we are ready to tell expanded narratives of care-giving, writing down our experiences of caring for others in our personal lives and of giving and receiving care ourselves.

For example, moving accounts of a father's dementia as a daughter and occupational therapist (Thibeault, 1997), of caring and bereavement (Hoppes, 2005a, 2005b) and of looking after a mother in her last years (Hasselkus, 1993), are starting to connect personal and socio-cultural experiences of some occupational therapy academics in North America. There are still few

representations of Australian occupational therapists' work and lives in the current literature. Examples of therapist life stories in a tradition of qualitative research are collected in *Mothering Occupations*, recently edited by Susan Esdaile and Judith Olson (2004). Such personal accounts of occupational therapists' lives and work can potentially re-work boundaries between self and other.

In portraying my self as an occupational therapist for the purposes of this thesis, I have written a relational self, an interdependent, fallible, embodied self, mobile and dynamic, an emerging, becoming self (Somerville, 2007). I have begun to re-work possibilities for being 'professional' by including some fallible, vulnerable aspects in the practitioner through writing processes of 'undoing' and 'free association' (Somerville, 2007, p. 230-231). Feelings that I did not 'fit in' in a pragmatic profession, and that I was writing in a vacuum, were part of my writing life. Now that my auto-ethnographic writing project is actually done I know, first hand, that writing practice differently does not let you remain the same (Mackey, 2007) and I discuss this transition through writing in Chapter 8.

A landmark ethnographic study of clinical reasoning in occupational therapy that began in 1986 (Fleming & Mattingly, 1994) was funded by the American Occupational Therapy Association and the American Occupational Therapy Foundation. Based on interviews with occupational therapy research colleagues, and analysis of hundreds of videotapes of their work, Mattingly (2000) subsequently described three qualities that characterise what most therapists would consider a 'good session': first, that clients perform an activity that will improve their capacities despite disability; second, that clients find the activity engaging and connected to their everyday life; and, third, that clients willingly 'partner up' (Lawlor & Mattingly, 1998) with therapists in this way, experiencing a therapy session as interactive and collaborative.

An occupational therapy session has been compared to other healing practices across cultures as a 'dialogic and improvisatory kind of event' (Schieffelin, 1996, pp. 64-65) by renowned ethnographer of American occupational therapists, Cheryl Mattingly (2000). By contrast, based on his interviews with

occupational therapists, British disability activist and writer Paul Abberley (1995) has argued that a rhetoric of partnership and holism can be seen as an ideology that serves the ‘professionalising project’ of occupational therapy by distinguishing it from other health and welfare specialisms.

Understandings of health care interactions as co-produced, incorporating the viewpoints of everyone involved are rarely available on the public record in Australia (Dunston, Lee, Boud, Brodie, & Chiarella, 2009). Some episodes of my youth-specific practice were necessarily informal. Unscheduled chance interactions with several young people converging at the bedside, in the corridor, on the lawn or ‘dropping in’ to the youth centre that just ‘happened’ were open to multiple tellings. I return to the question of ‘when is practice?’ in Chapter 8.

About ‘derided interventions’ and power relations

Critical psychology scholar Jane Selby (2005) situates the ‘derided interventions’ of an occupational therapist in ‘the heartland of medicine’ (p. 9) and, of critical psychologists, in ‘the heartlands of academia’ (back cover). She refers to ‘derided interventions’ in the context of her editorial examining ‘the darker corners of our professional lives’ (p. 9). There, she unpacks the “ways we take on board the power structures which at once hail us and constrain us as ‘experts’ ” (p. 9), with all the daily discomfort, anxiety and contradiction these dynamics bring to everyday practice and to how we regard each other’s practice.

Sometimes I feel a ‘sense of displacement’ (Burnier, 2006, p. 412) on reading the sort of reports demanded in new regulatory environments because these texts obscure and exclude the documentation of everyday practice in all its complexity, ‘thereby rendering occupational ... therapists’ work invisible’ (Hammell, 2004, p. 135). Too often, occupational therapy sessions may seem inconsequential to onlookers, nothing much happens, people just have a nice time. People go to the occupational therapy department, or the therapist comes to them, to have fun and to play games.

The skills necessary to orchestrate such an experience amid the conflicting demands of hospital policies and procedures were not inconsequential, however.

Often occupational therapists work hard to set up environments and materials that ensure some measure of success, however small, from the participant point of view. In orchestrating and facilitating activity, the practitioner will take into account intangibles such as rhythm and flow (Helen van Huet, pers. comm. 2007). Like the vital work of mothers, the domestic aspects of occupational therapy, things like organising, shopping and cooking need to be accounted for (Waring, 2003).

The collective, creativity-based aspect of group work with young people was not something easily documented within hospital systems in terms of what was planned or what took place. Such 'micro, everyday experiences are interconnected with macro, systemic processes in ways that routinely perpetuate inequalities in power' (Townsend, 1996, p. 181) for everyone involved in low-key occupational therapy sessions. When aspects of practice are not counted, they are effectively 'written out' of the mainstream record and so become unrecorded and forgotten.

It is social, political, discursive and economic processes that organise, categorise and control such everyday activities through interconnected forms of documentation related to a ruling apparatus (Smith, 1990; Hammell, 2004). A 'ruling apparatus' is formed by the dominant methods of organising knowledge prevailing in a modern society (Smith, 1987) that subordinate alternative ways of providing services. The ethnographic research of occupational therapy scholar Elizabeth Townsend, drawing on the foundational work of feminist sociologist Dorothy Smith, is described in Chapter 2. Then ideas of 'derided interventions' and the macro organisation of power are further explored in the tales, particularly in Chapters 6 and 7.

Emergence of a critical literature in occupational therapy

Public conversations that question the taken-for-granted are gradually emerging in the *Australian Occupational Therapy Journal*. For example, pre-epistemic reflexivity and dialogue are currently recommended as important notions for a mature profession to embrace (Kinsella & Whiteford, 2009) and an earlier editorial suggested that public debate and discussion are 'important for the

growth and maturation of occupational therapy as a profession' and that criticism 'need not be personalised' (Farnworth & Whiteford, 2002, p. 113).

Two examples of scholarly debates in the *American Journal of Occupational Therapy* during the 1990s were the North American debate for and against the partition of occupational science and occupational therapy (Clark et al., 1993), and the North American response to Hocking and Whiteford's (1997) critique from Australasia of Fidler's Lifestyle Performance Model. Some entrenched attitudes to ways of knowing occupational therapy were raised and re-conceptualised during both these debates.

For a long time there was little published material on dramas of every-day practice and I was one of those writers who was a player in the field. The prevailing epistemological regime has been dominated by medical science in the second half of the 20th century. Since the 1980s, Australian writers such as Howie (1984), Anderson & Bell (1988b), Grayson (1993) and Griffin (2001) have touched on gender issues in their writings. However, the expression of gendered accounts (Rich, 1979) within the profession has been sporadic and unsustainable in the Australian literature, with a strong reliance on outside authorities at all levels of the profession. The dominant discourses in the profession inevitably marginalise others, both service users and co-workers, in part, because the discourse community of occupational therapy has yet to establish a shared vocabulary that goes unambiguously beyond separated clinical abstractions of practice.

Critical literature, including auto-ethnographic accounts that transgress and challenge dominant discourses within/against occupational therapy, is emerging in the field as I elaborate in Chapter 3. And conversations that I return to in Chapter 8 are starting up about cultural privilege. The new critical directions that are emerging within occupational therapy are starting to re-inscribe relations between self and other. Foucauldian 'histories of the present' could open spaces to re-define more complex, reflexive and ethical occupational therapy identities in our relationships (Mackey, 2007). However, the extensive literature of disability studies, like the feminisms and gender literature, is another parallel

literature that has been largely ignored by health professionals (Hammell, 2006). It is still uncommon to read alternative accounts that contest and dismiss the dominant power relations that are in circulation (Wall, 1995).

Opening the space for this inquiry

The complex plurality of evidences for practice are being recognised in recent literature (Blair & Robertson, 2005; Clarke, 1999; Kemmis, 2007; Kinsella, 2006; Whiteford, 2005). But there are still tacit agreements among clients and therapists to tell narratives solely in medical terms, and practitioners will need to break this trend if we are to generate communities of practice through stories (Frank, 1995). I argue that the representation of occupational therapy practice constitutes a major problematic for the field whenever scholarly writing, including my own, succumbs to the pressures of ‘authoritative discourse’ (Bakhtin, 1981).

An auto-ethnography describes one life to illustrate a way of life, connecting personal and cultural worlds (Ellis & Bochner, 2000). The main point of this auto-ethnography is about re-reading and re-writing practice to re-inscribe the things that are ‘written out’ of public accounts, especially when a profession becomes a scholarly discipline. The challenge then is to foreground, not just the inconsequential ordinary, but the ‘writing out’ that happens when you move from practice itself to representation of that practice within disciplinary, and especially scientific regimes.

I am necessarily positioned within, against (Lather, 1991), around and outside this world, writing as both insider and outsider, as a woman, an occupational therapist and an academic. I have chosen auto-ethnography because it locates the particular and the personal within an historical and cultural context. Auto-ethnography is about everyday experience, enabling us to write evocatively what hasn’t been written before. Auto-ethnography addresses my problematic of re-inscribing the everyday-ordinary of practice. Auto-ethnographic reflection can be used to vivify the practice world of occupational therapy as I show in Chapter 4.

All the foregoing discussion leads me to identify research questions from my wonderings. I wonder what happened to all the lost stories, the forbidden stories, to the stories of the other? What happened to undocumented moments of everyday practice? Questions flow in the lead-up to troublings, ambivalences, losses and struggles and these ‘lost property’ questions lead up to the two research questions that have shaped my writing: How can auto-ethnography contribute to an understanding of occupational therapy practice? More particularly, how can auto-ethnography contribute to understanding the published work of experienced practitioners, explored through an auto-ethnographically focused re-reading and re-writing of a body of my own published work?

Auto-ethnographic tales in dialogue with published work

An overview of the selected publications

The publications I have selected for particular focus after much consideration are three sole-authored journal articles. These invited articles were published (at roughly decade intervals in the 1980s, 1990s and 2000s) in themed issues on working with youth in the *Australian Occupational Therapy Journal*, on multi-disciplinary perspectives on occupation in the *Journal of Occupational Science Australia*, and on critical professionals in the *International Journal of Critical Psychology*.

The first article, ‘Normal spaces in abnormal places’ focuses on environment, in particular, on ways of changing an institutional environment to make it more accommodating to young people’s needs. In this article consolidating five years’ work in youth-specific occupational therapy, and written shortly before becoming pregnant for the first time, a stronger occupational therapy voice than in my previous publications can be heard.

My second article (and first research paper), ‘A decade of creative occupation’, recommends archiving innovative programs lest they remain ‘silent history’. Young people’s experiences of creative occupation are juxtaposed with an awakening sense of history in this article. It closes an era of innovative work at a metropolitan teaching hospital in my transition to become an academic

working at Charles Sturt University that I discuss in Chapter 6. Gradually, I have assumed a sense of place inland as a woman living and working in Albury, a regional city beside the Murray River. As a former Sydneysider, my ability to experience an inland sense of place didn't happen overnight.

The third article, 'This is a hospital, not a circus!' published with a decade of experience as an occupational therapy academic is a re-working of an earlier paper on using metaphor to understand practice, 'Metaphors we live by' (see Appendix 1). When I had nearly finished writing the paper, opportunities to discuss doctoral possibilities, including a PhD by publication, were presented at a women's writing workshop held in Albury. This discussion proved a turning point for me and I subsequently enrolled as a doctoral candidate in 2006. I say more about this conversation as a point of becoming in Chapter 7.

I take these articles to be my most developed accounts of occupational therapy practice each decade. Even though the pieces are published a decade apart, they deal with material that all belongs in one time and one place. The time is 1981-1986, before the opening of the Adolescent Ward and the place is Camperdown Children's Hospital in Sydney. Documenting both group and individual therapeutic work, they become progressively more 'abstract' from description to reflective meta-commentary. These unfolding understandings of practice were published both inside and outside the professional literature. See Table 1.1:

'Normal spaces'

Denshire S., (1985b). Normal spaces in abnormal places: The significance of environment in occupational therapy with hospitalised teenagers, *Australian Occupational Therapy Journal*, 32 (4) 142-149.

'A decade of creative occupation'

Denshire S. (1996). A decade of creative occupation: The production of a youth arts archive in a hospital site. *Journal of Occupational Science Australia*. 3, 93-98.

'This is a hospital, not a circus!'

Denshire, S. (2005b). 'This is a hospital, not a circus!' Reflecting on generative metaphors for a deeper understanding of professional practice. *International Journal of Critical Psychology. Critical Professionals*, 13, 158-178.

Table 1.1: The selected publications from my published body of work

The elements in my 'layered account' of practice

My inquiry concerns auto-ethnography as a public discourse of scholarly writing. I have presented my auto-ethnographic journey as a 'layered account' (Ronai, 1995), incorporating twice-told tales crafted in dialogue with selected journal articles. The elements in my layered account of practice are: the published work, the twice-told tales with associated auto-ethnographic images and the layers of partial historical situating and theoretical framings. This historical material informs the critical commentary on each tale.

These elements enable me to write what wasn't and perhaps couldn't be written, and to contextualise practice in new ways, situating the self and experience in a direct dialogue. The writing process was layered, repetitive, intuitive and circular and now that the project is finished, I have corralled the writing experience into several phases that are unpacked in Chapter 3. See Table 1.2:

- | |
|---|
| <ol style="list-style-type: none">1. Assembling published body of work and deciding on the selection criteria;2. Critically re-reading and situating three articles published at points of becoming;3. Using images as a stimulus to writing new, fictive, twice-told tales;4. Developing critical commentary around and across the tales. |
|---|

Table 1.2: Distilling the phases in my auto-ethnographic writing process

What is to follow?

The thesis is organised in three parts. Each part of the thesis begins with an epigraph followed by an auto-ethnographic image. Part 1, consisting of Chapters 1-4, is entitled 'Writing within/against occupational therapy'. Chapter 2 makes an historical case for writing the ordinary 'within/ against' occupational therapy and Chapter 3 elaborates my theoretical and methodological framework. Chapter 4 maps the 'cultural geography' of Camperdown Children's Hospital where the tales are set. Part 2, consisting of Chapters 5 - 8 and entitled 'A portfolio of tales of sexuality, food and death', presents a series of tales, each with accompanying auto-ethnographic images. Chapter 8 concludes the

portfolio of tales, looking back on the auto-ethnographic project, re-visiting *The sock knitter* and considering directions for future research. Part 3, entitled 'The published work', presents the full version of the three published articles that are in dialogue with the tales.

Taken together, this assemblage of chapters and articles makes the case for 'writing the ordinary' 'within/against' the occupational therapy literature. I hope that this writing will help equip practitioners in general, and occupational therapists in particular, to go beyond the 'victory narratives' explained in Chapter 6 to tell the 'real' stories of everyday moments of practice that will become part of a collective biography of the profession in Australia.

Chapter 2: Occupational therapy & its representations. Personal and professional histories

Introduction

This chapter locates my body of work in the period in which it was written. By giving an overview of the time in which my auto-ethnographic project is set, the chapter provides the context for the remainder of the thesis. The purpose of the chapter is to set up why the auto-ethnographic tales I have crafted take place in the early 1980s and how these tellings and re-tellings take the shape they do. The early 1980s was the period in my career when I worked full time before becoming a mother, before an Adolescent Ward was established. Working within/ against conventional practice I pioneered some of the youth-specific approaches that the Adolescent Ward environment then made possible once it opened. The substance of the thesis deals with the foundational work I did in those early years.

My personal history (as practitioner and author of a body of work) sits inside the history of occupational therapy. My auto-ethnographic project connects personal experience with professional culture, as I elaborate in Chapter 3. I am part of the stories that are to be told. What follows is a very brief auto-biographical account, including early experiences that have emerged as significant in becoming an occupational therapy practitioner, a writer and an academic. Then, in the remainder of the chapter, I trace a set of developing directions taken by the fledgling profession, through which my own story weaves a particular path.

This is not always a 'smooth telling'. Rather, I attend to some of the ruptures, tensions and recent gaps apparent in the history of occupational therapy, writing from the inside as I have lived it. My historical account of the present generation of practice starts with some critical reflections on the published history of the first generation of occupational therapists in this country.

A personal history

In order to link my personal history with the history of occupational therapy during the time in which this thesis is located I begin with what I might call ‘an auto-biography in six paragraphs’ — a brief personal thumbnail. This is necessarily a selective account of experiences that have shaped me as an occupational therapist and a writer.

I grew up in Lane Cove on Sydney’s Lower North Shore⁷, the eldest of four children, an imaginative, idealistic child who was a constant reader. My mother, who started Dingle Dell, a pre-kindergarten in Osborne Park, following the birth of my youngest brother, was a founding member of the Mental Health Association and the Institute of Group Leaders. Both my parents instilled a broad love of language and writing. Mum read us poems from C. J. Dennis and I can remember Dad quoting bits of Latin prose and reciting palindromes.

I have always been interested in how people used to live, in their habits and customs and at fifteen I can recall wanting to be an archaeologist. With three friends, I would go to Friday night dances at Chatswood Dispensary Hall or to Here discotheque at North Sydney. On Saturday mornings I worked behind the counter at Nutra Health Foods. After completing my Higher School Certificate at North Sydney Girls High, I began an Arts degree at Macquarie University in English literature, education and ancient histories (of Athens, Rome and Israel). I also studied Classical Greek at the University of Sydney where I was classified as an irregular student because I had enrolled in only one subject.

As a young woman my life was about new relationships, travelling and having diverse experiences. In the Uni holidays I went to New Zealand, dropped University, fell in love and decided to live in Wellington. I worked as a Mary Quant makeup consultant, as a post woman and in a picture-framing gallery

⁷ The North Shore suburbs of metropolitan Sydney stretch from Milson’s Point and Neutral Bay on Sydney harbour foreshore all the way north to Hornsby. In the 1980s, North Shore residents were reputedly affluent, middle class, ‘well connected’, predominantly Anglo-Australian and politically conservative. Scratch the well-heeled surfaces, however, and people’s individual backgrounds and lived experiences were more diverse and unexpected.

before completing a three year diploma of occupational therapy at Central Institute of Technology. Returning to Sydney following the death of my father at the end of 1976 as a new graduate, I worked on the admission ward at Gladesville Psychiatric Hospital. I attended a Psychiatric Rehabilitation Conference in Orebro, Sweden, worked as an occupational therapist in the East End of London and travelled the Mediterranean, Eastern Europe, Scandinavia and the Middle East. I was invited to be a clinical tutor of final year occupational therapy students in a community clinic in New Zealand. When this did not work out, I returned to Sydney and worked at Inala, a Rudolf Steiner Home for children and adults in need of special soul care.

During 1981, the International Year of Disabled Persons, I became involved in Art Reach, an organisation to integrate disabled and non-disabled artists. My partner and I met on the building committee. Later that year I accepted an occupational therapy position at the Adolescent Medical Unit of the Children's Hospital. With two colleagues, I represented the Adolescent Medical Unit at the First International Workshop on Comprehensive Youth Services and Youth Advocacy in Toronto in 1983. An outcome of this conference was that the working paper of youth participation case studies from delegates from Mexico, Canada and USA that I had written was taken to a WHO Meeting in Geneva by the Unit director (Denshire, 1984).

I established the Youth Arts Program at Royal Alexandra Hospital for Children in Camperdown, Sydney in 1984 and, for thirteen years, was occupational therapist with the Adolescent Medical Unit there. Four of my early publications, referred to in Appendix 1: My published body of work 1985-2005 as the 'hospital corpus', were written during this period. I worked full time before having children. Following the births of our children in 1987 and 1989, I took periods of maternity leave, returning to work part time and training as a childbirth educator with the Childbirth Education Association (NSW). In the early 1990s I was seconded to Northern Sydney Area Health Service as Guarantee of Service project officer in collaboration with the Premier's Department. In 1994 I presented at the World Federation of Occupational Therapists Conference in London.

In 1995 the family decided to move inland to live in Albury, a regional city on the NSW-Victorian border. Here I joined colleagues at Charles Sturt University (CSU) to develop the first occupational therapy course in inland Australia. My Masters thesis in Applied Science (Occupational Therapy) from the University of Sydney in 2000 produced a tentative auto-biographical practice model of 'imagination, occupation, reflection' derived from 'metaphors and terms' in my early writings (Denshire, 2004). I had a period of study leave at the Centre for Professional Education Advancement at the University of Sydney and at the Centre for Educational Development and Academic Methods at the Australian National University. I became Honours Coordinator and then commenced a full-time PhD with the Faculty of Education at the University of Technology, Sydney in 2006. My research and teaching interests include women's lives, imagination and creativity, evocative representations of the everyday-ordinary in professional practice and historical accounts of the profession.

It is possible and interesting to match my own biography with the history of the profession. Predictably, there are points of intersection between my auto-biography and the history of occupational therapy in Australia. As the profession went through its particular phases and interests in terms of its origins, values and work patterns, so did I. On reflection, though, perhaps I have departed from the script in terms of my career duration, publication record and the move inland.

The early occupational therapists carried out important work in what is now referred to as the 'mental health' field. As a newly graduated occupational therapist, I worked in psychiatry, running the group program on Ward 7, the Admissions Ward of Gladesville Hospital. The creativity, altruism, diversity and social justice commonly found in the practices of occupational therapists were values that I shared. Typically, occupational therapists with young children work part time and certainly this is what I did. When occupational therapy courses across the country entered the University in the late 1980s, I followed.

Many occupational therapists were urban, middle class women living in localities such as the North Shore of Sydney (or the capital city equivalent in the

other states). As I grew up in Lane Cove, lived in Lindfield, then on the border of the localities of Crows Nest and North Sydney and now live in Central Albury, on the state border of NSW and Victoria, aspects of my life could be construed as 'middle class'. My partner, an experienced welder and now a welding teacher, grew up in Erskineville at the time when it was still a working class Sydney neighbourhood where neglected children sometimes risked being taken away by 'the welfare'. Often as not, the partners of my occupational therapy colleagues work as artisans in the trades. Not surprisingly, there is an ongoing conversation around the respective values of both practical work and university qualifications at our place.

A professional history: Occupational therapy. 1937 - 2008

This section of the chapter is by no means a thorough history or an official one. Rather, it deals with approximately 70 years of occupational therapy over two generations. The first generation, from 1937 - 1976, is the period of early history of occupational therapy in Australia and the second, the period from 1977 - 2008. I graduated in 1977 and subsequently published a particular set of articles that have not been located in the period in which it was written. Historical accounts of both these generations of occupational therapy contribute to my auto-ethnographic project, locating my body of published work in the period in which it was written, i.e., 1985-2005, and connecting to the early history of the profession in Australia.

Critical reflections on the bicentenary history

Many players bring the individual and collective endeavours of the pioneers to life in *Occupational therapy. Its place in Australia's history*, a bicentenary history co-authored by Barbara Anderson and Janet Bell⁸. The book presents the story of the origins of occupational therapy in this country, of how the profession became formalised in Australia during World War II, and of occupational therapy education and development until the beginning of the 1960s (Anderson & Bell, 1988b).

⁸ Barbara Anderson is a medical records librarian and Janet Bell, formerly Senior Lecturer in the School of Occupational Therapy at the NSW Cumberland College of Health Sciences, is now retired. Pam Sheppard, a member of the History Committee describes these authors as bringing to the project 'the freshness of one who has not been indoctrinated with OT thinking and the inside knowledge of one who has!' (p. xi).

A book review by an occupational therapy academic of the time, Jo Barker (1989), highlights the ‘drive, foresight and vision’ of the pioneers who worked ‘in less than satisfactory surroundings with minimal equipment’ (p. 58). And occupational therapists were portrayed as ‘the standard bearers of the community’s culture’, providing ‘a new and creative advocacy for the disabled and a new voice for the convalescent’ by a medical patron of occupational therapy reviewing the book (Pearce, 1989, p. 57).

In what follows, I will pick up ordinary stories of practitioners recorded for the bicentenary history. I am taking this focus because of the moments of everyday practice they embody. The following examples of reflections by pioneer therapists animate moments of practice through ordinary stories of plasticine and finger paint, ‘duplicating’ magazines, managing stress and making toys. At Camperdown Children’s Hospital, Pam Sheppard⁹ recognised the suffering and severe restraint of children admitted on hospital wards in the 1950s. She also recalls ‘freedom’ and ‘eagerness’ when convalescing children were offered ‘expressive play material’:

... some messy play, such as the use of plasticine, provoked a fair amount of annoyance from the nursing staff and a covert ban on its use! It was a significant response to a fairly sterile situation, however, to see some of the children revel in covering their faces, arms, etc., with finger paint (Anderson & Bell, 1988a, p. 151).

Meanwhile, at Royal Melbourne Children’s Hospital, an early occupational therapist carried the equipment and materials required for therapy with children on the wards from the Occupational Therapy Department in a ‘baker’s basket’ (Anderson & Bell, 1988a, p. 153).

The first occupational therapist at Newcastle Hospital, Myra Gibbons, worked with children at a chest unit some distance out of the city. She tells a story of ‘the Rankin Park patients want[ing] their own magazine’ (Anderson & Bell, 1988a, p. 156). Apparently, the 15 page magazine was printed on a duplicator

and sold for a small charge that was used to start a reference library. Post-war, petrol was in short supply and so her mother 'generously gave me her car and petrol' (Anderson & Bell, 1988a, p.156) in order to drive to work.

Pioneer Betty MacIntyre devised an occupational therapy program at the same hospital, at the request of the director of anaesthetics, that alleviated emotional stress in both children, aged three to nine years, and in their parents, who previously had their teeth extracted at a weekly clinic under general anaesthetic. The program was reported to enable no sedation and only a light anaesthetic to be used and to also free up beds in Recovery (Anderson & Bell, 1988a).

Meanwhile, Miss D.G. Hosegood, an occupational therapist working on Thursday Island, spoke enthusiastically to 'the *Cairns Post* of Thursday, 21 October, 1954' (Anderson & Bell, 1988a, p. 181) describing:

the handcraft capabilities of her tuberculous patients, two thirds of whom were Torres Strait Islanders and the reminder mainland Aborigines. They were clever, enthusiastic and responsive to treatment. The women, in particular, were keen to make felt toys and Miss Hosegood 'described a long line of Donald Ducks which would have pleased even Walt Disney himself' (Anderson & Bell, 1988a, p. 182).

I can hear an irrepressible optimism ascribed to occupational therapists in challenging surroundings when I read these early reflections on everyday practice. It also seems the ways these occupational therapists resisted and re-shaped the clinical environment could sometimes make the work of nurses harder as a result. And there appears to be a strong drive to please others, both patients and doctors, with the early therapists often easing the workload of medical specialists. Perhaps what is missing in these accounts is a self-consciousness concerning class and cultural identity in a changing, culturally diverse society.

⁹ It was Pam who suggested I write a 'philosophy of approach' on the work I was doing with adolescents not long after I arrived at Camperdown Children's Hospital.

At the same time, the blanket treatment of Indigenous people working on what sounds like a sort of ‘Disneyfied’ production line raises questions about the capacity of occupational therapists at that time to understand colonialism. Twenty years ago, White colonisation would have been celebrated nationally. After all, the bicentenary history was just one of the many publications released to mark the 200th anniversary of the European invasion of Aboriginal Australia. The idea that occupational therapists from the dominant culture could be the unwitting conduits of colonisation, that Disney’s products were Americo-centric and that Whiteness could guarantee cultural privilege (Nelson, 2007) may have been poorly understood by mainstream Australians and probably by most members of the profession in 1988.

However, the fifth objective (in a list of seven) in writing the history was ‘to explore the implications of occupational therapy being a female dominated profession in a male dominated arena’ (Anderson & Bell, 1988c, p. xi). For its time, the history had some feminist sensibility, to the extent that Anderson and Bell made explicit the power relations governing women’s experiences in carving out early occupational therapy roles that usually conformed to a prevailing gender order. For example, the first president of the professional body in Australia was actually a medical man. Dr Denis Glissan, a pioneer of orthopaedic surgery, was appointed as president in 1946 (Anderson & Bell, 1988b).

Sadie Philcox¹⁰, at that time the outgoing president of the Occupational Therapy Club, made the power relations governing the early occupational therapists explicit when she reflected with ‘a hint of mixed feelings’ that in practice his appointment meant ‘it is the last time any occupational therapist might speak as President, according to our projected articles of Association’ (Anderson & Bell, 1988d, p. 213). These articles stipulated that ‘both the President and at least one Vice President ... be eligible for membership of the British Medical

¹⁰ The remarkable Sadie Philcox, former director of Sydney’s Training Centre, became Senior Instructor in occupational therapy at the University of Queensland in 1953. In 1959 she was the first occupational therapist in the world to win a Fullbright Scholarship and, as a mark of the esteem in which she was held, delivered the Sylvia Docker Lecture in 1968 (Anderson & Bell, 1988b).

Association’ (Anderson & Bell, 1988d, p. 213), another colonial institution early occupational therapists submitted to.

The authors then go on to note that the ‘most onerous positions, namely, those of Honorary Treasurer and Honorary Secretary — were filled by women’ (Anderson & Bell, 1988d, p. 214). The prevailing power relations during the period of post-war reconstruction demanded that Council defer to the husband and fathers of several prominent occupational therapists for legal and financial advice. Glissan praises the ‘services of such gentlemen’ (Anderson & Bell, 1988d, p. 216) and speculates on the ‘chaos’ and ‘unsteadiness’ that may have ensued had these men not been around to step in and rescue the professional body. However, winds of change ruffled the prevailing gender order when Chloe Gibson became president of a new federal body in 1951 following Glissan’s resignation (Anderson & Bell, 1988d).

Apparently, in the early 1960s the relative absence of men in occupational therapy became a cause for concern in the media with the poor pay structure identified as a cause (Anderson & Bell, 1988d). The early pioneers of occupational therapy did not regard having a small number of men in the profession as an issue. During World War II female occupational therapists in Australia pioneered using meaningful activities with damaged soldiers. This emergency situation required women working in the military hospitals to assume military rank (Anderson & Bell, 1988b). In 1941, Major Joyce Keam was appointed as the first occupational therapy advisor in the Australian Army, supervising occupational therapists across the country in setting up and equipping new departments in Base hospitals (Anderson & Bell, 1988b).

Occupational therapists were in the habit of turning to the medical profession for approval, recognition and patronage during the era when occupational therapy was becoming established as a profession. In 1954, the anonymous editor of the first archived issue of the *Australian Occupational Therapy Journal*¹¹, proclaimed that, ‘it behoves us all... to increase the knowledge of Occupational

¹¹ The publication was then known as the *Bulletin*.

Therapy both with the medical profession and amongst the public' (p. 1, cited in Bell, 1991). Then, 30 years later, prominent academic, Linsey Howie (1984), observed: 'occupational therapists have accepted a dominant... interpretation of society... which has cemented the subordinate position of occupational therapists within the medical profession' (page number unknown).

The labour to produce such a book from within a largely non-politicised work force was not 'uncomplicated'. Susan Griffin was one member of NSWAOT who felt compelled to write a letter to the editor regarding the withdrawal of support by the Australian Association of Occupational Therapists in the later stages of the project. Pointing out the 'incompatible stands being taken' (p. 160) by the fledgling professional body, she writes:

How can occupational therapy, as a professional body, seek the status inherent in an established and recognised national co-ordinating body for occupational therapists, while at the same time overtly deny the relevance of its historical development? ... the parochial attitude being adopted by various member states of AAOT towards the history project, and the unfortunate indications I believe this has for occupational therapy's professionalism or lack thereof (Griffin, 1986, p. 160-161).

By questioning whether occupational therapists were collectively ready to value history and to assume a national identity, Griffin raises the pivotal issue of 'professionalism or the lack thereof' (p. 161). At this time there was little proper debate occurring. Issues were raised but not to the level of what could be termed professional debate taking the forms of, say, extended discussion in or special issues of journals and focused research. Attitudes expressed by the members of the professional body could be parochial if some of the letters to the editor are any indication. For example, a letter objecting to the journal publishing on 'the sex education needs of year 9 Sydney school girls' (Ryan, 1986, pp. 38-39) is discussed in Chapter 5.

A 'history committee' brought *Occupational therapy. Its place in Australia's history* to fruition¹². Two founding members, Clio¹³ Wallace and Pamela Sheppard, former head occupational therapists at Gladesville Hospital and Camperdown Children's Hospital respectively, were my early mentors. While actively engaging in the oral tradition as practitioners and managers, these grandmothers to the profession keenly promoted writing and documentation. Unfortunately, Clio's request, as convenor of the history committee, to make documentation and source materials 'available for posterity — and the authors of the next volume on further developments and achievements of occupational therapy in Australia' (Wallace, 1988, p. 241) is still to bear fruit. It seems timely for the national professional association to support the project of writing a second volume of the history of occupational therapy in Australia.

Borrowing from everywhere!

Hagedorn (2001) has defined 'borrowed knowledge' uncritically as 'knowledge that has been generated by sources external to the profession, but which is applicable to OT practice' (p. 23). She included '[b]asic sciences such as anatomy, psychology, sociology, anthropology, medicine and health sciences [that] give the scientific basis for and justification of practice' (p. 23) and teaching, counselling, psychotherapy, some physiotherapy techniques, arts and technical skills (Hagedorn, 2001, p. 24). As a youth-specific occupational therapist, I certainly 'borrowed' from the emerging speciality of adolescent medicine (which in turn had borrowed from fields as diverse as developmental psychology, family therapy and endocrinology). I also borrowed from alternative sources of knowledge such as anthroposophy, feminism, sexuality education and psychodrama. I mention some sexuality education titles in my critical re-reading of 'Normal Spaces' in Chapter 5.

¹² My own copy was courtesy of Rebecca Allen, former national president, when she was our Course Coordinator at Charles Sturt University in 2003. Rebec brought a box of the bicentenary history books back to Albury in the boot of her car, having rescued the books during a clean up at the national office in Melbourne.

¹³ In Greek mythology, Clio was the name of the muse of history.

In addition to the legacy occupational therapy has from medicine, anthropology, sociology, psychology and biology (Mosey, 1981), occupational therapy practitioners have also drawn on principles from architecture and design, philosophy and aesthetics (Reed & Sanderson, 1999). This multi-disciplinary assemblage means occupational therapists often have more in common with human-related professions such as social work, teaching and anthropology than with health sciences (Colleen Mullavey-O'Byrne, pers. comm., 1999).

As is the case with other professions, knowledge has been 'borrowed' as part of early and ongoing attempts to theorise occupational therapy practice with repeated revision of theories underlying and informing occupational therapy practice (for example, biomechanical, psychodynamic, rehabilitative, community-oriented and occupation-focused frames of reference). The current plethora of occupational therapy models may be indicative of a profession struggling to define a complex practice and to claim a 'distinct professional terrain' (Whiteford, 2005, p. 46).

Early calls to publish

In a guest editorial in 1987, researcher Anne Cusick advocated the generation and publication of research in this country, or otherwise 'the profession will stagnate' (p. 87). The following year, Janet Bell (1988), the editor of the *Australian Occupational Therapy Journal* at the time, called for the publication of research findings, warning her readership:

whether we are talking about clinical research, clinical practice, clinical education or clinical review, our findings, our experience and our actions are as good as useless unless they are reported to the people who can use the findings and are reported intelligibly' (p. 47).

And she acknowledged the publication technologies necessary to bring this about back in the pioneering days of the profession:

they were utilising the best available technology — a battered old typewriter in times of war constraints — to disseminate new knowledge to new and pioneering practitioners destined to be

scattered in geographically remote parts of this vast country of ours
(p. 47).

Nevertheless, 30 years later, in 1988, she was still waiting ‘for a word processor which could handle subscriptions, mailings, correspondence’ (p. 48).

Bell strongly urged that the journal be one of the profession’s priorities. It seems she had to make this a deliberate recommendation. That the journal should be a priority was not taken for granted by the professional body in the 80s. In 1989, cost constraints continued. There was a backlog of articles accepted for publication and insufficient funds. In her keynote at the 15th Australian National Conference, British researcher Margaret Smith (1989) had recommended a full-time editor and the merit of a monthly journal publication, something still unrealised in 2008¹⁴. Publishing elsewhere in more frequent publications — as many of us do — was recommended to authors as one pragmatic solution to this dilemma (Hiep, 1989).

Similarly, Canadian scholars Madill, Brintnell and Stewin (1989) described a national professional journal as ‘an indicator of the profession’s academic strength and level of maturity’ (p. 110) when they looked, in particular, at articles and editorials published in the *Australian Occupational Therapy Journal* over two five year periods. Having attended our biannual national conferences during the 80s, Madill recognised a well-developed oral tradition in occupational therapy in Australia, observing that, ‘more is spoken about program development than is published’ (p. 111).

In 1990, the incoming editor, Gwynnyth Llewellyn, thanked contributing authors who would ‘keep knowledge alive and shared’ (p. 169). An historical issue of the journal celebrated 50 years of the profession in Australia at the end of 1991. Earlier that year, Bell had emphasised the irretrievable nature of much

¹⁴ In her outgoing *Australian Occupational Therapy Journal* editorial Janet Fricke (2007) still found it necessary to reinforce that ‘the journal is respected and supported by the professional body under whose banner it exists’ (p. 167). A decision has been taken that starting in 2009 publication of the journal will be increased from 4 to 6 issues per year (*Australian Occupational Therapy Journal*, 2009).

occupational therapy knowledge, wistfully admitting that, ‘to consider how much has been lost to the profession by not transferring it to public communication does not bear contemplating’ (p. 225). By the end of 1992, Llewellyn’s patience with the priorities set by the professional body had worn out. In frustration she wrote:

I despair for a profession which refuses to give high priority to publicly presenting its knowledge. And, which denies opportunity to its members to equip themselves with the skills to do so (p. 5).

Janet Bell has provided us with a consistent editorial voice in an otherwise passing parade of editors of our national journal. Significant to this auto-ethnographic inquiry, these early editors made indelible connections between writing and knowing, in the form of both home grown and ‘borrowed’ knowledges.

The reality is that most of the articles accepted for publication are submitted by academics and the majority of practitioners do not publish. ‘Most of us went into occupational therapy or physiotherapy to do it not to write about it’ (McEwen, 2000, p.3). A similar pragmatism would be shared by the members of other practice professions — such as teaching and nursing— in the early stages of their development as scholarly fields. In recognition of the oral tradition of occupational therapy practice and the under-documented nature of our knowledge in general, particularly in peer-reviewed journals, the same North American physiotherapist editor urges, ‘But write about it we must if we are to move into a literate culture with more written communication of knowledge’ (McEwen, 2000, p. 3).

The absence of recent historical analysis since entering the university

Often, the recent past is the period that is the most remote because events have not congealed (Bennett, 2004). There appears to be a relative absence of systematically recorded recent history at a national level since Anderson and Bell’s accessible and rigorous history of the early years in Australia was

produced outside the academy¹⁵. The current history for Australia is a set of fragmented narratives. These local, ephemeral, piecemeal impressions of occupational therapy tend to be state-based. Impressions of occupational therapy have also been captured in passing in the national Sylvia Docker lectures¹⁶, in university-specific lecture series such as the Sadie Philcox Memorial lectures at the University of Queensland and the Occupation and Health Lecture Series at Charles Sturt University, in sporadic journal articles and occasional promotional materials produced over the last 30 years.

For example, a 1980s printed booklet¹⁷ with the slogan, ‘occupational therapists are not just crafty birds’, had amateur looking drawings of owls — presumably representing both therapist and patient — sometimes in pairs and sometimes individual, hand drawn in dark brown ink on cream paper with typewritten text. The slogan, ‘occupational therapists are not just crafty birds’ also appeared on bumper stickers in the 1980s.

Opinions of medical patrons cited in the booklet are referred to as ‘wise tales told’ by the booklet’s author, Jenny Johnston (1980). For example, as far as the ‘still underrated’ (p. 252) role of occupational therapy is concerned, ‘the image of diversionary feminine craftwork is fast receding’ (p. 245) in the view of Dr C.B. Wynn Parry¹⁸ (1973). Another fan of Australian occupational therapy

¹⁵ The authors of the history had postgraduate qualifications, namely, Barbara Anderson BA(Macq)MA(NSW) and Janet Bell Dip. OT. MA(Macq).

¹⁶ The Sylvia Docker Lecture series, begun in 1964, is an invited national lecture series delivered bi-annually by a leading Australian occupational therapist. With the 50th anniversary coming up in 2014, it seems timely for OT Australia to consider the feasibility of publishing the complete set of Sylvia Docker lectures (complete with a foreword and an index) — as AOTA and COT have already done with the American Slagle lectures (Padilla, 2004) and with the Casson Lectures (College of Occupational Therapists, 2004) in the United Kingdom. There is the question of covering costs with the revenue generated from within the professional association in Australia when just 38% of therapists are members (OT Australia, 2007).

¹⁷ Emma Harris, my first Honours student, brought the booklet back for me from The New Children’s Hospital. She was on her final placement there when they were having a cleanup and said that she thought ‘this is the sort of thing Sally would be interested in...’

¹⁸ His *Rehabilitation of the hand*, a text I can recall from my days as a student working nights at the Central Institute of Technology Library in Petone, New Zealand, is one of the four references listed on the last page of the booklet. The booklet also cites The

students was Dr B. Ford (1979): they ‘learn as much if not more about the dynamics of the nervous system as medical students’ (p. 112). The key words capitalised in the booklet¹⁹ provide us with a snapshot of occupational therapy practice then and the diversity of values held by the profession at that time.

Nearly 30 years later, the slogan for the OT Week 2008 poster on the cover of *Connections*, the national magazine, is ‘Occupation. More than a job’ (OT Australia, 2008). The colour photographs on the same page as the slogan show diverse Australians doing everyday activities. The poster explains that occupational therapy ‘helps people to overcome the barriers that prevent them doing the activities and occupations that are part of their daily life’. In both texts, ‘Occupational therapists are not just crafty birds’ and ‘Occupation. More than a job’, ‘not just’ and ‘more than’ refer to the extent and the boundaries of practice and practitioner.

Meanwhile, ushering in the 21st century, a sweeping account of the past, present and future of occupational therapy in Australia was published by Dibden, Zakrzewski and Higgs (2002), not in an occupational therapy journal but in the multi-disciplinary health professional education literature. A call for further research into the careers of women in occupational therapy is made in an Honours project that I supervised, on the meaning of craft to a male occupational therapist with long experience working in mental health (Harris, 2008). There have been occasional testimonials and obituaries and the notable exception of Mike Lyons’ (2004) tribute to pioneer Margaret Mort. The professional association is yet to promote in-depth public documentation of recent occupational therapy history at a national level in Australia.

Lincoln Institute Handbook 1980, the predecessor institution of occupational therapy at La Trobe University.

¹⁹ The key terms are: ‘occupation’, ‘media’, ‘referred for treatment’, ‘team approach’— ‘trust, understanding, co-operation, co-ordination, support’— ‘assessment’, ‘assessment areas’ (physical, higher cortical function, activities of daily living and vocational skills),

This relative absence contrasts with the professional associations of other English speaking countries such as Canada, United Kingdom and the United States²⁰. There has been little historical analysis at a national level in this country. Certainly, there has been no history that has critically engaged with dilemmas of professionalisation and everyday life. It was the *British* College of Occupational Therapy who commissioned Australian occupational therapy scholar Ann Wilcock to compile an extensive history of the occupational therapy profession in the United Kingdom in two volumes (Wilcock, 2001, 2002). Meanwhile, the recent national history of the profession in Australia is not on the public record. Perhaps an ahistorical²¹ occupational therapy research culture is emerging locally within an increasingly competitive and volatile higher education sector in Australia²².

The rapid educational change accelerating since the bicentenary history was published has tended to put history at the margins, making it harder to remember the pioneers of occupational therapy. Under the direction of Sadie Philcox, The University of Queensland course became a degree (B.Occ.Thpy.) in 1967, well in advance of other courses (Anderson and Bell, 1988b). The NSW College of Occupational Therapy was taken over by the NSW College of Paramedical Studies in 1973 (Anderson and Bell, 1988b) that then affiliated with The University of Sydney when, in the late 1980s, the Dawkins reforms of higher education enabled occupational therapy courses across the country to become part of the new universities.

‘home visiting’, ‘disorders of the central nervous system’, ‘splinting’, ‘occupational therapy’ and ‘occupational therapists’.

²⁰ In 2005 COT produced a useful six page reading list for members on the histories of occupational therapy in English speaking countries (College of Occupational Therapists, 2005) with the United Kingdom, Canada and the United States well represented.

Lyons’ (2004) testimonial in the *Australian Occupational Therapy Journal* was the sole reference giving an Australian account of occupational therapy history.

²¹ No doctoral histories of occupational therapy in Australia are listed in the Australasian Digital Theses Database (Australasian Digital Theses Program, 2009) begun in 1997.

²² Doctoral work by New Zealander Clare Hocking (2004) supervised by Ann Wilcock at the University of South Australia appears to continue in a tradition of writing British rather than Australian history. Her research concerns ways early occupational therapists working in the United Kingdom thought about their practice.

With the transition to higher education, the face of the profession continued to change. The NSW College became known as Cumberland College of Health Sciences and there were similar developments in other metropolitan universities. In 1994, following consultation with the local and broader community, Charles Sturt University offered the first course in inland Australia. In 2006, twelve Australian universities (in Queensland, NSW, Victoria, South Australia and Western Australia) offer occupational therapy at undergraduate and postgraduate levels with a trend toward Masters level entry courses (OT Australia, 2007).

A handful of occupational therapy practitioners made the transition ‘from clinician to academician’ (Mitcham, 1985, p. 368) with the ‘vocationalising’ of the university. There were unintended consequences with the academising of occupational therapy. It is timely to consider what was left outside the gate, what was taken on and what was left behind. What appears to have been lost is a set of things. Colours and emotions were bleached from our published discourse. It seems that the point when the history left off in 1986 roughly coincides with the moment when colleges began to move into the University in the late 1980s. In this way, there is a generation of occupational therapy that has not been folded into that scholarly work.

There has been barely time to draw breath since occupational therapy entered the university sector. For new academics, absorbed in teaching, curriculum development and publication, the systematic recording of recent history has not counted as a priority to date. Academic opportunities have exploded in the space of one generation. A diploma in occupational therapy was all that was available when I graduated in New Zealand in 1976. Now my students can choose to do honours and postgraduate studies in occupational therapy and other fields. My colleagues and I are writing doctorates in our 40s and 50s and now several of our graduates have commenced doctoral studies in their 20s.

Particularly over the past two decades, there has been a shift in the balance of the clinical and the academic, the role of management and the emergence and corporatisation of the national professional body. At the close of the twentieth century, the national professional body, the Australian Association of

Occupational Therapists, became known as OT Australia. The OT Australia website (OT Australia, 2007) tells a ‘thin’ story, a partial story. There are no readily accessible archives or recent history of occupational therapy practice and education in Australia on the website²³. The sketchy historical information that is there can be found under the ‘Scholarships and Grants’ donated by pioneers such as Sylvia Docker, Gwen Sims and, more recently, Elaine Wilson.

There has been an absence of debate until recently (Farnworth & Whiteford, 2002). While individual papers at the 2006 World Congress were certainly inspiring, perhaps the exhaustive program suffered from over-reach at the expense of depth. That the opening address on alternative futures for occupational therapy and occupational therapists was given by eminent futurist, Professor Sohail Inayatallah, may illustrate an open attitude. However, there is also something about inviting an outsider to give the first keynote. Seeking to explain itself, the profession arguably loses its way on a regular basis (Colleen Mullavey-O’Byrne, pers. comm., 2008).

There are tensions and ambivalences around the positioning of occupational therapy in the university. We may take on the dominant theoretical and disciplinary perspectives on entering the University but what we leave behind are rich oral and practice traditions. Some things that are coming back to haunt the profession in the 21st century are craft-making, the basket as an unwanted symbol, yearnings for quiet reflection and leisurely practice. The palpable sense of community and the collective, together with the informal, useful, spontaneous, playful and carnivalesque; none of these aspects of practice can be written without discomfort. Such aspects of the ordinary and the everyday can feel ‘unnarratable’ (Frank, 2004) from within the university.

Arguably, everyday instances of the ‘repressed history’ of occupational therapy (Wilcock, 1998, p. 246) are carried in rounds of ‘underground practice’ (Fleming & Mattingly, 1994, p. 4), in other words, in the parts of everyday

²³ It is encouraging to see some brief history available on the Western Australian part of the OT Australia website.

occupational therapy practice that are unwritten and often unsaid. Auto-ethnographic writing as a method of inquiry can restore part of the *biography of the profession*, recovering subjugated knowledges and opening spaces to re-define more complex, reflexive and ethical occupational therapy identities in our relationships with others (Mackey, 2007). I intend that this inquiry take up these different kinds of stories through a multi-layered auto-ethnographic account of being an occupational therapist.

The rise of an occupational science discourse during the 1990s

There is a need to expand the ways occupational therapy can be written if the field is to vivify practice and restore subjugated knowledges back onto the public record. The invention of occupational science is part of this story, shaping the field in certain directions and positioning and re-positioning itself. Occupational science is a contested field in which there are paradigm problems. It is not the purpose of this thesis to engage in this contestation. Rather than critiquing the field, I am documenting it. In considering the invention of occupational science, I look at what occupational science refers to and how everyday occupational therapy practice and the occupational therapy practitioner were subordinated to the imperatives of scientific method.

Promoting the multidisciplinary study of humans as ‘occupational beings’ as a field independent of medicine, this emerging discipline attempted to address a disciplinary gap. Doctoral courses in occupational science, notably at the University of Southern California since 1988, national societies of occupational science and an international society, conferences and a journal²⁴ provide some scholarly infrastructure.

The *Journal of Occupational Science: Australia*, founded in Australia in 1993, aimed to give voice to the unique experiences, concerns and perspectives of the study of humans as ‘occupational beings’. The journal was ‘designed to publish articles on human occupation of interest to many disciplines such as: anthropologists, ethnologists, ethologists, human geographers, philosophers,

²⁴ This information on the aim and scope of the journal comes from the *Journal of Occupational Science* (JOS) website at: <http://www.jos.edu.au/>

psychologists, occupational therapists, sociologists and social biologists'. Sixteen years later, 'only a handful of scholars from other disciplines' are publishing and presenting in occupational science journals and symposia (Clark, 2006, p. 171).

The journal is a joint publication from the University of South Australia, the University of Southern California, and the Auckland University of Technology. It has a number of stakeholders. The Editorial Board includes internationally recognised experts from the fields of anthropology, time use, occupational therapy and community health. Key players include founding editor, Ann Wilcock, current editor, Clare Hocking and occupational therapy scholars such as Florence Clark at University of Southern California and Gail Whiteford formerly at Charles Sturt University.

Initially, the disciplinary domain of the journal was delineated as separate from that of occupational therapy. For example, when I used the term 'the field' in a theoretical article on meanings ascribed to 'occupation' submitted to the *Journal of Occupational Science: Australia* (and subsequently published in the *British Journal of Occupational Therapy*), the editor queried, 'the field being?' Instructions for intending authors on the website (*Journal of Occupational Science*, 2009) still state that 'articles which discuss occupational therapy should be submitted to an occupational therapy journal'. More recently, occupational science still tends to be the 'visitor' from the academy who is only invited into strategic themed issues of the *Australian Occupational Therapy Journal (AOTJ)*.

My own engagement with the field of occupational science coincided with becoming an academic in the field of occupational therapy. Ideas from occupational science began to influence our curriculum and the early reading lists I put together for third year occupational therapy students in subjects such as Occupation: Work, Leisure and Learning, and Occupation and Lifespan²⁵

²⁵ These two subjects were later re-badged as Occupation: Experiences and Opportunities, and Occupation: Time and Narrative. In 2009, both these subjects have been combined into a year-long subject entitled Occupational Engagement, Creativity and Group Work.

included references from the new *Journal of Occupational Science: Australia* and from the book *Occupational science: The evolving discipline* edited by Zemke and Clark (1996). I published a paper ‘A decade of creative occupation’ in a regional issue of the journal in 1996 as I explain in Chapter 6.

A student photography exhibition of ‘local occupations’ (Harrower, Ryan, & Steinberg, 2000) that I facilitated was part of a successful occupational science conference convened by Gail Whiteford on the Albury campus in 2000. My Masters thesis, *Imagination, occupation and reflection: Ways of coming to understand practice* (Denshire, 2000) unpacked the concept of ‘occupation’ as applied to practice. I was encouraged to attend another occupational science symposium in New Zealand. I was becoming disenchanted with the idea of an occupational science and began to experience some of the developments in the field as strategies designed to establish this new discipline. Gradually, I moved away from what I found to be prescriptive approaches and terminologies, heading instead in different literary and exploratory directions.

Both academics and therapists need to use ‘a language that travels well in interdisciplinary contexts’, a language more accessible to ‘an ever-widening audience’ (Clark, 2006, p. 176) and we have called for intelligibility in the way occupational terms are used inside and outside the profession. Otherwise, there is a danger of reifying ‘occupation’:

Ultimately, it is our reasoning that distinguishes us as a profession rather than any categorical use of language. As academics we need to resist the tendency to generate obscure terms with the descriptor ‘occupational’ in favour of being more widely understood (Denshire and Mullavey-O’Byrne, 2003).

From my perspective, there has been a disciplining of practice and a controlling of occupational therapy with the story of the *Journal of Occupational Science* with parts of occupational therapy having been denied by occupational science. There is a heterogeneity in the generation of knowledge in occupational therapy. At the birth of the National Society for the Promotion of Occupational Therapy

in the United States in 1917, an architect, a nurse and a psychiatrist were among those at the table (Schwartz, 2003). Together they created something both wild and tame, something multi-disciplinary, a 'two-body', hybrid practice. Time passed, until, in the late twentieth century, American occupational therapy academics began to develop a hybrid science in an attempt to address a disciplinary gap.

Finally, I consider current and possible relationships between occupational therapy and occupational science. Theorising 'occupation' in the professional literature serves to distinguish occupational therapy approaches from medical specialties. The current focus of theorising that is 'occupational', however, does not promote dialogue between practitioners and service users. Given that occupational science defines humans as 'occupational beings', potentially occupational theorising could inform shared understandings of the actors in practice situations irrespective of role. On the other hand, perhaps occupational therapists still need to organise disciplinary content distinct from and in addition to that based on occupation to name and claim practice and conceptualise occupational therapy itself as a 'practice discipline'.

Regulatory discourses in the early 21st century

In recent conceptualisations of occupational therapy, 'skills based' therapy now takes precedence over activities for diversion from boredom and activities for the expression of emotions and moods (Reed & Sanderson, 1999). Current trends that restrict professional practice to measurable 'outcomes' and discount the qualitative aspects of practice occur at the expense of documenting those everyday moments shared by client and therapist. In this way there is a danger that the unremarkable specifics of practice (Robertson, 2006) may be viewed as 'derided interventions'. More recently, the use of qualitative evidence in the form of clients' perspectives to inform and revise theory, to evaluate outcomes and to assess quality of life is emerging, particularly from Canada (Hammell, 2004).

The early 21st century has seen the rise of online summaries of research that were typically used in medicine, now being applied to occupational therapy,

such as the Occupational Therapy Systematic Evaluation of Evidence (*OTseeker*) data base (*OTseeker*, 2009)²⁶ and the Occupational Therapy Critically Appraised Topics (OTCATs) database (McCluskey, 2003) in Australia. Perhaps these profession-specific data bases are intended to help practitioners cope with the volume of information being published, with the assumption that the fast pace demanded by work intensification allows practitioners little or no time to read complete articles or to pause for reflection.

To date there is a bias toward a particular research paradigm borrowed from medicine (Taylor, 2000). These data-bases summarise the results of systematic reviews and randomised controlled trials exclusively, superimposing a quantitative research paradigm that is numerically based. Randomised controlled trials are rated for methodological quality according to criteria of internal validity and statistical reporting as used by PEDro Scale of the Physiotherapy Evidence database (PEDro) (Centre for Evidence-based Physiotherapy, 2009). Abstracts can only be included with permission of the publisher.

The *OTseeker* website states, 'We recognise some of the limitations of RCTs in occupational therapy and will seek to add other types of research at a later date, funding permitting' (*OTseeker*, 2009). In this way the Australian data bases that use hierarchies of evidence present the results of stipulated designs of quantitative research. No priority is given to the range of qualitative studies on diverse occupational therapy practice already existing in the literature. These quantitative approaches to evaluating research into practice de-emphasise qualitative findings as 'non-experimental'.

Anecdotal evidence, including the views of service users, is still classified within the lowest level of evidence for approaches to practice (Taylor, 2000; Whiteford, 2005). Even now, creativity-based group work approaches still feel challenging to document in this climate of regulated evidence. This is, in part, because the discourse community of occupational therapy has yet to establish a shared vocabulary that goes unambiguously beyond the clinical and bio-medical. I

²⁶ OT Australia is one of the sponsors (*OTseeker*, 2009).

discuss the need to expand ways of writing occupational therapy practice in my critical re-reading of 'This is a hospital, not a circus!' in Chapter 7.

Challenges to re-inscribing gender into the professional literature

The sense of a woman's writing being received as if it is 'out of place' has remained curiously relevant for me. Distinguished American poet Adrienne Rich (1979) pinpointed this sense of having no tradition in the uncompromising foreword to *Lies, secrets, and silence*, her early collection of prose, first published back when I was a beginning occupational therapist:

One serious cultural obstacle encountered by any feminist writer is that each feminist work has tended to be received as if it emerged from nowhere; as if each of us had lived, thought, and worked without any historical past or contextual present. This is one of the ways in which women's work and thinking has been made to seem sporadic, errant, orphaned of any tradition of its own (Rich, 1979, p. 11).

Although nearly all occupational therapists are women, dominant discourses circulating within both the profession and the discipline still do not appear to question the exclusion of gender that has been built into the concept of profession (Witz, 1992), by default, accepting the masculine as universal (Butler, 2006).

In Australia, the occupational therapy profession have been described collectively as 'a reluctant sisterhood' who accepted medical subordination (Howie, 1984). While immersed in writing the bodies-selves of girls and women into my tales of practice, I was conscious of a lack of any sustained feminist precedent. Now that the writing is done I have a strong sense that writing practice differently is essential in the re-making of occupational therapists and occupational therapy.

What Luce Irigaray has to say on the meaning of writing for her at the end of the twentieth century can be heartening:

Writing enables me to transmit my thought to many people whom I don't know, who don't speak the same language as I do, don't live at the same time as I do. In this respect, writing means creating a corpus and a code of meaning which can be stored and circulated, and which is likely to go down in History (Irigaray, 1993, pp. 51-52).

I am realising that, when a woman writes herself into the public record, she breaks the objective/subjective opposition that much knowledge in the professions still assumes.

Feminist sociologist Dorothy Smith has formulated 'a sociology for women' (Smith, 1987; 1990) and, in her later work, 'a sociology for people' (Smith, 2005). She has written about the social relations of everyday life, the view-from-below (Connell, 2007), pioneering analytical processes of institutional ethnography (Townsend, 1996). Too often, occupational therapists, my self included, have practised, and written practice, with a 'bifurcated consciousness' (Smith, 1987), in order to manage cultural contradictions between the ideal and the real, and to cope with points of tension and disjuncture (Smith, 1987). This then re-produces ruling relations (Smith, 1987) through a class-based compliance with the taken-for-granted. I say more about the idea of points of disjuncture in Chapter 3.

Drawing on Smith's work, Canadian occupational therapy scholar Elizabeth Townsend (1996; 1998) crafted an institutional ethnography, *Good Intentions OverRuled: A Critique of Empowerment in the Routine Organization of Mental Health Services*, revealing the broader context that determines the everyday practice of individual occupational therapists. Her classic study showed how the everyday aspirations of community-based occupational therapists working with people living with mental illness in Atlantic Canada were subverted. The 'good intentions' of each therapist at the local level were 'overruled' by macro organisational power structures:

In essence, modern power is exerted through the documentary processes used to describe, categorize, define, direct, visually represent, or otherwise co-ordinate and control the everyday world (Townsend, 1996, p. 188).

As occupational therapists we have, arguably, actively collaborated in our own subjugation (Townsend, 1998), rarely naming our experiences of everyday practice as scholarly and disguising ordinary episodes of practice in ongoing bids to legitimise both the profession and the practice of occupational therapy. In this way a traditional gender order is maintained.

The term 'gender order' was first used by feminist historian Jill Matthews (1984) in her doctoral study of asylums in South Australia entitled *Good and mad women: The historical construction of femininity in twentieth century Australia*. A gender order is the way in which societies turn barely undifferentiated babies into social women and men and order the patterns of relationships among and between them (Matthews, 1984). Just as an economy could be feudal, communist or capitalist, so a gender order could be matriarchal, patriarchal or egalitarian (Matthews, 1984).

The silence on the participation and contribution of women in the field of occupational therapy, and the gender bias of earlier editions of *Willard and Spackman's Occupational Therapy*,²⁷ has been pointed out (Reese, 1987) with a call to 'open[ing] feminist histories' (Frank, 1992, p. 989) in the special issue on feminism of *American Journal of Occupational Therapy*. In the same year, gender issues in occupational therapy were also being raised in Australia (Fordyce, 1992). Ruth Grayson (1993) challenged a national audience that 'our behaviour and attitude as women have held back the profession' (p. 57) and the concept of power in relation to professional status and 'the female nature of the profession' (p. 31) was interrogated by Susan Griffin (2001).

²⁷ This American text, now in its 11th edition, remains the main text-book in occupational therapy.

There have been fleeting moral debates on ‘a different voice’ (Taylor, 1995) in the *British Journal of Occupational Therapy*. Now Jackie Taylor, a British doctoral candidate, has published an interesting auto-ethnographic exploration on the transformative occupation of ‘doing-a-PhD’ (Taylor, 2008, p. 176). Like me, she is an occupational therapy academic in her 50s. When a male author assumed the role of spokesperson on ‘feminist’ or ‘feminine’ questions (Kelly, 1996c), this prompted a series of exchanges in Letters to the editor (Corbett, 1996; Creek, 1996a, 1996b; Kelly, 1996a, 1996b).

Similarly, the formation of sexual identities through engaging in occupations (Williamson, 2000) and sexual orientations in relation to the practice of occupational therapy (Jackson, 1995) are rarely discussed in the literature. Nor have perspectives on gay and lesbian invisibility in aged care (Harrison, 2001) or discussions of the gendered division of labour, such as household work (Primeau, 1996) and of doing the household finances among lesbian couples (Bailey & Jackson, 2005) been sustained.

The expression of a feminist consciousness among Swedish occupational therapists has required a level of politicisation in the professionalising project (Evertsson & Lindqvist, 2005). Even so, Swedish occupational therapists still find it hard to influence welfare policies in a welfare state:

‘[I]n contrast to nurses, occupational therapists seem more often to rely on strategies of association rather than strategies of politicisation; they aim to form alliances with neighbouring welfare state professions in social services, health-care, and social care of the elderly and disabled’ (Evertsson, 2005, p. 266).

The extensive literature of disability studies is another parallel literature that has been largely ignored by health professionals (Hammell, 2006). However, auto-ethnographic researcher and occupational therapy academic, Ann Neville-Jan, is a notable exception on both counts. She takes an ‘embodied perspective of disability’ (p. 116) as a woman living with spina bifida, when using the term impairment ‘to draw attention to the bodily struggles involved in participation in everyday activities’ (Neville-Jan, 2003, p. 115). She preferred to publish her

second auto-ethnography, a moving account of her quest for a child, in *Disability and Society* (Neville-Jan, 2004). Most recently, she speaks out as a woman living a 'preventable' condition (Neville-Jan, 2005). When Ann Neville-Jan (2003) looked back on the symposium paper she presented that was ostensibly about potential connections between biology and occupation, she realised that, actually, the take-home message of the paper was about her *encounters with practitioners* [italics added]. Perhaps Neville-Jan has publicly come to know the spaces of both 'self' and 'other' as a woman living with spina bifida who is also an occupational therapy academic and an auto-ethnographer.

A discussion of perspectives on ethics in occupational therapy in the 10th edition of *Willard and Spackman's Occupational Therapy* refers, in passing, to feminist theory that 'favours partiality' (Hansen, 2003, p. 955). Rather than drawing directly on feminist writings the author seems to rely on guarded interpretations of subjectivity from the paediatric and medical literature. There does appear to be more diversity in the case stories of people seeking occupational therapy, than in earlier editions (Crepeau, Cohn, & Schell, 2003).

Ann Carnduff and Ulla Runge (2006) are two European occupational therapy academics now living with post-polio syndrome. Their exceptional stories about the appearance, disappearance, and reappearance of their disabilities, were aired recently during a memorable World Federation of Occupational Therapists conference stream entitled the 'Spirit of Occupational Therapy'. Perhaps their new work on living with polio during two generations, will have the potential to articulate a counter-historical perspective on occupational therapy. Overall, however, in both the practice and the profession of occupational therapy, questions of gender, sexuality, bodies and difference have remained marginal in the literature.

The gradual professionalisation of occupational therapy

A complex of discourses and practices have produced occupational therapy, at this intersection, as a profession populated by women. These include post-war changes and activities in relation to the armed forces following World War II. Gradually, occupational therapy achieved independence from the professions of medicine and physiotherapy. There were also changes in relationships with

educational institutions, as well as in the levels of education available. A timeline shows some of the key events in the gradual professionalising of occupational therapy in Australia, such as the shift of occupational therapy education into universities, the rise of occupational science during the 1990s and, in the early 21st century, the regulation of practice evidence via research and publication initiatives to disseminate and regulate occupational therapy knowledge. The timeline locates occupational therapy in Australia in its history from 1937 to 2008. See Appendix 2: Gradual professionalisation of occupational therapy with a focus on NSW²⁸ (1937-2008).

This section has described how the present generation of occupational therapy practice in this country has been under-documented. Coincidentally, I began to practise at the beginning of this period after graduating in 1977. In the 1980s, the field of occupational therapy was seen as relatively 'atheoretical' and knowledges were 'borrowed' from outside the profession. Following the incorporation of occupational therapy into the university sector, was the rise of occupational science during the 1990s. I have given an account of the emergence of occupational therapy in Australia and brought out the key periods and the trajectory toward its current manifestation of occupational science and the regulation of practice evidence.

Both the pains and pleasures of setting up the profession in Australia are too easily forgotten in the race through the 21st century. I reiterate the significance of publication of the bicentenary history as a significant historical source for the profession. Through documenting moments in the ordinary everyday life of occupational therapists, Anderson and Bell (1988b) have written episodes of the ordinary practice of professional women back into the history of the profession. In the next chapter, Chapter 3, I situate my own auto-ethnographic account of my practice within a theoretical and methodological framework.

²⁸ In keeping with this auto-ethnographic inquiry and the foregoing account of professional history, the timeline I have constructed is not meant to be thorough or objective. Many of the events on the timeline are Sydney-oriented, due to both my personal history and the history of the profession. Information on Camperdown Children's Hospital is included because this hospital was a pivotal site in both the development of occupational therapy in Australia and in my personal history.

Chapter 3: Theoretical & methodological framing

Introduction

This auto-ethnographic project concerns critically re-reading and re-writing three publications from my body of published work which were written within/against the dominant discourses of occupational therapy. In this chapter I locate my auto-ethnographic project at the intersections of a set of literatures on auto-ethnography as a methodology and on the profession and practice of occupational therapy as represented below:

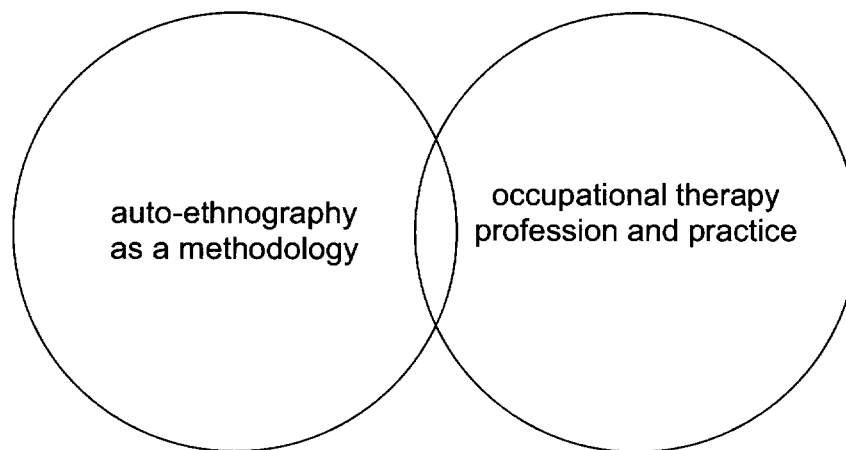


Figure 3.1: Locating my project

Auto-ethnography is ‘an alternative method and form of writing’ (Neville-Jan, 2003, p. 89), falling somewhere between anthropology and literary studies. It occupies ‘an intermediate space we can’t quite define yet, a borderland between passion and intellect, analysis and subjectivity, ethnography and auto-biography, art and life’ (Behar, 1996, p. 174). My particular auto-ethnographic account of practice is concerned with ways of writing (*graphy*), with culture (*ethno*), in particular the everyday world of predominantly White, middle class women who are occupational therapists and with my self (*auto*) in relation (Ellis & Bochner, 2000; Lionnet, 1990; Reed-Danahay, 1997). I have employed post-modern ideas of identity, emergence and becoming (Somerville, 2007) and understandings of individualised and social power relations (Townsend, 1998).

The chapter begins with discussions of auto-ethnography and the recovery of the everyday ordinary, of subjugated knowledges and inhabiting the ‘under-life’ (Goffman, 1961) of a public institution. Ideas on representation, readings and re-readings support my auto-ethnographic project together with ideas on narratives, writing fiction and the ‘paradigmatic scene’ (Van Maanen, 1988).

In the context of the ‘within/against’ positioning (Lather, 1991) of my auto-ethnographic inquiry in relation to the public record of occupational therapy there are concepts to do with transgression and re-inscription. My auto-ethnographic tales are one of the ‘accounts that transgress’ in a range of professional fields. Typically, the body-selves of health professionals, including my own, have been ‘written out’ of their research accounts.

My auto-ethnographic writing process has produced a layered account (Ronai, 1995), extending writing as a method of inquiry in relation to a body of published work. The phases in my auto-ethnographic writing process, discernable only now the writing project is done, are explained later in the chapter. Then I explain why my auto-ethnographic fictions are called ‘tales’, why each tale is twice-told and discuss dealing with difference and becoming. The chapter closes with an overview of each tale.

Auto-ethnography as a methodology

Anthropologist Karl Heider first introduced the term ‘auto-ethnography’ in 1975 in the context of Dani auto-ethnography (Chang, 2008). This auto-ethnography consisted of cultural accounts of sweet potato growing by the Dani people, a Papuan culture in the highlands of Irian Jaya who were the *informants* for Heider’s doctoral research (Heider, 1975, 2006). A few years later, Hayano (1979) used the term ‘auto-ethnography’ in a different way to refer to the study of an ethnographer’s ‘own people’, in the context of *himself* as a card playing insider. The culture of card playing in Southern California was his ‘auto-biographical connection to the ethnography’ (Chang, 2008, p. 47). This blurring of selves apparent in the early uses of the term ‘auto-ethnography’ has had a productive trajectory.

An auto-ethnography describes one life to illustrate a way of life, connecting personal and cultural worlds (Ellis & Bochner, 2000). An explanation directed to the beginning auto-ethnographer follows:

I start with my personal life. I pay attention to my physical feelings, thoughts, and emotions. I use what I call systematic, sociological introspection and emotional recall to try to understand an experience I've lived through. Then I write my experience as a story. By exploring a particular life, I hope to understand a way of life... (Ellis & Bochner, 2000, p. 737.)

The term 'auto-ethnography' can sound unfamiliar and unwieldy on first hearing (Brodkey, 1994), and beginning students may refer to writing an 'autoeth-what?' (Hoppes, Hamilton & Robinson, 2007, p. 139). Problematising distinctions, an auto-ethnography has 'both...and features' (p. 414), simultaneously personal and scholarly, evocative and analytical, descriptive and theoretical (Burnier, 2006).

Writing any form of ethnography requires an understanding of the cultural features of the group in question — their beliefs, their reasoning and communication (Van Maanen, 1988). Auto-ethnographers, writing as insiders, vary in the ways they integrate the self/culture/writing aspects of auto-ethnography (Reed-Danahay, 1997). To write auto-ethnography you can't feel completely at home in your discipline (Burnier, 2006). Stepping outside our own received frame is part of the auto-ethnographic task. Reading and writing auto-ethnography disrupts the take-for-granted and that disruption may then pave the way for more engaged, connected and collaborative practices. The qualities necessary are powerfully conveyed in Ruth Behar's (1996) collection of very personal essays entitled *The vulnerable observer: Anthropology that breaks your heart*.

While auto-ethnography contains elements of auto-biography, auto-ethnography goes beyond the writing of selves. Writing that crosses personal and professional life spaces goes further than auto-biography whenever writers critique the depersonalising tendencies that can come into play in social and

cultural spaces that have asymmetrical relations of power (Brodkey, 1996). Potential contact zones in schools (Brodkey, 1996) and health settings can be 'social spaces' (Pratt, 1991, p. 24) where 'strangers ... meet and interact' (Brodkey, 1996, p. 27). Auto-ethnographic writing that shows interactive moments from these social and cultural spaces can be 'the currency of the contact zones' (Brodkey, 1996, p. 28):

[A]uto-ethnography invites writers to see themselves and everyone else as human subjects constructed in a tangle of cultural, social and historical situations and relations in contact zones (Brodkey, 1996, p. 29).

Publicly sharing a chaos narrative, Nancy Salmon (2006) has portrayed the oscillation of an intense personal relationship between mother and daughter, conveying the strangeness both of having dementia and caring for someone with dementia, in the process highlighting some of the inequities of care-giving in Canada and the lack of respite. Her auto-ethnographic narrative of care-giving evokes the transit zone both women must inhabit, flipping the viewpoint of a care-giving daughter who is also a professional (Salmon, 2006). I read Nancy Salmon's published account just as I was beginning my doctorate and was moved to comment on her narrative breaking new ground as the first auto-ethnography published in the *Australian Occupational Therapy Journal* (Denshire, 2006).

Auto-ethnography can have a rich potential for doing identity work, as a new approach with student occupational therapists at the University of Oklahoma describes:

Inward-outward backward-forward story-telling, demanded by auto-ethnography, helps students understand their personal stories are, in fact, tiles in a larger mosaic that is the culture of becoming an occupational therapist (Hoppes, Hamilton, & Robinson, 2007, pp. 139-140).

Auto-ethnography can be an approach necessitating a privileged speaker who ‘sometimes seem[s] to want to study everybody’s social and cultural construction but their own’ (Alcoff, 1991, p. 21) to no longer speak for others routinely, but rather to sometimes ‘move over’ and listen as a messenger would, to self interrogate and ‘deconstruct [their] own discourse’ (p. 3), bringing their privilege into question. Otherwise:

When health care researchers’ bodies remain unmarked — and hence naturalized as normative — they reinscribe the power of scholars to speak without reflexive consideration of their positionality, whereas others’ voices remain silent or marginalized by their marked status (Ellingson, 2006, p. 301).

In sum, auto-ethnography ‘opens up a space of resistance between the individual (*auto-*) and the collective (*-ethno-*) where the writing (*-graphy*) of singularity cannot be foreclosed’ (Lionnet, 1990, p. 391).

Recovering everyday ordinary aspects of practice

An evocative portrait of child and mother, *The child’s bath* painted in 1893 by Mary Cassatt (Hasselkus, 2006, p. 628), serves to illustrate the unnoticed, anonymous aspects of ordinary, everyday life and work. There was also a calendar of Mary Cassatt’s paintings on my children’s bedroom wall when they were babies. Humble daily occupations such as bathing can be described as ‘acts of self respect’ (Norris, 1998, p. 40) observes Hasselkus. The noteworthy premise of her Eleanor Clarke Slagle Lecture, ‘The world of everyday occupation: Real people, real lives’, appears in full on page 2 of the thesis.

Occupational therapists, sometimes without realising, may use the pre-Industrial revolution meaning of ‘occupation’ (Liz Townsend, pers. comm., 17/ 9/ 08) that is outside the capitalist notions of ‘production’ and ‘consumption’. The slogan for OT Week 2008, ‘Occupation. More than your job’ mentioned in Chapter 2, can be interpreted in that broad pre-Industrial revolution sense of ‘occupation’.

Most characters in my tales inhabit the hospital's under-life. This concept of the 'under-life' of a public institution is important here (Goffman, 1961). These subjugated times and places are under the covers of the official public story, just like my portfolio of tales. The staff working in public institutions that give time and attention to inmates' recreational needs during their time off show more devotion to their job than management expect (Goffman, 1961).

In the case of occupational therapy, however, such time would be classified in reverse. In other words, given the *recreational* domain of patient's lives fell within our professional duty of care in the 1980s, more often we addressed this domain during on-hours as paid work. Sofya's father makes this point when he asks the therapist character 'are you paid to play?' in the tale in Chapter 7.

Representations, readings and re-readings

Representations are textual constructions referring to '*versions of reality* [italics added] that particular cultures construct, and which people work within' (Moon, 2004, p. 136). Texts are written with particular readers in mind (Moon, 2004). Readers use reading practices to activate the potential meanings of texts. Members of professional cultures disseminate their formal knowledge through conference papers, textbooks and journal articles. The published literature simultaneously establishes the parameters for debate while serving as a journalistic gate-keeper (Spender, 1981), regulating our ways of reading and writing, 'writing-in' or 'writing-out' both practice and practitioner.

A dominant or naturalised reading " 'plays by the same rules' as the text" (Moon, 2004, p. 127), representing the most powerful beliefs and values in a culture that govern and control everyday life (Smith, 1987). An alternative reading will be less common, without challenging the dominant reading. Oppositional or resistant readings are those " 'against the grain' of the text" (Moon, 2004, p. 127). In this way, resistant readings are 'unacceptable in terms of the dominant cultural beliefs and challenge prevailing views' (Moon, 2004, p. 129). Resistant readings note the silences and gaps at work in any text.

As I critically re-read my selected articles, I became alert to the silences and gaps in the text, aware of what lies unsaid. These omissions and disjunctures (Smith, 1987) present departure points for the ensuing tales. Re-visiting self-generated texts I have attempted a re-visioning of my own writing, in other words, ‘the act of looking back, of seeing with fresh eyes, of entering an old text from a new critical direction’ (Rich, 2001, p. 11).

My old publications were largely silent on the ordinary-everyday of bodies, emotions and sexualities. Such silences are to be expected:

...we must try to determine the different ways of not saying such things, how those who can and those who cannot speak are distributed, which type of discourse are authorised... There is not one but many silences, and they are an integral part of the strategies that underlie and permeate discourses (Foucault, 1978, p. 27).

My new portfolio of tales represents moments of practice in occupational therapy, showing interactions involving taken-for-granted bodies, emotions, sexualities and difference.

Narratives, fictions, stories, tales

There is an established narrative tradition of writing case studies and case stories in occupational therapy. Although narrative time is actor-centred (Mattingly, 1994a) narrative accounts in occupational therapy typically foreground clients’ journeys, and their progress in therapy, without any sustained focus on the other actors involved in therapy. For examples of client-centred occupational therapy narratives, see Borg and Bruce (1997), Mattingly and Fleming (1994), and Townsend and Polatjako (2007).

Stories of and by therapists themselves are still uncommon in the literature, however. Some of the few examples I could locate were biographical accounts of ‘beginning’ and ‘advanced’ practitioners (Brown, Esdaile, & Ryan, 2003), auto-biographical accounts edited by Susan Esdaile and Judith Olson (2004) and a representation of inter-subjectivity in an occupational therapy treatment session (Crepeau, 1991). The occupational science literature regularly publishes ‘occupational profile’ interviews (*Journal of Occupational Science*, 2009) that

focus on the changing occupations of the person being interviewed. The interviewees can be leaders in their fields: athletes, scientists, artists and scholars. I could find few representations of occupational therapists in fiction or in the media. Interestingly, primatologist and occupational therapist Dr Diane Fossey (1983) was portrayed as a physiotherapist in the film adaptation of her book *Gorillas in the mist*, presumably because the makers of the film thought most viewers would not be able to identify an occupational therapist. The (mis)representation of Dr Diane Fossey is a story for another day.

Therapists are still expected to efface themselves in their writings in favour of representing and foregrounding the client's story. My tales break with this self-effacing tradition by using auto-ethnography to unexpectedly foreground the daily round of an occupational therapist's practice inspired by my experiences at Camperdown Children's Hospital.

The tales I have crafted feature the voice of an occupational therapist, a fictional character named 'Sally' and the voices of young people in hospital. My portfolio of tales focuses on representing the small, unnoticed parts of everyday life and practice that are particularly suited to the smaller scale of the short story. 'Story telling continually redraws the boundaries of a community's recognitions; it renders present what would otherwise be absent' (Frank, 2004, p. 62).

The tales I have written are constructed through my eyes and memory. They are twice-told, first from the point of view of one actor and then the other and contain fictional characters and composite events, making the real people who inspired these characters unrecognisable. Fragments of real events are woven with fiction and 'symbolic equivalents' (Yalom, 1991). Although the actual names of most of the hospital wards are not used, in the spirit of auto-ethnography places such as Wade House and the former Camperdown Children's Hospital are identified.

The relationship dramas in institutions, a sense of place and portrayal of illness experience, seem to be central devices in my tales. I am inspired by the way Dorothy Porter (1999) conjures up exploitative relationships in a mental asylum in her darkly ethical verse novel *What a piece of work*. Other evocative stories set in hospital are *The Blood of Strangers*, a recent anthology from an Emergency Room in the United States (Hulyer, 2000), and *Winter's Child* (Morch, 1986), set on an antenatal ward in Denmark.

Neuropsychologist Paul Broks has crafted evocative tales of practice in *Into the silent land: Travels in neuropsychology*. He suggests that getting into the mind of the clinician is something that never gets written about; rather, there is an authoritative writing voice in keeping with the hubris of science (Broks, 2003). The essence of a good clinical interaction is not scientifically defined and far more can be explored with literary writing and fiction than with scientific writing (Broks, 2003).

Inevitably, the complex relationship between social science writing and literary writing has led to a blurring “between ‘fact’ and ‘fiction’ and between ‘true’ and ‘imagined’ ” (Richardson & St Pierre, 2005, p. 926). Some social science researchers are ‘trained to write in ways that use highly specialised vocabulary, that efface the personal and flatten the voice, that avoid narrative in deference to the theories and methodologies of the social sciences’ (Modjeska, 2006, p. 31). And other writers from within the social sciences write in a more literary style. In research in the social sciences, new representations are overdue as Peter Clough points out:

There are new maps to draw in the making of ‘fictional’ characters, maps to help us in the task of writing *people* into narrative. Translating life’s realities as lived by men and women into story, and doing in such a way as still to be believed, is the ethnographic challenge (Clough, 2002, p. 64).

Tensions exist between auto-ethnography and literary traditions, with stories being put together using composite characters and sources (Clough, 1999). Literary tales make use of conventions such as dialogue and monologue to create

character, calling up emotional states, sights, smells, noises and using dramatic reconstruction. Oral traditions are also an important part of recovering the ordinary-everyday of practice. There is a freshness and spontaneity at work in the live performance of an impressionist tale. It is ‘a tall order’ to ‘communicate in writing less of the cold ambition that come from print and more other truths and intimacies that come from speech’ (Tyler, 1986, p. 123).

Auto-ethnography is a fictive tradition. After years of writing academic style, I have gradually re-learned how to write the material world by closely reading auto-biographical pieces by Helen Garner (2008) and Joan Didion (2005). For evocative description of places and things I have tried to use brand names (Grenville, 1990), for example, ‘Formica’ and place names such as ‘Wade House Two’. Practising aspects of writing fiction as depicted in the following figure proved useful in developing a story-telling style:

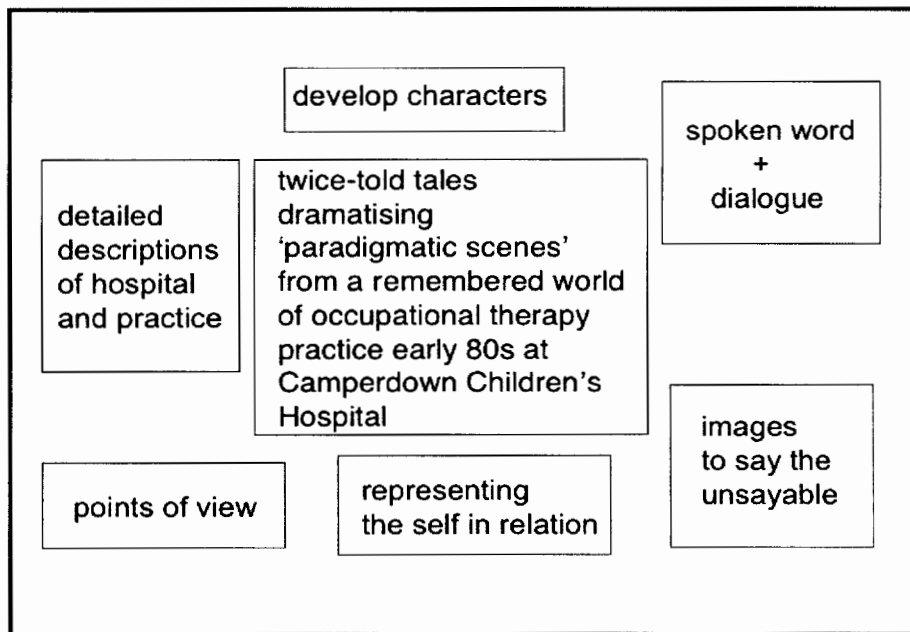


Figure 3.2: Aspects of fiction, adapted from Grenville, 1990.

In writing the twice-told tales, I had to weigh up the pros and cons of writing in first, second, or third person. Auto-ethnography is usually written in the first person (Ellis & Bochner, 2000). An auto-biographical defence of personal narrative in sociology will intentionally use the second person ‘you’ to address any charge of self-indulgence, name the work as self-involved and point out those neutral, disembodied conventions of a traditional masculine academic discourse (Mykhalovskiy, 1996).

However, in my twice-told tales, the therapist character's narratives are written in the third person, as 'she', in order to distance my self as the 'Sally' figure to become just another figure/ character in the drama. This is a methodological decision so that the story becomes more fictive, a rationale drawn from collective memory work (Crawford, Kippax, Onyx, Gault, & Benton, 1992), for writing all self-stories in third person rather than the dangers and risks of remaining in first person. Telling a story in the first person can run a risk of too much attachment to self and a certain set of memories.

My mind goes back to times that I regard as paradigmatic of my occupational therapy practice and to me progressively becoming an occupational therapist, back to primal scenes of sexuality, food and death, and back to bearing witness to transitional events — for example, menarche, hospital discharge, a death vigil — in the lives of displaced young people in hospital. Being aware of rites of passage is an important part of the *bridging, translational role* of occupational therapists. During a person's adaptation to chronic illness their occupational therapist may bear witness in the phase of metaphoric 'rebirth', encouraging both personal and social adaptation at times of transition and becoming (Solet, 2008, p. 934).

Impressionist tales are open to multiple interpretations and the writer has a degree of 'interpretive authority' when choosing the story in question. With my successive readings of both the articles and the tales, impressions and sense memories accrue and the patterns and layers culminate in *paradigmatic scenes*. I am standing between that culture and the interpretation as my own key informant. The untold tales imagine what practice could be and what it was — inspired by field experience, quarantined by more than two decades. In this way there is a time lag between original fieldwork and telling these 'tales of the field' (Van Maanen, 1988).

Writing 'within/against'

Previously, as 'a bodiless health care researcher' (Ellingson, 2006, p. 300), I used to rely on formal modes of writing to do the work of scholarly writing. Like my colleagues, I unconsciously imitated the conventions of authoritative

discourses of science and medicine ‘that support masculine hegemony and heterosexist power’ (Butler, 2006, p. 46). I was troubled by embodied representations, both published by nurses, of mental illness, addiction and the crisis of visibility (Bruni, 2002) and an insider account of back pain (White, 2003), and forbidden social work narratives about having a breakdown (Church, 1995).

Open to auto-biography — or so I thought — I still became unsettled reading very personal accounts within/against feminised professions that felt too close to my own profession and experience. As long as I was reading and hearing such auto-ethnographic narratives positioned *within* the authoritative discourse (Bakhtin, 1981), then I regarded these writings as too self-disclosive and exposing. Until I started to read *against* the discourse ‘interrupting comfortable reflexivity’ (Pillow, 2003, p. 187), I have to confess that I was likely as not to classify such personal narratives as auto-ethnographies of affliction.

Gradually, the viscerality and the pain expressed by these authors persuaded me to somehow start writing my body-self as part of my auto-ethnographic research, even though lived bodies have been strangely absent from healthcare research (Ellingson, 2006). Gradually, instances of vulnerable, embodied writing began to enter the tales of practice I was crafting. These ‘reflexivities of discomfort’ (Pillow, 2003, p. 187) began to open possibilities for:

A more embodied field of qualitative health care research [that] would maintain more permeable boundaries, be more difficult to categorize, and offer less certainty and more vulnerability. Researchers would have to address our fears of illness, death, and bodies out of control instead of staying detached and ignoring our bodies (and others’ bodies) (Ellingson, 2006, p. 308).

I seem to move between the cultural worlds of White, middle class occupational therapy academics, the watery worlds of both the Murray and the Pacific, my local heartland of Albury-Wodonga, my Sydney heritage and the virtual Internet world as an inland/urban Anglo-Australian woman, a mother and writer. Positioned within, against, around and outside these worlds, of necessity both

insider and outsider, within/against dominant discourses (Lather, 1991) causes me to wonder what is missing in a text. As reader I find a position outside the assumptions of the text, reading *against* the text and as writer I am suspicious of the ways a text has come to be (Lather, 1991).

A question posed by Tai Peseta (2005) in her auto-ethnographic doctorate on learning and becoming in the field of academic development at the University of Sydney stays with me:

What is it about the labour and organization of academic development that effaces such expressions of difference; that very often stifles our ability to creatively represent our work when we come to write of it? (p. 114).

Her question haunts me because it resonates with my experiences in the field where a palpable sense of apprehension and reluctance circulates about writing occupational therapy practice differently and critically.

My portfolio of tales attempts to be transgressive. The tales I have crafted transgress ‘the proper’ in form, genre and content. They are transgressive in form, being both fictional and twice-told in an era of narrow interpretations of evidence. They are transgressive in genre in that they have an auto-ethnographic focus problematising self and other (rather than an expected focus solely on the client). They are transgressive in content — experiences related to sexuality, food and death are under-documented in the professional literature and certainly not written about in combination. In these ways, by writing beyond ‘the proper’ in this manner, I leave behind the rather curious core value of ‘prudence’ that has been passed down to Australian occupational therapists from the American Occupational Therapy Association Code of Ethics (American Occupational Therapy Association, 2000).

Transgressive accounts go beyond ‘the proper’ to trouble the ethical relations of self and other in order to break through the dominant representations of professional practice, creating new knowledges. The dominant discourses are

being challenged by scholars such as Ruth Behar in anthropology; Linda Brodkey, Peter Clough, Tai Peseta in teaching and learning; DeLysa Burnier in political science, Barbara Jago in communication studies and Ann Neville-Jan, Anne Kinsella, Rachel Thibeault and Nancy Salmon in occupational therapy. I have come to consider their accounts transgressive auto-ethnographies of (professional) practice.

I am suspicious of the term ‘professional’ claiming space in the same sentence as ‘transgressive’. The sorts of accounts of professional practice that enable power to circulate between the actors involved seem particularly relevant to re-working identities in the professions. Re-making the somewhat tired attributes of conventional professional identity, such as ‘professional expertise’ and ‘professional detachment’, into more cooperative, co-productive ethical qualities would be timely.

Distilling the phases in my auto-ethnographic writing process

In *Getting lost: Feminist efforts toward a double(d) science*, Patti Lather (2007) revisits the earlier publications that mark her trajectory as a feminist methodologist, inserting what she calls an ‘Interlude’ between each of the existing texts in her book. In folding her new and old writings both forward and back, she achieves a polytemporality. Situating feminist research both within and against traditional approaches to social science ‘makes it possible to probe how feminist research re-inscribes that which it is resisting as well as how it resists that re-inscription’ (Lather, 1991, p. 27).

In *Fields of play: Constructing an academic life*, Laurel Richardson (1997) explores these two questions: ‘How do the specific circumstances in which we write affect what we write? How does what we write affect who we become?’ (p. 1). Her reflections on the co-authored ethnographic drama ‘The Sea Monster’ gave rise to the ‘writing-story’ genre, the story of how a text is constructed. She found the power of this genre by writing the story of co-authorship as *her* story, ‘not allowing another voice to penetrate the text’ (p. 74). Each representation or ‘writing-story’ that she produced, on re-reading an

existing piece of writing, becomes increasingly evocative, 'illuminat(ing) a different facet of the complexity of a writing-life' ... as 'Forewords' or 'Afterwords' (p. 5).

The idea of writing as a method of inquiry (Richardson & St Pierre, 2005) has been recently extended into a 'new theory of representation' (Somerville, 2007, p. 225) that articulates 'the common elements of these alternative approaches to research so that each individual and each research project is not an isolated effort to break through the unsayable to new knowledge' (Somerville, 2007, p. 225). Spurred on by Indigenous colleagues, Somerville has gone further than deconstruction to the idea of hope. Her new theory of representation is cyclic, focusing on 'creation of meaning from the relationship between the parts... creation from working the space in between' (p. 239).

These foregoing bodies of work have shaped my auto-ethnographic project in several ways. First, through deconstructive notions of doubled writings and tellings published in a single volume (Lather, 2007); second, using writing as a method of inquiry (Richardson & St Pierre, 2005); and third, in terms of post-modern emergence, both 'becoming self' and 'becoming-other' (Somerville, 2007) as a vulnerable observer (Behar, 1996).

My research design certainly posed some ethical challenges: first, the impossibility of re-reading my own publications dispassionately, many years after they were written in some cases and occasionally 'getting lost' (Lather, 2007) in the process; second, it goes against the grain of much academic discourse to write both self and other into a larger story:

By writing themselves into their own work as major characters, auto-ethnographers have challenged accepted views about silent authorship, where the researcher's voice is not included in the presentation of findings (Holt, 2003, p. 2).

And third, coming to understand writing as a site of moral responsibility where authors acknowledge and celebrate previously silenced actors (Richardson, 1997):

Wherever text is being produced, there is the question of what social, power and sexual relationships are being reproduced? How does our writing ... reproduce a system of domination and how does it challenge that system? For whom do we speak, and to whom, with what voice, to what end, using what criteria? (Richardson, 1997, p. 57).

The auto-ethnographic assemblage presented here is a 'layered account', incorporating twice-told fictional tales crafted in dialogue with selected self-generated journal articles. Each tale has an introduction and critical commentary. A layered account (Ronai, 1995) shows connections among 'personal experience, theory, and research practices' as the writer moves 'back and forth between narratives and reflections on those narratives or their content' (Goodall Jr, 2008, p. 68). Given that this extensive writing process was layered, frequently repetitive, often intuitive and definitely circular, the experience can be distilled into the following phases.

- (1) Assembling a published body of work and deciding on the selection criteria;
- (2) Critically re-reading and situating three articles published at points of becoming;
- (3) Using images as a stimulus to writing new, fictive, twice-told tales;
- (4) Developing critical commentary around and across the tales.

I unfold each of the phases in my auto-ethnographic writing process in this next part of the chapter.

Assembling a published body of work and deciding on selection criteria

I began by locating the hard copies of twelve of my significant publications on youth-specific occupational therapy from the last 20 years or so. Once all twelve publications were bound in a single volume (see Appendix 1: My published body of work (1985-2005)), the next challenge was how on earth was I going to select a smaller number of publications for particular focus from this published body of work? I rejected selection criteria based on (1) topic, (2) theoretical framing and (3) type of journal. At last, I decided to select publications according to criteria relating to points of becoming (Somerville, 2007) in my life as already outlined in Chapter 1.

These points of becoming had occurred at times in my life when I was at a particular crossroad where I had to fit the pieces together without a map. The turning points were first, when I was an experienced therapist anticipating motherhood in 1985, second, the point when I found my self relocating to an inland university and becoming an academic in 1996, and, third, becoming a doctoral student in 2005 after being an occupational therapy academic for a decade. The corresponding publications I finally selected for further inquiry demonstrated my unfolding understandings of practice around each of these points of becoming.

Critically re-reading and situating the three selected articles

I selected three articles published around these points of becoming roughly a decade apart for particular focus to demonstrate my unfolding understandings of practice in the 80s, the 90s and the early 21st century. The publication that each tale is crafted in dialogue with is located in a particular journal and I explain how it was that my article came to be published there.

Critically re-reading each publication often meant starting with a point of tension, a 'disjuncture' or point of 'bifurcated consciousness' within the writing (Smith, 1987). Hence, there were disjunctures between what was intended and what actually happened, between the real and the ideal, between individual and institutional agendas (Townsend, 1998). By re-reading, I encountered points of

departure for the ensuing tale. These places of disjuncture (Smith, 1987) in the text demanded the fictional crafting of a moment/ fragment of everyday practice.

My two earlier publications (Denshire, 1985b; Denshire, 1996) observed formalised conventions for scholarly writing with little characterisation, dialogue, particular description or points of view. Re-reading the early articles, in places I noticed monologue, extensive citation and the language of the 'victory narrative' (Groundwater-Smith, 2008). The publications were of their time and no doubt the language was as it was for a purpose. The final article (Denshire, 2005b) is a hybrid piece. In the later work you can catch a glimpse of characters and dialogue, foreshadowing fiction.

The original abstract of each article is included to orient the reader at the start of each tale. Peter Clough (2002) set out a reading of his own stories with the first and last paragraph of the story in question formatted in a text box on the page. Reading his work I found this recap helpful so I have also put texts within texts, in this case, an abstract of each article follows straight after the title page of each twice-told tale.

Using images as a stimulus to writing new, fictive, twice-told tales

My tales of practice are inspired by and depicted through a range of images. Some of the images are re-produced in the thesis. These trigger images — photos, paintings, video, cartoons — can do more than affirm the text. Rather, such images, in portraying places of difficulty (Richardson & St Pierre, 2005) may reveal untold stories, communicating the otherwise unsayable. Like fiction, visual images can 'make the familiar strange' (Davidson, 2004, p. 59). The image can help us recognise the symbolic and non-verbal content in the social world, as a locus of discovery by itself and in combination with other forms of data (Davidson, 2004).

The Youth Arts Program largely comprised visual arts projects. *Ekphrasis*, or writing that is inspired by visual arts forms (Holman-Jones, 2005), is the Greek word for the meditations on paintings that already appear in my body of work. I have used visual images of personally significant places as a stimulus to crafting

the tales and to say the otherwise unsayable. The tales take a brush to what I have already written, introducing and restoring colour to that pale green hospital environment, dramatising ‘paradigmatic scenes’.

Visual images can be whimsical, ambiguous, beyond the verbal and the textual, playful, creative, offer inspiration rather than information (Robertson, 2006). Hence, a photo of an actual girl from Noumea, a cartoon with the caption, ‘you’re doing a lot of growing up’, from the book, *Period*, (Gardner-Loulan, Lopez & Quackenbush, 1979) and a painting of life on Bega Island that I had bought from the artist in Fiji gave rise to the memories that inspired my first tale, ‘Le moment de la lune: A tale of practical support at menarche’. A video, *Great Escape Two* (Hastings-Smith, 1986) and a photo of a group project from the Youth Arts Archive conjured the collective characters in my second tale, ‘Orchestrating a surprise party: A collective tale of youth-specific occupational therapy’ and a photo of a mural painted on a hospital wall by Pixie O’Harris was pivotal to the story line of the third tale, ‘Assembling Sofya’s keepsake: A tale of dying young’.

The emerging theme of the picture is epitomised by the appearance of *The sock knitter*, representing occupational therapy heritage, in Part 1, as well as in the opening and closing chapters of the thesis. My use of a pictorial device is influenced by Catherine Brighton’s (1985) *The picture*, an illustrated children’s story of illness experience written in declarative language. She evokes telling images with very scant lines, ‘I go, I go into the picture ... she takes my hand, ... she gives me a drink, it tastes of cloves ...’. Working with images can conjure associations and trigger departure points for an ensuing tale. It is as if the tale ‘colours in’ the spaces in the article. In the tales I am ‘writing in’ what is not written about in my articles and in occupational therapy generally. This ‘writing-in’/ re-inscribing is the thesis method.

Moving back and forth between my old and new writing like this is in keeping with an epistemology of postmodern emergence (Somerville, 2007). The portfolio of fictional tales, crafted in dialogue with those existing articles, and written in their gaps and silences, assembles an auto-ethnographic account of

practice. Each tale contains first and second tellings of an ‘eloquent episode’ (Levi, 1961) from my work with young people in hospital, each framed with critical commentary.

Developing a story by devising a plot with a cast of characters in a particular setting is analogous to formulating a theory and hypothesis (Winter, 1988). For these tales to become ‘tales of the field’ they need to be recognisable and to resonate with colleagues with possibilities for ‘open[ing] up their own writing practice’ (Somerville, 2007, p. 228). Such ‘writing the ordinary’ may have ethical implications for expanding the ways occupational therapy can be written.

For me, the process of writing each tale began using images as a stimulus to writing. At first I would write in ‘stream of consciousness’ then edit the text line-by-line, sentence-by-sentence to make two versions of the story. The first telling by the occupational therapist character was written in third person and the second, by the character of a young woman in hospital, was in first person. I checked that the twice-told tale revolved around a ‘paradigmatic scene’ as explained earlier in this chapter, stripping out the parts that did not. Each paradigmatic scene was told, first, by an occupational therapist and, then, by a young narrator.

Tropes of the girl on the edge of puberty, the White woman in her 30s working as an occupational therapist and the grandmother figure arrived as the tales were forming. I continued to work with the visual to communicate the otherwise unsayable. I wrote and re-wrote, revising each tale until it was coherent, interesting and believable according to Van Maanen’s (1988) criteria for impressionist tales. It took as many as ten drafts. Gradually I crafted an auto-ethnographic tale of *practice*, i.e., a ‘practitioner auto-ethnography’.

I practised writing aspects of fiction such as characterisation, dialogue, point of view, and description. Plot was an aspect of fiction that seemed less important in my work. A unity of place, time and event (action), the three unities in French literary theory (Corneille, 1989), can achieve suspense and tautness in a drama. Eventually I achieved a unity of event, place and time. My forgotten

tales of practice (event) about an occupational therapist working full-time during a 5 year period between 1981 and 1986 with young people in a children's hospital (place) took place over 24 hours (time). The tales show some of the practice-based dilemmas and tensions from that era.

Writing to appeal to the senses, in particular smell and taste, there is an olfactory aesthetic in the tales that I elaborate in Chapter 8. Overall, they are intended to re-inscribe colour, emotion, music and song to that 'pale green environment'.

Developing critical commentary around and across the tales

My critical commentary shows connections between each article and tale, how each tale both problematises particular aspects of the everyday and can be read within/ against constructions of 'professionalism' in the bigger picture of occupational therapy. Taking theoretical, auto-biographical and heritage aspects into account, I developed prefatory and critical commentary materials for both articles and tales. Each tale was coupled with each article, 'crafted in dialogue' with the articles. Parallel processes, for example, links between each tale, and tropes and songs can be identified across the three tales.

My supervisor, and several cultural insiders who are described towards the end of the chapter, read each tale for recognisability and resonance, i.e., for aspects that felt familiar and that endured because they resonated with their experience. The tales and accompanying auto-ethnographic images were assembled into a portfolio together with over-arching critical commentary. Finally, the completed tales were self-evaluated according to Van Maanen's (1988) criteria and my evaluative reflections on the tales form part of Chapter 8.

Introducing the tales

Each tale starts with a deceptively simple fiction, then I complicate it through telling each tale twice, crafting it in dialogue with published work, situating that published work and then writing critical commentary that explains why it was necessary for me to turn to literature from anthropology, critical psychology and contemporary fiction as a stimulus to writing the tales. The tropes of a girl on the edge of puberty, the grandmother figure, and 'the picture' from the first two tales are repeated and elaborated in the final tale. A précis of each tale follows:

'Le moment de la lune'

My first tale, 'Le moment de la lune: A tale of practical support at menarche' was crafted in dialogue with 'Normal spaces in abnormal places,' an article on the significance of environment in occupational therapy with hospitalised teenagers published in the *Australian Occupational Therapy Journal* (Denshire, 1985b). The first telling of the twice-told tale 'Le moment de la lune: A tale of practical support at menarche' is told from the viewpoint of Meli's occupational therapist. Then Meli, a young woman living with a disability who is learning to manage her first menstrual period in hospital tells a longer, second version, 'Through Meli's eyes'.

'Orchestrating a surprise party'

My second tale, 'Orchestrating a surprise party: A collective tale of youth-specific occupational therapy' was crafted in dialogue with 'A decade of creative occupation,' an article on the production of a youth arts archive in a hospital site published in the *Journal of Occupational Science Australia* (Denshire, 1996). The first telling of 'Orchestrating a surprise party' closes with Cheryl and the Sally character talking about the fluctuating value of both Indigenous support work and youth-specific occupational therapy as professional practices. The second telling takes place amid the conflicting demands of discharge. Julie's telling focuses on the meaningful relationships she has made in hospital during this admission.

'Assembling Sofya's keepsake'

My third tale, 'Assembling Sofya's keepsake: A tale of dying young' was crafted in dialogue with 'This is a hospital, not a circus!' an article reflecting on generative metaphors for a deeper understanding of professional practice published in the *International Journal of Critical Psychology* (Denshire, 2005b). The first version, 'Working with ritual and memorial', is told from the viewpoint of Sofya's occupational therapist who assembles a memento in the girl's honour after granting her dying wish for a keepsake. Then Sofya, who is about to die tells the second version, 'My anne and baba²⁹ feel me slipping away...'

²⁹ Mother and Father in Turkish

Why 'tales'?

Lying on the Tibetan gold broadloom carpet in the lounge room with the gunmetal blue Conray heater on full, I watched *Disneyland* on television at six o'clock on Sunday nights growing up in the 1960s. Walt Disney would come onto the screen, in a suit and smoking a pipe, to introduce the various tales of 'Frontier land'. Memories of those televised tales, the conquered frontiers, the colonising of Indigenous nations, have now faded. But still I hear the voice of Walt Disney (or, more likely, his script writer) intoning, 'tall tales and true from a legendary past'.

Now I use Walt's words to mean the sort of tales that communicate something larger, while being true to life, the sort of tales that came from a deeper vein of story, believable to a particular community. My auto-ethnographic fictions are crafted in the tradition of 'tales of the field' (Van Maanen, 1988), in this case, the 'field' of youth-specific occupational therapy practice. Like Disney's, my tales are also constructed around fictive ways of being true and necessarily derive from the past. I have chosen to use 'tales' in the plural to underscore the multiple truths existing in an era of evidence-based practice.

A therapist writing ethical tales of practice needs to employ both fact + fiction within/ against narrow interpretations of evidence in order to restore 'the relational dimensions of practice' (Kinsella, 2006, p. 44). When writing auto-ethnographic tales of practice I suggest that we need to avoid heroic portrayals both of the therapist (redemption narratives) and her work (victory narratives) because then we risk seeming overly virtuous. Instead, we need to aim to craft tales that are interesting, coherent and believable enough (Van Maanen, 1988) to resonate with the experiences of others, and so qualify to be known as 'tales of the field'.

Why each tale is twice-told

There are two main reasons why the tales are crafted as twice-told. First, interactions in the tales are between several actors who are doing everyday things together during moments of occupational therapy practice in hospital, things like making managing life transitions, preparing food and symbolic

objects. Always, there is more than one version of events and hospital work always involves multiple competing realities. Moments in my tales of practice are intended to evoke this sense of multiplicity and, at times, competing interests.

Second, the tales are twice-told to bring out relational moments of practice, moments of shared humanity between self and other (Muecke, 1997) and also the otherness of oneself. For example, the halting conversation between Meli, Sally and Jeanne, the interpreter, as they struggle to name menstruation in a Children's Hospital; my frustration at persevering with preparations for a surprise party for Julie and dealing with the lack of interest and perhaps derision of others; and the toll of keeping an intense death vigil with Sofya and her family on my tired body and the aching grief afterward. Such tellings are intended to redress any professional othering that may have occurred as part of the demand to write impersonal victory narratives in the articles.

Dealing with difference and becoming

A women's lineage in the tales underscores that most occupational therapists are women and that women are a significant part of our case-load although archival photos of practice, for example, in Anderson & Bell (1988b), nearly always depict female therapists working with male patients, frequently soldiers. The presence of girl characters as patients in the tales intends to redress this imbalance.

Girls on the edge of becoming women are tropes in all three tales. Ruth Behar's (1996) very personal essay, entitled 'The Girl in the Cast', describing how '[t]he body doesn't forget' (p. 118), details the ways her anthropologist self was subsequently affected by being immobile for close to a year when she was eleven. Her poignant account describes the consequences of physical and psychological constraints put on her in the year after her accident.

Girls on the edge of adolescence may lose confidence and their voices may feel de-legitimised (Gilligan, 1990). The narratives of Chicana writer Sandra Cisneros (1991) are notable in that they do respect the fluid boundary between

girl and woman and take into account issues of ethnicity and class (Behar, 1996). Perhaps the tropes of the girl on the edge of puberty (and the accounts of girlhood), the occupational therapist in her 30s and the grandmother figures also symbolise something of the paradox and confusion in the stage of maturity the profession is at in relation to challenging a prevailing gender order.

The full-length novel *Mr Pip* by New Zealander Lloyd Jones (2006) is narrated by thirteen year old Matilda, who is eking out an existence after a massacre in her village on Bougainville. Following violent attacks by rebels, she continues to learn by listening to the stories of Charles Dickens read aloud by the sole White person on the island who has decided to assume the role of teacher. Similarly, my character Meli, from Noumea, is also a young narrator within the scale of the short story although I did not read Matilda's story until Meli's character was already quite developed.

Three girls becoming women outside the dominant culture, have been selected as the main characters in my tales. There is Meli, a young woman who has come to the hospital from Noumea for surgery. There is Julie, a young woman who is an Indigenous Australian living in inner city Sydney. And there is Sofya who is Turkish-Australian. My recollection of the cultural heritage of the young women portrayed in the tales is that they were representative of the demographics of young people in the children's hospital. They preserve the class and status differentials between occupational therapists and this client group. This is an auto-ethnography of my life and at that time that is how it was.

It has been challenging trying to portray others of difference. At times I have been at a loss as to how to convincingly describe the habits and customs of others and in particular, the geographical and political aspects of their homelands. The characters I have created can do no more than roughly approximate aspects of Middle Eastern, South Pacific and Aboriginal Australian cultures in ways that an Anglo-Australian woman from the 'developed' world who travelled and lived in these parts of the world has experienced them. I am unable to replicate the experiences of insiders living in precise locations.

What does it mean for me to be a White woman writing the other? Having worked with culturally and ethnically diverse families from the Inner West of Sydney, who were often poor, I have tried to address my ineptitude as a White woman from the North Shore writing the voices of non-Anglo Australian others by asking cultural insiders to comment on the tales throughout the writing process. An Indigenous Australian colleague has usefully commented on questions of death and cultures and I have also incorporated the feedback from a social work academic formerly working at Children's Hospital and now researching cultural issues.

Ideas used in shaping the tales have also arisen from ongoing discussions with an auto-biographical writer researching critical race and Whiteness and with a novelist writing in Pacific and Asian studies. Occasional feedback from occupational therapy colleagues has been incorporated into my depictions of practice. A Turkish doctoral student colleague read Sofya's tale and made valuable suggestions regarding Turkish language, religious beliefs and gender roles. I have used standard English for the characters so as not to marginalise inadvertently, in the process problematising my own Whiteness.

This chapter began by laying out the theoretical frame of my auto-ethnographic inquiry. I distilled the phases in my auto-ethnographic writing process — how I actually went about writing the tales — and then introduced the tales. Now, the next chapter contains some auto-ethnographic reflections on the particular place and time where the articles and the tales are set. I will show you what it was like to work at Camperdown Children's Hospital as a youth-specific occupational therapist in the early 1980s and take you on a wander around the hospital buildings and grounds, calling in at the Occupational Therapy Department and the Adolescent Medical Unit on the way.

Chapter 4: A 'cultural geography' of Camperdown Children's Hospital

Image removed from electronic copy of thesis due to third party copyright.

Figure 4.1. Façade of The Children's Hospital prior to the relocation to Westmead in 1995. Photograph by Richard Gates

Source: The Children's Hospital (n.d., p. 153).

Graffiti painted on the liver coloured brick wall of a building diagonally opposite Wade House read, 'Welcome to Camperdown — Sydney's first 100% carcinogenic suburb!' You heard traffic sounds and smelled traffic fumes suspended in the inner city air, sometimes you tasted a fine grit in your mouth and outside the Outpatient building was the aroma of Weston's biscuit factory at baking times.

The authoritative sign over the entrance — **WADE HOUSE** — in blue enamel letters stood out from the blond brick. Paediatricians saw their private outpatients in these rooms in the west wing of the building. The other wing has three floors of inpatient wards. In her auto-biography *Was it yesterday?* Australian artist Pixie O'Harris (1983) tells the reader that Sir Robert Wade had commissioned her to paint fairy tale maidens on the walls of Wade House Ground. The Oncology Ward was also on the ground floor. The wards in Wade House One (WH1) and Wade House Two (WH2) were quite airy and light, with large rooms and balconies. Presumably these were reserved for those private patients in a public hospital, although this was never made explicit.

Toys softened the waiting rooms — plastic farm animals, rag dolls, clocks, spinning tops, stacking toys and dog-eared magazines for the parents. These public toys were hugged and dribbled on by many children. The comforting soft toys were harder to keep clean. The jacarandas and rose bushes personally pruned by the superintendent were emblems of Wade House lawn. Kids looking over the balcony from Audiology, four floors up on the top floor of Wade House, just made out the tiny frogs in the fishpond painted in the courtyard below.

Wandering through Camperdown Children's Hospital prior to the opening of the Adolescent Ward, what comes to mind were images of that 'pale green environment', sick children in beds staring at endless blank walls painted very pale green. There was the institutional green of antiseptic gowns and drapes in the Operating Theatres, sights and sounds of Wade House and the Outpatient Department, that smell of baking from Weston's Biscuit Factory.

I remember one morning when pest control chemicals forced thousands of cockroaches to crawl out from under the M-shaped inpatient main block housing the wards, operating theatres and kitchens. The surrounding lawn turned black and seething as the insects lay blinking, unaccustomed to the daylight... Then at Christmas, the front windows of the dark red brick flats at the 470 bus stop

opposite the hospital were festooned with tinsel, and Christmas lights blinked between the Venetians.

Whenever a child had died at Camperdown Children's Hospital, there was no signage on the dark red mortuary built of liver coloured brick. There was a 'distressed parents' room in Casualty, to contain the grief that must be contained. Where in the hospital grounds did a father with little English grieve? Chain-smoking, he listened to the bird song in the aviary. Sitting, on a dilapidated park bench he rocked, lost under the sweeping purple jacaranda boughs, his worn soles tapping the asphalt...

Extent of youth-specific occupational therapy before the Adolescent Ward

The Royal Alexandra Hospital for Children is a widely known and respected institution providing highly specialized care for children and adolescents from New South Wales, broader areas of the adjacent states Queensland and Victoria, and Islands of the Western Pacific. Significant numbers of adolescents are admitted annually. Over the years 1977-81, 600-700 young people aged 12 years and over were admitted annually for inpatient care, i.e., approximately 12-15 per week. In 1982, however, there were 1038 adolescent admissions, representing a 44% increase over the previous year. Many of the teenagers who use Royal Alexandra Hospital for Children have experienced hospitalization over a long period. Approximately 45% of all adolescent inpatients have a chronic or disabling condition (Denshire & Bennett, 1985, pp. 218-219).

Often, young people treated for chronic illnesses spent Christmas in hospital and their birthday in hospital. The protracted campaign to open the Youth Ward (see Chapter 5) focused on securing dedicated space for young people who were 'regular customers' of the hospital. Publicity materials for the Youth Ward Campaign (see Figure iii) provided some 'tangible acknowledgement that teenage patients support each other and receive better and more comprehensive care when they are grouped together' (Denshire, 1985b, p. 147).

Until the Adolescent Ward opened in 1987, the work with teens in hospital, in

particular the informal work done at the bed-side, in the corridor and in the youth centre, was marginal in a paediatric hospital. Elements of the infrastructure at the Adolescent Medical Unit, such as the medical records, receptionist and waiting area, were primarily designed for adolescent outpatients who had been given appointments for medical checks and family therapy, rather than for inpatients.

Frequently, the occupational therapist and other informal workers would bring hospitalised young people from the wards across the road to the youth centre. My article, 'This is a hospital, not a circus!' engages with the complexity of doing youth-specific occupational therapy at Camperdown Children's Hospital. It represents the tensions and dynamics of what it means to be an occupational therapist in this paediatric inpatient setting, the paradox of being a youth-specific occupational therapist. In a sense, youth-specific occupational therapy in this institutional setting issued a 'carnavalesque challenge' to Medicine.

The role of 'adolescent' occupational therapist (Denshire & Bennett, 1985) is summarised at the end of this chapter³⁰. Writing for the occupational therapy community, I first used the term 'youth-specific occupational therapy' (Denshire, 1985b) to name this counter-cultural approach in working with young people in hospital. The work was literally done in back rooms (or in corridors) as well as 'back staging' to medical (and nursing) dramas. These places have not traditionally been acknowledged and written about publicly.

This youth-specific practice happened in many (in)formal spaces of Camperdown Children's Hospital as well as designated clinics and treatment areas. These informal spaces included bed-sides, toilets, bathrooms and kitchens; corridors, foyers and the street; sitting on the lawn, visiting the Fred Birks Activity School and in the Youth Centre. There were also beach excursions to Manly and Nielsen Park in the summer with co-workers, and occasional home visits and community travel training on buses and trains.

³⁰ The term 'adolescent' occupational therapist had proved confusing — for example, the journal editor inserted a comma after adolescent in Denshire and Bennett (1985), thus changing the meaning.

I recall reading ‘Order and disorder in medicine and occupational therapy’ (Rogers, 1982). Her critical work was published when I was an occupational therapist about to turn 30. It influenced my early career as I struggled to differentiate from medicine. Back then, I noted that both underground practice and backroom practitioner could disrupt the institutional taken-for-granted on occasion:

Working with adolescents in a children’s hospital can sometimes feel like being part of a ‘counter movement’ in that working in the interests of an individual teenager may not be in the interests of the institution, wishing to maintain the status quo (Denshire, 1985b, p. 147).

Whatever unwritten boundaries occupational therapy may have had back then were pretty fluid. I recall a Head Occupational Therapist at that time who told us that the fact that we occupational therapists always had ‘plenty of time’ to spend with patients was something that distinguished us from the rushed paediatricians. I certainly worked in an expanded role in the years before an Adolescent Ward was opened. In the absence of a dedicated inpatient adolescent social work position in the early days, I would take on an informal, liaising role with family members and staff.

Taking the role of support person in the absence of an Adolescent Ward meant acting as a ‘go between’, a translator/ bridge, working with paediatric staff to raise awareness of the needs of young people, as distinct from younger children (Denshire, 1985b). I was working on behalf of a young person and facilitating low-key peer groups.

My daily practice back then frequently involved selecting, interpreting and making images. Introducing colour to parts of the hospital environment where it was lacking via visual images, event posters and sensory objects was an unacknowledged, taken-for-granted aspect in individual occupational therapy sessions and Teens in Hospital groups. With the opening of the Adolescent Ward this work would be done by the artist.

When a young person that I knew well was dying with a terminal illness in hospital, I was frequently the one communicating between the family and the many people involved, for example, admitting doctor, honorary, resident, social worker, recreationist, child and family psychiatry staff, the shifts of nursing staff, chaplain, family members. I have acted in this ‘go between’ role many times in real life but never written about it. Now I have done so in Chapter 7.

All forms of human ‘function’, that is to say whatever someone can and can’t do, were accepted unquestioningly as the domain of concern of occupational therapists. In hospital parlance, however, more often ‘O.T.’ was shorthand for ‘operating theatre’ than for ‘occupational therapy’. In the 1980s, for a specialist to write ‘functional referral’ on a consult sheet, was considered derogatory by ‘medicos’. It signalled that they were washing their hands of the ‘case’. Writing ‘functional’ on a medical consult sheet addressed to occupational therapy — a yellow consult sheet was the standard way specialists would refer their patients — meant that a ‘case’ was undiagnosable. Sometimes specialists appeared to wash their hands of a ‘case’ by handing it over.

Adolescent medicine could be considered a maverick speciality in the early 1980s, still getting established as a specialty distinct from paediatrics. Referrals from medical staff to non-medical staff could be pretty ‘hit-and-miss’. They could seem optional, as if they didn’t really count. Quality assurance was just being introduced in the 1980s. As I recall, accountability imperatives were just starting. Size of caseload — the number of patients an occupational therapist took on — was still mainly linked to the personal integrity of the practitioner, although surveillance required us to keep statistics to account for our time in fifteen-minute units.

This hospital workplace with its multiple locations felt conducive to producing particular sorts of texts, submissions that observed basic conventions of academic writing, written in third person, organised under subheadings with substantiating references. Working at the Adolescent Unit, we were expected to document innovative demonstration programs and focus on the successes in

adolescent health programs. All the hope and dreams we had! Doctors in a teaching hospital were expected to publish and writing for publication was easier for any of us to accomplish in a medical environment where we had access to mentors and colleagues who were writing, library services and, pre-computers, some secretarial assistance.

Occupational therapists did not often write about their practice then or, if they did, it was rarely published. Their accounts were under the covers of the official public story (Goffman, 1961). Apart from the short pieces published in the International Youth Year issue of the *Australian Occupational Therapy Journal* that are described in Chapter 5, and the brief article ‘A summer experience: Aspects of the youth culture – some of their needs and alternative ways of meeting them’ (Westall, 1976)³¹, I have found few in-depth Australian accounts of youth-specific occupational therapy in my careful reading of the occupational therapy literature.

I was ‘on the record’ on several occasions during this period as one of three Sydney delegates at an international workshop on comprehensive youth services organised by the founders of ‘³²The Door’ in New York and held in Toronto in 1983, shortly after the tales are set. In this capacity, I recommended establishing partnerships between young people and adults, the ‘authority of experience’ and redistribution of power to change the shape of a health service (Denshire, 1985b). This youthful idealism was matched with action. We were able to translate the multi-service youth centres model to Australian contexts following workshops with Dr Lorraine Henricks which resulted in the setting up of centres such as The Warehouse in collaboration with Family Planning Association, and High St Youth Service in Western Sydney.

³¹ Colleen Westall was the former name of Colleen Mullavey-O’Byrne.

³² As someone who predominantly worked in a medical setting I was identified as ‘M10’ in Peppard’s research.

I was also one of the key informants³² interviewed in the 1990s by colleague Judith Peppard in her doctoral research into the history of adolescent health in Australia in the 1980s. I made the point (as ‘M10’) that, as hospital-based youth-workers, we shared hospital resources with local youth workers on the understanding that ‘giving issues [such as unemployment, homelessness and sexuality] a medical label anointed them with the social status of medicine making funding more likely’ (Peppard, 2002, p. 42).

The milieu of everyday creativity-based approaches in hospital

Those of us working informally with young people in hospital in the Teens in Hospital Groups, via one-to-one contacts and, later, in the Youth Arts Program often shared a strong collaborative ethos. On occasion, however, some disciplinary tensions arose between the various workers involved. Even though it came into being after the tales set in the early 1980s, the Youth Arts Program story is part of telling the tales, as it informs the meta-narrative to the tales (and the auto-ethnographic image for Chapter 6). Since 1984, several occupational therapists, in partnership with a series of artists, have offered the Youth Arts Program, a highly innovative program that became more institutionalised with time, perhaps due to demands of funding submissions.

On occasion, I felt ambivalent about the privileging of youth arts at the expense of occupational therapy approaches and working conditions. During my time at Camperdown, the adolescent occupational therapist position remained seconded, while I continued to go out on a limb negotiating and writing submissions for successive artist positions. In the thirteen years I worked there my position at the Adolescent Unit was never made permanent and continued to be largely funded from the Occupational Therapy Department budget. Towards the end of my time at Camperdown, I reflected on the challenge of writing successive funding submissions:

Short term grants for innovative projects are the rule rather than the exception ... it is a political reality that influential individuals and organisations are needed to support this work ... Balancing the conflicting demands of media coverage, visiting celebrities, submission writing and fundraising is an art in itself! (Denshire, 1993, p. 22).

At the beginning of the 21st century, Judith Peppard (2002) located the Youth Arts Program within the professional practice of occupational therapy in her doctoral research, unpacking the respective roles of both Occupational Therapy and Youth Arts in advocating for institutional change (Denshire, 1993), as the following excerpt shows:

Occupational therapy, among the professions 'ancillary to medicine', probably has the longest and strongest record of responsiveness to the context of the client and of innovative problem solving. The Youth Arts Program is an example of this (Peppard, 2002, p. 112).

More recently, however, occupational therapy can be 'written out' as an unnamed practice in current explanations of creativity that are linked exclusively with 'art'. For example, the Youth Arts Program has been re-packaged based on understandings of creativity and healing from the visual and performing arts and endorsed by adolescent medicine, recommending that young people on the Adolescent Ward engage in 'endeavours that are distanced from overt therapeutic intent' (Thwaite, Bennett, Pynor, & Zigmond, 2003, p. 70). I take up understandings of creativity again in Chapter 6.

A gender analysis of hospital structure and facilities in early-mid 1980s

My portfolio of auto-ethnographic tales 'provides a unique lens' (Taber, 2005, p. 289) that practitioners and researchers can use to examine some of the challenges for women working as occupational therapists in Australia children's hospitals in the early-mid 1980s. I could not have come to the realisations discussed here while I was 'embedded' (Taber, 2005, p. 297) within the organisation, on the endless quest for innovative practices and programs. It is only now that I can interrogate my lived experiences in relation to gender in the

context of being an occupational therapist at Camperdown Children's Hospital. I am starting to realise how my individual experiences were shaped by larger structural issues that stay out of view without deliberate analysis (Taber, 2005). Only on reflection do certain motivations and realities become clear.

Back in the 80s, as M10, I 'realise[d] the political sensitivity associated with young people having a consistent voice' and that the changes we were trying to bring about 'flew in the face of the dominant organisational culture' (Peppard, 2002, p. 33). I made this comment in relation to Korobra, a youth conference I had initiated that ran in parallel with an international adolescent health conference in 1987. In a transcript of the interview, I recall:

... the high ideals and horrible realities of trying to marry two groups with such unequal power bases ... that we did try to do it ... meant that attempts that are being made in the nineties are of much better quality because of the stumbling around we did in 1987 (Peppard, 2002, p. 123).

On reflection, my summation of the innovative work we did back then was perhaps too emotive and dismissive in the transcript. Now I can see that it is necessary to acknowledge the growing pains that are inevitable with new approaches. More likely, they are the necessary steps in learning how to collaborate democratically across the generations and without paternalism.

Foucault (1975) reminds us that the clinic reorganises what is seen and said. We did not often stand alone as women working in clinical settings in the early 1980s. I relied on medical patronage, positioned as a woman in a medical workplace. Our actions were authorised and signed off by medical staff. We possessed little autonomy. Often, I felt swamped by the power and infrastructure of Medicine, for example, getting permission to take young people out of the hospital during school holidays. Applications for youth arts funding had to be counter-signed by people who themselves had little knowledge of youth arts approaches but were merely the designated authority.

The majority of hospital staff members were women. Nurses, the largest occupational group, had minimal influence on hospital policies and ‘the real authority was held by senior doctors on the staff’ (Evans, 2005, para 12). Apart from the Matron, officially men ran the hospital and there were a disproportionate number of male managers. In the absence of allied health management structures, male medical specialists ultimately administered non-medical departments, such as Occupational Therapy. A medical signature was required to order non-medical supplies and to give permission for patient excursions.

With the shift from Matron to Director of Nursing, control was ‘exercised less by the direct use of family symbolism, and more by bureaucratic means, with formal hierarchies and a clear division of labour’ (Game & Pringle, 1983, p. 114). Interestingly, the heads of occupational therapy at Camperdown Children’s Hospital have always been women. In departments of social work and nursing, however, the administrative/ clinical division was also a male/ female division. Generally, there were disproportionate numbers of male managers compared to the number of female clinicians (Game & Pringle, 1983). A trend of male managers appears to be continuing in occupational therapy in the early 21st century.

While I worked full-time pre-children, I was treated as indispensable, one more case of having ‘all responsibility, no power’ (Dr. Lorraine Henricks, pers. comm., 1983). The director of the Unit leant on me heavily during that time and often I felt like the ‘eldest daughter’ in the work place ‘family’. Consequently, the tales deliberately re-inscribe an occupational therapy-specific perspective — what I was doing and valuing in my practice, incidents from my practice when I was working full time. In this way the tales are set in the early 1980s, pre-youth arts and pre-children, before the Adolescent Ward opened.

Although the hospital had a predominantly female workforce, and there were more women in paediatrics than other medical specialities, maternity leave and childcare facilities were non-existent in the early 1980s. Career development opportunities for women were hard to come by during the child-bearing years

and job-sharing was not presented as an option. Writing about gender relations in organizations Acker (1991) suggests that:

Women's bodies — female sexuality, their ability to procreate and their pregnancy, breast-feeding and child-care, menstruation and mythic 'emotionality' are suspect, stigmatised and used as grounds for control and exclusion (p. 66).

Sometimes, sensitive issues for young people to do with puberty or genito-urinary surgery could be discussed and 'dealt with' by staff of the same sex. But this was not always arranged and I mention my experiences working with both young women and young men pre-operatively, on issues to do with sexuality and body image in Chapter 5. In the early days, I was often asked to see young men with conditions such as cystic fibrosis and spina bifida about a broad range of issues. Later, in the context of the Youth Arts Program, being in hospital seemed to allow young men more opportunities for creative expression in ways that the schoolyard did not.

The Head Occupational Therapist's tiny office only had room for one other person at a time. It is unlikely that a male head of department would have agreed to such cramped office premises. The one and only time I glimpsed the Surgeon's Lounge — definitely off limits to non-medical staff — it appeared spacious and comfortable. When I first came to the hospital, there were separate dining rooms for doctors, for nurses and for parents.

In my time with the hospital, most senior medical staff still appeared 'motivated by their desire to preserve their professional status and to maintain the independence of the medical profession' (Evans, 2005, para 29). In my lived experience, a relative lack of autonomy was certainly part of the deal for non-medical women working in multi-disciplinary teams in the medicalised environments of the 1980s.

Remembering the Occupational Therapy Department

Occupational Therapy was on the second floor of the Outpatients Building. Staff meetings were held on Wednesday afternoons. We — twelve or so occupational therapists plus about five ‘recs’ (recreationists/ play leaders) — all sat around in a circle on child size chairs working through the agenda items. A dull green concertina door separated a kitchen area and store room from the big treatment room where we had the staff meeting. The floor was grey linoleum and aids and appliances were stored in the tiny bathroom. The rooms had hybrid functions.

In the cramped foyer under the departmental noticeboard was a restored wooden rocking horse painted grey with a black tail, and a batik painting of an elephant hung on the wall of the Head Occupational Therapist’s miniature office. Thanks to the donation of a generous colleague, a large brown and cream patterned tapa cloth gave some visual relief to one of the forlorn corridor walls.

The paediatric occupational therapists wore green culottes with white polo shirts and navy clogs and carried oversize bright blue equipment bags. Therapists would invariably refer to a mother of a child in hospital as ‘The mum’, as in ‘have you seen ‘The mum’ yet?’ There were medical play sessions with pre-operative children and therapists conducted developmental assessments such as ‘the Sheridan’ and ‘the Beery’. When you were the last person to use an assessment kit you were expected to double check that all the test equipment had been put back in its kit-suitcase. Toys used in treatment sessions used to be disinfected at the end of everyday by the long-standing departmental aide. I was always interested in play therapy but in the early 1980s there was little contact with Child and Family Psychiatry Department, where the psychotherapists made use of dolls and sand trays, right across the corridor from Occupational Therapy.

My colleagues in the Occupational Therapy Department in the Outpatients building had thought to save me an ‘emotional desk’ in their cramped office premises way down the other end of the hospital. Although I rarely sat at this varnished wooden desk, preferring my own office at the Adolescent Unit, catching sight of the honey-coloured desk, solidly there in the lino-tiled OT

Department whenever I dropped in, made me feel part of the occupational therapy culture in the hospital. To me, this desk space symbolised professional belonging and support.

The idea of a youth-specific occupational therapy

Opposite the hospital was the L-shaped Adolescent Medical Unit building painted sunshine yellow and sea blue. This colourful space was where I was seconded and where my office was. Out the back in the youth centre — known as ‘out the back’ — you could hear the early 80s sounds of Annie Lennox or Duran Duran playing. The old couches out the back were stuffed with horsehair that felt spikey to sit on. The tips of pool cues had worn through the green baize on the pool table ...

Since 1978, an Occupational Therapist has been seconded to the Adolescent Medical Unit with primary responsibilities for teenage inpatients. Her informal, face-to-face work has involved support and advocacy within the hospital system. This important and unprecedented role within an Australian hospital, has included clarifying medical procedures and treatments, and ensuring the young person has a clear idea of the reasons for admission and for what is being done. She provides practical help with self-care and every day activities, fostering independence and coping skills.

Since the outset, close collaboration between the ‘adolescent’ occupational therapist and the social workers and other staff of the Unit has enabled the planning, implementation and evaluation of group programmes. Ways were found to negotiate the system and seek the necessary administrative support. Once precedents were set, some programmes have been repeated and become part of the Unit’s folklore (Denshire & Bennett, 1985, p. 220).

The informality of my role in the hospital had scope for working within/against the dominant paradigm. This socio-political aspect of youth-specific occupational therapy differed from the approaches taken in more mainstream practice areas. Traditionally, occupational therapy with age-specific client groups has tended to focus on individual assessment and treatment of physical

disability in acute, clinical and rehabilitative settings without overt emphasis on elements of mental health practice such as communication, relationships, group work and human rights. And the current emphasis on private practice in paediatric services for children with coordination and handwriting problems goes against the politics of service delivery in youth-specific occupational therapy.

To show first, how youth-specific occupational therapy fits with other age-specific areas of practice and, second, how mental health practice can inform occupational therapy across the lifespan I have constructed Figure 4.2:

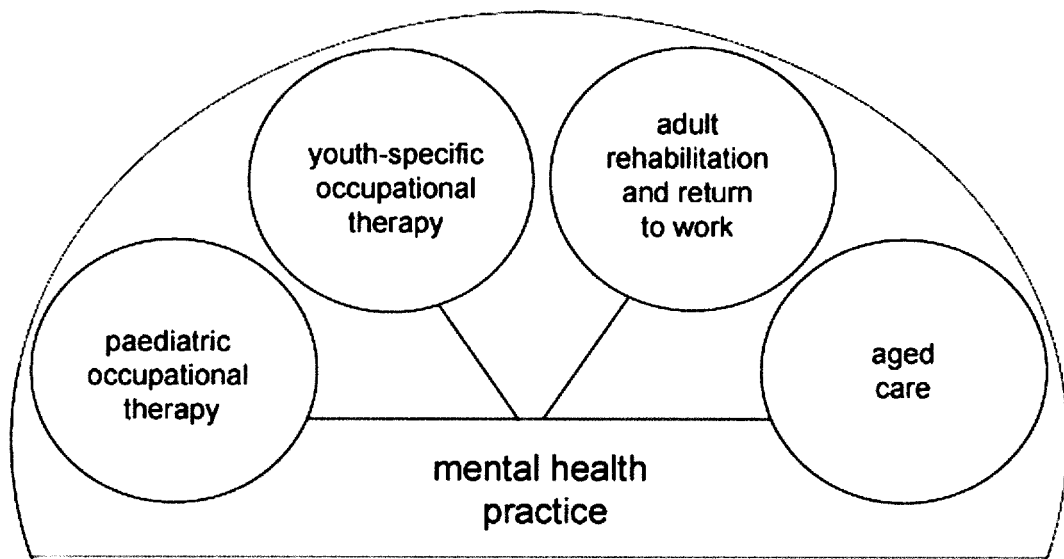


Figure 4.2: Youth-specific occupational therapy in a classification tree of mainstream practice areas

Looking back on a decade of ‘borrowed knowledges’, there appear to be few changes at the macro level of policy in occupational therapy in NSW from the mid 1970s to the mid 1980s (see Appendix 2). At a micro level, however, youth-specific developments were occurring locally during the 1980s. These youth-specific developments situate the site of the thesis in time and place in the bigger history of occupational therapy (see Appendix 3). Now the tales that follow animate moments of practice from a remembered world of occupational therapy, recalling shared interactions with young people living and dying at Camperdown Children’s Hospital.

PART 2: A portfolio of tales of sexuality, food & death



Figure ii. Three auto-ethnographic images from the tales

I am in bed.
I am hot.
I am ill.

Heavy eyes.
I watch the wall.
I watch the picture on the wall.

...

She takes my hand.
I go.
I go into the picture.

...

I am hot.
They bring me a drink.
It tastes of cloves.

An excerpt from *The picture*
written and illustrated by Catherine Brighton (1985)

Chapter 5: Le moment de la lune. A tale of practical support at menarche

A tale of practical support at menarche in dialogue with 'Normal spaces in abnormal places,' an article on the significance of environment in occupational therapy with hospitalised teenagers. Published in 1985 in the *Australian Occupational Therapy Journal*, 32, (4), 142-149.

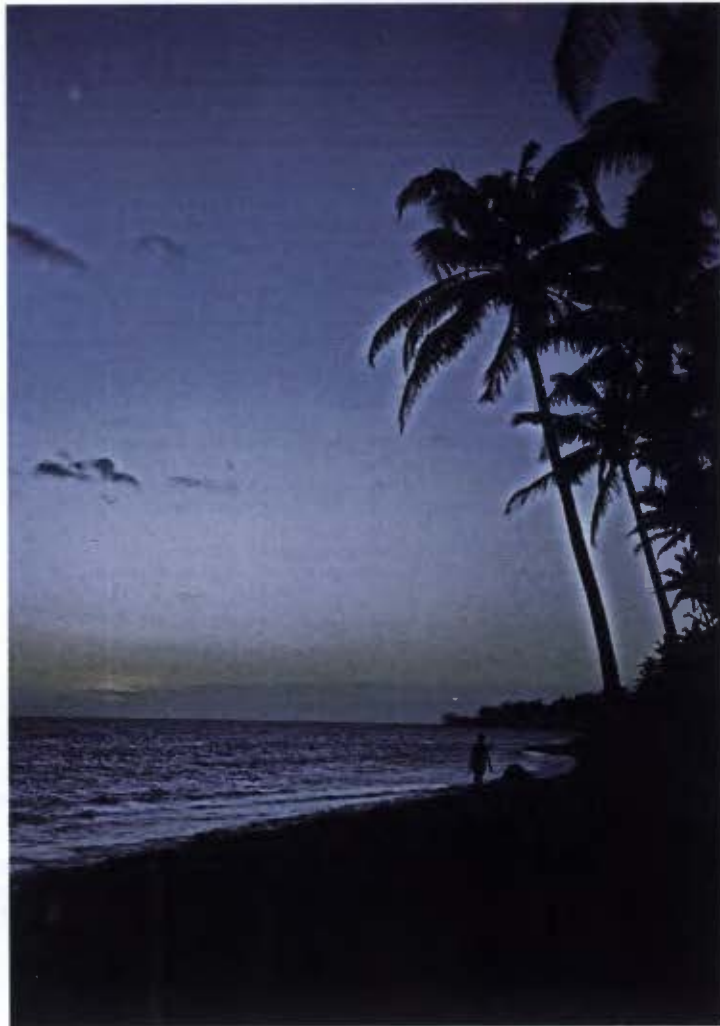


Figure 5.1: Sally on holiday in Fiji. Photograph by Alan Key, 1982

Image removed from electronic copy of thesis due to third party copyright.

The abstract may be viewed here: <http://dx.doi.org/10.1111/j.1440-1630.1985.tb01513.x>

Figure 5.2: The original abstract of 'Normal spaces'

Introduction

'Le moment de la lune' represents an attitude of bearing witness and respecting another person's experience as part of my everyday practice as an occupational therapist. In 'Le moment de la lune' I am trying to build rapport with Meli, a young woman from Noumea living with a disability, who is learning to manage her first menstrual period in hospital. Moments of interaction between individual characters are intended to show the importance of exchanging information and offering support in an institutional setting, complementing the establishment of some general principles of age-specific practice in 'Normal spaces'.

This encounter is typical of the hospital-based self-care work I did with young people early on in my career when my professional identity was still forming. The presence of a French-speaking interpreter would have been unusual in my practice. With some initial embarrassment, the three of us feel our way, learning to work at the bedside. The first telling of the tale entitled 'Sally recalls her first contact with Meli' is told from the viewpoint of Meli's occupational therapist. Then Meli tells a longer, second version, 'Through Meli's eyes'.

1st telling: Sally recalls her first contact with Meli

In the early 1980s, Sally was doing dance classes at 'The Space' in Black Wattle Studios. During the launch of Art Reach, a community organisation promoting disabled and non-disabled artists, Sally and Alan got together. They have been living together for several years now and have just returned from visiting an old friend at the University of the South Pacific in Suva. Sally was struck by how much she didn't know about the various South Pacific island nations and the Pacific Rim region. On the last day of their holiday, she had purchased an unframed painting from Grace, the artist, and brought it back to Australia carefully rolled up in her luggage.



Figure 5.3: 'Getting ready for market' painted by Grace Rogogo, Bega, Fiji, 1982.

Source: The collection of the author

Sally arrived back to work at Children's Hospital one sticky summer morning. You could smell the melting asphalt and taste the gritty traffic fumes. Waiting amongst the papers on her desk was a phone referral from Hester, the Adolescent Service secretary that read:

Fourteen year old spina bifida patient, admitted under Dr Harkness ... post-operative ...needs some training in menstrual hygiene... from the South Pacific... doesn't speak English ... a bit of a 'behaviour problem'... nurses want a star chart put by the bed for ward staff to record the girl's behaviour... can you see her today?

She added the young woman to her list and rang the ward to say she'd be there shortly. Must be hard for this young woman getting her first period so far from home and being on a ward where everyone else is child size and White skinned, she muses. Momentarily her mind flashes back to the red Speedo swimming costume she insisted on wearing when

she was twelve in case she 'leaked' during her period and then further back to the riddle that she and her friends had chanted in the playground at Lane Cove Primary, 'why is the Red Sea red?' Because Cleopatra swam in it 'periodically'!

Walking across the Booth St asphalt to the main hospital, she takes a short cut up the steps. Once inside the foyer, she pauses to inspect a fairytale mural signed by artist, Pixie O'Harris, covering one wall in of Wade House. The central figure of a tall White woman in a scarlet dress catches her attention. Then she runs up two flights of worn, grey stairs to Wade House Two to meet the young woman from Noumea who has just been referred.

Because Meli speaks French and Sally doesn't, the nurse has arranged for an interpreter to come down from the adult hospital up the road. The lift door opens and there is Jeanne, the interpreter from RPA. They have worked together previously and Sally is glad to see her. Bonjour! says Sally. Good to see you again! says Jeanne.

She guesses Meli's been in hospitals a lot as a child as she does not seem fazed by hospital routine. Meli seems pretty mature for fourteen. You can see from her eyes and her face that she's interested and curious about things. Sally suggests they sit on an adjacent balcony in the breeze to ensure that they are not interrupted by the other patients and staff. She tunes into the musical breath of Meli and Jeanne speaking French. She wishes she could join in their conversation but she had studied ancient languages, not modern. She finds herself gesturing ineffectually to compensate.

So um how it is for you to have started your periods? she asks. What do I do about the blood? How long will the bleeding go on for? Meli asks, her voice quivering. Then through the interpreter Meli tells her what the older girls said. Shifting in her chair Sally tries hard to listen intently to Meli's

words in translation. After what felt like a long time to the three of them but was probably only a matter of seconds, Sally replies haltingly, Well, you're doing a lot of growing up. I remember when I first got my period — I was a bit younger than you Meli — it took me a while to figure out what was going on. Getting your period is a part of becoming a woman...

Sally's words seem to hang there in the air and Jeanne has to catch them for Meli. Slowly, using pictures and with input from the interpreter, girl and occupational therapist have a not entirely flowing conversation about Meli's periods and how she can look after her body while she is bleeding. The conversation comes to a natural close when the Sister walks in with a parcel for Meli that has just arrived from Noumea. Later on Sally writes a self-care plan for the staff involved in Meli's care. She inserts her report in the medical records file with a copy to the Spina Bifida Team:

15 July, 1984

Thank you for referring Meli, fourteen years, for management of menstrual hygiene. She was assessed on the ward with the aid of an interpreter. Following an education session she is learning to manage her periods and change the pads herself. There is a supply of pads in her bedside locker. Meli has expressed youth-specific concerns re: visual and auditory privacy and feelings of boredom on the ward.

I suggest that Meli:

- 1.Moves to a two bed bay with en suite when one becomes available;
- 2.Wears her own clothes;
- 3.Attends peer group workshops at the Adolescent Service starting this afternoon.

Once the Adolescent Ward opens Meli would be an ideal candidate.

*Sally Denshire
Occupational Therapist,
Adolescent Service.*

At work Sally could still be reduced to feeling like the eldest daughter in a family of social worker and psychologist siblings and medical parents at this early stage of her career. She's always had to remind paediatric colleagues that young people, like Meli, in an organ-specific hospital system, are ABLE to do things for themselves. Maybe the brief of a youth-specific occupational therapist will become more focused when the Adolescent Ward opens...

The air still feels humid as the sun goes down over the city. The 470 bus rattles down Pymont Bridge Rd, past the unflinching stone façade of the hospital. Sitting on the sticky bus seat trying to cool down Sally fans some air down her thin cotton shirt and thinks about the day. Recalling this first contact with Meli she wonders how the girl is feeling now and how her day unfolded. How did the absence of shared language and culture and the presence of Jeanne as an interpreter influence she and Meli getting to know each other?

At times, being Meli's occupational therapist could feel like being a cross between mother substitute and science instructor. And that nurse — well she wanted her to work out a behaviour management program like a clinical psychologist. I'm not a chameleon, she thought indignantly! In the self-care plan she had written in Meli's file Sally re-framed the nurse's talk of 'behavioural problems' as youth-specific concerns. Perhaps people will better understand what occupational therapy has to offer young people when the Adolescent Ward opens...

... Bougainvillea and lemongrass grow in the garden of the share house in Lindfield. There are goldfish and water hyacinths in what had previously been a swimming pool. It's 8.30 pm and Sally is finding it hard to disconnect from work, the words *my island home, my island home, my island home is waiting for me...* play in her head. They still haven't made dinner and upstairs in the house feels hot and stuffy. Together they sit on the balcony, taking in the night, the pond frogs croaking, inhaling smells

of cut grass and frangipani, heat rising from the paving stones. In the kitchen throwing together a stir-fry and adding lemongrass she wonders aloud about the transition they are facing as a middle class couple with demanding full time jobs, the decision to have a child. How are we going to make room in our structured, busy lives for a child, when will we start trying to conceive? How will we survive on one wage? How to shift from being two to becoming three? Its after midnight by the time they fall into bed.

2nd telling: Through Meli's eyes

Sliding the toilet door shut I pull my pants down and there's a red stain. I wipe my self after peeing and there's more pinky red on the waxy toilet paper. Panicking and feeling sweaty I reach down to my vagina. My fingers feel wet and somewhere there's a smell of metal. What is this blood? I feel a bit dizzy and press a buzzer to call the nurse to help me get back into my wheelchair. At home the bathroom door is wide enough so my wheelchair can fit through. Here I have to rely on strangers. I keep on pressing the buzzer and the buzzing echoes down the corridor.

I can understand ordinary English but prefer to speak French in Australia (though its not my Kanak mother tongue). The nurse, when at last she comes, says that it looks like my period has arrived and that means that I'll have to behave now because I am on the way to becoming a young lady! Merde! Right now all I want to do is hide under the blankets, anything except sit here bare and alone in the pale green toilet cubicle with its shiny walls and hard tiles.

Now my tummy is feeling a bit strange, sort of puffy. When Veena got her periods I remember her grandma warming ginger tea to help with tummy cramps. The older girls at school talk about not being able to go swimming when they're bleeding — in French your period is called 'le moment de la lune'.

Tidy yourself up says the nurse, as she begins to organise someone who speaks French to come from the hospital up the road. I stare at my brown skin and black hair in the mirror. I'm wearing a faded hospital gown with yellow teddies on it. It's thin because its been washed too many times. While I do my hair in two thick plaits I imagine how it'd be if I were in charge, how I'd run the ward. As the oldest girl on the ward I'd like more space... and more things to do. You could have whatever you wanted for breakfast. My room would have two beds and a bathroom next door. I'd choose who's in with me, wear my own clothes and hang around with people my age.

I can't feel much below my waist and the muscles in my legs are weak. I've had to have a lot of operations because of having been born fourteen years ago with what doctors call spina bifida. This time I haven't been in hospital long. Since my operation over a week ago I have been living at children's hospital. This morning I woke feeling restless. I rolled over and slowly opened my eyes, hiding my body beneath starchy white hospital sheets stamped with the name of the hospital. At home our sleeping sheets feel soft with patterns of red hibiscus. I grin for a moment at the framed picture of my family holding our new chickens on the cold metal locker next to my bed. Wonder if the girl on the other side of the ugly dark yellow curtains between our beds could hear me stirring?

Now that my scar is healing I've been able to use the toilet down the corridor. I no longer have to put up with that cold metal bedpan and White people looking at me. The nurse puts me back into a hospital wheelchair with the initials of the ward in peeling white paint on the blue vinyl backrest and then I slowly wheel my self back down the streaky linoleum corridor to my bed. I try to block out the noise of younger girls and boys waking up around me and not to smell that breakfast of porridge and lukewarm baked beans! I play with my porridge. It's gone cold — yuck!

I hear the nurse say that we haven't any sanitary pads because this is a children's ward after all. You'll have to make do with those gauze dressings until someone comes over to the ward and shows you what to do when you get a period. Her voice twangs and I'm sure everyone can hear. Then she said that maybe they can teach me how to behave as well. She really doesn't like me! The nurse rings up a place they call the Adolescent Service — its right across the road from the hospital — and dials the wrong number because she wants to go home at the end of her shift.

Soon these two women arrive at my bedside chatting and laughing. They do not wear uniforms like the nurse. I notice the tall one, her bright patterned cotton skirt and sandals, her pale skin and freckled arms. The blonde one who speaks French has manicured hands with beaten silver rings on long, white fingers. I look at the back of my strong brown hand and turn it slowly to inspect the paler skin on the palm underneath.

Looking at her watch the nursing sister introduces the tall one as 'from the Adolescent Service — you know, the yellow building' and the one who speaks French as 'here to teach you about your monthly cycle'. Not understanding the nurse, I think she just said something about a 'bicycle'. I wish they could speak my language. No, she says, they're here for your period, 'you know, the bleeding,' she says quickly rushing off to attend to another one of the children.

Bon jour Meli, the new people say, joining in my laughter about the bicycle. Our work is to help people your age in hospital. No hurry, if you like we can have a chat, says the tall, smiley one. I smile back, offering my hand and say, Hello. She asks me about the photo of my family on my locker and I show her proudly. She notices me staring at the beaten silver rings and invites me to make some jewellery in that yellow building across the road from the hospital that afternoon. She says that there's another girl from my island on the ward downstairs and perhaps we may

like to come over together. I'm not too sure about this because I haven't met the girl she's talking about but I smile back anyway.

Now we are sitting away from the kids on the balcony, the one who speaks French asks if I have any family in Australia who I could talk to about such a personal, special thing as getting your period, but there's no one in this country. I ask the tall one what I can do about the blood. I really need to know. I tell her that one of the older girls told me that when you bleed some people think you have had sex. But I haven't. And the girl said you must wash your lava lava so your mother does not see the blood on it.

I didn't expect this bleeding to happen to me while I was in hospital in Australia away from my mother back on the island. I remember now that my mum said that when the lining of your womb comes away each month it's a natural thing — good for your health, cleanses your body and means you are becoming a woman. Being here I worry what the nurse will do if blood gets on the hospital sheets. And I wonder how long I am going to feel like this and be bleeding.

Don't worry, says the tall one, unwrapping a Stayfree pad just the right size to fit inside my undies, You'll bleed for a few days each month and this is made to catch the blood. She hands me the absorbent white pad. I stick and unstick it for my self, listening to the soft sound of the adhesive. She gives me a packet of Stayfree. It feels like a big packet of sandwiches. Through the one who speaks French she asks whether I have enough sensation to feel if there is any chaffing. She reminds me to change my pads every three to four hours, and to dispose of them by wrapping them and placing them in the rubbish bin not in the toilet as they can block the plumbing. 'But we don't have plumbing pipes at home,' I think to my self.

I start to turn the pages of a deep blue picture book (with *Period* in white on the cover) that the tall one has given me. She said it came from a

place called the Family Planning bookshop on Broadway. Tracing the journey of the egg in the picture with my finger I begin to understand a bit more what is happening inside my body and where the mysterious blood comes from. Gradually, I am starting to feel that these new people might understand what is happening to me and perhaps that I can ask them things I want to know even though they don't know my language and haven't been to my island.

That afternoon a parcel wrapped in brown paper and decorated with stamps with careful lettering arrives from my mother. Smelling the brown paper and hugging the parcel, I tear it open. Mum has sent a toiletry bag decorated with pawpaws and pineapples and there's special coconut oil soap wrapped in white tissue from my loving gran! Thought I could smell its familiar perfume! Tearing off the brown paper is making my eyes sting with homesick tears. I want to be with my family, smelling the sea air and feeling the breeze on my skin, sitting on the verandah looking out to where my friends are swimming in the ocean, instead of confined in a no colour world of hospital sheets, surrounded by White, well-meaning strangers.

That night the moon rises over this hospital that never sleeps and I dream of my home in Noumea. I dream of walking with my mother down the slippery mountain track carrying cocoa pods and taro in woven baskets slung on our backs, of cutting pineapples with spiky leaves from the family garden, of cooking taro under hot stones. I dream my body is pressing into the woven sleeping mat, lulled by the pulse of the waves, moonlight streaming in through the window. I am swimming with my friends in the warm Coral Sea ...

Situating 'Normal spaces'

In this second part of the chapter I locate 'Normal spaces' in the *Australian Occupational Therapy Journal* and explain how it was that 'Normal spaces' came to be published in the International Youth Year (IYY) issue. I discuss the

writing of 'Normal spaces' as an experienced occupational therapist in the lead-up to becoming a mother. A critical re-reading of 'Normal spaces' then traces the points of departure for 'Le moment de la lune'.

Writing as an experienced occupational therapist in the lead-up to motherhood

As an experienced occupational therapist, I became president of the Occupational Therapy Paediatric and Adolescent Study Group in 1985, expanding the brief of the study group to include adolescents and convening the 'Youth Works!' seminars to celebrate International Youth Year. The hospital was still without an Adolescent Ward, hardly a priority in 1985, and the protracted campaign to open a dedicated space for young people had dragged on and on (see Figure iii).

In addition to the political and promotional work I did on behalf of young people, I was also writing and publishing. The papers in my hospital corpus (Denshire, 1985a, 1985b, 1993; Denshire & Bennett, 1985) formally describe the how and why of a collective occupational therapy of place-making with young people in a hospital for children. Previously I had published in the adolescent health literature. Eight years after graduation I was ready to contribute to the literature in my own profession to raise the consciousness of occupational therapists regarding the needs and abilities of young people. 'Normal spaces', the third publication in my hospital corpus, would be published nine years after graduating as an occupational therapist.

This was a Children's Hospital with no onsite childcare centre in 1985, an institution where, in the macro organisation of power, diagnostic places took precedence over everyday spaces. During my first pregnancy I collaborated on a maternity leave guide with social work colleagues, and prepared a submission for government funding for a women's research project, entitled 'Double Shift', on family friendly workplace issues. Several of us at the Adolescent Medical Unit became mothers around the same time.

How 'Normal spaces' came to be published in AOTJ

The *Australian Occupational Therapy Journal* is a national journal published quarterly with an associate editor and four board members. I organised this special issue of the *Australian Occupational Therapy Journal* for International Youth Year in 1985 in collaboration with the usual journal editor Margie Kennedy. We invited articles, youth forum contributions and letters to the editor from occupational therapists working with young people. The photo of young people on the cover (see Figure 5. 4) was courtesy of the Youth Affairs Council of NSW. Copy-editing in the journal in the 1980s, if there was any, needed improvement, if my article is any indication.

Image removed from electronic copy of thesis due to third party copyright.

Figure 5.4: Cover of the International Youth Year issue of AOTJ

The guest editorial, 'Youth in the community', was by Colleen Mullavey-O'Byrne (1985), who was then the Head of School of Occupational Therapy at Cumberland College of Health Sciences. Ideas in my paper are congruent with

her articulate editorial. I invited Colleen to give the opening address on second day of Youth Works! Seminar organised by the Occupational Therapy Paediatric and Adolescent Study Group and NSW Association of Occupational Therapists. In the editorial, which is a précis of her address, Colleen considers young people's experiences of being valued. She addresses the themes of International Youth Year — participation, development and peace, and challenges occupational therapists to become involved in working with young people in the community.

The articles in the issue on the adolescent with a physical disability (O'Halloran, 1985), and on reading difficulties and optometry (Rodger, 1985). The section, entitled Youth Forum, contained short pieces on teaching the disabled adolescent to drive, on young people's emotional needs, entitled 'Life Sux severely, or hey I really need you', and on adolescent girls and sex education. I also invited several therapists to outline their experiences working with young people in letters to the editor. So the International Youth Year issue of the national journal offered a largely Sydney-focused look at youth-specific occupational therapy. My contribution, 'Normal spaces', was published with a view to reaching the national occupational therapy community. This article consolidates five years' work in youth-specific occupational therapy with a stronger occupational therapy voice, as my youth-specific skills are recognised in adolescent health and occupational therapy circles (Denshire, 1985b).

***A critical re-reading of 'Normal spaces'*³³**

'Normal spaces' is based on the premise that 'in order to mature young people need appropriate spaces' (p. 142). 'Normal spaces' does not have any personal

³³ There are some omissions in 'Normal spaces' in relation to attribution and referencing. I have neglected to attribute the title catch phrase, 'Normal spaces' to Barris (1982). Belatedly, I would also like to acknowledge Dr Lorraine Henricks, an important mentor, for her ideas on adolescence in the domain of youth section. At the level of copy-editing, the referencing style and paragraphing in the literature review shows the rudimentary level of editing of the *Australian Occupational Therapy Journal* in the mid 1980s. My reference to radio station 3MMM was edited to 'a radio tuned to a popular station' (p. 146). Was this for reader intelligibility or because to make a particular reference to youth culture was seen as 'unprofessional'?

stories. Today I could 'write in' experiences with my own teenagers leaving home as living proof that:

'[time] spent in family settings decreases (Barris, 1982). The increasing orientation of adolescents towards social contacts outside their families makes them organise in peer groups and subcultures. These sub-cultures as a whole constitute the youth culture of modern society. Their function is to give young people the space to act out their generational concerns collectively' (p. 143).

'Normal spaces' begins to consider space and time issues in the context of adolescent development and hospitalisation, in particular the situations of young people whose lives are punctuated by frequent stays in hospital. I used literature from occupational therapy and adolescent health to come to a more considered understanding of young people's needs within the constraints of the hospital environment.

In the absence of discipline-specific ways of knowing within the emerging fields of occupational therapy and adolescent health, I borrowed knowledges of adolescent development and youth culture from psychology and sociology. Back then, I used the terms 'normal spaces' and 'abnormal places' unproblematically, without seeing the need to unpack the title any further. Space that is occupied or dedicated was referred to as 'place' and I also referred to 'senses of place' and 'place-making'. 'Normal spaces' was informed by the notion of 'press', that is to say the behavioural message an environment gives (Law et al., 1996). Knowing the place, the hospital, as well as the people, was integral to this youth-specific approach.

Now, in this chapter, I have gradually replaced the architectural notions of space and place used in 'Normal spaces', in particular notions of 'press' and 'personal space', with cultural, geographical understandings of bodies moving through landscapes (Somerville, 1999). My earlier understanding of personal space, access to peer group, relaxed atmosphere and flexible routine as pre-requisites for abilities-oriented occupational therapy (Denshire, 1985b) now raises

questions in my mind to do with boundary work in occupational therapy practice, and what constitutes the actual *practice*, as distinct from the pre-requisites and consequences of practice.

Some criticism of staff is implied in my discussion of the human environment when I observe that, ‘non verbal expressions may be incongruent with staff’s stated goals’ (pp. 143-144). In fact, this interpretation of the disapproving bodies of others may foreshadow the theme of ‘derided interventions’ and the macro organisation of power developed in Chapter 6 and 7. I also discuss reaching out to young people in their ‘natural groupings’ (p. 146) pre-empting identifying as a fallible practitioner. Overall, in ‘Normal spaces’, I develop a stronger professional identity as one of the few occupational therapists doing informal hospital-based youth work.

‘Normal spaces’ is one of several articles to anticipate the Youth Ward opening. Another example is the piece I co-authored with David Bennett (Denshire and Bennett, 1985). The presence of youth culture serves a political purpose in ‘Normal spaces’, pressuring the hospital to provide more than a purely medicalised hospitalisation. The original summary in ‘Normal spaces’ noted particular features of the human and non-human environment as necessary for young people growing up in hospital. In occupational therapy literature in the 1970s, environment was an aspect of treatment that was overlooked. However, by 1985, I noted ‘territory [as] being vital to teenagers’ (Denshire, 1985b, p. 147). More recently, Person - Environment - Occupation models have become commonplace in occupational therapy (Law et al, 1996). I have set out a youth-specific occupational therapy approach in ‘Normal spaces’ but I did not know how at that time to write my body into that institutional landscape (Somerville, 1999).

It occurs to me now that ‘Normal spaces’ was the last article I wrote prior to giving birth. The disembodied style of writing I used means that themes of birth and transition, although undeniably there somewhere in the writing, remain largely unexpressed. While my acknowledgements to colleagues in ‘Normal

spaces' were heartfelt, in accordance with academic culture only in the final sentence do I feel free to write about my life in first person. In the final section of 'Normal spaces' I look to the future with repeated use of words like 'predicted', 'planning' and 'looked forward to with anticipation'. It is almost as if it is too hard, too intense, too painful for my body-self, at that time, to move in the present through that shifting, institutional landscape and not acceptable to write personally as a professional.

Critical commentary on 'Le moment de la lune'

In this third part of the chapter my critical commentary on 'Le moment de la lune', crafted in dialogue with 'Normal spaces', shows connections between the two. It also shows how 'Le moment de la lune' problematises the everyday in a tale of practical support at menarche. Finally, 'Le moment de la lune' is read against constructions of professionalism in the bigger picture of occupational therapy.

Missing from 'Normal spaces' is any particular evocation of the more sensitive individual work I was involved in my first couple of years at Children's Hospital. This work at the bedside, sometimes at the request of a more enlightened paediatric surgeon, was around sexuality and body image issues related to preparation for a range of genito-urinary surgical procedures. In these situations I tried to take an informal, relational approach with young people about to have these invasive, intrusive procedures, providing accessible pre-operative information/ education and support and also training in pre-operative relaxation techniques. 'Le moment de la lune' describes the approach I took as an experienced occupational therapist around issues to do with puberty and growing up.

But in my published writings I do not name menstruation directly. Although titles such as *Period, The Teenage Body Book, Sex for Young People with Spina Bifida and Cerebral Palsy* and *Taught not Caught — Strategies for Sexuality Education* can be found in the bibliography that accompanies 'Normal spaces', themes of sexuality are sanitised and not addressed directly. I have published little on the bodies and emotions of the diverse actors involved in hospital

encounters. Pertinent to 'Le moment de la lune', 'Normal spaces' does report previous research on young people's needs for privacy in hospital, in particular the needs of young women, but this theme is not developed in 'Normal spaces'.

General statements such as, 'Aspects of the work include... practical help with self-care and everyday activities' (p.146) in 'Normal spaces' foreshadow a moment of practice that is then elaborated in 'Le moment de la lune'. The book *Period* (Garner-Loulan, Lopez, & Quackenbush, 1979), with its engaging dark blue cover and playful red full stop that Americans would call a 'period' (see Fig 5.5), was already in the bibliography of 'Normal spaces'. The book has become integral to the subject matter of 'Le moment de la lune'. The supportive tone, hand-drawn illustrations and drawings of the sexual parts of women's bodies as unique as varieties of shells and flowers, make *Period* an accessible, reassuring read in keeping with the title 'Le moment de la lune'.

Image removed from electronic copy of thesis due to third party copyright.

Figure 5.5: The cover of the book, 'Period'
Source: Garner-Loulan, Lopez & Quackenbush (1979)

Evocative subheadings such as 'The domain of youth', 'Growing pains' and 'Coming of age' stitch the text of 'Normal spaces' together. The expression 'passage of status' (p.143) and the group program entitled 'Your First Flat' (p. 146) foreshadow themes of becoming a woman and rituals of the first time that 'Le moment de la lune' then takes up from perspectives of gender and culture. The final paragraph anticipates the accommodating environment of the Youth Ward with considerable emotional investment.

How 'Le moment de la lune' problematises supporting menarche in a kids' hospital

'Le moment de la lune' is a fictional tale told first from the point of view of Meli's therapist, 'Sally', then from the point of view of a young woman getting her first period in hospital to convey a feel of dialogue and interchange hence the words 'a twice-told tale'. Representing the fallibility of a practitioner (Clough, 2002) as I have done in portraying the vulnerable aspects (Behar, 1996) of our interactions could feel both poignant and unsettling. 'Le moment de la lune' starts to explore ideas of the contact zone and 'first contact' between the actors involved.

There is the idea of an occupational therapist as someone who can bear witness to the transition that Meli undergoes in the tale in contrast to the 'othering' that can surface when a patient or a member of their family is perceived, often unconsciously, as 'noncompliant' or 'difficult', resulting in subtle forms of stigmatisation by staff (Mattingly, 2006). With her mother absent, some busy staff may have perceived or, indeed, treated Meli like this. The complexities of involving an interpreter heighten the main character's estrangement in terms of language, gender, culture and hospitalisation.

French is the colonial language spoken in Noumea. In French, menstruation can be translated literally as 'the moment of the moon' so in the tale the moon is emblematic of menstrual time. The contrasting worlds of island, metropolitan hospital and a North Shore suburb evoke senses of place. The hospital prided itself on being 'supra-regional' and young people often came to Kids' from the different islands/ cultures in the South Pacific for treatment, particularly treatment for cancer. For these families, Sydney represented hospital not holiday.

I felt that in order to do the work of a tale, 'Le moment de la lune' needed to be more conversant with cultural meanings of menstruation in different communities in the South Pacific, relying as I was on memory to further develop character and setting. So I referred to *Whisper of the mother: From menarche to menopause among women in Pohnpei* by nurse and medical anthropologist Dr

Maureen Fitzgerald (2001), a longstanding researcher in the School of Occupation and Leisure Sciences at The University of Sydney, recently retired.

Her later fieldwork was in Micronesia with extensive earlier work with people in various South Pacific nations. Respecting the stories told by the women she interviewed, I acknowledge the ‘similarities and differences (in beliefs and practices) across the cultural groups involved’ (p. 7). For me, these stories provided the stimulus to writing fiction. And one of many lessons from Ayaan Hirsi Ali’s (2007) powerful account of getting her first period in Somalia was how naming the brand of sanitary napkins makes the experience more vivid for the reader. A chapter on prevention in a village health care handbook (Werner, 1985) on cleanliness and building latrines in island communities was useful in trying to build up a picture what Meli’s toileting facilities looked like back home.

Getting a period in a kids’ hospital seemed slightly taboo, even though most staff were women of menstruating age. ‘Le moment de la lune’ juxtaposes notions of sanitising with blood and uniforms. Blood is depicted as both out of control, as, a fluid to be staunched and contained, and as a hospital ‘currency’. Whether the fluid is classified as abject, personal or corporate seems to be a factor in determining whether work around menstruation falls, at the policy level, to a nurse or an occupational therapist.

Reading ‘Le moment de la lune’ against constructions of professionalism in occupational therapy

Acknowledging menstruation is a key theme in the tale. Menstruation as an aspect of women’s experience is positioned in society as marginal and has been largely ‘written out’ of the occupational therapy literature. Women’s bodies are not part of the formal conception of women. It is as if only the hands (often referred to in the context of the ‘upper limb’) are acceptable. Activities of Daily Living (ADL) — shower assessments, dressing re-training, bathroom modification — remain the central focus of mainstream occupational therapy practice. Menstruation, although a common activity of daily living for women with (and without) disabilities, is still largely erased from the occupational therapy literature (Carlson, 2002).

In the same issue of the journal as 'Normal spaces', there was a letter to the editor on adolescent girls and sex education by Isla Tooth, who was then a sexuality educator with the Family Planning Association. In a subsequent issue, Sue Ryan (1986), an occupational therapist from West Australia, objected to this content in her letter to the editor saying sexuality education had no place in an occupational therapy journal:

If the AOJT [sic] Editorial Board feels strongly that occupational therapists should be aware of the sex education needs of year 9 Sydney school girls, surely this information could be more professionally presented within a total framework of occupational therapy for adolescents. Alternatively, a reading list could be published. Keep our journal professional (pp. 38-39).

A colleague, Toni Heron and I (Denshire & Heron, 1986), saw the issues this letter raised quite differently from the author. So we replied, endorsing both the publication of the original letter and sexuality education knowledge and skills as 'essential aspects of an occupational therapy approach to working with young people' (p. 84). I wonder what attitude changes if any have occurred since? At the time of writing, there still appear to be few occupational therapists working primarily in women's health and/ or with a focus on sexuality.

With few exceptions, menstruation remains strangely under-documented in literature on activities of daily living in occupational therapy. Because of this relative 'writing out', 'Le moment de la lune' is intended to restore and re-inscribe the intimacy, viscerality and particularity of the practice, witnessed by 'Sally'. This auto-ethnographic writing has allowed me to acknowledge three embodied rituals of the first time that were previously unexpressed. These are what menarche was like for Meli, the protracted strain of the delayed opening of the Adolescent Ward and something of the lead-up to my first pregnancy.

Chapter 6: Orchestrating a surprise party. A collective tale of youth-specific occupational therapy

in dialogue with 'A decade of creative occupation,' an article on the production of a youth arts archive in a hospital site. Published in 1996 in the *Journal of Occupational Science Australia*. 3, 93-98.



Figure 6.1: Group project, carved and painted door. Youth Arts Archive 1988-89

Image removed from electronic copy of thesis due to third party copyright.

The abstract may be viewed here: <http://dx.doi.org/10.1080/14427591.1996.9686412#>

Figure 6.2: The original abstract of 'A decade of creative occupation'

Introduction

Julie, who comes into hospital regularly because of her chronic illness, will be turning fourteen on the day of her discharge from hospital. She is going to live with her older sister who is about to have a baby. In the collective tale, ‘Orchestrating a surprise party’, three of Julie’s friends secretly prepare a farewell celebration for her with Sally’s help. Sister Thompson, a dialysis educator; Cheryl, an Aboriginal support worker; Sister Scott, the ward sister and Sally, the youth-specific occupational therapist, converge on the ward during the day of discharge, a traditionally busy, high pressure time. Each member of staff is trying to finish off their individual treatment of Julie prior to discharge. All these interactions are going on during preparations for a surprise party, as well as during the party itself.

So ‘Orchestrating a surprise party’ is not a front-of-house account like ‘A decade of creative occupation’ was, but rather a back room tale full of domestic detail about Julie’s friends making celebratory food and drink for her in the Special Diets Kitchen, despite staff with different sets of priorities. Notably, here the everyday is made special by the surprise party context. The party is an example of a group work project orchestrated by Sally and initiated by young people living with chronic illness, who were not expected to take the initiative in this institutional setting. These actors are involved in everyday, domestic preparation to collectively mark a special moment for a friend about to leave hospital.

1st telling: Working behind the scenes

Bye Ally! Sally sings out. Her partner, who grew up in inner city Erskineville, teases her about ‘crossing the Bridge to do good works’. She catches the 7.24 am train from leafy Lindfield down the North Shore Line across the Harbour Bridge to Town Hall and then to the Children’s Hospital and inner city asphalt. At each stop more sweaty bodies press into the rocking train.

Grabbing a vacant seat, she sits down and opens her 1984 blue work diary at Friday, January 23rd. Sally spends the '24 relaxing minutes to the city' — that's what the sign at Roseville Station says anyway — trying to bring some order to her commitments for the day: seven young people to see on the wards, an intake meeting at the Adolescent Service, a case conference with the Spina Bifida team, two occupational therapy students starting placement — and all the associated paperwork. And she has to get the rest of the party ingredients. All these things need attention today, before she goes down the South Coast for a long weekend.

This morning she feels a sense of purpose and confidence at pioneering this informal group work with the older patients at Children's Hospital. Once inside the hospital's pale green environment, she strides down the main corridor greeting people, then into the shabby day room on the ward, the bright blue occupational therapy bag full of cooking ingredients over her shoulder. She had dropped by the hospital kitchen, with its giant size metal bowls and implements, to collect the ingredients en route to the ward.

A group of young people, who have become friends during their time together in hospital, lounge on the child size chairs in the day room. Julie, a bright young woman, almost fourteen, comes to the city now and again for treatment. She needs dialysis for kidney disease, a procedure that often keeps her away from school. Even though her family still look out for her, the way she moves from place to place could seem transient³⁴ to non-Indigenous people. She's part of a culturally diverse group who lived around the inner city. This was another group of young people who were not hospital inpatients and used to drop into the Adolescent Service from time to time.

Then there's Kat, a young Anglo-Australian woman, one of the many young people my boss would call 'essentially healthy'. She is lying

around bored in hospital with her leg in plaster, after coming off her skateboard. Davo, a talented musician from West Wyalong in country NSW, who has to come to hospital regularly to clear up his severe eczema and asthma, is bandaged from head to foot. And there's Dimitri, a lively boy who has regular admissions for a blood disorder that is common in families from the countries around the Mediterranean³⁵.

Andrea, the rather buttoned up Catering Officer had returned the order form in the internal mail with a curt note saying:

Obviously the hospital kitchen doesn't stock Lebanese bread.

Apparently this was policy, even though many of the kitchen workers were from Egypt and the Lebanon, where flat breads would have always been on the table. So Sally had made a note in her work diary to pick some up from Coles at Town Hall on the way to work, and to keep the receipt to claim petty cash. The young people had also wanted ginger ale but the catering officer said ginger ale was only ordered for the superintendent's bar fridge so they had to make do with lemonade — as a colleague had said, not important enough for ginger ale! So she had bought some at Coles.

This morning, towards the end of the summer school holidays, these young people were in hospital feeling bored. Capable and talented, they wanted to do something. Yesterday Kat had suggested organising a surprise party for Julie. For breakfast at home, Kat whizzed up fruit smoothies in the blender before skating, Davo was into making toasted muesli and Dimitri helped his family make sauces and preserves from their vegetable garden. They were all keen to work out a party menu with different pizza toppings as a change from the hospital menu. Yeah!

³⁴ Many Indigenous people move from place to place to attend gatherings, which can complicate access to health care and follow up (Francisco & Carlson, 2002).

³⁵ Thalassaemia

Julie turns fourteen on Friday and that's the day she gets out of hospital, said Davo. She's so lucky to be going home, he groaned...

Suddenly, they were all yelling at once. Where are all the things for the pizzas, Sally? Did we get Lebanese bread? Well there's some tomato paste, she replied, and cheese, tinned asparagus and things to put on the pizzas, salami, and some dried herbs in that brown paper bag, from the hospital kitchen. And the Lebanese bread — had to buy that my self. And here's the fruit, tinned pineapple, tea and ginger ale to put in the punch ... oh and smell the mint from my garden... You forgot the vodka! they said. Yeah right! she replied, raising her eyebrows and smiling at them. Always they were testing her. Yesterday they said, please, please Sally take us to see *Puberty Blues* at Hoyts! She knew she had better check with their parents first.

Later that morning, after their treatments, Dimitri and Kat disappeared from the ward to prepare the pizza toppings in the Special Diets kitchen off the ward. After lunch and the afternoon medications, Davo anointed the pizzas and put them under the grill. He was used to using the oven to toast his muesli. Davo's offsidiers cut each pizza into appetising slivers and arranged them on silver trays for the guests. The pizzas, strewn with grated mozzarella and sprinkled with the dried herbs and fresh parsley, looked like edible mandalas. Then Julie arrived, looking for the others in the middle of the preparations, and had a sneak preview of her surprise party! She was touched by the thoughtfulness of her new friends.

Bec, Julie's favourite nurse, was squeezing oranges, cutting up strawberries and swirling mint leaves into cold tea and pouring in the ginger ale to make punch. Back on the ward, Kat and Dimitri were putting up a big sign they had painted on computer printout paper that read 'happy birthday Julie, we'll miss you!' They had decorated the ward verandah with red, black and yellow streamers. Cheryl, the Indigenous support worker, had found the streamers at the back of a cupboard.

That afternoon, Julie, the guest of honour, carried the ghetto blaster from the Adolescent Service across to the ward as the Warumpi Band sang *My island home* and Cyndy Lauper sang *Girls just wanna have fun*. What's all that hub-bub on the verandah? Sister Scott calls out. Julie, has your doctor seen you yet? And what about that educator? Have you been down to the pharmacy? You know we're still waiting for your blood and urine tests to come back from pathology before you can be discharged ...

Meanwhile, Kat, Davo and Dimitri hosted the party for Julie, handing around the food and drink they had made themselves on silver trays. Tell you what! I'm feeling way better than when I came into hospital, Julie said. She was in good spirits, with her friends and almost a bit sad to be leaving hospital, like it was a second home. Mainly, I'm looking forward to being with family again, she said. Then Dimitri's grandmother popped in with a treat to share, galaktoboureko, cut in tiny squares. Everyone enjoyed its vanilla taste.

Wicked party Sal! said Cheryl, Julie's really pleased. All that organising you did paid off! Being at the party sure beats filling in endless claims for Isolated Patients Travelling Allowance Scheme ... Yeah, maybe, replied Sally sounding unconvinced. Sometimes, making sure these informal celebrations happen feels subversive, she remarked over a cuppa afterwards. This sort of group work feels so far away from formal case conferences and 'paediatric assessments'. I'd like to work more on social justice issues, like you do Chezza... yes I know you think I'm a White ghost... her voice trails off. Cheryl laughs, well why don't you come on over and help our mob then! ... Next time we're drowning in all your White fella rules and regulations we could do with someone to organise a party...

Now the silver trays are empty, apart from waxy drops of melted cheese. As Cheryl and Sally carry the trays back up to the hospital kitchen, they talk about how Indigenous support work and youth-specific occupational

therapy are valued professionally. The sound of their shoes on the worn grey steps echoes down the stair well as their faces stare back from the tarnished trays. How is it that we get consistent positive feedback from the hospital's regulars but hardly any recognition from the hospital decision makers? Hey the way I look at it, says Cheryl, her eyes wide, work can be 'both-and'. Where I come from your job can be both ordinary and important — doesn't have to be one or the other... I don't know, Sally tells the trays, this place still feels so 1950s. Most of the time they just see the work that we do as behind the scenes, not counted on its own. As far as the hospital is concerned, work that counts can only be done by the Specialists...

2nd telling: Made some deadly friends this time

There's Davo, he plays guitar and Dimitri who's really good at talking just like his doctor. And Kat, she gets bored waiting for her bones to mend. I did cool graffiti on her cast in green texta. And guess what? They're organising a surprise party for me today! The last party I can remember was ages ago back in Wiradjuri country. Aunty Brenda made that passionfruit sponge — she let me ice it — and we all had it under the shady trees down by the river. Yes I remember those trees... hanging down over the water giving us shade.

The food in hospital always looks and tastes the same I reckon! We had bright yellow fish fingers for dinner three times this week. Usually they're cold by the time you get to eat them and you have to gulp your medications down at the same time. Then Dimitri he said, no hospital sandwiches for Julie's surprise party! Let's make pizzas on Lebanese bread! Someone else said, we can make punch with strawberries floating in it. Sally let my mates make up a menu and prepare food and drinks. They're like my mob, making a fuss just for me!

I've lost count of how many times I've been on this ward. This time I'm here to go on the dialysis machine again to help my kidneys work better and clean my blood so my skin doesn't look so yellow. Sister Thompson,

the renal educator hooks me up to the dialysis machine in the morning on the ward. Looks at me like I'm just a risky, Indigenous kidney! Then in the afternoon sometimes I'm allowed to go across the road to the yellow building to play Spacies and pool with my friends.

Sometimes my sister Cath and her boyfriend drop in at the youth centre. They're going to have a baby soon. They hang round the youth centre for something to do. They might go to this group they have there for parents under 20. I'm going to stay with them when I get out of hospital. They reckon I can baby sit and look after the dogs. My sister she's picking me up later today I'm back in my jeans and t-shirt. No more hospital nighties or renal education sessions for me — I'm out of here!

This morning everyone did their treatments early — their nurses didn't like the change of routine — and then it was like they vanished from the ward. I tip toed behind them down the hill to that white building down the back of the hospital, the one with a sign saying Special Diets kitchen, its near the aviary. I stood there and listened to the green and yellow budgies singing and chatting away!

Through the window I could see circles of bread in neat rows on the pink Formica bench. Davo was squeezing sachets of tomato paste — like sticky blood — onto each piece of bread. He smeared the red paste on the bread with one of those spready things. Then Dimitri cuts up fat tomatoes and shiny capsicums sliced real thin. Then he puts on salami and thick pieces of tinned asparagus that smell like pee. The smell of vegetables roasting and cheese toasting — hey! 'veggies roasting... cheese toasting' that could be a song — makes them take them out of the oven pronto!

Anyway I run along the verandah and open the door. Smell the special snacks they've made for my party! Wow! thanks you guys! I say, I've never had a party in hospital before. Was *supposed* to be a surprise but you're getting a sneak preview right now! We'll really miss you, y' know,

say Kat, Davo and Dimitri. We all smile with our eyes. When we leave school I reckon we could start a café just like the young chefs did in that Streetwise³⁶ comic...

In the afternoon getting ready for my party, Kat and I wear each other's fluoro cord jackets, the guys put on their black break dance t-shirts and we all put gel in our hair. Everyone arrives for the party in the afternoon, even one of my kidney doctors puts his head round the door. Sister Thompson had a flip out about me living at my sister's place — something about too many people sleeping there and she doesn't like the dog hair. She reckons it's 'unhygienic' for me to be released into 'that environment'. Sally had a chat with her about being a bit more laid back and calmed her down a bit. Now Sister Thompson has promised to drop in and see how I'm getting on at home.

I help hand around the trays of pizza and pour out glasses of punch with pieces of strawberry bobbing. Then Cheryl brings out mud cake with shiny icing. Everyone sings me happy birthday and I blow out fourteen orange candles. They yell hip hip hooray! All that attention makes me feel happy and sad mixed together. I manage to thank everyone — my friends here have been like family — and start to pack up my stuff in bags. Cheryl and Sally help me do the zips up. My sister well she's coming with her dogs to pick me up later. I can almost hear them barking down in the car park...

Situating 'A decade of creative occupation'

In this second part of the chapter I discuss how I finished writing 'A decade of creative occupation' (see Figure 6.2) soon after moving inland to Charles Sturt University at Albury, to collaborate on establishing the first Australian occupational therapy course outside a metropolitan area. 'A decade of creative occupation' is located in the *Journal of Occupational Science Australia (JOSA)* and I explain how it was that my article came to be published there. I situate 'A

³⁶ The cartoonists at Streetwise produced health promotion materials that were credible to young people.

decade of creative occupation' within conversations in the field and my critical re-reading of the article sets out aspects of fiction as points of departure for 'Orchestrating a surprise party'.

Relocating en famille to an inland university

At the start of 1995, my partner and I moved inland to Albury with our two young children, then aged five and seven, for me to take up a lecturing position. My first postcards to old friends back in Sydney described Albury as 'like Chatswood with alps'. Being used to beach-side suburbs like Manly, whenever I saw hills at one end of a street in Albury-Wodonga I expected surf at the other. But we now lived six hours drive from the nearest beach! At first nothing seemed familiar. As a house-warming card from an old friend from Children's Hospital read, 'Congratulations on your new home, new roles, new school, new job, new address, new town'...

Arriving at an inland university I was in some sense an 'accidental academic' (Riemer, 1998 p. 9), entering the academy as the third member of the team led by Lynne Adamson (and joining Claudia Walker) to establish the first occupational therapy course in Australia outside a metropolitan area. The course had been set up in consultation with local practitioners and early course mentors were Associate Professors Colleen Mullavey-O'Byrne and Ann Wilcock.

I had anticipated that no longer being within the medicalised environment would feel liberating but thirteen years ago the resources and infrastructure that I had taken for granted at a metropolitan teaching hospital just weren't there in this dispersed, regional university. The first year there felt like facing a void. Becoming a new academic at an inland university included shifts in role (as a mother with young children) and relocation from metropolitan to inland Australia, at the same time as trying to publish. I chose to label my undeniable sense of dislocation as 'culture shock' rather than as 'academic depression' (Jago, 2002, p. 729).

During the start-up phase, our teaching reasonably took precedence. There were inevitable tensions between teaching, marking assignments and somehow trying

to fit in scholarly writing as new academics. The constant conflicting responsibilities and demands that come with relentless processes of 'academicisation' creating additional pressure are what stand out in my memories of that time. For example, the award of a Writing-up Grant was largely negated by having to act as course coordinator. Although our offices were in tranquil Edwardian cottages ringed with rosemary and lavender, as a recently arrived academic to this pastoral academy I felt overwhelmed by such an electronic workplace with so few people around.

Initially, I could find little evidence of a writing culture. No university press, only an olive press, a cellar door and a cheese studio established on another campus. Somehow I managed to collaborate on a paper with Susan Ryan on auto-biographical writing and reflection (Denshire & Ryan, 2001), commenced at a writers' retreat³⁷ during my Masters degree and then to complete another, on reflection in occupational therapy, in particular on my lived experiences of the confluence of personal and professional domains (Denshire, 2002b), towards the close of my Masters.

Despite the culture shock, the writing I managed to produce from this pastoral academy felt more conceptually developed than what I had produced within a teaching hospital. In a series of methodological papers, I was beginning to try out ways of interpreting and understanding practice, beginning to explicate and critique my earlier descriptions. These papers concern reflexive, historical ways of coming to understand practice, unpacking both literal and metaphoric meanings and constructing an auto-biographical model of practice (Denshire, 1996, 2002a, 2002b, 2004; Denshire, 2005a, 2005b; Denshire & Mullavey-O'Byrne, 2003; Denshire & Ryan, 2001). 'A decade of creative occupation', my first research paper published shortly after entering the academy, is the first in this series.

³⁷ The retreat, at Leura, was organised by Professor Joy Higgs who invited Colleen, my Masters supervisor, and me.

How 'A decade of creative occupation' came to be published in JOSA

The *Journal of Occupational Science*³⁸ began in 1993, publishing research on human occupation. Until quite recently, this discipline-specific journal theorised 'occupation' as distinct from therapy and would not publish articles that included the term 'occupational therapy' (see Chapter 2). My article, 'A decade of creative occupation: The production of a youth arts archive in a hospital site', was published in 1996 in what was then the *Journal of Occupational Science Australia*.

'A decade of creative occupation' was one of the contributions to a regional themed issue of the journal by a group of academic colleagues in the newly formed School of Health and Human Services at Charles Sturt University. Following Associate Professor Ann Wilcock's inaugural lecture in our Occupation and Health Lecture Series, she invited Lynne Adamson, the founding course coordinator of Occupational Therapy at Charles Sturt University, to be guest editor of this issue, assisted by psychology academic, Dr Robert Trevethan. This issue of the journal explored varied perspectives on human occupation related to human evolution, creativity, shift work, older women's ageing, being a local restaurateur and defining rural life styles and identities (Adamson & Trevethan, 1996).

The funded archival research I carried out that became the subject of 'A decade of creative occupation' was accommodated in separate premises — an old cell block on Parramatta Road that was converted into a youth centre. Geographically separate from the clinical staff, at times I could feel exiled (to the Cellblock!) as a researcher. The archive referred to in the second article was produced as a research project based in the Cell Block youth centre premises and funded by a Camperdown Children's Hospital Small Grant. Being housed in an actual, old cellblock made interaction with my usual colleagues minimal. Sometimes it felt as if I'd been banished, exiled to prison even. I inherited a new set of colleagues, learning about provenance with Helen, the curator Powerhouse Museum; about hospital history from Ann, the Camperdown

³⁸ It has since become an international journal, the *Journal of Occupational Science*.

Children's Hospital historian, and about cultural planning with Marla and Linda, the cultural planners for The New Children's Hospital.

Somehow it felt 'out of time' and unsafe to be working in these premises. There seemed to be an illegitimacy attributed to doing archival research while colleagues were doing clinical work. How was I to manage this inextricable pull to the past in a pragmatic environment, I said plaintively? The Cell Block was built of thick stone and brick, right on Parramatta Rd. I could smell the dust and mould. The sounds of silence alternated with the Parramatta Road traffic and the 'whispering walls' of the Children's Hospital seemed to come alive in the archive with children playing and crying. I take up some of these historical themes in the final tale, 'Assembling Sofya's keepsake', in Chapter 7. 'A decade of creative occupation' signifies the end of an era of innovative work at a metropolitan teaching hospital and brings to fruition a decade of work to establish the Youth Arts Program.

'A decade of creative occupation' recommends archiving innovative programs so they do not stay 'silent history'. It juxtaposes young people's experiences of creative occupation with my awakening sense of history. It fitted into this issue of the *Journal of Occupational Science: Australia* as a methodological paper with a novel, if rather obscure, focus on archiving art-making in alienating environs (rather than focus on the everydayness of practice). The 'opportunities for creative expression and personal growth' afforded by this youth arts program and the archiving of artefacts and activities are emphasised as a 'unique aspect of this project' (Adamson & Trevethan, 1996, p. 82).

Situating 'A decade of creative occupation' within conversations in the field

Both Hasselkus (2006) and Schmid (2004) have situated 'A decade of creative occupation' within recent conversations in the field. One autumn day, early on in my candidature, upstairs in the Charles Sturt University library, I picked up the current issue of the *American Journal of Occupational Therapy* and turned to the 2006 Eleanor Clarke Slagle Lecture, 'The world of everyday occupation:

Real people, real lives', given by Emeritus Professor Betty Risteen Hasselkus. The premise of her lecture is re-produced on page 2 of the thesis.

About half way through, I read, 'Our literature is beginning to contain examples of inquiry that address these culturally and socially organised forces of influence on everyday occupation' (p. 636). Papers on invisible social forces in Western societies such as incarceration, homelessness, unemployment and hospitalisation were cited, including 'A decade of creative occupation'! Standing in front of the display shelves upstairs in the Charles Sturt University library in Albury, I felt a mix of surprise and pleasure to find that a highly respected scholar, writing in what is arguably regarded as the pre-eminent journal for occupational therapy internationally, had included my work as contributing to new directions in occupational therapy scholarship. Of the papers cited, only Elizabeth Crepeau's work published in 1994 predates mine; the other papers were published between 1998 and 2005.

Colleague Therese Schmid also cites 'A decade of creative occupation' in her research article, 'Meanings of creativity within occupational therapy practice', published in 2004 in the *Australian Occupational Therapy Journal*. Schmid cites my work, together with that of Thompson and Blair (1998), to make the point that creative activities continue to be used as therapeutic tools in occupational therapy. Later she notes there is little occupational therapy literature on the creative process, with the exception of work by Brienes (1995), Finlay (1993) and Denshire (1996). Schmid (2004) calls for further research on the link between creativity and the therapeutic relationship in occupational therapy.

A critical re-reading of 'A decade of creative occupation'

The Youth Arts Program aimed to use creative occupation to meet the health and maturational needs of young people in an Australian hospital and the accompanying archive is intended to provide a permanent record of this innovative health program. I saw the discipline and the practice of occupational therapy back then, and see them still, as being inevitably intertwined. However, in the final edit, Ann Wilcock wanted the term 'occupational scientists' inserted

in 'A decade of creative occupation'. Now I can see her recommendation could be interpreted as yet another 'academicising' strategy to establish the new discipline of occupational science.

Hence, my article, 'A decade of creative occupation' was intended to speak to the 'occupational science community' (whoever they may be) about the need for archival research to preserve artefacts and knowledge 'as data for occupational scientists' (p. 94) so that innovative programs like the Youth Arts Program do not become 'silent history' (p. 93).

'A decade of creative occupation' brings together archival, curatorial and historical perspectives on youth creativity in hospital in a frame of youth-specific occupational therapy. 'A decade of creative occupation' is narrated from what strikes me now as a largely curatorial vantage point, with an emphasis on the finished artefacts rather than on making and doing, as shown in the following excerpt: I note '[m]ost of these works were by their very nature ephemeral so photographic documentation on slides was necessary' (p. 95). I have written a rationale for permanently recording otherwise ephemeral art works in high-flown, idealistic prose:

From this foundation, a more secure second decade of life for the program is anticipated, despite its existence in increasingly competitive times. It is predicted that, with the advent of further health and art programs that are based on the value of creative occupation, place making will come to be regarded as a priority in the building and redesign of our future hospitals (p. 97).

Parts of 'A decade of creative occupation' are written in a passive, academic 'voice from nowhere', as shown in my predictions that close the final paragraph of 'A decade of creative occupation' above. No doubt the language was as it was for a purpose. Fitness for purpose is important here and ways of telling are discussed further in the next section of the chapter.

In sum, my account of ten years of innovative work in ‘A decade of creative occupation’ is inevitably broad brush, with little behind-the-scenes description, images or colour, and the excerpts from particular youth arts projects shown in Table 1³⁹ on page 95 of the article are only brief. The last line of the young person’s opening speech at the film premiere of ‘Great Escape Two’⁴⁰, ‘...and we are going to have a party’, provided a departure point for my twice-told tale ‘Orchestrating a surprise party: A collective tale of youth-specific occupational therapy’.

Critical commentary on ‘Orchestrating a surprise party’

In this third and final part of the chapter, the critical commentary on the tale first shows connections between ‘A decade of creative occupation’ and ‘Orchestrating a surprise party’, and then how ‘Orchestrating a surprise party’, a collective tale, problematises the preparation and sharing of celebratory food in a children’s hospital. Finally, ‘Orchestrating a surprise party’ is read against constructions of professionalism in the bigger picture of occupational therapy.

A victory narrative is an uncomplicated, smooth account of events, a version without depths and shadows, in which struggles and failures are unrepresented. ‘A decade of creative occupation’ could in some ways be classified as a ‘victory narrative’, in the sense of being yet another success story of an innovative, demonstration project in a teaching hospital, intended to impress, not disrupt. In similar vein, Susan Groundwater-Smith (2008) considers ‘the twin and competing desires to celebrate and to critique the outcomes of practitioner inquiry’ (p. 2). Given that practitioner inquiry by teachers is itself fragile, she asks how we can move beyond the victory narrative to a stronger critique,

³⁹ At a copy editing level, inaccurate and duplicated superscript numbering of several of the Vancouver references (done over the phone with the editor on a Sunday morning as I recall) and the lack of a paragraph following Table 1 may be distracting for the reader.

⁴⁰ ‘Great Escape Two’, a silent movie filmed in super 8, was shot onsite in the unopened Adolescent Ward (see Figure iii) and devised, scripted and acted by a group of young people in hospital calling themselves the Camperdown Company, directed by artist Laura Hastings Smith. In their movie, the characters devise an all day menu for when the Youth Ward opens with breakfast choices like egg and bacon, real fruit smoothies and midnight snacks to compensate for dinner served at a child’s time slot of five o’clock.

without being destructive of goodwill. The issue is how to tell those local, unexpected, uncomfortable stories.

‘Orchestrating a surprise party’ is intended to bring to life an instance of ‘derided interventions within the heartland of medicine’ (Selby, 2005 p. 9). It does so by telling a story of young people getting ready for and then hosting a social celebration (Denshire, 1994) and ‘writing in’ the coordinating role that occupational therapy plays in this event. I have to say I winced when I first read the term ‘derided interventions’, but now I have begun to use this term, in this case to convey some of the tensions between the peer group work approach and the range of clinical services and treatments Julie is meant to be receiving. The dialysis educator, Aboriginal support worker, ward sister and occupational therapist each slip into deriding each other’s interventions to some extent, depending on the social positioning and work pressure of individuals as well as individualised and social power relations (Townsend, 1998) and team dynamics.

Events in ‘Orchestrating a surprise party’ take place amid the conflicting agendas of several hospital workers, with some mild ‘othering’ between some of the actors involved. There are hospital staff who may regard a party as an incongruous and ‘folksy’ interruption, distracting from serious clinical tasks pre-discharge. Some may de-value such a counter-cultural event in an institutional context, not taking it seriously. The macro organisation of power may compel staff to perform their work in an individualistic, clinical mode, rather than ‘practising the social’ (Green, 2009, p. 39). ‘Individualistic, clinical mode’ refers to carrying out tasks instrumentally, in a detached way, oblivious of interaction. By ‘practising the social’ I mean experiencing the myriad interactions and actors involved in patient care within a social milieu, and so privileging shared interactions.

For me, as a youth-specific occupational therapist, both the party itself and the preparation beforehand had therapeutic potential. Participating in the lead-up to a party involves experiences of choice, expression, responsibility, compromise and cooperation. A party offers a setting that is informal and collaborative, and

could be a low key setting⁴¹ to confirm final arrangements for treatment at home with Julie and her sister. A party can be considered part of the local *approach* to service delivery, rather than an *intervention* that is usually more intrusive and one-way. To date, the sort of everyday creativity involved in these social practices has stayed implicit in my writings, in favour of more edgy, arts-based practices.

However, these arts-based practices could also represent the everyday. For example, a door — salvaged from a skip — was carved and painted with acrylics by several young people in hospital as a group project, coordinated by Colin Stokes, who was artist-in-residence with the Adolescent Medical Unit in the late 1980s. This group of young people painted everyday objects from the material world on the door, including an egg slice, pieces of fruit and a fluffy white pet cat as well as more surreal images.

I have selected this ordinary piece of everyday art-making from the Youth Arts Archive shown in Figure 6.1: Group project of carved and painted door, Youth Arts Archive 1988-89, to begin this chapter, because it works as a corresponding metaphor for the tale. This youth arts piece also links the ordinary-everyday in ‘Orchestrating a surprise party’ with the overt promotion of the Youth Arts Program in the victory narrative ‘A decade of creative occupation’ because the participants in this group project used ordinary materials to produce something extraordinary. Because this image is both ordinary and extraordinary it can be said to bridge a victory narrative and a back room tale.

How ‘Orchestrating a surprise party’ problematises food-related activities in a children’s hospital

Fundamental connections between food, identity and place (Duru, 1999) are relevant to the protagonists in ‘Orchestrating a surprise party’. Eating is the most social of activities (Frank, 2000) and integral to survival. But in hospital, eating is something people often have to do in seclusion rather than with others, eating

⁴¹ The literature documents the preference of Indigenous people for verbal interaction, social relationships and conversational approaches to information sharing (Nelson et al., 2006).

in bed from a tray with no shared table, no choice of menu and with meal times predetermined.

Activities such as growing, shopping, preparing and sharing food can demonstrate young people's emerging independence and ability to take care of themselves. Food choices mark personal identity (Frank, 2000). Food selection can be significant to young people, as they individuate from their families of origin. The small choices afforded by handing over the menu and arrangement of pizza toppings to young people contrasted with the more usual lack of choice in hospital. To my knowledge, there were no specific options for adolescents on the hospital menu in the 1980s.

Food-related activities were typically involved in everyday episodes of my occupational therapy practice with groups of hospitalised teenagers. The young people involved would regularly prepare and share food and drink at evening 'Eating Meetings' and theme parties. Many of the youth arts projects culminated in a party to launch the project. I have neglected to write about any of this local practice that works with food in a celebratory way, however. The only mention of eating or drinking in my writing to date is the cake made for the Art Injection project in the shape of an artist's palette covered with syringes that was really more a sculpture than a cake.

When I first came to Kids' hospital in 1981, the organisation seemed quite Dickensian in some ways. There were three dining rooms—one for doctors, one for other staff and one for patients, showing the macro organisation of power at work in the hospital. On the wards, dinner that always seemed to consist of fish fingers or hamburgers was served at 5pm—rather early when you are fourteen. Hospital routines for mealtimes, medications, self-care, visiting and treatment(s) alter everyday-ordinary aspects of culture such as preparing and sharing food:

Simple acts of eating are flavoured with complicated and sometimes contradictory cultural meanings. Thinking about food can help reveal the rich and messy textures of our attempts at self-understanding, as well as our interesting and problematic understandings of our relationship to social Others (Narayan, 1997, p. 161).

My grown children tell me that takeaway pizza remains a youth culture staple that friends often share after a 'big night'. The young people in the tale opted to make and serve their own. No pretension is intended in the tale, 'Orchestrating a surprise party'. Young people in hospital are making and sharing simple celebratory food of their own choosing and, in the process, forming and re-forming occupational identities in addition to being patients.

Choices of particular herbs, small goods, olives and breads are likely to stem from previous dietary habits and celebrations to do with cultural background, advertising and individual tastes. Italian and Middle Eastern staples had become available on Australian tables following waves of immigration. In early 1980s Australia, salami and olives would have been familiar to families from the Mediterranean, but have been less common on Anglo-Australian shopping lists then. Even though many kitchen workers and hospital cleaners were women originally from Mediterranean and Middle Eastern countries, the hospital kitchen did not stock Lebanese bread at that time and, curiously, ginger ale also was restricted. The Lebanese bread is also emblematic of those things occupational therapists bring in from home for their clients because the institution does not provide, allow or pay for them. There is no allocation for them within the system.

'Orchestrating a surprise party' emphasises the collective aspects of practice, as a group of young people engage in food preparation to mark a common celebratory purpose. I have tried to evoke a sense of social congregation and 'shared humanity' (Hasselkus, 2006; Muecke, 1997). 'Orchestrating a surprise party' conveys ways of getting around and subverting hospital protocols, while also conforming to broader gender expectations that women were responsible for

food-related activities both personally and professionally, as mothers and occupational therapists.

Re-making the ordinary can offer a sense of agency and individuality, redressing the cultureless features of hospital life (Denshire, 1985b), while bearing in mind that it can also be argued that hospitals have their own culture (Long, Carroll, & Nugus, 2006). Ordinary food can be made special by the context. This youth-specific occupational therapy practice attempted to subvert the uniformity and routine of hospital life around the clock through improvisatory and dialogic practices.

Reading 'Orchestrating a surprise party' against constructions of professionalism in occupational therapy

The presence of everyday occupation in clients' lives is significant for occupational therapists:

...such heightened awareness [of occupation] will enable us to enter the rich and singular spaces of their everyday lives, maximising our abilities to work together effectively toward the maintenance and renewal of meaningful, day to day living (Hasselkus, 2006, p. 638).

Although this orientation to the ordinary characterises much occupational therapy practice, in-depth accounts of the every-day ordinary appear to have been 'written out' of practice until recently. One of the few scholars writing in occupational therapy who unambiguously connects themes of food and culture is anthropologist Gelya Frank (2000):

In occupational therapy, even when the treatment goal is focused narrowly on helping a person get food to his or her mouth with built up utensils, eating remains an expression of social membership, cultural values, and personal preferences (p. 22).

Hasselkus considers scholarly work by Delamont (1983) and Douglas (1972) on deciphering the various meanings of meals in her recent Slagle lecture:

The food items on the menu and their presentation constitute a system of messages and codes for food-related occupations: formal or informal; special or ordinary; fancy or plain; home-cooked or carry out; a lot of work or easily put together (Hasselkus, 2006, p. 634).

Celebrations elevate the doing of ordinary, domestic tasks together into something special. Cross-cultural narratives of preparing and sharing celebratory foods at Christmas and the Songkran water festival were gathered from older women in New Zealand, USA and Thailand by occupational science researchers (Wright-St Clair, Hocking, Bunrayong, Vittayacorn, & Kattakorn, 2005). Occupational therapists commonly orchestrate holiday celebrations in treatment/clinical settings. Much of this work is not on public record in the literature, however.

‘Orchestrating a surprise party’ is intended to capture the everydayness of the occupational therapy role, in this case in a food-related celebration. The institutional context, adolescence, illness experience, staff and gender relations each had an impact on experiencing food-related activities in ‘Orchestrating a surprise party’. Young people can reconnect to the daily rhythm of life that they have become disconnected from while in hospital by participating in the small decisions of everyday life, such as choosing their own clothes and preparing food.

Chapter 7: Assembling Sofya's keepsake. A tale of dying young

crafted in dialogue with 'This is a hospital, not a circus!' an article reflecting on generative metaphors for a deeper understanding of professional practice. Published in 2005 in the *International Journal of Critical Psychology*. Issue 13: Critical Professionals, 158-178.



Figure 7.1: The marbled cover of Sofya's Keepsake
Source: Jennifer Telfer, Dakini Bookbinding and Design

Image removed from electronic copy of thesis due to third party copyright.

Denshire, S. (2005). "This is a hospital, not a circus!" Reflecting on generative metaphors for a deeper understanding of professional practice. *International Journal of Critical Psychology. Critical Professionals*, 13, 158-178.

Figure 7.2: The original abstract of 'This is a hospital, not a circus!'

Introduction

This tale is about the book Sofya makes, and about the spectrum of grief experienced by everyone involved at her death, in particular, her occupational therapist. The last day of Sofya's life happens to be on Party Day at the hospital. Both these very different events are juxtaposed in 'Assembling Sofya's keepsake'. 'Assembling Sofya's keepsake' animates aspects of fiction from 'This is a hospital, not a circus!' The main characters in 'Assembling Sofya's keepsake' are Sofya, her parents Fatma and Mehmet, Sally, her occupational therapist, whom Sofya calls her ' gypsy nomad', and Sofya's grandmother, who was a book binder.

This tale of dying young is dedicated to a real twelve year old. Her dying was my first professional experience of a death in hospital as a young therapist. In the first telling I have tried to evoke the significance of this first time, working on behalf of this admirable young woman and her parents around the time of her death and my reactions afterwards. In the second telling, entitled 'My anne and baba feel me slipping away...', Sofya, who is about to die, recounts the story of her own death.

1st telling: Working with ritual and memorial

Will it be today? Will Sofya die on this still, timeless day? The unspoken question forges a bond between Sofya's parents and her occupational therapist. For just a moment the three of them forget and the conversation returns to memories of Turkey. Sally remembers the smell of fish cooked on hot coals on the fishing boats underneath the Galata Bridge as figures trudge back and forth across the Bridge from West to East, and Fatma and Mehmet recall religious icons that seemed to glow from the powder smooth walls of the inland caves where people were living underground.

So anyway do you *work* for the hospital? Mehmet asks her, his face creasing back into a map of sadness. Are you really paid to play, to imagine? Sally touches on her informal role and ordinary clothes as these parents tend their dying child, keeping vigil. Playing and

imagining... but that's what we are doing with our dying daughter, he muses. How must it be to work in the hospital with ritual and memorial? he wonders, anticipating grief himself. In their own language the girl's parents speak about arranging their daughter's funeral. Sally suddenly feels overwhelmed with an immense sadness and shrinks back into the curtains around Sofya's bed.

Sally has enjoyed Sofya's daring way of being in the world on the journey of leaving girlhood. She called her occupational therapist the 'gypsy nomad'. Both girl and therapist are playful and gentle with each other, open to symbolic ways of communicating. Sofya prefigured her own death in a way, telling a story about the heroine of a midday movie who was 'brave when she died'. With her time running out Sofya said that she wanted to make a book of her life as a keepsake for her family and asked Sally to help her to finish it. Until last week Sofya was able to move painstakingly around outside, using a metal walking frame, her slippered feet catching on the concrete squares, but now she is bed-ridden.

On the day that would turn into the night of her death Sally comes in and sees Sofya looking drained and pale. Fatma, her mother, reads to her in Turkish in a soft murmur, her weary head bowed. Her parents keep trying to say what they are feeling and thinking, keep trying to speak in English on behalf of their daughter but it feels so stilted to them to have to use English as their daughter is dying. Sally listens to both parents intently, trying to lighten and share their load. Sofya slips in and out of consciousness. Fatma reads to her. Then later in the afternoon Sofya motions to her gypsy nomad with one frail hand and Sally gestures back in return. Beneath her thin pyjamas Sofya's body is failing. She can no longer speak and her blanched face crumples into the pillows. Sally moves back so the family may have some privacy. Later that evening Sofya dies with Fatma and Mehmet holding their daughter.

Sally tries to revive her sketchy knowledge of neuro-anatomy in an attempt to make sense of what had happened at the moment of Sofya's

actual death. Did the tumour tighten around Sofya's brainstem? Is that what killed Sofya? What would an autopsy show? The last conversation with Sofya keeps replaying in her mind. She did as Sofya had asked. She had kept the contract, assembling twelve years of life between marbled covers for Sofya's mother and father to keep. She still feels an attachment to Sofya and has affectionate memories of her. She misses her.

Now Sofya's lifeless body lies refrigerated with the small bodies of other children in the unmarked hospital morgue. The bed is now stripped and empty. But the cover of Sofya's book of memories still shines on the table beside the bed in what had been her hospital room. Light streams through the window catching the lustrous cover and conjuring an after image of the marbling onto the mural, onto the occupational therapist's bare arm and over her breasts and neck. Fatma returns to gather up her cherished keepsake that had been overlooked in last night's disarray, pressing the book to her cheek as she leaves the hospital. At this moment the dead girl's mother has no words for her grief.

Later that day oncologist and occupational therapist are standing side by side in the queue at lunch-time. Sally does not feel hungry but thinks she should eat something. The neon bright cafeteria smells stale from too many reheated sausage rolls and pies. Sofya—she's, she's passed away, she says to him. I know, I wrote her death certificate, he says, looking at her.

There are still Sofya's case notes that must be finalised. Logic tells her that Sofya's death has made space in her case-load. But Sally still feels exhausted, overloaded. The death is disrupting the rhythm of her work and she goes about her tasks, numb. At night, bone weary, she falls asleep without dreaming. Whenever she walks down the corridor her eyes fix on the mural. Whenever she finds herself walking past that room on the ward she cannot peel her eyes from the bare, striped hospital mattress lying there. Tomorrow, there will be another young person on

the hospital treadmill. Someone else who is terminal will be admitted to Wade House and they will occupy that room, the room that was once Sofya's.

2nd telling: My anne and baba⁴² feel me slipping away...

My name is Sofya, and I am twelve. I have a room to my self in hospital because they say the tumour growing around my brain stem is getting bigger. My hair is falling out and I wear this soft, apricot scarf to keep my head warm. The veins in my hands are bluish now and my skin is getting more and more transparent. My days are spent in bed now because I feel so very tired. I sleep for a while and then I wake, sleep and wake, sleep and wake. *Anne* and *baba* take turns to sit with me so there's always one of them by my bed. *Baba* holds my hand and talks gently. *Anne* sings a lullaby from when I was little and wipes my feet with cool water scented with orange blossoms...

Every day I've been in hospital this time, the one I call the gypsy nomad has visited me on her magic carpet. We used to fly across to the yellow building on it with Julie, Kat and Meli. My gypsy nomad is part of a travelling circus. As well as spending time with me she spends time with my mum and dad, listening and suggesting things. She wears pantaloons and her vest is embroidered with fishes. She has boots like a pirate but a kind pirate. When I had more energy we would play all sorts of games and she asked me if I wanted to write a story for a hospital magazine.

Now that my time is running out I told her that I want to make a book of my life as a keepsake for my family. I asked her to put the pages together for me, to bind the pages and cover them with the red and brown marbled paper I've made my self. My grandmother, my *nine* who was a real bookbinder showed me how to do marbling and Coptic binding. I remember her strong ink-stained hands dipping sheets of paper in and out of the special sink in her workroom. Afterwards we'd sip small glasses of mint tea. My special book contains treasured poems, precious

⁴² Mother and Father in Turkish

drawings and photos of me now and before I got sick, jumping in the waves with my friends.

My gypsy nomad bound the keepsake book for me, all stitched together carefully between marbled covers with strong thread. She returned my book and it looks so beautiful. I thank her for doing this last thing. With shaking hands I give the keepsake to my *anne* and *baba*. Their eyes gleam as they gaze at this bound version of my short life. In their hearts they can feel me slipping away...

Today it was Party Day at the hospital. I could hear children laughing up and down the corridor. From my bed in Wade House I could see the figures in the mural painted on the wall. My nurse wears fairy wings and gives me the red medicine to dull the pain. This morning I think I saw a tiny black bat crouched on the pen inside the pocket of my neurosurgeon's jacket. In the mural a tall woman in a red velvet skirt stands on the shore and sea sprites play in the foam. I am ready to join them now playing in the water...

Next morning, the sun comes in through the window and shines on the cover of the book lying on the bedside table, on the book's lustrous, highly decorated surface. At this moment the marbling reflects onto the mural, giving the sea and the sky a marbled finish and printing swirls on the woman's scarlet dress. These inherited patterns are in memory of me. And then, strange to say, when my *anne* returns to tuck the precious keepsake safely away inside her blue velvet bag the pattern becomes imprinted on the wall, part of the mural forever.

I remember stirring the milk and almond pudding with my grandmother on her kitchen stove. The soul of my *nine*⁴³ has passed on the magic to print the marbling motifs onto the mural, creating something that can last forever. My story will live on with the stories of other kids within the

⁴³ grandmother in Turkish

hospital walls. And I'm sure these walls of the hospital must whisper, with all the stories they have absorbed. Shhh! Listen!

Situating 'This is a hospital, not a circus!'

In this second part of the chapter I locate 'This is a hospital, not a circus!' in the *International Journal of Critical Psychology* and explain how it was that 'This is a hospital, not a circus!' came to be published in the Critical Professionals issue. I discuss the writing of 'This is a hospital, not a circus!' as an academic with a decade of experience who was 'leaning towards' doing a doctorate. A critical re-reading of 'This is a hospital, not a circus!' then traces points of departure for 'Assembling Sofya's keepsake'.

Finishing 'This is a hospital, not a circus!' and 'leaning towards' doing a doctorate

In 'This is a hospital, not a circus!' I interrogate experiences of hospital-based practice in occupational therapy in the 1980s and early 1990s from my viewpoint as an academic with a decade of experience at a regional university. As I was about to send the manuscript off in May 2004, I participated in a workshop on women's writing as research with a focus on setting up writing groups⁴⁴ facilitated by Alison Lee, from the University of Technology, Sydney.

Her discussion of doctoral supervision options, including PhD by publication, was a turning point. It expanded my understanding of doctoral possibilities as a practitioner-writer with a consistent record of publication on a campus where a discernable writing culture was still being established. I subsequently enrolled as a doctoral candidate in 2006. I am also grateful to Eva Bendix Petersen, another participant in the writing workshop (and, as explained below, a contributor to the issue on Critical Professionals), who suggested Bakhtin's ideas on the carnivalesque could be used to further develop 'This is a hospital, not a circus!'

⁴⁴ The workshop was organised under the auspices of Banksia and RIPPLE (Research into Professional Practice Learning and Education) in Albury by Professor Gail Whiteford.

Where this article was published and why

In 2005, the *International Journal of Critical Psychology (IJCP)* was one of several journals published in Britain by the radical social change publishers Lawrence and Wishart⁴⁵. In the Critical Professionals issue, critical psychology is described as:

an approach to psychology which questions its social construction as an academic discipline and which articulates diverse disciplinary practices that act to maintain the scientism of psychology [as being] self-evidently a difficult academic stance to take (Dell & Anderson, 2005, p. 15).

The project that produced this special issue aspired ‘to build a transdisciplinary scholarship that thinks subjectivity in the same space as professionalism’ (Selby, 2005, p. 15). This special issue had contributions by critical professionals from Australasia, UK and South Africa, who were practitioners and academics working within mainstream organisations while promoting socio-political change. There is a lot more to be said about the production of this special issue of the journal on critical professionals that is not the topic of this thesis.

The pressure to take on economically-driven approaches will frequently clash with the ethical standpoints of those involved. Guest editor and critical psychologist, Jane Selby (2005), vividly describes contributors ‘wrestl[ing] to dress experiences constituted by current organisational structures in ill-fitting theoretical clothes’ (p. 8). The contributing authors unpacked ideas of neoliberalism and governmentality under corporatisation and the new managerialism. Notably, Davies and Petersen (2005) explored the ambivalent take-up and refusal of neoliberal discourse by academics. They analysed an interview with a senior Australian academic, using a poetic representation to highlight tensions and contradictions using the interviewee’s own words and syntax.

⁴⁵Lawrence and Wishart (2009) no longer publish the *International Journal of Critical Psychology*, according to their website.

Following the completion of my Masters degree in 2000, I was invited to contribute to this issue on the basis of a series of abstracts on subjectivity and occupational therapy that were under consideration for a Writing Up Grant. In so far as my writing relies on imaginative inquiry and resists the dominant professional discourse, it has a place in the Critical Professionals issue of the *International Journal of Critical Psychology*.

In her editorial for the critical professionals issue Selby explains that:

[M]any of the papers in this issue are experimental, in that what is written about and how it is written has required the authors to spotlight problems while grappling with *how to* spotlight, and so bring out some vision or perspective of value to their readers (Denshire, this issue; Petersen and Davies⁴⁶, this issue) (p. 8).

The Critical Professionals issue of the *International Journal of Critical Psychology* concerns the everyday ordinary aspects of local practices, viz: ‘The papers in this collection give a new psychological relevance to the daily trials and tribulations of our working lives’ (p. 9), [providing] ‘pioneering reflection on everyday, even commonplace dilemmas’ (p. 8).

The editor describes my contribution as follows: ‘Denshire represents the work of occupational therapists by developing general methods of metaphor analyses and auto-biography in reflecting on and validating important clinical work’ (Selby, 2005, p. 10), answering the following question put by the editor: ‘What resources are required to persevere with derided interventions within the heartland of medicine (Denshire, this issue)?’ (p. 9). Chapters 6 and 7 of the thesis expand on ideas of ‘derided interventions’ and the macro organisation of power.

⁴⁶ The correct version of this reversed reference is Davies and Petersen (2005).

A critical re-reading of 'This is a hospital, not a circus!'⁴⁷

The drive to surface the artistry of practice, in other words to 'make the invisible visible', is the conceptual organiser in my recent publications. The most recent of these, 'This is a hospital, not a circus!' develops the idea that visual ways of knowing are promoted in climates of regulated evidence in the health professions at the expense of knowledge derived from lived experiences of practice. 'This is a hospital, not a circus!' is a piece of hybrid writing, observing both scholarly conventions and foreshadowing fiction. 'This is a hospital, not a circus!' is constructed around the figurative language in a nursing colleague's off-hand remark that captured my imagination:

...a respected nursing colleague retorting, 'this is a hospital not a circus' when I asked for access to performance space for young people in hospital, and calling me a 'Pied Piper' in my role as youth-specific occupational therapist (p. 160).

I decided to focus on this telling utterance to argue the power of generative metaphors such as 'occupational therapist as Pied Piper' to show the complexity of practice, and occupational therapy practice in particular. Three generative metaphors at the heart of the article are interpreted below.

My original reflection on the first metaphor 'hospital, not a circus' (in the article of the same name) actually says more about notions of circus than about those of a conventional hospital. First, I describe hospital as 'a still, solitary place of compliance and silence with no colours' (p. 167), in contrast with the carnival atmosphere of the circus. Then, four transgressive images representing spiritual aspects of the hospital's iconography are foregrounded. These are the 'brown draped Madonna' of the Children's Medical Research Foundation, the 'Australian fairytale paintings of illustrator Pixie O'Harris', the carnivalesque transformations on Party Day at the Old Children's Hospital and 'fantasy elements' (p. 168) at the New Children's Hospital.

⁴⁷ 'This is a hospital, not a circus!' builds on an earlier publication of mine 'Metaphors we live by: Ways of imagining practice'(Denshire, 2002a).

In my original reflection on the second metaphor, ‘occupational therapist as Pied Piper’, I gave a critical reading of the old fairytale of that name, and questioned the intention of the ‘charismatic stranger’ (p. 168) in the fairy tale. I drew parallels between my self performing the role of youth-specific occupational therapist and the Pied Piper, in terms of being ‘someone unfamiliar, perhaps subversive, who took young people away to an unseen place, hidden from the gaze of the ward staff who were more often attuned to treating their patients clinically’ (p. 169). I then go on to explore the limitations of the ‘occupational therapist as Pied Piper’ metaphor, proposing ‘a gypsy nomad with magic at her disposal’ (p. 169) as a more accessible alternative. And I note that ‘initial scepticism’ (p. 169) gradually gave way to an acceptance and valuing of creativity-based group work by hospital staff.

My original reflection on the third metaphor, ‘practice as something underground’, is detailed. I begin to unpack meanings of underground practice by attempting some lexicographic work on dictionary definitions and philological quotations of both ‘underground’ and ‘practice’. Re-reading all this now it seems curiously formal and unfocused. I seem to be casting the net far and wide in an attempt to select philological quotations.

I then discuss ‘underground practice’. The sentiment, if not the actual term, ‘recurs in my earlier writings on the underside of practice, the lack of funding, recognition, and power, related to perpetual innovation associated with using expressive ways of working with young people in an institutional setting’ (p. 171). In my very early writings, both practice and practitioner were sometimes perceived as disruptive to what I called the ‘status quo’:

Working with adolescents in a children’s hospital can sometimes feel like being part of a ‘counter movement’ in that working in the interests of an individual teenager may not be in the interests of the institution, wishing to maintain the status quo (Denshire, 1984⁴⁸, p. 12, cited on p. 171).

⁴⁸ This early piece of writing, first published in the NSW AOT Newsletter and reproduced in the Association for the Welfare of Children in Hospital (AWCH) Newsletter, is not included in my body of published work. However, the sentence about the ‘status quo’ appears in both ‘Normal spaces’ and ‘This is a hospital, not a circus!’.

I reiterate the tension in combining and juxtaposing ‘underground’ and ‘practice’ and relate this point to the professional credibility of occupational therapy.

The next section on the power of metaphor (see p. 172) in ‘This is a hospital, not a circus!’ proposes that ‘as if’ knowing is useful to professional practitioners, because it combines imagination and reason to link literal and metaphoric meaning in order to understand practice. Thorny questions of professional identity are also re-visited and I query Bateson’s (1996) description of occupational therapists as ‘peripheral visionaries’ cited on p. 173. Re-reading ‘This is a hospital, not a circus!’ I can now see underground practice within/against medically regulated environments as symbolising the carnivalesque challenge of occupational therapy.

‘This is a hospital, not a circus!’ is another stepping-stone between the articles and the tales on my path as a writer. It notably alludes to aspects of fiction such as characterisation, dialogue, description and point of view in ways the earlier ones do not. I have treated these aspects of fiction as ‘departure points’ for ‘Assembling Sofya’s keepsake’. I note instances of characterisation, description, dialogue and point of view below.

The characters in ‘This is a hospital, not a circus!’ are the nurse who I respected, the Pied Piper and the gypsy nomad. I bring the old Children’s Hospital to life, including Party Day and the murals of Pixie O’Harris, who then passes her magic ability on to the dying girl in ‘Assembling Sofya’s keepsake’. The metaphors of practice that I offered up in response to the nurse’s utterance, ‘this is a hospital, not a circus!’ initiated a kind of dialogue between the charge sister and myself. But this conversation was not sustained. Both nurse and therapist give their points of view in ‘This is a hospital, not a circus!’ and there is also an academic voice from nowhere. And I express some parts of my reflections on the three generative metaphors, ‘hospital as not a circus’, ‘occupational therapist as Pied Piper’, and ‘practice as something underground’, in first person.

By writing the particular and the ordinary ‘This is a hospital, not a circus!’ is a text that hovers at the edges of auto-biographical fiction. It is a hybrid piece of writing, foreshadowing fiction. Of the three selected articles, ‘This is a hospital, not a circus!’ is the one that bridges the new writing and the old, by offering open space for auto-ethnographic work. I was not quite ready to risk articulating my life experiences as an author in 2004. Instead I retreated into the theory of others.

Critical commentary on ‘Assembling Sofya’s keepsake’

‘Assembling Sofya’s keepsake’ responds to the dilemma of ‘silent or rather silenced history’ (p. 164) reiterated in ‘This is a hospital, not a circus!’ My tale produces auto-ethnographic fragments about occupational therapy with a dying girl and her family in a children’s hospital, as a member of a profession whose literature is often silent on such everyday moments (Cusick, Schofield, & Twible, 1994). ‘This is a hospital, not a circus!’ merely alludes to history, whereas ‘Assembling Sofya’s keepsake’ lingers there, unpacking a litany of events in a twice-told tale that represents the material, symbolic, cultural and institutional aspects of Sofya’s death. ‘This is a hospital, not a circus!’ theorises a world of ‘make believe’ and pretend without exploring how it felt to be a ‘gypsy nomad’, whereas ‘Assembling Sofya’s keepsake’ goes further, bringing the occupational therapist character to life.

The levels of representation at play in this final tale are intended to pay a gentle homage to the Book. Sofya’s grandmother was a book binder who taught her the art and secrets of marbling endpapers and book covers. Sofya used to make sheets of Turkish marbling, called *ebru* in Turkish, with her grandmother. For a girl to have a grandmother who was a book binder may have been unusual in this Western-Eastern culture. I chose marbling and book binding because they are ancient occupations with Turkish heritage. The cover of the dying girl’s keepsake book seems to become part of the mural by magic, in honour of Sofya’s resolve to create a memorial of her short life for the sake of her family. Her work appears to live on in the mural.

In ‘This is a hospital, not a circus!’, the murals of Pixie O’Harris are mentioned in passing. The photo of the mural (Cornwall, 2005) shown in Figure 7.3 connects the old writing with the new and provides a closing image for this final tale. In ‘Assembling Sofya’s keepsake’, Sally is convinced that Sofya’s marbling has been magically superimposed on the mural the morning after she dies, creating a permanent memento.

The mural depicts ‘zones’ and costumes typical of European fairy tale conventions. For the purposes of the tale, this mural conjures associations with the waves as some kind of free realm, perhaps a kind of after-world. In the mural the tall woman in scarlet with whom I am identified by Sofya is standing on the border in the top half of the photo. Perhaps she is some kind of ‘royal fairy princess’ with authority, looking after a prince who is gesturing to the sea sprites? Neptune is mentioned on the scroll painted on the mural.

Locating this photo of the mural led me to tracking down the Pixie O’Harris auto-biography *Was it yesterday?* Here Pixie explains that her motivation for painting murals of imaginary worlds in 50 health settings and schools came from looking at the blank walls in the labour ward during the birth of her third and last child and wanting something else to look at and think about. In her auto-biography, there is also a photo of Pixie painting this mural without the boys (O’Harris, 1983 p. 43).

I find the photo with the boys more remarkable because of the juxtaposition of their hospital garb — pyjamas, dressing gowns, slippers and haircuts — and the nurse’s uniform, with the colour and movement at play in the mural. By all accounts it is an extraordinary photo, depicting boys in hospital eating what would appear to be beetroot and salad from tin plates with ‘happy’ colouring books and a smiling nurse leaning on a switched-off television set. The regulation hospital clothing worn by the young patients and by their nurse is juxtaposed with the phantasmagorical images in the mural, breaking through the expected order.

There are multiple sites of representation at work in and around this image for my purposes in this thesis, namely, the mural, the scroll, the colouring books and the photograph. The photo is integral to the plot of the tale and also provides a bridge to Part 3 of the chapter. Of my three auto-ethnographic tales, 'Assembling Sofya's keepsake' in particular seems to rely on imaginative representation and to demonstrate the kinds of imagistic thinking and reflection that occupational therapy practitioners engage in but rarely document (Fazio, 1992; Mattingly, 1994a). By contrast, 'This is a hospital, not a circus!' is a piece of writing that tells without showing.

Image removed from electronic copy of thesis due to third party copyright.

Figure 7.3: A photograph of the mural painted by Pixie O'Harris in the 1940s

Source: Cornwall (2005, p. 66)

How 'Assembling Sofya's keepsake' problematizes a therapist's first experience of a death in hospital

This tale belongs to the tradition of tales of dying young, a genre of writing that can easily slip into sentimentality, as I learned through writing the earlier drafts of 'Assembling Sofya's keepsake'. It is hard and painful to write about a young person as they die. Following Helen Garner (2008) in *The spare room* I have tried to counter the push for sentimentality by writing the material world of objects such as the wall, the room, the bed, bodies and the book.

I have also tried to give the reader particular details of names and places, inspired by Joan Didion's spare prose in her poignant *The year of magical thinking* and to choose active verbs rather than my usual strings of describing words. The word 'disorientation' speaks to the shock we feel when someone is suddenly not there in the bed, not around because they are dead. Didion (2005) writes the profound disruption to our sense of normal. Death does violence to our psyche. It is shocking. The tale acknowledges the force of the first experience of the empty bed on a young occupational therapist. This auto-ethnographic work is intended to speak to other therapists, to raise awareness of a first death for a young therapist through two re-tellings of one person's experience.

'Assembling Sofya's keepsake' re-fashions the Pied Piper' into a gypsy nomad who finishes the keepsake for the dying girl. The gypsy nomad, who has magic at her disposal in the form of a magic carpet, stands for alternative occupational therapy practices. 'Assembling Sofya's keepsake' issues the carnivalesque challenge of occupational therapy through dialogue such as 'do you *work* for the hospital... are you paid to play?' This final tale features the notions of the carnivalesque begun in 'This is a hospital, not a circus!' - subverting protocol and turning things upside down in the presence of magic as memorial. It is set on what turns out to be the last extraordinary day of Sofya's life, coinciding with Party Day in the hospital, on the evening of her death and the morning after. Bakhtin regarded the carnivalesque as 'dialogic' and challenging to dominant culture (Vice, 1997, p. 3).

Reading 'Assembling Sofya's keepsake' against constructions of professionalism in occupational therapy

Sofya's occupational therapist makes something at the request of the dying girl. Her casual conversation with Sofya's parents as a therapist and mother shows the place of informal work in the form of the symbolic play and ritual of occupational therapy and the magic of the everyday ordinary. For occupational therapists, acts of caring arising out of both difference and shared humanity frequently involve exchanging objects and artefacts. In the tale Sofya's occupational therapist is the keeper of the keepsake. Moving back and forth between the yellow building, where the Adolescent Medical Unit was, and the hospital, she moved between life and death.

Poetry has the potential to disrupt the taken for granted (Kinsella, 2006). For example, Anne Kinsella looks back after ten years on an experience of 'lingering discomfort' (p. 40) as an occupational therapist reflecting on how the objectivity expected of her silenced her emotions. The following telling excerpt from her poem 'Professionalism' is dedicated to Louise, a 26 year old woman living with a progressive brain tumour:

... Your body's disappointments I know
Of necessity
It is my job

I transgress by visiting
Your family in the evening
On occasion
In emergencies...

Your last Christmas
I keep the gift in my bottom drawer
Guilty ... (p. 42).

Kinsella reflects critically on the inner conflict she experienced in curbing the human drive to exchange gifts, feeling that 'professionalism' only allowed her to accept a present from another and not to reciprocate with the gift of a small carefully chosen sculpture. Her poem resists the usual professional language, by 'beginning with the life world [dimensions] of the practitioner' (p. 43) that are so frequently 'disregarded or repressed' (p. 44). She suggests that it is not uncommon for practitioners to experience tensions around the phenomenological aspects of practice.

It is time to seriously confront these tensions through changes to curriculum, codes of ethics and health care funding policy. These changes are necessary, she argues, if we are to acknowledge 'the relational dimensions of practice' between self and other (p. 44). Her poignant poem 'resists the objectifying gaze within which many health professionals are trained to speak' (p. 42). These critical reflections on occupational therapy practice are published outside the occupational therapy literature in a national journal of curriculum studies. The 'poetic resistance' epitomised in Kinsella's article remains very much the exception within the occupational therapy literature.

Chapter 8: Conclusions

Introduction

The first four chapters constituting Part 1 of this thesis laid out the exegetical material, introducing my auto-ethnographic inquiry, making the historical, theoretical and methodological case for writing the ordinary 'within/ against' occupational therapy and locating the tales in time and place. Then, in the first three chapters of Part 2, I presented the portfolio of creative work with accompanying commentary. Chapter 8 sits at the end of this collection of tales to bring the thesis to conclusion.

This chapter speaks to the auto-ethnographic project, essentially asking: 'where did we get to after all that?' 'what does it mean?' and 'where to from here?' This final chapter is about how I relate to the problematic of the everyday-ordinary of practice within the profession of occupational therapy. I review the course of this project. I re-consider the dialogue between the tales and the articles, in this way positioning practice differently.

Putting the three tales together and relating them to three articles, I note the motifs inside the process of crafting auto-ethnographic fictions of practice. I consider possibilities for evaluating these tales and the work they can do. I attempt to establish a validation and purposefulness for the tales. I also link this work to emerging work within occupational therapy, to show the contribution it makes to these conversations.

Finally, the chapter locates my 'Sydney North Shore' feminine origins and speculates on the stories that could be told if we were to reposition *The sock knitter* differently, stories of gender, stories of Whiteness, stories that could not be told in that other time, that other place.

Where did we get to after all that?

The culture of occupational therapy is re-making me as a practitioner and now auto-ethnography has re-made me as a woman writing (Taber, 2005). During 20 years of writing for publication as a member of a mainly female practice profession I have recorded parts of my intellectual journey and considered issues of authority and disciplinarity in practice (Richardson, 1997). As a woman in her 50s looking back on her 30 something body-self, I have started to write embodied accounts of a practice working with young people living with chronic illnesses.

My practice as an occupational therapist was about dealing with questions of hospital politics, cultural diversity, sexuality and death, undertaking work that was little understood and under-resourced (Townsend, 1998), work that procedurally-oriented staff could have regarded as 'derided interventions'. I have argued that these political values of occupational therapy have become obscured and need recovery work and re-inscription.

The spirit of auto-ethnography may have been no stranger to our fore-mothers who, prior to moments of scientification, explicitly valued the human right to engage in all manner of ordinary, everyday activities. At each moment of theory, occupational therapists have repeatedly turned to science. The emerging discipline of occupational science described in Chapter 2 attempts to address a disciplinary gap, promoting the study of humans as 'occupational beings' (Clark, Ennevor, & Richardson, 1996, p. 374).

Currently, in the field of occupational therapy, there are tensions apparent between theory and practice, practice and science, theory and science and in the organisation of power at everyday and policy levels. Today, these tensions are playing out in the practice, managerial and research contexts of occupational therapy, in the competing worlds of practice, the corporatised professional association and the emerging discipline, and in high rates of practitioner attrition.

In 2008, the *Australian Occupational Therapy Journal* has received an ISI (The Institute for Scientific Information) listing and is now in the process of applying for a higher classification (*Australian Occupational Therapy Journal*, 2009). This competitive manoeuvring would appear to be a response to the effect of applying metrics to the performance of writing for publication in the higher education sector. In conforming to institutional expectations for the required documentary processes (Smith, 1990), once again occupational therapists may unwittingly be colluding with the subordination of everyday practices in occupational therapy (Townsend, 1996).

Now it is time to sum up each article in dialogue with the corresponding tale. The first of the three published articles, 'Normal spaces', offering some critique of hospital spaces, is organised around principles and generalities of what was, back in 1985, a new youth-specific practice. There is little locating the personal or evoking local colour in that article. There is heavy reliance on the literature with issues of gender and culture largely absent, or, perhaps, 'written out'.

The corresponding tale of embodied sexuality, 'Le moment de la lune', articulates something of local complex practice and the particularity of individual work to do with menstruation in self-care. The therapist character is bearing witness to how a French-speaking girl from Noumea living with a disability learns to manage her first period in an Australian hospital.

The gendered transitions and cultural heritages of the characters are in the foreground of 'Le moment de la lune'. Meli experiences her first period and Sally is anticipating her first pregnancy. The focus on using a sanitary pad to absorb the blood is to make plain the relative silence in the occupational therapy literature around the ordinary everyday but repressed experience of menstruation. The terms, 'repression' and 'suppression' were discussed in Chapter 1.

The second article, 'A decade of creative occupation', can be read as a 'victory narrative' promoting the Youth Arts Program with a focus on the need to archive ephemeral objects. The corresponding tale, 'Orchestrating a surprise party' is a backroom tale of making pizza with Lebanese bread for Julie on the day of her discharge. Here the trays borrowed for the occasion from the hospital kitchens can be read as emblems of hospital tradition.

Contrasting with the demonstration project narrative in play in 'A decade of creative occupation' is the idea that occupational therapy practices could be derided by some clinical staff who were seen as being too busy to cooperate with the informal group work approaches unpacked in 'Orchestrating a surprise party'. In 'Orchestrating a surprise party' young people's voices are louder than in 'A decade of creative occupation'. A tale of group work with a 1980s sound track, 'Orchestrating a surprise party' animates multicultural issues with characters speaking from Indigenous, immigrant and Anglo-Australian viewpoints.

The third published article, 'This is a hospital, not a circus!', is a hybrid narrative foreshadowing fictional techniques with the Gypsy Nomad character, descriptions of Pixie O'Harris' mural and Party Day, and the beginnings of dialogue, namely, the nurse's utterance, 'this is a hospital, not a circus!' My authorial voice in 'This is a hospital, not a circus!' tends to be rational and critical, more often 'telling' than showing with expression of emotion largely absent.

The corresponding tale, 'Assembling Sofya's keepsake', brings in Sofya as the young narrator and her family members, foregrounding cultural aspects of living and dying. 'Assembling Sofya's keepsake' is a tale of the materiality of death and the endurance of memorial, a tale in which emotions are embodied and expressed using fictional techniques. For me, writing this tale stirred up an unresolved grief of premature death in a professional situation where the clinical supervision of my informal work with the hospital's adolescent inpatients had felt as though it was 'tacked on', an afterthought to the supervision arrangements already in place for the work done with outpatients within the system.

Auto-ethnography has the culture of the writer at the heart. Cultural difference talk is talk of 'otherness'. Auto-ethnography has raised my cultural awareness of selves and others (Chang, 2008) who inhabit characters in the tales from the Coral Sea, the Mediterranean, the Pacific Ocean and Sydney Harbour as well as the wards, corridors and back rooms of the Camperdown Children's Hospital.

Inevitably, the personal paradigm of occupational therapy practice that I have articulated throughout the portfolio gives the tales the allegorical momentum to contribute to larger conversations about 'the everyday ordinary' interactions of practice. Conversations about the asymmetries of power-sharing between client and professional (Townsend, Beagan et al., 2007) arise out of the Canadian Model of Client-Centred Enablement, a recent model identifying the following 'enablement skills' used by occupational therapists: adapt, advocate, coach, collaborate, consult, co-ordinate, design/build, educate, engage and specialise (Townsend, Polatjako, Craik, & Davis, 2007).

Moments of 'bearing witness' in 'Le moment de la lune', indeed in all of the tales, usefully correspond with the being-there aspects of the enablement skills 'coach' and 'engage' that appear in the Canadian model. Similarly, the 'social-collective' moments in 'Orchestrating a surprise party' have something in common with the enablement skills 'coordinate' and 'collaborate' in the model, and moments spent 'making a symbolic artefact' in 'Assembling Sofya's keepsake' further develop the enablement skills 'design/ build' and 'adapt'.

On writing twice-told auto-ethnographic fictions

This thesis has explored embodied and direct ways of writing the self as a fictional character into a portfolio of tales. Processes of becoming and the spaces associated with becoming have been at the heart of my experiences writing and reading auto-ethnography. Rituals of 'the cauldron' (Rich, 1977, p. 98) and the vessel, where you are becoming someone new, have always held resonance for me. My critical commentary on the tales describes who I was in my 30s and 40s, and the woman I am becoming in my 50s.

I experienced 'the elusive quality of emergence in my own processes' (Somerville, 2007, p. 241). The tales felt ephemeral until they were written. As my research proposal said, 'in early development ... the stories are inchoate and the non-specific titles reflect this lack of focus ... whenever I catch a glimpse they promise to evaporate'. During the course of this doctoral candidature I have made use of fiction as a research method to craft a portfolio of twice-told tales in dialogue with selected articles.

Looking back over the tales I have written makes me realise that some of the interactions with nursing colleagues I have portrayed have an underlying ambivalence. Although the nurse who I respected features in the final tale, our dialogue did not continue. And I have attributed feelings of impatience toward nursing staff to characters in the earlier tales, even though these nurses were clearly overworked.

Comparable tensions between 'professional groups which adversely affect opportunities for patients to engage in meaningful occupations' (Fortune & Fitzgerald, 2009, p. 81) are highlighted as part of a recent ethnography of mental health nurses and occupational therapists in Victoria working with older people with mental illnesses. Some informants expressed the view that 'occupational therapy was not real work when compared to the work of other professions' (Fortune and Fitzgerald, 2009, p. 83) and the study suggests that 'the extent and nature of occupational engagement is significantly impacted by interdisciplinary relations' (Fortune & Fitzgerald, 2009, p. 81). This pressing need for interdisciplinary respect also informs my tales of youth-specific occupational therapy in a children's hospital.

I have fictionalised my experiences as an occupational therapist to 'make the familiar strange, and the strange familiar' (Clough, 2002, p. 8), to uncover contentious and unsaid complexities of practice, to attend to practice ambiguities out of reach of narrow accounts of evidence-based practice. So the therapist character tells her version in the third person, then the young woman tells her version in first person, creating an artistic unity between form and content (Clough, 2002).

The raw materials I have ‘had to work with’, in the sense of both what was available to me and what I felt compelled to craft and fictionalise, were the papers I had already published as an experienced practitioner, together with the recollected practices of a youth-specific occupational therapy project undertaken in inner city Sydney in the 1980s. I have tried to make the inchoate, internalised world external, re-visiting place and time, practice and person (‘Sally’) who didn’t get written about in the scholarly work.

Sometimes the distinction between fiction and memoir becomes blurred. In the first year of candidature a senior creative writing academic greeted me at a creative writing conference in Brisbane where I was endeavouring to get to grips with the literary possibilities and limitations of auto-ethnography. Over coffee she introduced me to someone else saying, ‘Can I introduce Sally? She’s writing a professional memoir’. Back then I managed a smile and said nothing. Today I’d grin and say, ‘Actually, my tales have more to do with fiction than with memoir’.

Setting out to write an auto-ethnographic account as a doctoral candidate felt somewhat daunting at the start. Reading the work of others enabled me to learn about auto-ethnography ‘by example’ (Wall, 2006, p. 6). Given the possibility that ‘abandonment is... a common practice of the would-be auto-ethnographer’ (Bruni, 2002, p. 32), I became aware of both the risks in using the self as the only source of data (Holt, 2003) and of the ‘resilience and conviction’ (p. 19) vital to writing in this genre. Establishing a warrant for auto-ethnography was pivotal to carrying out my research.

My layered auto-ethnographic account has ‘... track[ed], through a number of successive publications, how the changing meanings...can be seen as an iterative process of representation and reflection’ (Somerville, 2007, p. 235). The new writing has been constantly in dialogue with the old. These texts are interdependent, working in that critical space between, the space of critical re-reading and new writing.

Writing and reading auto-ethnography can throw you around emotionally. For me, writing auto-ethnography stirred up an unresolved grief of premature death as I have mentioned earlier in the chapter. And writing in this genre has also stirred up questions for me to do with class beginnings, gender, and relocation. I am gradually feeling a sense of place inland even in drought. Flying home to Albury, after trudging overpopulated cities, I can feel a sense of space and contentment, on glimpsing the Weir surrounded by bare foothills through the plane window. Locals say that, when its full, this man-made body of water on the outskirts of Albury is five times as big as Sydney Harbour ...

The object of my creative research, involving the crafting of auto-ethnographic fictions of practice, was to ‘explore...the always unfinished process of making and re-making ourselves through our symbolic forms’ (Carter, 2004, p. 13). During the writing process my writing has become more direct and grounded, more explicit, less reliant on implication and inference. I have learned how to detach, how to consider ‘both...and’ and how to resist a Western tendency to polarise. I am also learning to assume a less ambivalent scholarly identity as a woman at an inland university. Rather than being constructed as ‘other’, the cultural realities of university life inland share in and depart from the metro-centric ideals of University. These are just a few of many learnings to come out of this auto-ethnographic project.

Motifs inside the fictive process

There are levels of representation in the tales. The theme of the picture recurs and there are stories within stories in the tales. The theme of the Book reappears, in parallel with the actual thesis-book you are reading. These tales are consciously fictionalised. There is a drama to the ordinary and the tales elevate the ordinary in celebrations of the first time (for example, having a first period), of becoming (for example, anticipating pregnancy, becoming an academic) and transition (discharge from hospital, dying young).

These are tales of 'crossing over'. The occupational therapist in the tales is portrayed in the 'vague, complex and important' role of 'transporter' (Fleming, 1994, p. 110), a member of a translational profession bridging the everyday lived world and the medical world in both directions (Polatjako et al., 2007), with everyday rites of passage. These notions of an occupational therapist bearing witness to transitional events in the lives of displaced young people like menarche, hospital discharge, or keeping a death vigil, have anthropological resonances. While highly valued by the actors involved, this role of transporter 'seems ill-defined by the profession or its literature' (Fleming, 1994, p. 111).

On the representation of race and Whiteness my twice-told tales, 'Le moment de la lune', 'Orchestrating a surprise party' and 'Assembling Sofya's keepsake' are suggestive of what auto-ethnography might bring to the recommendation that occupational therapists need to 'understand where we come from' (Nelson, Allison & Copley, 2007, p. 203) if we are to understand the other and the 'problem of speaking for others' (Alcoff, 1991, p. 1). My auto-ethnographic approach to both working with and learning from Meli and her interpreter, from Julie, her friends and the Indigenous support worker, and from Sofya, her parents and carers is intended to show a therapist in the role of learner (Nelson, 2007).

A central and recurring motif of occupational therapy in the tales is that of hands, as I suggested back in Chapter 1. The tales are about making the small choices, about experiences of doing inevitably using the hands, accomplishing the details of daily life (de Certeau, 1998) within/ against organisational protocols. These tales from the early 1980s operationalise an occupational therapist's everyday creativity and often it is the preparation of food in the tales that shows this pragmatic creativity. The tales critique any categorising of occupations. Struggling to show the unwritten boundaries of occupational therapy, the tales reinscribe 'silent or rather silenced history' (Denshire, 2005b, p. 164), bearing witness (Lawlor & Mattingly, 2001) to knowledges of practice that have become subjugated by a ruling apparatus (Smith, 1990).

Each tale depicts an episode of practice, the actual day, and the time before and after it, the lead-up and the aftermath. There are also flashbacks and imaginings. These temporal dimensions of practice lead to the interesting question ‘when is practice?’⁴⁹, in other words when does practice start and finish? Does practice include things like planning and reflection, i.e., the multiple facets⁵⁰ that comprise practice in addition to action, dialogue, problem solving and facilitation?

What delineates ‘professional practice’ in a profession like occupational therapy that centres on the everyday? What events count as practice in a youth-specific practice that was necessarily informal? The tales are ‘day in the life’ tales and both ‘Le moment de la lune’ and ‘Assembling Sofya’s keepsake’ also touch on the *night*.

These tales of a sensory world privilege taste and smell in that ‘pale green environment’. Within cultural and representational modalities dominated by sight and hearing (Borthwick, 2006), smells of night, lemongrass, coconut soap, orange flower water, blood, sweat and porridge permeate the tales. My tales are stories of embodiment: of the menstruating body, of a woman-practitioner anticipating her pregnant body, of young chronically ill bodies and of Sofya’s body, expiring prematurely, around the moment of death and after.

Perhaps these tales of sexuality, food and death may also be read as tales of blood, bread and marble (or, more precisely, marbling). The material substances of each tale — the blood, the bread and the marble — would be seen as life-affirming and life memorialising symbols in many cultures. But such interpretations would be difficult to represent within the abstract conventions that define current models of practice and organisational processes.

⁴⁹ This question is inspired by the title of Alison Lee’s paper ‘When is a text?’ (2006).

⁵⁰ With my students I talk about the ‘prism of practice’ and a few years ago the fourth years gave me a ‘Prism Award’ at the OT Ball.

When you listen to the tales

There are few representations of Australian occupational therapists in the current literature. Only rarely are we exposed to representations of and by embodied practitioners experiencing moments of practice ‘residing in both situated and constantly changing intersections of interpretation, interruption and mutuality’ (Lather, 2000, p. 25). This portfolio of tales is intended to reflect the conflicted, unsettling, paradoxical aspects of practice as ‘an unanticipated social relation, and a problem of interpretation’, falling ‘somewhere between a dress rehearsal and a daily performance’ (Britzman, 2003, p. 3).

In line with ethnographic writing more generally, these impressionist tales might be judged according to literary standards of interest, coherence and fidelity (Van Maanen, 1988). Set within the institutional spaces of the hospital, they amount to ‘personalised accounts of fleeting moments of fieldwork cast in dramatic form; they therefore carry elements of both realist and confessional writing’ (Van Maanen, 1988, p. 7). Notably, I have been able to ‘intensify the relived experience’ as a fieldworker-writer and doctoral candidate to ‘...say things that under different circumstances could not be said’ (Van Maanen, 1988, p.108).

The particular approach of crafting twice-told tales in dialogue with selected publications is what makes this auto-ethnographic project distinctive. Already when colleagues and students listen to and read the tales they are responding with tales of their own. Because the tales seem to hold some resonance for readers and listeners, expanding the ways occupational therapy can be written, I consider the tales I have crafted to be ‘tales of the field’.

They can be dramatised as readers’ theatre scenarios, used as simulated learning materials by both becoming and experienced occupational therapists and further developed for digital story telling. Such ‘writing the ordinary’ may have ethical implications more broadly, beyond occupational therapy, for expanding ways of writing moments of interaction between all the actors in professional practice situations.

Those stories not yet told...

The sock knitter lingers as an auto-ethnographic image for me as an occupational therapy academic with Sydney roots, now living and working in inland Australia. The young woman sitting knitting also represents that self as well as the feminine/ feminist/ middle class Whiteness of the occupational therapy profession. The painting has associations of Sydney North Shore-ness for me, of geographic, cultural and class memories of the quiet life, worn sandstone steps, gardens planted with Australian natives, parrots and bats, Grevillea and jacaranda overlook bushy gullies, welcoming verandahs, opposite the windows are well stocked book-shelves and tapestry-covered window seats, in a corner a piano, the Arts and Crafts movement...

The artist Grace Cossington-Smith spent her life living in Turramurra on the upper North Shore of Sydney. As a woman who grew up on the lower North Shore, in some ways the painting calls up my class beginnings as somewhat typical of many White, middle class women who became occupational therapists. The early occupational therapy premises, although modest, were in affluent parts of inner-city Sydney such as Elizabeth Street, Macquarie Street and in Paddington (see Appendix 2). In signifying both my personal and professional heritage, the painting bridges the old and new writings.

My interest in group work and sense of community seems to have come more from my mother and the love of language and humour from my father. Mum would drive off to mental health meetings after dinner — once we kids were put to bed — in her bright yellow 60s winter overcoat. I can also remember my father's professed lack of interest, his refrain of 'all that mental health tripe'. I became an occupational therapist out of this history. My interest in how people used to live is longstanding. As a teenager, one of too many books I borrowed from Lane Cove Library to take on holidays, to the Trades and Labour Council holiday cabins at Currawong on Pitt Water, was *Manners and morals in the ancient world*. As the keeper of the robes at the Victoria and Albert Museum, the author, James Laver, wrote histories of costume and everyday objects that I loved to read.

Learning to read and write inevitably lays the foundations for becoming a writer. Recalling my becoming literate evoked ‘a social and cultural re-mapping of my literate self, based on memories of childhood and adolescence’ (Brodkey, 1996, p. 19). Learning to write ‘on the bias’ from watching her mother sew garments cut out on the bias of the material, Linda Brodkey realised that descending the steps to the adult library marked the end of her childhood (Brodkey, 1996). When I look to my own becoming literate, and to the parts my parents and the library have played, I find this interest in cultural history, in museums and cultural artefacts, led me to occupational therapy. So I have come from a broad interest in cultural institutions — museums, zoos, universities and libraries. What has remained constant are my enduring interests in the representing and recording of lives.

Auto-ethnography has the political potential to tell middle class, feminine, feminist Whiteness and how the cultural backgrounds and the bodies of professionals can be represented. There are many more stories to be told: stories about gender and class, stories in response to contemporary post-colonial questions about race and Whiteness, stories about occupational therapists from different generations, stories of war and patronage. Speaking of the painting conjures up Whiteness, ‘do gooder-ness’ and activism, class beginnings... Ways that stories addressing gender and other difference dynamics might be imagined and shaped could include stories that transcend and overturn gendered occupations and tales of ‘reluctant sisters’ learning to work together.

Other re-readings of *The sock knitter* could involve telling the handcrafts of knitting and basket-weaving, telling unpaid work and volunteering pre-capitalism. *The sock knitter* can also be re-read and re-positioned as telling Whiteness and opening space for actors to collaborate on telling stories from the contact zone ... The untold stories of caring professionals will say the unsaid things that are too hard and too painful for the profession to put into words. These are just some of the stories not yet told because stories take shape out of what happened, out of what it was possible to tell at the time.

This auto-ethnographic project offers directions for future research into the scholarship of practice, into scholarly writing about practice in occupational therapy and in other health professions. My auto-ethnographic study has implications for 're-presenting' practice in terms of what is 'written in' and what is 'written out' in accounts of practice, for critical writing and reflection in practice, for fictive accounts of practice, and for history-making in professions populated by women. In the emergent and predominantly female professions, corporeality itself is a future direction for research. The materiality of practice, routinely 'written out', needs much greater attention in accounts of practice. Specific directions for future research include the cultural problem of representing the other, questions of gender, embodiment and changing professional identities.

PART 3: The published work

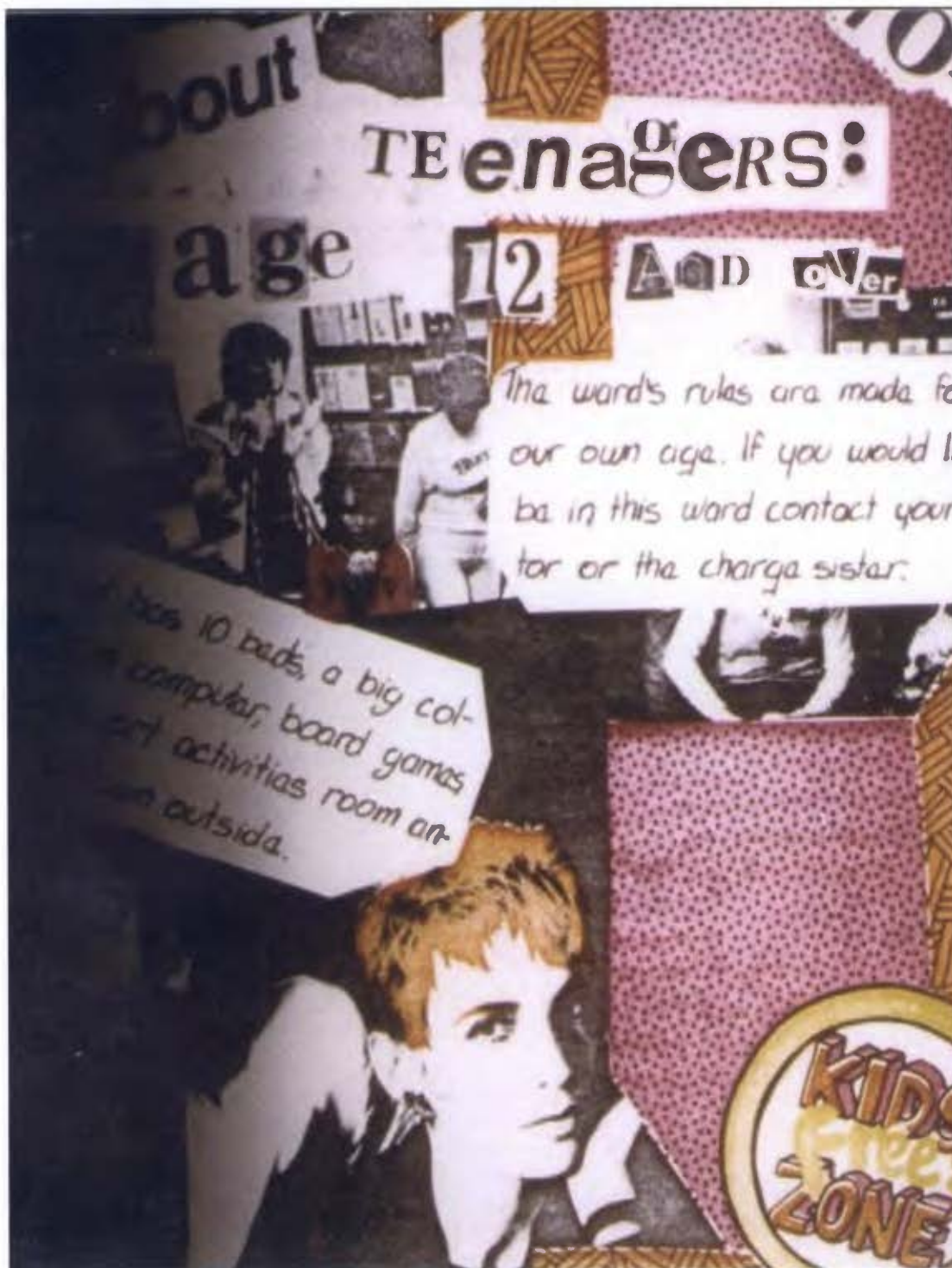


Figure iii. Youth Ward Campaign poster, Youth Arts Archive, 1985-86

Writing enables me to transmit my thought to many people whom I don't know, who don't speak the same language as I do, don't live at the same time as I do. In this respect, writing means creating a corpus and a code of meaning which can be stored and circulated, and which is likely to go down in History.

Excerpt from an interview with Luce Irigaray (1993, pp. 51-52)

by Alice Jardin

Normal Spaces in Abnormal Places: The Significance of Environment in Occupational Therapy with Hospitalised Teenagers

SALLY DENSHIRE

The increasing orientation of adolescents toward social contacts outside their families makes them organise in peer groups and subcultures which provide the space to act out generational concerns collectively. For some young people, the hospital setting is an environment in which they find themselves repeatedly. People usually decide to enter environments that are relevant to them. However in hospital, there are usually few familiar artifacts and the patient has little choice about being there.

For young people to attain independence, they must experience competence and autonomy. In an attempt to capture some of the features of ordinary life, the sort of inanimate, social and temporal features within the hospital environment that facilitate independent behaviour must be available to youth: features like personal space and access to the peer group. When environmental requirements such as these are available, then occupational therapy can enable young people who are hospitalised to get back in touch with their abilities. During adolescence, the struggle for autonomy is at its peak. The hospital system demands of young people a passive and vulnerable role in which feelings of helplessness are exacerbated. In order to continue development in hospital, young people need appropriate spaces. At The Children's Hospital in Sydney, a Youth Ward is soon to be established. The establishment of such a ward is tangible acknowledgement that teenage patients support each other and receive better and more comprehensive care when they are grouped together.

The occupational therapy approach discussed here recognises how important environment is in the healthy development of young people.

Key Words: Youth culture, environment, hospitalisation, adolescent development.

In order to mature, young people need appropriate spaces. For young people who spend time in the hospital setting, this physical

and interpersonal environment must contain factors that facilitate independent behaviour. This paper reviews youth culture, environmental considerations, the hospital setting and youth-specific occupational therapy. These elements are then applied in a specific occupational therapy approach involving hospitalised youth.

Sally Denshire, N.Z.R.O.T., B.A.O.T., is an occupational therapist at the Adolescent Medical Unit, The Children's Hospital, Camperdown, N.S.W. 2050.

During International Youth Year, it is timely to consider the significance of environment when using occupational therapy with hospitalised teenagers. Further, because the Youth Ward at the Children's Hospital, Camperdown is about to open, it is an appropriate time to focus on the youth environment in the hospital setting to date. The group of young people to whom this environmental approach is developmentally relevant are adolescents ranging in age from the start of high school to young adulthood.

THE DOMAIN OF YOUTH

Adolescence is a period of complex changes in physical growth and maturation and of transition from childhood dependency to adult autonomy. During this phase young people are struggling to establish their personal and sexual identity, a sense of self-esteem and competence as they engage in preparation and rehearsal for the world of adulthood. It is also a time to develop satisfactory interpersonal relationships, increasing independence and an ability to cope with both needs and potentials. The concept of developmental tasks (Havinghurst, 1954) and Erikson's (1968) understanding of the stages of adolescence are useful frameworks of adolescent development.

Young people experience a definite discrepancy between their own, self-attributed competence in activities of daily living and adult attribution of incompetence and restricted independence in personal and social matters. During adolescence, time spent in community and educational settings increases and that spent in family settings decreases (Barris, 1982). The increasing orientation of adolescents towards social contacts outside their families makes them organize in peer-groups and sub-cultures. These sub-cultures as a whole constitute the youth culture of a modern society. Their function is to give young people the space to act out their generational concerns collectively, and to work out successful ways to finish their 'passage of

status' into the dominant adult culture (Brake 1980).

In *Health Promotion for Youth in the European Region: Basic Philosophy and Innovative Strategies*, Franzkowiak (1984) outlines a model of positive health that can be regarded as a goal for the young person on reaching adulthood.

Positive health involves the capacity to communicate and express oneself, and to create, to change oneself and one's environment in a positive way. It also includes the ability to accommodate to the pain and problems of life in a peaceful way instead of projecting oneself aggressively. The healthy person is able to realise potential for growth and fulfilment, for personal development and freedom. The opportunity and ability to join in and contribute to the local environment and community may be distinguished as basic characteristics of positive health.

ENVIRONMENTAL CONSIDERATIONS

Environment is an aspect of the treatment process that is often overlooked. (Mosey, 1970). The non-human environment consists of natural and man-made objects. These are utilised to develop perceptual and motor skills, as a focal point for problem-solving and tentative interaction and as a means of expressing ideas and feelings in a physical way. Another aspect of the environment is the social environment which consists of other people.

An environment communicates expectations and has an impact on the development of roles, skills and habits. The artifacts present in a personal environment reflect interests and provide material stimulation for occupational activities. People decide to enter environments because of the interest they hold for them. In the social environment, values are communicated through style of dress, staff/team relationships, time given to particular activities and attitudes of significant people to these activities. Non verbal

Hospitalised Teenagers

expressions may be incongruent with staff's stated goals. "Press" is the environmental demand for a certain type of behaviour (Barris, 1982, p. 637-644) such as participation, passivity or competitiveness.

THE HOSPITAL SETTING

A place of one's own can be regarded as a base from which to operate. For young people who are chronically ill, the hospital is an environment where they spend a considerable amount of time. The health care opinions of a group of adolescents at the Children's Hospital were canvassed (Driver and Hocking, 1980) as part of a consumer participation project. These young people were aged between 13 and 20 years and 68% had a chronic disease. It was found that:

1. Young women were more sensitive about privacy during examination and toileting than young men.
2. Older adolescents reported greater need for privacy while bathing than younger teenagers.
3. Adolescents in larger wards reported less privacy when wanting to be alone than those in smaller wards.
4. The longer the length of stay, the greater the need for room around the bed (i.e. locker space, room for visitors).
5. Older adolescents reported that food was less suitable for their age than for younger adolescents.

Many of their concerns focused on environmental inadequacies. The video, *Have A Say*, (1980) made by The Teenagers' Collective, Royal Alexandra Hospital for Children also highlighted environmental issues including no suitable area to congregate, having to use childsize furniture and toys and lack of privacy.

The chapter on adolescents in *Changing Hospital Environments for Children* (Lindheim et al, 1972) makes recommendations summarized as follows:

To help a teenager cope with the constraints of hospital confinement, the modern hospital should make available a variety of special facilities. These should include a place away from the bed for dining, watching television and studying, a quiet room where to be alone or have a personal conversation, and a teenage sanctuary removed from hospital authority. Access to the hospital cafeteria, to recreation rooms with ping pong and pool tables, and to outdoor areas helps provide additional activities and reduce boredom. The hospital can assist in maintaining developmental gains by providing appropriate places of retreat, such as a teen sanctuary, a teen day-room, and a quiet room.

The concept of personal space or personal territory has been well described by students of animal behaviour, and it has been studied more recently by anthropologists, social psychologists, and a few architects. The size and impersonal nature of the hospital make the need for a personal space there overwhelming. The need obviously increases with the length of stay, but even with short periods of hospitalization, teenage patients try to personalize their space with the display of "get well" cards, snapshots and posters, although personal decoration is generally discouraged in the hospital. The rules that make room decoration difficult, while motivated in part by the desire of the staff to maintain an aesthetic and clean front, are also dictated by obsolete theories of contagion. Hospital rooms must be designed so that patients can make nonpermanent changes. One approach is to provide magnetic surfaces on which to mount posters and decorations. Another is to provide a way of hanging things from the ceiling. The very real problems of maintenance, cleanliness, and asepsis require innovative solutions, but unless the need is recognised, the barren environment will continue.

The architecture of the hospital, the artwork on the walls, the arrangement of the furniture,

the access to recreation areas, the content of admitting forms — all of these elements of the hospital environment convey messages to hospitalised young people. The importance of an awareness of the non verbal messages transmitted by the hospital setting is reiterated in the literature. (Thompson and Thomas, 1981; Frewin and Koch-Schulte, 1981; Sarkissian et al, 1980).

YOUTH-SPECIFIC OCCUPATIONAL THERAPY

The various tasks of adolescence (Havinghurst, 1954) are accomplished by trying out and mastering a range of activities which contribute to the acquisition of a functional adult role. An approach committed to the value of youth makes it possible to go beyond the young person's obvious problems, to deal with causes of problems and to explore the special growth dimensions of youth as well.

Shannon (1972) states that "occupational therapy can offer adolescents opportunities for self discovery, decision making and experimentation with work roles and developing occupational and play skills, whether the focus is restoration, maintenance or prevention."

In describing the use of occupational therapy with cerebral palsied adolescents, (Peganoff, 1984, p. 470) writes, "Group membership is an important aspect of adolescent development. Through participation in group activities, the young person begins to foster a sense of acceptance, which in turn promotes a stronger sense of self-identity".

(Westall, 1976, p. 149) suggests: "The philosophical basis of occupational therapy and its holistic approach to people; the capacity to view each member of the camp as an individual with an uniqueness all his own and with his own specific capabilities to meet his needs, the particular skill to translate theory and concepts into activity and to involve people in doing things for themselves;

all these make the occupational therapist a valuable team member in a youth camp". The competence-based model of occupational therapy proposed by (White, 1971, p. 271) involving "the innate human drive to explore and master the environment", is relevant when discussing youth-specific occupational therapy. Similarly, the integrative model of occupational therapy practice, proposed by Llorens (1970), which addresses the human lifespan from birth to death, appears applicable to work with this age group. The theory is one of facilitating growth and development with the therapist in the role of a change agent.

The relationship between independence and environment is also pertinent here. "The personal requirements for independence are competence and autonomy. The environmental requirements include an array of physical, social and temporal factors that facilitate independent behaviour" (Rogers, 1982, p. 709). Bell (1977, p. 116) mentions that: "Occupational therapy has an important contribution to make when adolescent is returning to home and school: (a) discussing future, fears and anxieties (b) increased expectations of performance — behaviour (c) reinforcement of progress made during treatment (d) post-discharge hobbies and clubs (e) competent use of facilities in outside world e.g. buses, phones, shops, etc." She goes on to comment further from an environmental point of view: "Adolescents should neither be treated as children or adults. They have the needs for dependence, and structure of the child, and the needs for privacy and responsibility of the adult. Above all, they need interest and support and clear statements of the world around them". In conjunction with other approaches, occupational therapy programs which aim to promote a positive and realistic adult identity and develop competence in functional activities in an informal, accessible atmosphere seem particularly appropriate to young people.

AN OCCUPATIONAL THERAPY RESPONSE TO
YOUTH IN THE HOSPITAL SETTING

The Adolescent Medical Unit, a department of the Children's Hospital is a co-ordinated interdisciplinary health service for young people. It was established in 1977. As occupational therapist with the Unit, the writer works particularly with chronically ill young people. Some of them want to be more independent and do more for themselves, and others have concerns about role and identity. Some need to master practical skills and wonder how to cope with unemployment, work or free time and others need help in negotiating aspects of the health system. Some are ready to be of service to their peers.

Aspects of the work include:

1. Getting to know a proportion of teenagers who are hospitalised and advocating for them within a system not primarily designed to meet their developmental needs.
2. Improving the young person's access to information and trying to ensure that they know the reason for their hospitalization and what their treatment entails.
3. Offering support and ways to solve problems associated with being in hospital and practical help with self care and everyday activities.
4. Putting teenagers in touch with each other informally and through organised groups.
5. Encouraging awareness of the needs of young people as distinct from young children when working with other staff.

Young people need someone who is 'their person' within the hospital system. When a young person's treatment is fragmented and confined to what is wrong with isolated parts of their body, they are often uncertain about what is happening and feel alone and helpless. The prevalent, paediatric organ-specific

orientation needs are frequent reminders to look at the developmental needs and potential of adolescents. Much of the work simply involves 'being there' as Hirsch (cited in Silverstein, 1973, p. 107) describes, "we need to reach out to (young people) in their natural groupings and by joining them we can intervene constructively".

The time spent together depends on the young person's response to hospitalisation and the varied commitments of the therapist. At times consistent contact is difficult to sustain but optimally the therapist is in touch with a small group of the 25 or so adolescents admitted each week. Their medical diagnoses include spina bifida, cystic fibrosis, thalassaemia, congenital anomaly, cardiac, orthopaedic and renal problems. Enforced dependency, decreased control, feelings of helplessness, fear, anger and boredom, anxieties about transferring to adult care, concerns about appearance and lack of privacy are some of the issues that arise.

Concerns like these are worked on using a range of activities at the bedside or in the youth centre. Rather than replicate the cultureless features of hospital life, the youth centre at the Adolescent Medical Unit communicates a 'press' (Barris, 1982) for participation, informality and choice by the presence of artifacts such as a comfortable second hand lounge suite, floor cushions, rock music posters, a radio tuned to a popular station, partly finished wall paintings, personal possessions, space invaders and a pool table. Showing newcomers around the built environment, so that they feel familiar with their surroundings, gives young people a sense of 'knowing the place' as well as the people. Here young people congregate and can get involved in low key recreation or arts projects. "Telling Tales" — a 3 day storytelling workshop where participants made their own slide tape sequence and "Your First Flat" are examples of structured groups that have been run there recently.

GROWING PAINS

The values underlying encouraging young people to help each other and do things together are certainly very different from those inherent in traditional medical care. In a paediatric institution, many staff are unaccustomed to this self-help approach. For this orientation to begin to be accepted, considerable time and effort need to be devoted to creating a constructive atmosphere and to building relationships with staff in the hospital and the community, some of whom may not readily accept that young people have an active role to play in their own health care. Role modelling a participatory approach gets further than confrontation.

As with any new sort of work there is the issue of isolation. The informal worker within the hospital setting often feels at variance with the institution in approach and lacks a consistent peer group with whom to exchange ideas and obtain mutual support. While other workers show a particular concern for the situation of these teenagers, they are not always available to this age group because their main commitment is to young children or adolescents who are out of hospital. Whenever funding for a young project worker or a creative resource person is available, their input to the hospital experience of teenagers proves very valuable, in particular to that group of adolescents who have been physically able to brave a busy road to come to the youth centre at the Adolescent Medical Unit, across from the main hospital. Unfortunately, the distance prohibits some inpatients from making use of the Youth Centre. Working with adolescents in a children's hospital can sometimes feel like being part of a 'counter movement' in that working in the interests of an individual teenager may not be in the interests of the institution, wishing to maintain the status quo.

COMING OF AGE

Hospitalisation represents a major crisis for adolescents. It heightens body image concerns,

causes separation from family and friends, places restriction on mobility, invades privacy and enforces dependency at a time when the struggle for autonomy is at its peak. In a hospital geared primarily to the medical needs of sick babies and young children, ill and injured adolescents face special difficulties, especially when they are scattered throughout the wards solely on the basis of diagnosis. The hospital system demands of adolescents a passive and vulnerable role in which feelings of helplessness are exacerbated. When you enter a hospital, you enter a different culture.

Territory being vital to teenagers, the opening of a ten bed adolescent ward is a major breakthrough for young people and their families who are 'regular customers' at hospital. This ward will serve the medical and surgical needs of hospitalised teenagers in an atmosphere compatible with their growth and psychosocial development. Having their own ward ensures adolescents a real place in the scheme of things. The establishment of such a ward is tangible acknowledgement that teenage patients support each other and receive better and more comprehensive care when they are grouped together.

Environmental requirements such as access to peer group, personal space, a flexible routine and relaxed atmosphere will be satisfied when the Youth Ward is established. Those conditions needed to carry out occupational therapy with young people will be freely available. The large teaching hospital that shows its human face and joins with 'grassroots' youth-oriented services can provide relevant and accessible health care programs to young people. This sort of collaboration expands the scope of a hospital, making it more part of the community and enables structural and cultural change over time.

SUMMARY

Involvement in a peer group enables a young person to mature. Chronically ill teenagers

Hospitalised Teenagers

who spend a considerable amount of time in hospital need certain environment features available to them in order to attain a degree of independence. An occupational therapy response to youth in the hospital setting has been discussed and the environmental benefits to be derived from the establishment of a Youth Ward are predicted.

The planning phase which has been so extensive is drawing to a close. The opportunity to see how the ward is functioning at the end of its first year of operation is looked forward to with anticipation.

ACKNOWLEDGEMENTS

The support of the Occupational Therapy Department of The Children's Hospital is gratefully acknowledged, in particular Gail Smith and Pam Sheppard for their pioneering work in establishing youth-specific occupational therapy at this hospital.

I would like to thank my colleagues at the Adolescent Medical Unit for making the work environment there so developmentally appropriate for me!

REFERENCES

- Barris, R. Environmental interactions: an extension of the model of occupation, *American Journal of Occupational Therapy*, October 1982, 36, No. 10, pp. 637-644.
- Bell, V. Occupational therapy with young disturbed adolescents, *British Journal of Occupational Therapy*, May, 1977, 116-117.
- Bennett, D. L.: *Adolescent Health in Australia: An Overview of Needs and Approaches to Care*, Australia Medical Association. Sydney, 1985.
- Brake, M.: *The Sociology of Youth Culture and Youth Sub-cultures*, Routledge and Kegan Paul, London, 1980.
- Denshire S. How can teenagers fit in a children's hospital? *Interface*, Association For the Welfare of Children in Hospital, 9, No. 3, September 1984.
- Driver R. and Hocking P. *Health Care Opinion of Adolescents* Special Investigation, CCHS, 1980.
- Erikson E., *Identity: Youth and Crisis*, Norton, New York, 1968.
- Franzkowiak P.: *Health Promotion For Youth in the European Region: Basic Philosophy and Innovative Strategies*. Working paper prepared for Study Group on Young People and Health for All by the Year 2000, W.H.O. Geneva, 1984.

- Frewin A. et al, *Paediatric Hospital Environmental Design Report*, Hospital for Sick Children, Toronto, 1981.
- Gill T., Occupational therapy with adolescents, *Canadian Journal of Occupational Therapy*, September 1976, 222-224.
- Havinghurst R. J., *Developmental Tasks and Education*, Longmans, New York, 1954.
- Hoffman A. D. et al *The Hospitalised Adolescent: A Guide to Managing Ill and Injured Youth* New York Free Press, 1976.
- Lindheim R. et al: *Changing Hospital Environments for Children*, Harvard, University Press, Cambridge, Massachusetts, 1972.
- Llorens L.: Facilitating growth and development: the promise of occupational therapy. *American Journal of Occupational Therapy*, 1970, 24, 1-9.
- Mosey A. C. *Three Frames of Reference for Mental Health*, Charles B. Slack. New Jersey, 1970.
- Peganoff, S. A. The use of aquatics with cerebral palsied adolescents. *American Journal of Occupational Therapy*, July 84, 38, No. 7, pp. 469-474.
- Rogers J. C. The spirit of independence: the evolution of a philosophy *American Journal of Occupational Therapy*, 1982, 36, No. 11. 709-715.
- Sarkissian W. et al *The Design of Medical Environments for Children and Adolescents: An Annotated Bibliography*, Vance Bibliographies, Illinois, 1980.
- Shannon, P. D. The adolescent experience, *American Journal of Occupational Therapy*, 1972, 26, (6), 284-287.
- Silverstein S. The adolescent waiting room, *Social Work*, Nov. 1973, pp. 105-107.
- Thompson & Stanford Thomas *Childlife in Hospitals — Theory and Practice*, USA 1981, publisher unknown.
- Westall, C. A summer experience: Aspects of the youth culture — some of their needs and alternate ways of meeting them. *Australian Occupational Therapy Journal*, Sept. 1976, 23, 146-149.
- White R. W. "The urge towards competence", *American Journal of Occupational Therapy*, September 71, 25, (6), 271.

BIBLIOGRAPHY

- Altshufer A. & Seidl A. H. Teen meetings: a way to help adolescents cope with hospitalisation, *American Journal of Maternal Child Nursing*, Nov/Dec. 1977, pp. 348-352.
- Black, M., Adolescent role assessment, *American Journal of Occupational Therapy*, February 76, 30, (2), 73-79.
- Bollinger B. *A Teenagers Ostomy Guide*, Hollister, U.S.A. 1978.
- Clark, A., *Hospital Shock*, Mediaprint, Dunedin, 1976.
- Denshire S. & De Haan C., *Open The Window: A Youth Arts in Hospital Project*, I.Y.Y. Submission, Sydney, 1984.
- Gardner-Loulan J. et. al., *Period*, McPhee Gribble Publishers, Melbourne, 1980.
- Gill, T., Occupational therapy with adolescents, *Canadian Journal of Occupational Therapy*, September 76, 222-224.

- Goldstein N. & Collins, T.: Making videotapes: an activity for hospitalised adolescents, *American Journal of Occupational Therapy*, August 1982, 36, (8), 530-533.
- Hoffman, A. D. & Lewis N.: The needle of caring, the thread of love: creative writing on an adolescent medical ward. *Adolescent Psychiatry Journal*, 1981, 88-116.
- Hamel P. and Kaplan D. *The Use of Leisure Time by Adolescents: A Survey* Health Commission of N.S.W., Northern Metropolitan Region, 1981.
- I.Y. Subcommittee — *They Oughta Make Hospitals More Fun!* Discussion Paper, Sydney 1985.
- McCoy K. & Wibbelsman C. *The Teenage Body Book* Simon and Schuster, New York, 1978.
- Schwalter J. E. and Lord R. D. On the writings of adolescents in a general hospital ward. *The Psychoanalytic Study of the Child*, 1972, 27, 181-200.
- Sex for Young People with Spina Bifida or Cerebral Palsy* (second edition) published by A.S.B.A.H. with the co-operation of The Spastics Society and SPOD, London, 1983.
- The Clarity Collective. *Taught Not Caught — Strategies For Sexuality Education* Special Education Resources, Melbourne, 1983.
- Vandenberg B. & Kielhofner, G. Play in evolution, culture and individual adaption: implications for therapy. *American Journal of Occupational Therapy*, Jan 1982, 36, (1), 20-28.

era
agency

OCCUPATIONAL THERAPISTS

urgently required in England for both long and short term assignments. We pay high rates of pay, and offer a personal service.

Some jobs offer accommodation

ERA AGENCY (Medical Services) Ltd.
14-16 Great Portland Street, London, WIN 5AB
Tel: 01 636 7414

A Decade of Creative Occupation: The Production of a Youth Arts Archive in a Hospital Site

Sally Denshire

Abstract

This paper discusses creative occupation as a valid and empowering response to chronic illness and hospitalisation. Creative expression may be particularly necessary for humans to survive and flourish in potentially alienating environments such as hospitals. The Youth Arts Program has evolved to meet the health and maturational needs of young people in an Australian hospital. This innovative program has been archived to create a permanent record of occupational engagement. The space and place dimensions of creative occupation emerge as recurring themes that are significant to participants in the program. Archives provide a basis for explaining the theory and practice of those non traditional approaches that are relevant to occupational science. The preservation of source materials enables the beginnings of cultural transformation to be traced. Without the existence of permanent records, innovative programs too often become silent history.

Keywords

Creative Occupation
Youth Arts
Archival Research
Hospitalisation
Innovative Programs

Sally Denshire Dip OT is a lecturer in Occupational Therapy in the School of Health and Human Services at Charles Sturt University Murray. From 1981 to 1992 she was Occupational Therapist with the Adolescent Medical Unit at the Children's Hospital, Camperdown in Sydney, Australia. She founded the Youth Arts Program in 1984. Between 1992 to 1994 she was Research Occupational Therapist with the Creativity and Healing Research Project at the Department of Adolescent Medicine.

Address

Charles Sturt University
P O Box 789
Albury 2640

Ph: ++61 060 418761

Fax ++61 060 418989

This paper discusses creative occupation as a valid and empowering response to chronic illness and hospitalisation. It argues that through engagement in creative expression, young people can accomplish the transition from adolescent to adult status, even within a potentially alienating hospital environment. Further, it suggests an archival approach to preserving the products of creative occupation, to enable analysis of the benefits that ensue for participants, as well as maintaining data for the ongoing development of occupational science. It outlines the Youth Arts Program implemented in an Australian hospital, and the Creativity and Healing Research Project which analysed the meaning of the occupational artefacts.

Creative Occupation and its Dimensions

Wilcock writes that

occupation is the mechanism by which individuals demonstrate the use of their capacities by achievements of value and worth to their society and the world. It is only by their activities that people can demonstrate what they are, or what they hope to be (p.18).

Opportunities for creative expression which utilise craft, art, and everyday creativity, enable humans to communicate individuality and to learn about the world by experimentation and the production of occupational artefacts². Wilcock extends the purpose of engagement in occupation to include how it fulfils human needs essential for health and well being¹. Engagement in creative expression, using a range of media to portray lived experiences, may be particularly necessary for humans to survive and flourish in potentially alienating environments such as hospitals. This may be especially pertinent for young people who need appropriate spaces in order to mature³. It has been suggested that access to territory is a developmental requirement for young people to accomplish their 'passage of status' into the dominant adult culture whether they are in or out of hospital⁴.

Youth Arts Program

The Youth Arts Program discussed in this paper was developed to meet the health and maturational needs of young people in an Australian hospital. That there is a relationship between healing and the creative arts has been well established^{5,6}. Documentation from arts programs based in health care settings in Australia and overseas is becoming more common^{7,8,9}. For example, Opperman and Dreyfus discuss the transformation of age specific spaces by service users in the maternity and aged care sections of an urban hospital using media such as photography and ceramics¹⁰, and Fowler Smith outlines the design of an outdoor courtyard in a psychiatric ward for disturbed adolescents¹¹.

The participants in this program were young people, aged between twelve and twenty, who experienced repeated and prolonged hospitalisation at a time of life when their struggle for autonomy was at its peak¹². Their developmental need for space was very real, and necessary for their service providers and researchers to comprehend. The establishment of the program acknowledged the participants as occupational beings¹³, and provided opportunity for enjoyment through creativity, and a collective voice within the hospital environment. Their occupations included the creation of masks, video art and computer generated images, giant board games, radio documentaries, stories, poetry, sculpture, and cultural events. These arts projects took place around the wards, corridors and grounds in a paediatric teaching hospital, occurring at the symbolic intersection of youth culture and hospital culture. Since its opening in 1987, the adolescent ward was the main site of creative occupation, and here positive changes to both the built environment and the social environment were evident. With relocation of the hospital imminent, there was an urgent need to create a permanent, accessible record of finished works to capture the essence of the Youth Arts Program which is unique in an Australian hospital setting.

Occupational Scientists as Archivists

Archiving is popularly associated with old, dusty records rather than occupational materials. To archive an innovative program so that a permanent record of occupational engagement can be created may seem a contradiction in terms. The distinguishing feature of such an initiative is its newness, its lack of tradition, and its focus on the process and products of engagement in occupation.

Support for creating occupational archives, as data for occupational scientists, comes from community arts commentators such as Hawkins¹⁴, and consultant archivists such as Taylor¹⁵, who stress the need to record the details of what Taylor terms "the fragile beginnings of cultural transformation", to avoid the marginalisation of events, and what has been referred to as silent history¹⁶. Schwartz and Coleman outline some of the research methods used for recording history in nursing and in occupational therapy, so as to further validate practice¹⁷. Ellis explains how to organise and catalogue a collection of source material using techniques which are applicable to a range of formats and media¹⁸.

The context for the research will now be outlined as a prelude to looking at the steps involved in the research process.

Archival Research: Preservation of Artefacts and Knowledge

From 1992 until 1994, the Art Injection Research Group, which consisted of practitioners and educators from the Camperdown Children's Hospital, the Sydney College of the Arts and the Sydney City Council, carried out the Creativity and Healing Research Project. Justification for a research approach with cultural¹⁹, historical¹⁷ and archival¹⁸ dimensions was endorsed by established researchers²⁰. Approval to conduct the project was granted by the hospital ethics committee in 1992 with funding for the archival research provided by the hospital's Small Grants Scheme. This research aimed to assemble archival material of the Youth Arts Program at the Children's Hospital, Camperdown from 1984 until 1992.

The Youth Arts Archive preserves the artefacts and knowledge which comprise the Youth Arts Program in textual and audio visual formats²¹. Consultations with the hospital archivist²² and a museum archivist²³ enabled archival techniques to be adapted to document this hospital based youth arts program. Firstly the source materials were located and identified, yielding 42 projects (excerpts shown in Table 1). Numbering each project enabled these multi media materials to be controlled and catalogued. Formal and informal records from each project were analysed on individual archive sheets.

Table 1

Youth Arts Projects - Excerpts from the Archive

Project 4/1985

'Telling Tales'- a slide tape sequence which premiered in Doreen Dew Lecture Theatre and screened at a Youth, Arts and Technology Conference.

Project 7/1985

'Ward Game'- a giant board game drawn and painted on recycled cardboard boxes with cards and counters. A computer graphics banner advertised The Game Show.

Project 11/1985

'Great Escape 2'-a super 8 film regarded as instrumental in the campaign to open the Adolescent Ward. The ward was opened in 1987.

Project 33/1991

'Art Injection 1'- young people in hospital and art students made sculptures from recycled hospital equipment such as wheel chairs and drip stands. The event was launched in the Starlight Room and pieces were exhibited throughout the hospital during Postgraduate Week.

Project 40/1992

'Art Injection 2'- Ceramic tiles, a pavement mural and interior decoration were used to transform the Adolescent Ward environment, specifically the teens only room, balcony and courtyard. The archival materials comprise original two and three dimensional works, and audio visual and print media. Most of these works were by their very nature ephemeral so photographic documentation on slides was necessary. The archive was completed in July, 1994 and is housed in a cabinet painted with aerosol art specially commissioned from a young artist living with a chronic illness. Storage of the entire archive on CD ROM is recommended when the technology becomes available within the hospital.

Discussion of Themes Emerging from Archival Data

Engagement in Occupation

Program participants were often asked to evaluate each project at the time it was in action. The following is typical of the emphasis on occupation evident in young people's comments:

The best thing about 'Telling Tales' was that we did positive things in our spare time like getting organised, making up slides of story pictures (similar to a movie), making friends and just having a good time.

Participant, project 4, Telling Tales, 1985²⁴.

When asked to comment on the personal relevance of the Youth Arts Program, one of the main participants, who was living with cystic fibrosis, put it this way:

There is a need for expression that comes from being trapped inside a world of unescapable sickness and continuous hospitalisation.

Participant, project 33, Art Injection 1, 1992²⁵.

Young people in hospital who were involved in a slide-tape story telling workshop prior to the opening of the Adolescent Ward commented favourably on the value of participation with other young people:

The participation was the best. I found it very interesting meeting other people my age as it was extremely dull on the ward with children half my age, with only school work and TV to keep me company. 'Telling Tales' was great fun and I got a lot out of it.

Participant, project 4, Telling Tales, 1985²⁴.

Participants in the film making project over the school holidays made reference to what they perceived as the value of 'doing':

We made a film at the Adolescent Medical Unit and that was something like adults do and we got a chance to do something that teenagers would like to do instead of doing things that children do.

Participant, project 11, 'Great Escape 2', 1985²⁴.

The sites of these preferred youth culture pursuits are significant to the research because occupation is embedded in diverse environments⁷.

Space and Place

Space and place are both aspects of environment and dimensions of occupation²⁴. The archival data revealed the space and place dimensions of creative occupation

as recurring themes which had significance for young people in hospital. With the opening of the Adolescent Ward in 1987 they finally had a dedicated space within the hospital. Earlier arts projects such as *The Ward Game* and *Great Escape 2* film project had conveyed the pressing need for such youth specific space. One participant spoke on behalf of other teenagers about the importance of place in the following speech given at the film premiere:

Our film is based on teenagers having a ward of their own, no matter what sort of sickness they've got. The film is based on teenagers organising their own ward. This is how we made our movie. We started off last week by watching other movies to collect ideas for our movie. We were taught how to operate cameras, lighting, directing and how to do make up while we were working out how to cooperate with each other. Our story was drawn on paper first. This is called a story board. Now, today is the last day of filming and we are going to have a party.

Participant, project 11, 'Great Escape 2', 1985²⁴.

In some sense, involvement in creative occupation offered these young people a place within the culture of the hospital as well as in the world outside. Acting on the environment like this seems to develop a sense of identity and a shared awareness of youth culture, to counteract what Clarke refers to as hospital shock²⁷. Hospital shock can be understood as a kind of culture shock where the sense of personal space, and the presence of familiar ritual and everyday objects are disrupted by the unfamiliar culture of hospital life. By engaging in creative occupation young people make their own place in the social space within the hospital. One participant living with a chronic illness vividly described how the space was transformed:

Boring old black wall, looking at that all the time sends your mind go crazy. Just a white ward and curtains, brown curtains. I think that made you sick just waking up and looking at that all the time. As soon as Art Injection came around, that all changed, like they were painting all the walls and painting all the things.

Participant, project 40, Art Injection 2, 1992²⁵.

Thus creative occupation in arts projects converted the space on an adolescent ward into a place of young people. The distinction between space and place in this context is a subtle one. An adolescent space has the potential to become a youth specific place with connotations of territory and ownership, somewhere the occupants have moved into and 'put their stamp on'²⁸.

The Significance of the Youth Arts Archive

Archival systems are intrinsic to institutions²⁹. Because the Youth Arts Program is unique in an Australian hospital setting, its archive has cultural, historic and educational value. The production of the Youth Arts Archive is based on the need for documentation as a valid starting point when explaining the theory and practice of non traditional approaches³⁰. The program has changed the experience of hospital for many young people living with chronic illness. It has changed the face of the hospital and challenged and inspired the hospital community³¹. In such experiences and artefacts lie the 'fragile beginnings of cultural transformation'¹⁵. Consequently, rather than being discarded, these source materials must be preserved so that the foundations for cultural transformation can be traced.

In addition to the cultural benefits that accrue from the archiving of occupational artefacts, there appear to be three general gains as a result of the archival research that are of a more pragmatic nature. These address the information needs of professional groups, researchers, students and funding bodies.

First, the description and analysis of the first decade of data from the YAP has established a foundation record. This can be used by health and arts practitioners for program planning and to respond to repeated requests from organisations and individuals wishing to incorporate art and health approaches in their services. Such a foundation record functions as an educational resource so that future workers on the program are aware of its origins.

Second, the archive provides a basis for further research into adolescent health and art in social contexts. Third and most importantly, the documentation contained in the archive can contribute to the pressing case for public funding of an innovative and long running program.

Conclusion

While youth arts practice is gaining momentum, research about this practice is only just beginning. When an innovative arts program is based in a hospital, occupational artefacts are produced in a clinical setting. In the case of the Youth Arts Program, young people continue to produce art works within a paediatric teaching hospital. The production of the archive ensures that the initial achievements and discoveries of this innovative program are documented and preserved. From this foundation, a more secure second decade of life for the program is anticipated, despite its existence in increasingly competitive times. It is

predicted that, with the advent of further art and health programs that are based on the value of creative occupation, place making will come to be regarded as a priority in the building and redesign of our future hospitals^{10,11}.

Acknowledgements

To the Children's Hospital Small Grants Scheme for enabling the research to take place. To the members of the Youth Arts Program and Art Injection Research Group for assistance in production of the archive. To colleagues at the Departments of Adolescent Medicine and Occupational Therapy, for their support and interest during the research. To Colleen Mullavey O'Byrne, Tracy Fortune, Bob Neumayer and Journal of Occupational Science reviewers for enlightening comments on previous drafts of this paper.

References

1. Wilcock A. A theory of the human need for occupation. *Journal of Occupational Science: Australia* 1993; 1(1): 17-24.
2. Cynkin S, Robinson AM. *Occupational therapy and activities health: Toward health through activities*. Boston: Little, Brown and Co., 1990: 25-34.
3. Denshire S. Normal spaces in abnormal places: The significance of environment in occupational therapy with hospitalised teenagers. *Australian Occupational Therapy Journal* 1985; 32(4): 142-149.
4. Brake M. *The sociology of youth culture and youth subcultures*. London: Routledge & Paul Kegan, 1980.
5. Adamson E. *Art as healing*. London: Coventure, 1984.
6. Yeats M. Art for arts sake: A participant observation study of Artsenta. *Occupation* 1993; 1(1): 18-31.
7. Marsden S. *Healthy arts - a guide to the role of arts in health care*. Melbourne: Arts Access, 1993.
8. Gilman R. Community animation. *In Context* 1992; 4(33): 16-21.
9. MacDonald D. The hospice world view: Healing versus recovery. *American journal of Hospice and Palliative Care* 1990; September/October: 39-45.
10. Opperman M, Dreyfus E. Art, architecture and medicine: Place making in Liverpool Hospital. *Proceedings of Intersections Conference*. Sydney: University of NSW, 1996 Aug 17.
11. FowlerSmith J. Place, space and object relations: The making of an outdoor hospital space for psychotic and/or suicidal adolescents. *Proceedings of Intersections Conference*. Sydney: University of NSW, 1996 Aug 17.
12. Hoffman AD, et al. *The hospitalised adolescent: A guide to managing ill and injured youth*. New York: Free Press, 1976.
13. Clark F, Ennevor BL, Richardson PL. A grounded theory of techniques for occupational story telling and occupational story making. In: Zemke R, Clark F, eds. *Occupational science: The evolving discipline*. Philadelphia: F.A. Davis, 1996.
14. Hawkins G. Documenting cultural institutions: Writing on the edge of history. *Media Information Australia* 1994; 73: 35-40.
15. Taylor H. Recycling the past: Cultural heritage in the age of ecology. *Archivists Conference*. Sydney: 1992 Aug 19.
16. Cusick A, Schofield J, Twible R. Burning questions - no answers. The silent history of occupational therapy. *Proceedings of the World Federation of Occupational Therapists Congress*. 1994 April 17-22; London.
17. Schwartz KB, Colman W. Historical research methods in occupational therapy. *American Journal of Occupational Therapy* 1988; 42(4): 239-244.
18. Ellis J. *Keeping archives*. Sydney: Thorpe Publishers, 1993.
19. Mattingly C, Gillette N. Anthropology, occupational therapy and action research. *American Journal of Occupational Therapy* 1991; 45(11): 972-978.
20. Knight J. personal communication, 1993.
21. Denshire S. *Youth arts archive: hour guide to the youth arts program 1984 - 1992*. Camperdown, NSW: Royal Alexandra Hospital for Children, 1994.
22. Cook A. personal communication, 1992.
23. Yoxhall H. personal communication, 1993.
24. Denshire A, Hastings-Smith L. *Youth Arts Archive*. (archival material) Camperdown, NSW, Royal Alexandra Hospital for Children, 1994.

25. Buckland A. *Art injection: Youth arts in hospital*. Camperdown, NSW: Royal Alexandra Hospital for Children, 1994.
26. Zemke R, Clark F. Dimensions of occupation. In: Zemke R, Clark F, eds, *Occupational science: The evolving discipline*. Philadelphia: F.A. Davis, 1996.
27. Clarke A. *Hospital shock*. Dunedin: Mediaprint Services, 1976.
28. Hiss T. *The experience of place*. New York: Vintage Books, 1991.
29. Taylor H. Transformation in the archives: Technological adjustment or paradigm shift?, *Archivaria* 1987-8: Winter: 25.
30. Denshire S, Golds R. *Youth Arts Archive*. Camperdown, NSW: Royal Alexandra Hospital for Children. Unpublished submission to Hospital Small Grants Scheme, 1993.
31. Guppy M, Corkery L. *The cultural plan of the New Children's Hospital*. Camperdown, NSW: Royal Alexandra Hospital for Children, 1993.
-
-

'This is a hospital, not a circus!'

Reflecting on generative metaphors for a deeper understanding of professional practice

Sally Denshire

This paper develops a matrix of literal and metaphoric descriptions of experiences in professional practice which problematises the distinction. This matrix derives from accounts of my work as an occupational therapist with young people in hospital. The lived experiences of professional practice tend to be routinely suppressed by the demand for superficial evidence in regulated contexts. I have come to understand this work as an underground practice. I deliberately take a phenomenological, hermeneutic perspective to explicating the expressive, carnivalesque and underground aspects of my practice. Reflection on a colleague's throwaway remarks revealed aspects of this occupational therapy practice as ritual magic. Metaphor, a conceptual tool that enables reflection through a combination of imagination and reason, significantly structures our experience of the complexities of professional practice, employing a kind of 'as if' knowing. Contemplating my experience of an underground practice through unpacking figurative language recalls the power of metaphor. Reflecting on generative metaphors can help us come to a deeper understanding of the subjective aspects of practice: those aspects we feel and experience rather than merely observe. Foregrounding figurative language can transcend the 'seeing is believing' vantage-point typical of narrow interpretations of evidence. Further inquiry into the lived experience of practice in contexts of regulated evidence is recommended.

Introduction

Between 1981 and 1994 I was occupational therapist with the Adolescent Medical Unit of the Children's Hospital in Sydney. In this role I initiated a series of hospital-based creative projects with young people, health workers and arts practitioners which came to be known as the Youth Arts Program. The program participants, who were 'regular customers' of the hospital aged between twelve and twenty, had experienced repeated and prolonged hospitalisation at a time of life when their struggle for autonomy was at its peak. Their developmental need for both architectural and psychic space was very real, and necessary for their service providers and researchers to comprehend.

We acknowledged participants in these peer-group activities as 'occupational beings' (Clark, Ennevor and Richardson, 1996) rather than hospital patients, that is as active, speaking subjects with the right to do personally meaningful occupations. These young people enjoyed themselves through creativity and expression, and were able to use their collective voices within the hospital walls. During their time in hospital they created masks, video art and computer-generated images, giant board games, radio documentaries, stories, poetry, sculpture and cultural events. These creative projects took place around the wards, corridors and grounds in a paediatric teaching hospital, occurring at the symbolic intersection of youth and hospital cultures.

Initially, these creative, spontaneous practices were dismissed by the hospital administrators who regarded them as peripheral to the predominantly clinical environment so did not allocate funds for staffing or resources. With hindsight, I have come to the conclusion that my involvement in these projects with young people in hospital constituted an 'underground practice', as an excerpt from my writings illustrates:

I have always been interested in what I call 'informal work' even when I worked in a medical setting and the medical people had all these structures and forms and terminology. I felt those of us who worked in allied health really were pretty light on structures and forms and terminology – we were just called the non-medical. I've always been interested to unpack our work and to give it language and meaning; the work that was done in the corridors – that Cheryl Mattingly calls 'underground practice'. Although it sounds contradictory I would like to systematise the informal (Denshire and Ryan, 2001, p. 157).

'this is a hospital, not a circus!' 159

Looking back on my own practices causes me to question assumptions about ways of knowing, construction of evidence and relations between theory and practice. I wonder how to undo the opposition of literal and metaphoric meaning in the language of the human-related professions. How might prevailing classifications of knowledge and evidence be re-worked to encompass personal and professional, and visible and invisible, so that lived experiences can be integrated into our knowledge of practice? What then are the implications for integrative ways of knowing in the case of occupational therapy, a little-known practice which has been portrayed as both underground and complex?

My Masters research into the phenomenon of reflection in occupational therapy practice involved a reinterpretation of my published writings over seventeen years. These writings are an autobiographical sequence of stories about professional practice and life pre-motherhood (Denshire, 1984, 1985a, 1985b; Denshire and Bennett, 1985) and since becoming a mother (Denshire, 1989, 1993, 1996; Denshire and Fortune, unpublished transcript, 1998; Denshire and Ryan, 2001). In the course of the research I analysed selected metaphors and terms from my writings which then informed a personal model of practice (Denshire, 2004).

The act of reflecting on what I had written also caused me to recollect things that were not recorded. Particular recollections that have stayed with me because they captured my imagination concerned a respected nursing colleague retorting, 'this is a hospital, not a circus' when I asked for access to performance space for young people in hospital, and calling me a 'Pied Piper' in my role as youth-specific occupational therapist.

So my intent in this paper is to interrogate my practice of hospital-based occupational therapy by contemplating these remarks. I will unpack the meanings embedded in particular recollections of this period of my life and work, in order to convey something of my lived experience of professional practice in an environment which has become increasingly regulated. Accordingly, this paper explicates selected aspects of a practice of occupational therapy from 'the indeterminate swampy zones' (Schön, 1988, p.3), naming and framing the artistry of practice with meaningful terms and considered understandings (Schön, 1983). The paper explores how imagination can work with reason in the construction and interpretation of evidence, and ways in which generative metaphors – that is to say those productive metaphors which enable us to reach new understandings of things

– can deepen our knowledge of practice due to their conceptual richness.

I begin by reviewing literature on privileging visual ways of knowing and suppressing lived experience in increasingly regulated climates of professional practice. I discuss the phenomenological, hermeneutic perspective I have taken when contemplating metaphors of the expressive, carnivalesque and underground aspects of practice with young people in hospital. In the first place, these recollections were attributed to my practice by someone else and I could have simply left it at that. After all, at one level, these utterances were no more than off-hand remarks made by a colleague.

However, what I recalled her saying captured my imagination. The emblematic capacity of aphorisms to convey significant meaning in few words has always interested me, and she was a nursing colleague whom I respected. It was for these reasons that I decided to use these recollections to develop a case for the power of generative metaphors to reveal the complexity of practice, in this case occupational therapy practice; indeed, to reframe aspects of professional practices as ritual magic. In closing, I discuss the scope of the paper and recommend further work on the lived experience of practice in the climates of regulated evidence in which we may find ourselves as critical professionals.

Literature review

The first part of the paper integrates literature related to current demands for superficial, visible evidence in regulated contexts, and how these prevailing expectations can routinely suppress our lived experiences of professional practice.

The rise of visual ways of knowing and the health professions

The tenets of practice currently promoted by the health professions often stem from evidence-based medicine, from theories of evidence which focus on the external and the visible, on apparent proof that is classified and hierarchical: ‘real outcomes’ in contemporary professional discourse (Clarke, 1999). More tenuous forms of evidence – such as circumstantial evidence within the legal profession – allude to less categorical forms of proof. Too often, the classification of evidence within the health professions is restricted to such narrow interpretations, for example, as counting bed days related to diagnosis or measuring the physical functioning of a client group before and after treatment according to clinical tests. Such superficial classifications of

‘this is a hospital, not a circus!’ 161

what is permitted as evidence will obviously hold little relevance for those seeking deeper, experiential understandings of practice (Clarke, 1999).

Of course the term 'evidence' comes from the Latin 'videre' meaning 'to see' (Simpson and Weiner, 1989). Metaphors that predominate in contemporary Western culture also privilege the visual, equating 'knowledge with illumination, knowing with seeing and truth with light', seeing in the mind's eye (Belenky, Clinchy, Goldberger and Tarule, 1986, p. 18). Such metaphors often refer to a disengaged or microscopic standpoint in order to see one prescribed view. Whereas metaphors of feeling and listening which are more interactive might generate dialogue and conversation rather than maintaining a position of objective regard.

Despite the origin of narrow interpretations of evidence, metaphors are, of course, invoked in medicine. According to Mattingly (1994, p. 42), 'biomedicine [itself] is organised around several potent metaphors'. The way in which cancer is described using the terminology of warfare has been documented by Sontag (1977). Such metaphors serve to separate the person from the disease. The most significant biomedical metaphor is the metaphor of body as machine (Mattingly, 1994a). Foucault (1979) connects this view of the body to the objectifying 'disciplinary gaze'. In contrast, the noted pioneer of neuroscience Charles Sherrington (n.d.) has used 'as if' knowing to compare the work of the brain in weaving patterns of memory to that of a very different machine, 'an enchanted loom' (cited in Rose, 1998, p. 39). In these ways, the influence of metaphor in 'as if' knowing can be found across discourses of practice regardless of discipline. The significance of this way of knowing will be discussed later in the paper.

Given the fundamental differences between categorising evidence and making meaning, practitioners working outside the dominant paradigm try to preserve subjective ways of knowing in underground practices grounded in lived experience. Those phenomena that are complex, subtle and hidden underground are incompatible with reductionist systems where so called objective, measurable ways of knowing are privileged. Increasingly, professionals are encountering demands for simplistic (in the sense of measurable) outcomes in the protocols of government and non-government organisations. The prevalent interpretations of what constitutes evidence-based practice seem to demand a technocratic professional identity which belies complexity.

Yerxa (1988, p. 5) has explained oversimplification as 'the process by which inherently complex phenomena are reduced to parts or fragments which are more easily seen, understood and /or controlled'. More than a decade ago she cautioned that acute medical care, measurement and impressive technology could seduce the profession of occupational therapy into oversimplifying occupational therapy and urged therapists to preserve and nurture its complexity in practice, research and education. Gray, Kennedy and Zemke (1996) also draw attention to the paradox that 'the extraordinary complexity of human occupation compels and inhibits its study' (p. 297). The broad conceptualisation of evidence suggested in this paper supports Yerxa's earlier views on complexity.

Over twenty years ago Rogers (1983) highlighted the multiple levels of reasoning which underlie practice in occupational therapy. She has noted that the clinical reasoning process terminates in an ethical decision rather than a scientific one, and has described scientific, ethical and artistic strands at work in combination in the reasoning of occupational therapy practitioners. However, such multiplicity in reasoning may be submerged today in climates of economic efficiency.

Lived experiences of professional practice tend to be suppressed

The tendency in society generally to keep parts of life private can be exaggerated in situations such as pressured transactions taking place between health professionals and clients in out-patient clinics or emergency rooms where there is a high demand for professional distance. In institutional situations where professionalism is equated with a supposedly neutral practitioner then role distortion may impose unhelpful expectations of interpersonal distance and rigid behaviour, disrupting meaningful dialogue and empathic understanding (Lyons, 1997; Trysenaar, 1997). Consequently, both client and practitioner may experience therapeutic encounters in the late modern era as devoid of any meaningful intimacy and, ultimately, as unsatisfying (Grbich, 1999; Giddens, 1991).

However privately subjectivity is experienced, it is inevitably structured in ways which are drawn from the public domain, the socio-cultural milieu. Tensions between what practitioners discuss in case conferences and write in institutional files and what they actually do person-to-person in therapeutic situations mean that the relation of subjective and objective ways of knowing can be conflicted in contemporary work places. Maintaining a rigid professional distance can

'this is a hospital, not a circus!' 163

structure in unhelpful ways the relations between professionals and people seeking occupational therapy.

Because professional distance is highlighted in the prevailing climate of economic rationalism (Prowse, 1999; Rees, 1995), re-thinking the personal-professional relation in the practitioner to integrate the multiplicity of the self (Melucci, 1996) and foster multiple ways of knowing is urgent. For more personal therapeutic encounters a new understanding of the connections between the lived experience of professionals is necessary.

Schön's studies of professional education in fields such as architecture, musical performance and counselling emphasised the need for practitioners to pay attention to what may be understood as the lived experience of their work, 'the indeterminate swampy zones of practice' (1988, p. 3). Originally, the time necessary for reflection was not highlighted in Schön's theory of reflective practice. Now, however, finding the time for processes of reflection is increasingly problematic in the time-starved climates of contemporary workplaces. In climates of economic efficiency and professional distance narrow constructions of evidence are typically demanded and phenomenological aspects swept aside.

Often, the meaning of 'professional practice', in the traditional sense that medicine, law and divinity are professions, does not fit with the experience of practices in emergent professions. Occupational therapy itself has often been regarded as a relatively invisible and under-theorised practice profession due, in part, to the 'unique but repressed history' of occupational therapists (Wilcock, 1998, p. 246). My reading here is that the creative, intuitive aspects of our practice tend to be under-documented because they are suppressed by economic and techno-rational imperatives. A decade ago, Cusick, Schofield and Twible (1994) personified occupational therapy as something hidden or in hiding with a silent, or rather silenced, history. More recently, Mattingly's doctoral research on the professional reasoning of occupational therapists linked her ground-breaking study of reflective practice within the occupational therapy profession to a general trend of reflective practice in the human-related professions (Ryan, 1998).

The term 'underground practice' (Fleming and Mattingly, 1994, p. 296) refers to the phenomenological aspects of people's lived experience – both practitioners and people seeking occupational therapy. Mattingly and Fleming undertook an ethnographic study of clinical reasoning with occupational therapists in a large American hospital.

This landmark study uncovered 'an unease at the heart of their practice. Most therapists were deeply ambivalent about the phenomenological aspect of their practice' (Fleming and Mattingly, 1994, pp. 296-7). However, working with the client and their lived experiences, rather than only with a person's physical body, was also what occupational therapists tended to value most.

The practitioners who participated in this study felt that, within the prevailing biomedical discourse, they could not openly acknowledge the emotional, social, political and symbolic experiences that routinely occur in therapy situations. They experienced ongoing dilemmas regarding professional ethics and professional identity due, in part, to occupational therapy being 'a two-body practice' (Mattingly, 1994b, p. 64). In other words, these occupational therapists were concerned with both disease and with illness experience, with both the physical body and the body in which a person lives and which they experience (Fleming and Mattingly, 1994).

At this stage of the development of occupational therapy in Australia, the symbolic level of practice, that is to say those richly imagistic ways of collaborating with clients using expressive media of their own choosing, for example, is more often part of an underground practice (Fleming and Mattingly, 1994). Hocking and Wilcock (1997) have concluded that description of the symbolic aspect of practice has not yet permeated the Australian literature. Their review of the professional writings of occupational therapists over forty-two years revealed the influence of mechanistic thinking on the way therapists perceive objects such as wheelchairs as functional tools devoid of subjective or symbolic meaning. However, there is an undeniable symbolic aspect in doing everyday rituals and in the use of objects which have particular meaning for an individual, but this level of practice has not often been articulated in the literature (Mattingly and Fleming, 1994).

The under-documented but unavoidable subjectivity of practice in occupational therapy values a sense of personal engagement rather than objective regard. Significantly, Crabtree (1998) does acknowledge the phenomenological aspects of reasoning in occupational therapy practice, in which Australian practitioners habitually generate a range of options for 'doing things', in concert with their clients, as typically involving imagination on the part of the therapist. This imagination is used to guide clients to envisage those life occupations they feel compelled to resume following some disruption to their lives. For example, choosing to plan and carry out an expressive project in the

'this is a hospital, not a circus!' 165

face of chronic illness. This everyday problem-solving process utilises a symbolic, imagistic thinking (Mattingly and Fleming, 1994; Fazio, 1992); one that, to be successful, needs to be empathic and future-oriented, with a focus on realising potential.

Ricoeur (1991) has suggested that we must look to productive imagination as 'the place of nascent meanings and categories rather than the place of fading impressions' (p. 82). Imagination may be regarded as highly desirable or as implying a lack of credibility, depending on standpoint. There is a spectrum of meaning in how the term is used. A perspective which restores the creative potential to images and symbols rather than being wedded to an understanding of imagination that is restricted to the sensory (Simpson and Weiner, 1989, Vol. VII, p. 669) is in stark contrast to the prevailing discourse of outcome measures and mechanistic, procedural ways of thinking (Clarke, 1999).

In this section I have raised issues now well documented in the literature (Clarke, 1999; Crabtree, 1998; Rees, 1995; Mattingly and Fleming, 1994; Ricoeur, 1991; Rogers, 1983). The work of all these authors shares links to considering the importance of creativity and metaphor when reflecting critically on professional practice within the context of acknowledging the lived experiences of our clients and ourselves in the present climate of regulated evidence in which we find ourselves as critical professionals.

Taking a phenomenological, hermeneutic approach to reflection

The second part of the paper will outline my approach to reflecting on figurative language in this particular case, in the context of a broader inquiry into reflection in occupational therapy practice. Phenomenological hermeneutics is a philosophical method of reinterpreting lived experience by a process of contemplating and re-framing the meanings embedded in language, a process that is inevitably subjective (Finger, 1988; Gadamer, n.d., cited in Blackburn 1996; Schleiermacher, cited in Blackburn, 1996; Valdés, 1991). I made use of a phenomenological, hermeneutic perspective when reflecting on actions and interactions in various domains and over various time frames in my Masters research. In this way I have come to a gradual reinterpretation of my lived experience as an occupational therapist through deconstructing selected literal and metaphoric language in my published writings (see Denshire, 2002 and Denshire and Mullavy-O'Byrne, 2003).

This paper reworks these earlier understandings of the role

metaphor can have in structuring professional practice. In this paper I will reflect on the figurative language contained in off-hand remarks made by a colleague. My reflections on these metaphors begin by citing the nominated metaphor in a sentence or phrase. The context of the recollection in which the metaphor was used is explained. I unpack the metaphor by describing in detail its meaning through recourse to a literal subject using the dictionary in the case of 'underground practice' to show the senses in which these words have been used historically. I reflect on values, beliefs and assumptions embedded in the literal and figurative meanings of each metaphor and question the metaphor's meaning by comparing its connotations with the life experience, knowledge, values and belief systems expressed in my writings in order to confirm (or deny) the meanings derived from the metaphor. And finally, I ask whether I now affirm these same assumptions, beliefs, values or understandings.

Reflecting on generative metaphors

In the third part of the paper three generative metaphors are unpacked using the method just outlined. These metaphors are related to hospital as an institutional setting, to myself as an occupational therapist and to dimensions of my professional practice. My reflections are entitled *Hospital as not a circus*, *Occupational therapist as Pied Piper* and *Practice as something underground*.

Hospital as not a circus

More than once a charge sister reminded me, 'this is a hospital, not a circus', when I requested space or other resources to use for art-making or performance by young people in hospital. Circus has performative connotations of noise and commotion, colour and movement, of the throng and the carnival, in contrast to the attitude that hospital is a still, solitary place of compliance and silence with no colours. Hospital staff can absorb institutionalised anxiety and then defend it through the controlling of resources (Menzies Lyth, 1988). Inadvertently, some staff may function as gate-keepers by suppressing the emotional, expressive aspects of practice. Although the speaker implied that there were established standards of behaviour in the institution and that requests for occupational resources did not fit these expectations, she was actually quite supportive of the Youth Arts Program as time went on.

At the old Children's Hospital, a place of children and youth, in contrast to other medicalised settings, there was an imprecise, non-

'this is a hospital, not a circus!' 167

clinical, spiritual dimension conveyed by the compassion of the brown-draped madonna of the Children's Medical Research Foundation and in the Australian fairytale paintings by illustrator Pixie O'Harris on the yellowing walls. There, the collective spirit was in evidence on Party Day with the transformation of each ward into something magic just for one day. To some extent, roles between patients and staff were blurred as in a carnival and the wards seemed more like carnivalesque, liberating zones with no division between performers and spectators on that one day (Vice, 1997).

More recently, the New Childrens' Hospital incorporates fantasy elements in its design and architecture with some recognition of the metaphoric nature of children's play. Melucci (1996) has considered questions of space, time and ritual magic in therapy despite the estrangement of the illness experience by technological apparatus. I wonder how such ancient beliefs can be reconciled with modern medicine and am reminded of the anthroposophical belief in the wisdom of fairytales (Grahl, 1970), something which arises in the next reflection.

Occupational therapist as Pied Piper

The old story of the Pied Piper (Marelles, 1977, p. 120), in which a charismatic stranger spirits away the town's children with music (after not being paid for ridding the town of rats) can be construed as being about the power of music to enchant (Bettelheim, 1976). But it can also have the more sinister connotation of the Piper deliberately leading away forever all the children of the town except the lame boy. After all, the Piper differed from the mainstream on a matter of principle. Perhaps, in this context, ridding the town of rats could be an oblique reference to the medical elimination of agents of disease. In this recollection I am being referred to as a fairy tale stranger by another member of staff. After all, I was colourfully dressed and worked collectively, rather than individually, with young people. I had begun my career by 'not rely(ing) particularly on my professional role or wear(ing) a uniform' (Denshire, 1984, p. 12). As I was bringing young people to or from the ward I had heard her say rather exasperatedly, 'that OT's a Pied Piper!'

Given that occupational therapy sessions with young people in hospital often took place in the youth centre across the road from the hospital, perhaps one interpretation for this rather evocative metaphor could be that as the youth-specific occupational therapist

I was regarded as someone unfamiliar, perhaps subversive, who took young people away to an unseen place, hidden from the gaze of ward staff who were often more attuned to treating their patients clinically. On reflection I now feel that being described as the Pied Piper could have attributed me with a disproportionate power over these young people. This metaphor could be construed as infantilising, precluding any sense of shared humanity (Muecke, 1997). The role as I recall it felt more like being a member of a travelling circus troupe, a gypsy nomad with magic at her disposal with which to restore institutional inequities between adults and young people, at least for a time.

My emphasis on peer group work and creative projects with young people who were regarded as 'occupational beings', that is as active, speaking subjects rather than as hospital patients, was not well understood by some medical and nursing staff in the early years of the program. Consistent positive feedback from young people themselves about their experiences of active participation, self-expression and collaboration with others was gradually constructed as evidence of the program's value. The alternative knowledges and ethical practices expressed through their actions and voices circulated publicly via displays of art works. For example, 'Great Escape Two', a Super-8 film regarded as instrumental in the campaign to open the adolescent ward was screened at Grand Rounds (Denshire, 1996), and sculptures made from recycled hospital equipment, such as wheelchairs and drip stands, by young people in hospital and art students were exhibited throughout the hospital during Postgraduate Week (Buckland, 1994). Gradually, the initial scepticism changed to overt support as the 'underground practice' became more public.

Practice as something underground

Dictionary definitions of 'underground' have a connotation of ideological action. Definitions and selected quotations of practice from between 1706 and 1969 also imply the existence of a degree of underlying doctrine in the political and philosophical senses of 'practice', even though this term is more commonly contrasted with theory. The hidden, covert nature denoted by 'underground' is conveyed in the selected dictionary definitions and quotations from between 1884 and 1962. There is also a notion of provision of alternatives, and a dissonance between what is reported and what is actually done.

'this is a hospital, not a circus!' 169

underground **A** *adj.* = SUBTERRANEAN *a.*

3.a. Carried on, taking place underground ...

d. Adapted for use underground.

1884 Knight *Dict. Mech.* Suppl. 911/1 Steven's underground engine.

4. *fig. a.* Hidden, concealed, secret.

b. Not open or public; concealed from or avoiding general notice.

c. Designating (the activities of) a group, organisation, or its representatives, working covertly to subvert the aims of a ruling (often occupying) power. Cf. RESISTANCE I C.

1939 [see resistance IC]. 1939 *War Illustr.* 9 Dec 392/3

Even in the completely occupied territory there was underground activity.

d. Of or pertaining to a subculture which seeks to provide radical alternatives to the socially accepted or established mode; *spec.* manifested in its literature, music, press, etc.

1962 *Movie* Dec. 4/2 Fuller is not an 'underground' director whose films actually *do* the opposite of what they overtly *say*.

practice

c. *Philos.* The active practical aspect as considered in contrast to or as the realisation of the theoretical aspect.

1969 D. CAIRNS tr. *Husserl's Formal and Transcendental Logic* 32 The distinction is after all a relative one; because even purely theoretical activity is indeed activity – that is to say, a practice (when the concept of practice is accorded its natural breadth).

d. A Marxist term for the social action which should result from and complement the theory of communism. Cf. PRAXIS IC.

1925 N. BUKHARIN *Lenin as Marxist* 17 If Leninism in practice is not the same as Marxism, then we get just that separation of theory from practice which is specially harmful for such an institution as the Institution of Red Professors.

2. **a.** The habitual doing or carrying on *of* something; usual, customary, or constant action; action as distinguished from professional, theory, knowledge, etc.; conduct. (See also 9a, b, 10b, 11a.)

5. *spec.* The carrying on or exercise of a profession or occupation, esp. of law, surgery, or medicine; the professional work or business of a lawyer or medical man.

1706 PHILLIPS (ed. Kersey), *Practice*, actual Exercise, especially that of the Profession of a Lawyer, Physician, or Surgeon; the having of Clients or Patients.

In this way, the use of the term 'underground practice' can infer that practice cannot be separated from knowledge, and that the border between knowledge and practice is under question in the juxtaposition of 'underground' and 'practice'. This meaning of practice contrasts with traditional understandings of professional practice.

In my published autobiographic narrative and reflection on recollections from childhood and young adulthood I recall digging little sand caves 'underground' with a hole in the ceiling to let in the sun which could be construed as a concrete example of my early interest in bringing hidden realms to light (Denshire and Ryan, 2001). Although I do not use the expression 'underground practice' until my autobiographical narrative, the sentiment certainly recurs in my earlier writings on the underside of practice, the lack of funding, recognition and power, related to the perpetual innovation associated with using expressive ways of working with young people in an institutional setting. The insinuation of an 'underground practice' was particularly notable early in my writings on the need for self-expression by young people in hospital. For example,

Working with adolescents in a children's hospital can sometimes feel like being part of a 'counter movement' in that working in the interests of an individual teenager may not be in the interests of the institution, wishing to maintain the status quo (Denshire, 1984, p. 12).

Fleming and Mattingly's (1994, p. 296) use of the term 'underground practice' refers to what I understand as the significant but informal parts of therapists' work that occur outside the standard documentation guidelines which are beyond narrow hierarchies of evidence. Yet there is an inherent tension in combining the terms 'underground' and 'practice'. The radical, hidden connotations of 'underground' offset the often public nature of conventional 'practice'. This juxtaposition of meanings echoes the dilemmas about professional credibility that have been reported by Fleming and Mattingly (1994) in their research. Game and Metcalfe (1996) remind us that 'although dictionaries are often treated as guarantors of literal meanings, lexicography has no privileged access to real meanings and can only codify the pattern of meaning it generates by juxtaposing each word's usages' (p. 45). So metaphors can significantly structure knowledge about practice – both underground and accepted practice.

'this is a hospital, not a circus!' 171

The power of metaphor

In the fourth part of the paper I discuss the power of reflecting on generative metaphors to reach a deeper understanding of professional practice. Ultimately, characteristics of everyday ritual are revealed through the meanings I attribute to my engagement in occupation personally and professionally as an occupational therapist. Practising occupational therapy as an everyday ritual can be transformative (do Rozario, 1994). Ritual is not just empty repetition of social convention, but an active remaking of the world. An element of magic is common both to the experience of ritual and the play of metaphor to create new meanings (Game and Metcalfe, 1996). I understand ritual magic to be the ineffable, inexplicable processes of healing and transformation that self-expression can elicit, as illustrated in my reflections on a colleague remarking, 'this is a hospital, not a circus,' and referring to me as a Pied Piper. Now, my students create life course rituals and exhibitions in the occupational therapy subjects I teach. I have facilitated ritual behind the hospital walls, and community theatre (and performance) is part of my heritage, as shown in my autobiographical reflection:

I remember at that time I did some corporeal mime for expressive rather than performative reasons. Then I saw the job at the Children's Hospital and applied for that (Denshire and Ryan, 2001, p. 155).

My reflections, which question the border between practice and knowledge, take us to the heart of how the literal and the metaphoric can be linked by a professional's 'as if' knowing. Duggan and Grainger (1997) have described drama therapy situations where 'as if' is given 'artistic form in the shape of a bridging presence, able to include idea and actuality within the same image. In other words, a metaphor' (p. 28). In this way, metaphors can be used as conceptual tools that can structure knowledge about practice by way of 'as if' knowing.

That metaphor can be used as a conceptual tool cannot be dismissed as irrelevant, even in the prevailing economic climate characterised by the new managerialism and narrow hierarchies of evidence. Beliefs, values and assumptions are inevitably carried in the metaphors we use (Deshler, 1990; Lakoff and Johnson, 1980). In this paper I have reflected on metaphoric and literal meanings ascribed and attributed to my 'underground practice' as an occupational therapist by analysing figurative language.

What is needed for deeper understandings of practice are

approaches which enable reflection through a combination of imagination and reason (Lakoff and Johnson, 1980). Metaphor can be used in this way. While we can never exist outside of language we can move within it. In order to come to a better understanding of the true extent of evidence we need to keep experimenting with ways of documenting occupational therapy practice. Foregrounding the metaphoric level is one way of doing this.

The underground practice of occupational therapy is something hidden. Yet it manifests itself through metaphor and symbol as in the case of ritual magic attributed to and experienced in the creativity-based practices of young people in hospital. Bateson (1996, p. 11) has called occupational therapists 'peripheral visionaries' who deal simultaneously with the many tasks of everyday life. Practitioners need to take responsibility for their actions by using congruent language that communicates the nuances and realities of a practice that celebrates the ordinary and yet important things people do in everyday life.

Gooder (1997) has raised significant questions about the identities of those who make claims about contemporary occupational therapy practice from inside and outside the profession when she asked 'who defines our practice?' On reflection, I had considerable professional autonomy in my work with young people. However, both tensions and considerable support from staff co-existed whenever young people were openly critical of the institution in the course of a particular youth arts project. For example, 'Great Escape 2', the Super-8 film already mentioned, directed by artist-in-residence Laura Hastings Smith, eventually served a political purpose in securing dedicated space for young people when conventional negotiations had failed.

Foucault (1975) maintains that the clinic reorganises what is seen and said, privileging the clinical domain and diminishing everyday experience. In this way, it is problematic for practices as different as occupational therapy and clinical medicine to share the same frame. This incompatibility has always caused a tension in my writings on working with young people in hospital. Initially, this was between everyday cultural and clinical domains and then, in later writings, between clinical and occupational interests. This excerpt from my life-writing describes my underlying motivation for working with young people in this way:

The reason I stayed at Children's Hospital for so long was that I felt very strongly about making it a human place. It was very Dickensian archi-

'this is a hospital, not a circus!' 173

tecturally, a very cold sort of place and I created change, that was quite a drive in me (Denshire and Ryan, 2001, p. 157).

Downplaying personal values of spontaneity and self-expression in my own practice is indicative of a broader professional trend towards suppressing the personal in climates of professional distance and economic efficiency. This theme of underground practice, of contested power and experiences that I am still grappling to understand is illustrated by an excerpt from my writings:

I seemed to have this strong drive to make this hospital, as a territory better for them. So I did a lot of group work with young people. I got to know them really well. My practice was very relational. I was very much WITH them as a youth worker would be. I worked very informally, was very anti the clinical – yes – and did a lot of creative work about them finding their own voice and, in parallel, I was finding mine (Denshire and Ryan, 2001, p. 155).

I suggest the term ‘underground practice’ can still convey those vital dimensions of practice which are imaginative and imprecise. It can provide a sort of symbolic evidence to convey what metaphor theorists Lakoff and Johnson (1980, p. 193) have described as ‘imaginative rationality’. The language we use to describe practice can have both literal and metaphoric meanings. For example, personifying the field of occupational therapy emphasises its ‘silent history’, and the ‘Pied Piper’ metaphor conveys the collectivity in my approach to working with young people as an unseen outsider in some sense. Such polysemy, that is to say one word with several senses, can unite reason and imagination.

Scope of this paper

While this paper is influenced by an approach which is phenomenological and hermeneutic, it is not of itself a piece of phenomenological hermeneutics, nor do I claim philosophical expertise in this area. Rather, I seek to make use of a phenomenological, hermeneutic perspective when reflecting on actions and interactions in personal and professional domains, looking back over my career and life. Similarly, my reflections on figurative language are those of a language-oriented occupational therapist, rather than those of a literary theorist. Writers who seek to be critical are still uncommon in my profession. Nevertheless, I trust that some aspects of my knowledge and experience

as an occupational therapist which have been reported here may usefully contribute to resolving the dilemmas that we face as critical professionals.

Conclusions and implications

This paper has developed a matrix of literal and metaphoric descriptions which problematises the distinction through recollections of my practice as an occupational therapist with young people in hospital. Through 'systematising the informal', particular lived professional practices which tend to be undervalued within a highly regimented medical system have been brought to the fore. I have illustrated how metaphor significantly structures my knowledge of a relatively under-documented practice.

Generative metaphors of ritual magic which transcend the 'seeing is believing' vantage point typical of the scientific paradigm have elaborated some aspects of practice that I have felt and experienced rather than merely observed. My readings of the literature suggest that practitioners know implicitly about this phenomenon of 'as if'. Literal and metaphoric aspects of practice are constructed through a practitioner's 'as if' knowing. Empathy, that is to say being 'in the place of' another requires imagination, an ability to pretend 'as if' requires the capacity to connect our inner and outer worlds. However, often such ways of knowing are submerged or denied in the contemporary workplace (Clarke, 1999).

The artistry of practice comes into play where rules fade, and as patterns and frameworks emerge to replace them. Such a view implies creativity, room to be wrong, and regards theory as emerging from practice. Such a view holds that professionals can develop from inside (Fish, 1995). Seeing mystery at the heart of professional practices, embracing uncertainty and making time to reflect on the language of practice (in particular, on what others may say about the way in which we do our work) may be fundamental ways of being for practitioners at the beginning of the twenty-first century. Such ways of being may lead us to experience the challenge, uncertainty and occasional joy of professional practice in more fulfilling ways. Further inquiry into our lived worlds as critical professionals in the contexts of regulated evidence is recommended.

Acknowledgements

Thank you to Dr Jane Selby, Dr Suzy Gattuso, Dr Simone Fullagar and anonymous reviewers for instructive comments on earlier drafts.

'this is a hospital, not a circus!' 175

Thank you to valued colleagues and young people associated with the Royal Alexandra Hospital for Children for your inspiration.

References

- Bateson, M. C. (1996). 'Enfolded activity and the concept of occupation'. Zemke, R. and F. Clark (eds). *Occupational science: The evolving discipline*. Philadelphia: F. A. Davis. 5-12.
- Belenky, M., B. Clinchy, N. Goldberger and J. Tarule (1989). *Womens' ways of knowing: Development of self, voice and mind*. New York: Basic Books.
- Bettelheim, B. (1976). *The uses of enchantment: The meaning and importance of fairy tales*. London: Thames and Hudson.
- Blackburn, S. (1996). *Oxford Dictionary of Philosophy*. Oxford: Oxford University Press.
- Buckland, A. (1994). *Art injection: Youth arts in hospital*. Camperdown, NSW: Royal Alexandra Hospital for Children.
- Clark, F., B. L. Ennevor and P. L. Richardson (1996). 'A grounded theory of techniques for occupational story telling and occupational story making'. Zemke, R. and F. Clark (eds), *Occupational science: The evolving discipline* (pp. 373-392). Philadelphia: F.A. Davis.
- Clarke, J. B. (1999). 'Evidence-based practice: A retrograde step? The importance of pluralism in evidence generation for the practice of health care'. *Journal of Clinical Nursing*, 8, 89-94.
- Crabtree, M. (1998). 'Images of reasoning: A literature review'. *Australian Occupational Therapy Journal* 45. 113-123.
- Cusick, A., J. Schofield and R. Twible (1994, April 17-22). *Burning questions – No answers. The silent history of occupational therapy*. Paper presented at the World Federation of Occupational Therapists Congress Abstracts, London.
- Denshire, S. (1984). 'How can teenagers fit in a children's hospital?'. *Interface* 9 (3). 11-13.
- Denshire, S. (1985a). 'A comprehensive approach to youth needs'. *Contact* 83 (February). 10-12.
- Denshire, S. (1985b). 'Normal spaces in abnormal places: The significance of environment in occupational therapy with hospitalised teenagers'. *Australian Occupational Therapy Journal*, 32 (4). 142-149.
- Denshire, S. (1989). 'Labour report – The birth of Timothy by his mother Sally'. *Childbirth Education Association Newsletter*. 9-11.
- Denshire, S. (1993). 'Work of art: Occupational analysis of a children's hospital youth arts program'. *Youth Studies Australia*. (Winter). 18-24.
- Denshire, S. (1996). 'A decade of creative occupation: The production of a youth arts archive in a hospital site'. *Journal of Occupational Science: Australia* 3 (3). 93-98.
- Denshire, S. (2002). 'Metaphors we live by: Ways of imagining practice'. *Qualitative Research Journal*. 2 (2). 28-46.
- Denshire, S. (2004). 'Imagination, occupation, reflection: An autobiographical model of empathic understanding'. Whiteford, G. (ed.). *Qualitative research*

Thank you to valued colleagues and young people associated with the Royal Alexandra Hospital for Children for your inspiration.

References

- Bateson, M. C. (1996). 'Enfolded activity and the concept of occupation'. Zemke, R. and F. Clark (eds). *Occupational science: The evolving discipline*. Philadelphia: F. A. Davis. 5-12.
- Belenky, M., B. Clinchy, N. Goldberger and J. Tarule (1989). *Womens' ways of knowing: Development of self, voice and mind*. New York: Basic Books.
- Bettelheim, B. (1976). *The uses of enchantment: The meaning and importance of fairy tales*. London: Thames and Hudson.
- Blackburn, S. (1996). *Oxford Dictionary of Philosophy*. Oxford: Oxford University Press.
- Buckland, A. (1994). *Art injection: Youth arts in hospital*. Camperdown, NSW: Royal Alexandra Hospital for Children.
- Clark, F., B. L. Ennevor and P. L. Richardson (1996). 'A grounded theory of techniques for occupational story telling and occupational story making'. Zemke, R. and F. Clark (eds), *Occupational science: The evolving discipline* (pp. 373-392). Philadelphia: F.A. Davis.
- Clarke, J. B. (1999). 'Evidence-based practice: A retrograde step? The importance of pluralism in evidence generation for the practice of health care'. *Journal of Clinical Nursing*, 8, 89-94.
- Crabtree, M. (1998). 'Images of reasoning: A literature review'. *Australian Occupational Therapy Journal* 45. 113-123.
- Cusick, A., J. Schofield and R. Twible (1994, April 17-22). *Burning questions – No answers. The silent history of occupational therapy*. Paper presented at the World Federation of Occupational Therapists Congress Abstracts, London.
- Denshire, S. (1984). 'How can teenagers fit in a children's hospital?'. *Interface* 9 (3). 11-13.
- Denshire, S. (1985a). 'A comprehensive approach to youth needs'. *Contact* 83 (February). 10-12.
- Denshire, S. (1985b). 'Normal spaces in abnormal places: The significance of environment in occupational therapy with hospitalised teenagers'. *Australian Occupational Therapy Journal*, 32 (4). 142-149.
- Denshire, S. (1989). 'Labour report – The birth of Timothy by his mother Sally'. *Childbirth Education Association Newsletter*. 9-11.
- Denshire, S. (1993). 'Work of art: Occupational analysis of a children's hospital youth arts program'. *Youth Studies Australia*. (Winter). 18-24.
- Denshire, S. (1996). 'A decade of creative occupation: The production of a youth arts archive in a hospital site'. *Journal of Occupational Science: Australia* 3 (3). 93-98.
- Denshire, S. (2002). 'Metaphors we live by: Ways of imagining practice'. *Qualitative Research Journal*. 2 (2). 28-46.
- Denshire, S. (2004). 'Imagination, occupation, reflection: An autobiographical model of empathic understanding'. Whiteford, G. (ed.). *Qualitative research*

- as interpretive practice: Proceedings of the Inaugural RIPPLE QRIP Conference, Albury, 2003* (pp. 21-38). Bathurst: Centre for Research into Professional Practice, Learning and Education (RIPPLE).
- Denshire, S., and D. L. Bennett (1985). 'Have a say – Networking with teenagers in a hospital for children'. *International Journal of Adolescent Medicine and Health* 1 (1 and 2). 217-224.
- Denshire, S., and C. Mullavey-O'Byrne (2003). "Named in the lexicon": Meanings ascribed to occupation in personal and professional life spaces'. *British Journal of Occupational Therapy*. 66 (11). 519-527.
- Denshire, S., and S. Ryan (2001). 'Using autobiographical narrative and reflection to link personal and professional domains'. Higgs, J. and A. Titchen (eds). *Professional practice in health, education and the creative arts*. (pp.149-160). Oxford: Blackwell.
- do Rozario, L. (1994). 'Ritual, meaning and transcendence: The role of occupation in modern life'. *Journal of Occupational Science: Australia*. 1 (3). 46-53.
- Duggan, M. and R. Grainger (1997). *Imagination, identification and catharsis in theatre and therapy*. London: Jessica Kingsley.
- Fazio, L. S. (1992). 'Tell me a story: The therapeutic metaphor in the practice of paediatric occupational therapy'. *American Journal of Occupational Therapy*. 46. 112-119.
- Finger, M. (1988). 'The biographical method in adult education research. *Studies in Continuing Education*. 10 (2). 33-42.
- Fish, D. (1995). *Quality mentoring for student teachers*. London: David Fulton Publishers.
- Fleming, M. H. and C. Mattingly (1994). 'The underground practice'. Mattingly, C. and M. H. Fleming (eds), *Clinical reasoning: Forms of inquiry in a therapeutic practice* (pp.295-315). Philadelphia: F.A. Davis.
- Foucault, M. (1979). *Discipline and punish: The birth of the prison*. New York: Vintage Books.
- Game, A. and A. Metcalfe (1996). *Passionate sociology*. London: Sage.
- Giddens, A. (1991). *Modernity and self identity: Self and society in the late modern age*. Cambridge: Polity.
- Gooder, J. (1997). 'Who defines our practice? Why does it matter? *New Zealand Journal of Occupational Therapy* 48 (2). 29-32.
- Grahl, U. (1970). *The exceptional child: A way of life for mentally handicapped children*. London: Rudolf Steiner.
- Gray, J. M., B. L. Kennedy and R. Zemke (1996). 'Dynamic systems theory: An overview. Zemke, R. and F. Clark (eds). *Occupational science: The evolving discipline* (pp.297-308). Philadelphia: F. A. Davis.
- Grbich, C. (ed.). (1999). *Health in Australia: Sociological concepts and issues* (2nd ed.). Sydney: Prentice Hall.
- Hocking, C., and A. Wilcock (1997). 'Occupational therapists as object users: A critique of Australian practice 1954-1995. *Australian Occupational Therapy Journal* 44. 167-176.
- Lakoff, G., and M. Johnson (1980). *Metaphors we live by*. Chicago and London: University of Chicago Press.

'this is a hospital, not a circus!' 177

- Lyons, M. (1997). 'Understanding professional behaviour: Experiences of occupational therapy students in mental health settings'. *American Journal of Occupational Therapy* 51. 686-692.
- Marelles, C. (1977). 'The Pied Piper'. Holme, B. (ed.). *Tales from times past* (p.120-127). London: Heinemann.
- Mattingly, C. (1994a). 'Occupational therapy as a two-body practice: The body as machine'. Mattingly, C. and M. H. Fleming (eds). *Clinical reasoning: Forms of inquiry in a therapeutic practice* (pp. 37-63). Philadelphia: F.A. Davis.
- Mattingly, C. (1994b). 'Occupational therapy as a two-body practice: The lived body'. Mattingly, C. and M. H. Fleming (eds). *Clinical reasoning: Forms of inquiry in a therapeutic practice* (pp. 64-93). Philadelphia: F.A. Davis.
- Mattingly, C., and M. H. Fleming (1994). *Clinical reasoning: Forms of inquiry in a therapeutic practice*. Philadelphia: F. A. Davis.
- Melucci, A. (1996). *The playing self*. Cambridge: Cambridge University Press.
- Menzies Lyth, I. (1988). *Containing anxiety in institutions: Selected essays Vol. 1*. London: Free Association Books.
- Muecke, S. (1997). *No road (bitumen all the way)*. South Fremantle, W.A.: Fremantle Arts Centre Press.
- Prowse, L. (1999). Letter to the editor. *Australian Occupational Therapy Journal* 46. 74.
- Rees, S. (1995). *The human costs of managerialism: Advocating the recovery of humanity*. Leichardt, NSW: Pluto Press Australia.
- Rogers, J. C. (1983). 'Clinical reasoning: The ethics, science and art'. *Occupational Therapy Journal of Research* 3. 601-616.
- Rose, S. 'You must remember this ...' *Sydney Morning Herald, Good Weekend*. (25/7/98). 38-39.
- Ryan, S. (1998). 'Influences that shape our reasoning'. Creek, J. (ed.). *Occupational therapy: New perspectives* (pp. 47- 65). London: Whurr Press.
- Schön, D. (1983). *The reflective practitioner: How professionals think in action*. New York: Basic Books.
- Schön, D. (1988). *Educating the reflective practitioner*. San Francisco: Jossey-Bass.
- Simpson, J. A. and E. S. C. Weiner (eds). (1989). *The Oxford English Dictionary* (2nd ed.). (Vol. 1-20). Oxford: Clarendon Press.
- Tryssenaar, J. (1997). 'Clinical interpretation of "Understanding professional behaviour: Experiences of occupational therapy students in mental health settings"'. *American Journal of Occupational Therapy* 51. 693-965.
- Valdés, M. J. (ed.). (1991). *A Ricoeur reader: Reflection and imagination*. Hertfordshire: Harvester Wheatsheaf.
- Vice, S. (1997). *Introducing Bakhtin*. Manchester University Press.
- Wilcock, A. A. (1998). *An occupational perspective of health*. Thorofare, NJ: Slack.
- Yerxa, E. J. (1988). 'Oversimplification: The hobgoblin of theory and practice in occupational therapy'. *Canadian Journal of Occupational Therapy* 55 (1). 5-6.

Bibliography

- Abberley, P. (1995). Disabling ideology in health and welfare: The case of occupational therapy. *Disability & Society*, 10(2), 221-234.
- Acker, J. (1991). Hierarchies, jobs, bodies: A theory of gendered organisations. In N. Jackson (Ed.), *Skills formation and gender relations* (pp. 53-72). Melbourne: Deakin University.
- Adamson, L., & Trevethan, R. (1996). Editorial. *Journal of Occupational Science: Australia*, 3(3), 82-83.
- Alcoff, L. (1991). *The problem of speaking for others*. Retrieved 4/3/09, from <http://www.alcoff.com/content/speaothers.html>
- American Occupational Therapy Association. (2000). Occupational Therapy Code of Ethics. *American Journal of Occupational Therapy*, 54, 614-616.
- Anderson, B., & Bell, J. (1988a). The development of occupational therapy practice and techniques in Australia. In *Occupational therapy: Its place in Australia's history* (pp. 136-188). Sydney: NSW Association of Occupational Therapists.
- Anderson, B., & Bell, J. (1988b). *Occupational therapy: Its place in Australia's history*. Sydney: NSW Association of Occupational Therapists.
- Anderson, B., & Bell, J. (1988c). Preface. In *Occupational therapy: Its place in Australia's history* (pp. ix-xii). Sydney: NSW Association of Occupational Therapists.
- Anderson, B., & Bell, J. (1988d). The role of women. In *Occupational therapy: Its place in Australia's history* (pp. 213-227). Sydney: NSW Association of Occupational Therapists.
- Australasian Digital Theses Program. (2009). *ADT Program Database*. Retrieved 4 February, 2009, from <http://adt.caul.edu.au/>
- Australian Bureau of Statistics. (2006). *Australian Bureau of Statistics Website*, from Retrieved January 24, 2009, from <http://www.abs.gov.au>
- Australian Occupational Therapy Journal*. (2009). *Australian Occupational Therapy Journal website*. Retrieved 2 February, 2009, from <http://www.wiley.com/bw/journal.asp?ref=0045-0766&site=1>

- Bailey, D., & Jackson, J. (2005). The occupation of household financial management among lesbian couples. *Journal of Occupational Science, 12*(2), 57-68.
- Bakhtin, M. (1981). *The dialogic imagination*. Austin, TX: University of Texas Press.
- Barker, J. (1989). Book Review. *Australian Occupational Therapy Journal, 36*(1), 58.
- Barris, R. (1982). Environmental interactions: An extension of the model of occupation. *American Journal of Occupational Therapy, 36*, 637-644.
- Bateson, M. C. (1996). Enfolded activity and the concept of occupation. In R. Zemke & F. Clark (Eds.), *Occupational science: The evolving discipline* (pp. 5-12). Philadelphia: F.A. Davis.
- Behar, R. (1996). *The vulnerable observer: Anthropology that breaks your heart*. Boston: Beacon Press.
- Bell, J. (1988). Editorial. Why journal publication is critical to the practice of the profession. *Australian Occupational Therapy Journal, 35*, 47-48.
- Bell, J. (1991). Editorial. The importance of going public. *Australian Occupational Therapy Journal, 38*, 225.
- Bennett, A. (2004). *The history boys*. London: Faber & Faber.
- Blair, S. E. E., & Robertson, L. J. (2005). Hard complexities – soft complexities: An exploration of philosophical positions related to evidence in occupational therapy. *British Journal of Occupational Therapy, 68*(6), 269-276.
- Borg, B., & Bruce, M. A. (1997). *Occupational therapy stories: Psychosocial interaction in practice*. Thorofare, NJ: Slack.
- Borthwick, F. (2006). Noisy, smelly, dirty dogs: A sensorial autoethnography of living with dogs, *ACSPRI 2006 Social Science Methodology Conference, New Ethnographies and Critical Creativity Stream*. The University of Sydney.
- Brienes, E. (1995). *Occupational therapy activities from clay to computers*. Philadelphia: F.A. Davis Co.
- Brighton, C. (1985). *The picture*. London: Faber & Faber.

- Britzman, D. P. (2003). *Practice makes practice: A critical study of learning to teach*. New York: SUNY Press.
- Brodkey, L. (1994). Writing on the bias. *College English*, 56, 527-547.
- Brodkey, L. (1996). I-Site. *Literacy and Numeracy Studies*, 6(2), 17-30.
- Broks, P. (2003). *Into the silent land: Travels in neuropsychology*. London: Atlantic Books.
- Brown, G., Esdaile, S., & Ryan, S. (Eds.). (2003). *Becoming an advanced health care practitioner*. Edinburgh: Butterworth Heinemann.
- Bruni, N. (2002). The crisis of visibility: Ethical dilemmas in autoethnographic research. *Journal of Contemporary Ethnography*, 35(4), 410-418.
- Burnier, D. L. (2006). Encounters with the self in social science research: A political scientist looks at autoethnography. *Journal of Contemporary Ethnography*, 35(4), 410-418.
- Butler, J. (2006). *Gender trouble*. New York: Routledge Classics.
- Carlson, G. (2002). Supporting the health and well-being of people with intellectual disability and high support needs through networking and resource development. *Australian Occupational Therapy Journal*, 49, 37-43.
- Carnduff, A., & Runge, U. (2006). Snapshots from lives with polio contrasted with shifts in paradigms of occupational therapy. Appearance, disappearance, reappearance, 14th Congress of the World Federation of Occupational Therapists, *OTs in Action: Local and Global*. Sydney.
- Carter, P. (2004). *Material thinking*. Carlton, Victoria: Melbourne University Press.
- Centre for Evidence-based Physiotherapy. (2009). *Physiotherapy evidence database*. Retrieved 5 February, 2009, from <http://www.pedro.fhs.usyd.edu.au/>
- Chang, E. (2008). *Autoethnography as method*. Walnut Creek, California: West Coast Press.

- Church, K. (1995). *Forbidden narratives: Critical autobiography as social science* (Vol. 2). Newark, NJ: Gordon & Breach.
- Cisneros, S. (1991). *The house on Mango Street*. New York: Random House.
- Clark, F. (2006). One person's thoughts on the future of occupational science. *Journal of Occupational Science*, 13(3), 167-179.
- Clark, F., Ennevor, B. L., & Richardson, P. L. (1996). A grounded theory of techniques for occupational story telling and occupational story making. In R. Zemke & F. Clark (Eds.), *Occupational science: The evolving discipline* (pp. 373-392). Philadelphia: F.A. Davis.
- Clark, F., Zemke, R., Frank, G., Parham, D., Neville-Jan, A., Hedricks, C., et al. (1993). Dangers inherent in the partition of occupational therapy and occupational science. *American Journal of Occupational Therapy*, 47, 184-186.
- Clarke, J. B. (1999). Evidence-based practice: A retrograde step? The importance of pluralism in evidence generation for the practice of health care. *Journal of Clinical Nursing*, 8, 89-94.
- Clough, P. (1999). Crises of schooling and the 'crisis of representation': The story of Rob. *Qualitative Inquiry*, 5(3), 428-448.
- Clough, P. (2002). *Narratives and fictions in educational research*. Buckingham, Philadelphia: Open University Press.
- College of Occupational Therapists. (2004). *The Dr Elizabeth Casson Memorial Lectures 1973-2004*. London: College of Occupational Therapists.
- College of Occupational Therapists. (2005). *History of occupational therapy*. Retrieved 2 February, 2009, from http://www.cot.co.uk/members/librarycot/hotalerts/pdf/topics/history_ot.pdf
- Connections. (2008). Victorian OT wins the 2009 Rowan Hicks Russell Drysdale Fellowship. *Connections*, 5, 8.
- Connell, R. (2007). *Southern theory*. Crows Nest, Australia: Allen & Unwin.
- Corbett, P. (1996). Feminist or feminine? The strength of occupational therapy. *British Journal of Occupational Therapy*, 59(4), 189.

Corneille, P. (1989). Of the three unities of action, time and place. In R.C. Davis & L. Finke (Eds.), *Literary criticism and theory* (pp. 238-248). London: Longman.

Cornwall, J. (2005). *1880-2005, 125 years of care: The Children's Hospital, Westmead*. Bondi Junction, Sydney: Focus Publishing.

Crawford, J., Kippax, S., Onyx, J., Gault, U., & Benton, P. (1992). *Emotion and gender: Constructing meaning from memory*. London: Sage.

Creek, J. (1996a). Feminine or feminist? Accepting difference. *British Journal of Occupational Therapy*, 59(5), 245.

Creek, J. (1996b). Feminist or feminine? The problem of language. *British Journal of Occupational Therapy*, 59(3), 145.

Crepeau, E. B. (1991). Achieving intersubjective understanding: Examples from an occupational therapy treatment session. *American Journal of Occupational Therapy*, 45, 1016-1025.

Crepeau, E. B., Cohn, E. S., & Schell, B. B. (Eds.). (2003). *Willard and Spackman's occupational therapy* (Tenth ed.). Philadelphia: Lippincott, Williams & Wilkins.

Cusick, A. (1987). Guest Editorial. Research, production, publication and practice or perish? *Australian Occupational Therapy Journal*, 34(3), 85-88.

Cusick, A., Schofield, J., & Twible, R. (1994, April 17-22). *Burning questions - No answers. The silent history of occupational therapy*. Paper presented at the World Federation of Occupational Therapists Congress Abstracts, London.

Davidson, J. (2004). 'I am fieldnote': Researching and teaching with visual data. *Qualitative Research Journal*, 4(2), 48-75.

Davies, B., & Petersen, E. B. (2005). Intellectual workers (un)doing neoliberal discourse. *International Journal of Critical Psychology*(13 Critical Professionals), 32-54.

de Certeau, M. (1984). *The practice of everyday life* (S. F. Rendall, Trans.). Berkeley: University of California Press.

de Mijola, A., & Cengage, G. (2005, 11 April, 2009). *Return of the Repressed*, from <http://www.enotes.com/psychoanalysis-encyclopaedia/return-repressed>

Delamont, S. (1983). Lobster, chicken, cake and tears: Deciphering wedding meals. In A. Murcott (Ed.), *The sociology of food and eating* (pp. 141-151). Aldershot, UK: Gower.

Dell, P., & Anderson, I. (2005). Practising critical psychology: Politics, power and psychology. *International Journal of Critical Psychology, Critical Professionals*, 13, 14-31.

Denshire, S. (1984). The shape and impact of youth participation in health: Invited working paper for WHO Study Group on young people and health for all by the year 2000. Geneva.

Denshire, S. (1985a). A comprehensive approach to youth needs. *Contact*, 83(February), 10-12.

Denshire, S. (1985b). Normal spaces in abnormal places: The significance of environment in occupational therapy with hospitalised teenagers. *Australian Occupational Therapy Journal*, 32(4), 142-149.

Denshire, S. (1993). Work of art: Occupational analysis of a children's hospital youth arts program. *Youth Studies Australia*(Winter), 18-24.

Denshire, S. (1994). *Youth arts archive: Your guide to the youth arts program 1984 - 1992*. Camperdown, NSW: Royal Alexandra Hospital for Children.

Denshire, S. (1996). A decade of creative occupation: The production of a youth arts archive in a hospital site. *Journal of Occupational Science: Australia*, 3 (3), 93-98.

Denshire, S. (2000). *Imagination, occupation, reflection: Ways of coming to understand practice*. Unpublished Masters Thesis, The University of Sydney, Sydney.

Denshire, S. (2002a). Metaphors we live by: Ways of imagining practice. *Qualitative Research Journal*, 2(2), 28-46.

Denshire, S. (2002b). Reflections on the confluence of personal and professional. *Australian Occupational Therapy Journal*, 49, 212-216.

Denshire, S. (2004). Imagination, occupation, reflection: An autobiographical model of empathic understanding. In G. Whiteford (Ed.), *Qualitative research as interpretive practice: Proceedings of the Inaugural RIPPLE QRIP Conference, Albury, 2003* (pp. 21-38). Bathurst: Centre for Research into Professional Practice, Learning and Education (RIPPLE).

Denshire, S. (2005a). "Integrating the firelight of creativity": An evolving practice of creativity-based group work for health and wellbeing. In *Promoting health through creativity* (pp. 148-166). London: Whurr.

Denshire, S. (2005b). "This is a hospital, not a circus!" Reflecting on generative metaphors for a deeper understanding of professional practice. *International Journal of Critical Psychology. Critical Professionals*, 13, 158-178.

Denshire, S. (2006). In praise of auto-ethnography. *Australian Occupational Therapy Journal*, 53(4), 346-347.

Denshire, S., & Bennett, D. L. (1985). Have a say - Networking with teenagers in a hospital for children. *International Journal of Adolescent Medicine and Health*, 1(1&2), 217-224.

Denshire, S., & Heron, T. (1986). Letter to the editor. *Australian Occupational Therapy Journal*, 33(1), 83-84.

Denshire, S., & Mullavey-O'Byrne, C. (2003). "Named in the lexicon": Meanings ascribed to occupation in personal and professional life spaces. *British Journal of Occupational Therapy*, 66(11), 519-527.

Denshire, S., & Ryan, S. (2001). Using autobiographical narrative and reflection to link personal and professional domains. In J. Higgs & A. Titchen (Eds.), *Professional practice in health, education and the creative arts*. (pp. 149-160). Oxford: Blackwell.

Dibden, M., Zakrzewski, L., & Higgs, J. (2002). Australian occupational therapy: Origins and directions. *Focus on Health Professional Education: A Multi-disciplinary Journal*, 4(3), 1-19.

Didion, J. (2005). *The year of magical thinking*. London: Fourth Estate.

Douglas, M. (1972). Deciphering a meal. *Daedalus*, 101, 61-81.

- Dunston, R., Lee, A., Boud, D., Brodie, P., & Chiarella, M. (2009). Co-production and health system reform - From re-imagining to re-making. *Australian Journal of Public Administration*, 68(1), 1-14.
- Duruz, J. (1999). The streets of Clovelly: Food, difference and place-making. *Journal of Media and Cultural Studies*, 13(3), 305-314.
- Ellingson, L. (2006). Embodied knowledge: Writing researchers' bodies into qualitative health research. *Qualitative Health Research*, 16(2), 298-310.
- Ellis, C., & Bochner, A. P. (2000). Autoethnography, personal narrative, reflexivity: Researcher as subject. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research*. (2nd. ed., pp. 733-768). London: Sage.
- Esdaile, S., & Olson, J. (2004). *Mothering occupations: Challenge, agency, participation*. Philadelphia: F.A. Davis.
- Evans, R. G. (2005). The transformation of Australian hospitals between the 1940s and the 1970s, *Health and History* (Vol. 7, pp. paragraphs 1-49): the History Cooperative.
- Evertsson, L., & Lindqvist, R. (2005). Welfare state and women's work: The professional projects of nurses and occupational therapists in Sweden. *Nursing Inquiry*, 12(4), 256-268.
- Farnworth, L., & Whiteford, G. (2002). Debate and dialogue: Professional necessity and responsibility. *Australian Occupational Therapy Journal*, 49(3), 113-114.
- Fazio, L. S. (1992). Tell me a story: The therapeutic metaphor in the practice of paediatric occupational therapy. *American Journal of Occupational Therapy*, 46, 112-119.
- Finlay, L. (1993). *Groupwork in occupational therapy*. London: Chapman & Hall.
- Fitzgerald, M. (1992). Multicultural clinical interactions. *Journal of Rehabilitation*, 58(2), 38-42.
- Fitzgerald, M. (2001). *Whisper of the mother: From menarche to menopause among women in Pohnpei*. Westport, Connecticut: Bergin & Garvey.

Fleming, M. H. (1994). A commonsense practice in an uncommon world. In C. Mattingly & M. H. Fleming (Eds.), *Clinical reasoning: Forms of inquiry in a therapeutic practice* (pp. 94-115). Philadelphia: F. A. Davis.

Fleming, M. H., & Mattingly, C. (1994). Giving language to practice. In C. Mattingly & M. H. Fleming (Eds.), *Clinical reasoning: Forms of inquiry in a therapeutic practice* (pp. 3-21). Philadelphia: F.A. Davis.

Florey, L. (1996). Valuing the ordinary. In R. Zemke & F. Clark (Eds.), *Occupational science: The evolving discipline* (pp. 425-429). Philadelphia: F.A. Davis.

Ford, B. (1979). *The elderly Australian*. Australia: Penguin.

Fordyce, M. (1992). Gender issues in occupational therapy: An introduction, *Victorian Association of Occupational Therapists' Convention*. Melbourne.

Fortune, T. (2000). Occupational therapists: Is our therapy truly occupational or are we merely filling gaps? *British Journal of Occupational Therapy*, 63(5), 225-230.

Fortune, T., & Fitzgerald, M. (2009). The challenge of interdisciplinary collaboration in acute psychiatry: Impacts on the occupational milieu. *Australian Occupational Therapy Journal*, 56(2), 81-88.

Fossey, D. (1983). *Gorillas in the mist*. Boston: Houghton Mifflin.

Foucault, M. (1975). *The birth of the clinic: An archaeology of medical perception*. New York: Random House.

Foucault, M. (1978). *The history of sexuality: An introduction*. New York: Pantheon.

Foucault, M. (1980). *Power/ knowledge: Selected interviews and other writings 1972-1977*. New York: Pantheon.

Francisco, I., & Carlson, G. (2002). Occupational therapy and people with intellectual disability from diverse social backgrounds. *Australian Occupational Therapy Journal*, 49, 200-211.

Frank, A. (1995). *The wounded storyteller: Body, illness and ethics*. Chicago, IL: University of Chicago Press.

- Frank, A. (2004). *The renewal of generosity: Illness, medicine, and how to live*. Chicago: The University of Chicago Press.
- Frank, G. (1992). Opening feminist histories of occupational therapy. *American Journal of Occupational Therapy*, 46(11), 989-999.
- Frank, G. (2000). The meaning of self-care occupations. In C. Christiansen (Ed.), *Ways of living: Self-care strategies for special needs* (pp. 15-28). Bethesda, MD: American Occupational Therapy Association.
- Fricke, J. (2007). Where to now for our journal? *Australian Occupational Therapy Journal*, 54(3), 167.
- Game, A., & Pringle, R. (1983). *Gender at work*. Sydney: George Allen & Unwin.
- Garfinkel, H. (1964). Studies of the routine grounds of everyday activities. *Social Problems*, XI, 225-250.
- Garner, H. (2008). *The spare room*. Melbourne: Text Publishing.
- Garner-Loulan, J. A., Lopez, B., & Quackenbush, M. (1979). *Period: All about menstruation for girls and women*. Melbourne: McPhee Gribble.
- Gilligan, C. (1990). Joining the resistance: Psychology, politics, girls and women. *Michigan Quarterly Review*, 29(4), 501-536.
- Goffman, E. (1961). *Asylums: Essays on the social situation of mental patients and other inmates*. Ringwood, Victoria, Australia: Penguin Books.
- Goodall Jr, H. L. (2008). Fingers on the keyboard. Developing narrative structures. In *Writing qualitative inquiry: Self, stories and academic life* (pp. 59-95). Walnut Creek, CA: Left Coast Press.
- Gray, A. (2005). The sock knitter. In D. Hart (Ed.), *Grace Cossington Smith* (pp. 119-121). Canberra: The National Gallery of Australia.
- Grayson, R. (1993). Footprints on the sands of time - Reflecting on the impact of attitude. *Australian Occupational Therapy Journal*, 40, 55-66.
- Green, B. (2009). The primacy of practice and the problem of representation. In B. Green (Ed.), *Understanding and researching professional practice* (pp. 39-54). Rotterdam: Sense.

Grenville, K. (1990). *The writing book: A workbook for writers*. Crows Nest, NSW: Allen & Unwin.

Griffin, S. (1986). Letter to the editor. *Australian Occupational Therapy Journal*, 33(4), 160-161.

Griffin, S. (2001). Occupational therapists and the concept of power: A review of the literature. *Australian Occupational Therapy Journal*, 48(1), 24-34.

Groundwater-Smith, S. (2008). *Keynote Address: Practitioner researchers: Today's children of Mother Courage. What can we learn from them?* Paper presented at the RIPPLE Conference Action Research and Professional Practice, Charles Sturt University.

Hagedorn, R. (2001). Development of theory: Influences from within the profession. In *Foundations for practice in occupational therapy* (pp. 19-32). Edinburgh: Churchill Livingstone.

Hammell, K. W. (2004). Qualitative research as a basis for evidence-based practice. In K. W. Hammell & C. Carpenter (Eds.), *Qualitative research in evidence-based rehabilitation* (pp. 129-143). Edinburgh: Churchill Livingstone.

Hammell, K. W. (2006). *Perspectives on disability and rehabilitation: Contesting assumptions; challenging practice*. Edinburgh: Elsevier Churchill Livingstone.

Hansen, R. (2003). Ethics in occupational therapy. In E. B. Crepeau, E. S. Cohn & B. B. Schell (Eds.), *Willard and Spackman's occupational therapy* (pp. 953-961). Philadelphia: Lippincott, Williams & Wilkins.

Haraway, D. (1988). Situated knowledges: The science question in feminism and the privilege of partial perspective. *Feminist Studies*, 14(3), 575-599.

Harris, E. (2008). The meanings of craft to an occupational therapist. *Australian Occupational Therapy Journal*, 55(2), 133-142.

Harrison, J. (2001). 'Its none of my business': Gay and lesbian invisibility in aged care. *Australian Occupational Therapy Journal*, 48(3), 142-145.

Harrower, K., Ryan, H., & Steinberg, A. (2000). *Life reflected in art: Occupation reflected in photography. Exhibition catalogue*. Albury: Occupational Therapy Program, Charles Sturt University.

Hasselkus, B. (1993). Death in very old age: A personal journey of care-giving. *American Journal of Occupational Therapy*, 47, 717-723.

Hasselkus, B. R. (2006). The world of everyday occupation: Real people real lives. *American Journal of Occupational Therapy*, 60(6), 627-641.

Hastings-Smith, L. (1986). Great escape 2 [video]. Sydney: The Camperdown Company.

Hayano, D. (1979). Auto-ethnography: Paradigms, problems and prospects. *Human Organization*, 38(1), 99-104.

Heider, K. (1975). What do people do? Dani auto-ethnography. *Journal of Anthropological Research*, 31, 3-17.

Heider, K. (2006). *Curriculum vitae*. Retrieved 2 March, 2009, from <http://www.cas.sc.edu/anth/pdf/heidercv2-06.pdf>

Hiep, M. (1989). National Perspective. *Australian Occupational Therapy Journal*, 36(10), 1.

Hirsi Ali, A. (2007). *Infidel*. New York: Free Press.

Hocking, C. (2004). *The relationship between objects and identity in occupational therapy: A dynamic balance of rationalism and romanticism*. Unpublished PhD, Auckland University of Technology, Auckland.

Hocking, C., & Whiteford, G. (1997). What are the criteria for development of occupational therapy theory? A response to Fidler's Life Style Performance Model. *American Journal of Occupational Therapy*, 51, 154-157.

Holman-Jones, S. (2005). Auto-ethnography: Making the personal political. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (3rd ed., pp. 763-790). Thousand Oaks: Sage.

Holt, N. L. (2003). Representation, legitimation, and autoethnography: An auto-ethnographic writing story, *International Journal of Qualitative Methods* (pp. 1-22).

Honey, M. (1984). *Creating Rosie the Riveter: Class, gender and propaganda during World War II*. Amherst: University of Massachusetts Press.

Hoppes, S. (2005a). Meanings and purposes of family caregiving: An autoethnography. *American Journal of Occupational Therapy*, 59(3), 262-272.

Hoppes, S. (2005b). When a child dies the world stops spinning: An autoethnography exploring the impact of family loss on occupation. *American Journal of Occupational Therapy*, 59(1), 78-87.

Hoppes, S., Hamilton, T. B., & Robinson, C. (2007). A course in autoethnography: Fostering reflective practitioners in occupational therapy. *Occupational Therapy in Health Care*, 21(1/2), 133-143.

Howie, L. (1984). *Occupational therapy and feminism: A reluctant sisterhood*. Paper presented at the 13th Federal Conference of the Australian Association of Occupational Therapists, Perth.

Hulyer, F. (2000). *The blood of strangers: True stories from the emergency room*. London: Fourth Estate.

Irigaray, L. (1993). *Je, tu, nous: Toward a culture of difference*. London: Routledge.

Iwama, M. (2006). *The Kawa Model: Culturally relevant occupational therapy*. Toronto: Elsevier.

Jackson, J. (1995). Sexual orientation: Its relevance to occupational science and the practice of occupational therapy. *American Journal of Occupational Therapy*, 49(7), 669-679.

Jago, B. J. (2002). Chronicling an academic depression. *Journal of Contemporary Ethnography*, 31(6), 729-757.

Johnston, J. (1980). Occupational therapists are not just crafty birds [unpublished booklet] (pp. 1-14).

Jones, L. (2006). *Mister Pip*. NZ: Penguin.

Journal of Occupational Science. (2009). *Journal of Occupational Science Website*. Retrieved 4 February, 2009, from <http://www.jos.edu.au/>

Jupp, J. (2001). *The Australian people: An encyclopaedia of the nation, its people and their origins*. (2nd ed.). Cambridge: Cambridge University Press.

- Kelly, G. (1996a). Feminist or feminine? A feminine age. *British Journal of Occupational Therapy*, 59(7), 345.
- Kelly, G. (1996b). Feminist or feminine? Equal opportunities. *British Journal of Occupational Therapy*, 59(4), 189.
- Kelly, G. (1996c). Feminist or feminine? The feminine principle in occupational therapy. *British Journal of Occupational Therapy*, 59(1), 2-6.
- Kemmis, S. (2007). What is professional practice? In *Developing professional practice* (pp. 1-31): Springer Science and Business Media.
- Kielhofner, G. (1997). *Conceptual foundations of occupational therapy* (2nd ed.). Philadelphia: F.A. Davis.
- Kinsella, E. A. (2006). Poetic resistance: Juxtaposing personal and professional discursive constructions in a practice setting. *Journal of the Canadian Association for Curriculum Studies*, 4(1), 35-49.
- Kinsella, E. A., & Whiteford, G. (2009). Knowledge generation and utilisation in occupational therapy: Towards epistemic reflexivity. *Australian Occupational Therapy Journal*, 56(4), 249-258.
- Kronenberg, F., Algado, S., & Pollard, N. (2005). *Occupational therapy without borders: Learning from the spirit of survivors*. Edinburgh: Elsevier Churchill Livingstone.
- Lather, P. (1991). *Feminist research in education: Within/Against*. Geelong: Deakin University.
- Lather, P. (2000). Against empathy, voice and authenticity. *Kvinder, Køn og Forskning (Women, Gender and Research)*, 4, 16-25.
- Lather, P. (2007). *Getting lost: Feminist efforts towards a double(d) science*. Albany, NY: SUNY Press.
- Law, M., Cooper, B., Strong, S., Stewart, D., Rigby, P., & Letts, L. (1996). The Person-Environment-Occupation Model: A transactive approach to occupational performance. *Canadian Journal of Occupational Therapy*, 63(1), 9-22.

- Lawlor, M. C., & Mattingly, C. F. (1998). The complexities embedded in family-centred care. *American Journal of Occupational Therapy*, 52(4), 259-267.
- Lawlor, M. C., & Mattingly, C. F. (2001). Beyond the unobtrusive observer: Reflections on researcher-informant relationships in urban ethnography. *American Journal of Occupational Therapy*, 55(2), 147-154.
- Lawrence and Wishart. (2009). *L&W Website*. Retrieved 3 March, 2009, from <http://www.lwbooks.co.uk/>
- Lee, A. (2006). *When is a text? Keynote paper*. Paper presented at the International Critical Discourse Analysis Conference: theory into research, University of Tasmania, November 15-18.
- Levi, P. (1961). *Survival in Auschwitz: The Nazi assault on humanity* (S. Woolf, Trans.). New York: Collier.
- Lionnet, F. (1990). Auto-ethnography: The an-archic style of dust tracks on a road. In H. L. Gates (Ed.), *Reading black, reading feminist* (pp. 382-413). New York: Meridian.
- Llewellyn, G. (1990). Editorial. Turning 50 in 1991: Fifty years of achievement. *Australian Occupational Therapy Journal*, 37, 169.
- Llewellyn, G. (1992). Editorial. Expectations for AOTJ: Part 2. *Australian Occupational Therapy Journal*, 39, 5.
- Long, D., Carroll, K., & Nugus, P. (2006). Space over time: "24/7" ethnography in two hospital wards, *ACSPRI 2006 Social Science Methodology Conference, Culture Writing: The Art and Science of Ethnography stream*. The University of Sydney.
- Lowe, S., & O'Kane, A. (2004). The Australian Allied Health Workforce Report, *The National Services for Australian Rural and Remote Allied Health (SARRAH) Conference*. Alice Springs, NT.
- Lyons, M. (2004). Powerful practices: The legacy of Margaret Mort. *Australian Occupational Therapy Journal*, 51(1), 43-48.

- Mackey, H. (2007). 'Do not ask me to remain the same': Foucault and the professional identities of occupational therapists. *Australian Occupational Therapy Journal*, 54(2), 95-102.
- Madill, H., Brintnell, S., & Stewin, L. (1989). Professional literature: One view of a national perspective. *Australian Occupational Therapy Journal*, 36(3), 110-119.
- Matthews, J. (1984). *Good and mad women: The historical construction of femininity in twentieth century Australia*. Sydney: Allen & Unwin.
- Mattingly, C. (1994a). The narrative nature of clinical reasoning. In C. Mattingly & M. H. Fleming (Eds.), *Clinical reasoning: Forms of inquiry in a therapeutic practice* (pp. 239-269). Philadelphia: F.A. Davis.
- Mattingly, C. (1994b). Occupational therapy as a two-body practice: The body as machine. In C. Mattingly & M. H. Fleming (Eds.), *Clinical reasoning: Forms of inquiry in a therapeutic practice* (pp. 37-63). Philadelphia: F.A. Davis.
- Mattingly, C. (1994c). Occupational therapy as a two-body practice: The lived body. In C. Mattingly & M. H. Fleming (Eds.), *Clinical reasoning: Forms of inquiry in a therapeutic practice* (pp. 64-93). Philadelphia: F.A. Davis.
- Mattingly, C. (2000). Emergent narratives. In C. Mattingly & L. Garro (Eds.), *Narrative and the cultural construction of illness and healing* (pp. 181-211): University of California Press.
- Mattingly, C. (2006). Pocohontas goes to the clinic: Popular culture as lingua franca in a cultural borderland. *American Anthropologist*, 108(3), 494-501.
- Mattingly, C., & Fleming, M. H. (1994). *Clinical reasoning: Forms of inquiry in a therapeutic practice*. Philadelphia: F. A. Davis.
- McCluskey, A. (2003). *OTCATS database*. Retrieved 5 February, 2009, from <http://www.otcats.com/>
- McEwen, I. (2000). Editorial. Physical & occupational therapy in pediatrics needs you! *Physical & Occupational Therapy in Paediatrics: A Quarterly Journal of Developmental Therapy*, 19(3-4), 1-4.
- Mitcham, M. (1985). Professional development: Clinician to academician. *American Journal of Occupational Therapy*, 39(6), 368-373.

- Modjeska, D. (2006, September 13). Reach out and touch somebody. *The Australian*, pp. 30-31.
- Moon, B. (2004). *Literary terms: A practical glossary*. Scarborough, WA: Chalkface Press.
- Morch, D. T. (1986). *Winter's child*. London: Serpents Tail.
- Mosey, A. C. (1981). *Occupational therapy: Configuration of a profession*. New York: Raven Press.
- Muecke, S. (1997). *No road (bitumen all the way)*. South Fremantle, W.A.: Fremantle Arts Centre Press.
- Mullavey-O'Byrne, C. (1985). Editorial: Youth in the Community. *Australian Occupational Therapy Journal, International Youth Year Issue*, 32(4), 131-132.
- Mullavey-O'Byrne, C. (1996). *Keynote Address: Expanding the picture*. Paper presented at the NSW Association of Occupational Therapists 9th Annual State Conference, Ballina.
- Mykhalovskiy, E. (1996). Reconsidering table talk: Critical thoughts on the relationship between sociology, autobiography and self-indulgence. *Qualitative Sociology*, 19(1), 131-151.
- Narayan, U. (1997). Eating cultures. In *Identities, traditions and third world feminism* (pp. 159-184). New York: Routledge.
- Nelson, A. (2007). Seeing white: A critical exploration of occupational therapy with Indigenous Australian people. *Occupational Therapy International*, 14(4), 237-255.
- Nelson, A., Allison, H., & Copley, J. (2007). Understanding where we come from: Occupational therapy with urban Indigenous Australians. *Australian Occupational Therapy Journal*, 54, 203-214.
- Neville-Jan, A. (2003). Encounters in a world of pain: An auto-ethnography. *American Journal of Occupational Therapy*, 57(1), 88-98.
- Neville-Jan, A. (2004). Selling your soul to the devil: An auto-ethnography of pain, pleasure and the quest for a child. *Disability and Society*, 19(2), 113-127.

- Neville-Jan, A. (2005). The problem with prevention: The case of spina bifida. *American Journal of Occupational Therapy*, 59, 527-539.
- Norris, K. (1998). *The quotidian mysteries: Laundry, liturgy and "women's work"*. New York: Paulist Press.
- O'Halloran, A. (1985). The adolescent with a physical disability: Special challenges. *Australian Occupational Therapy Journal*, 32(4), 133-141.
- O'Harris, P. (1983). *Was it yesterday?* Adelaide: Rigby.
- OT Australia. (2005). *Issues paper to the Productivity Commission Health Workforce Study*. Melbourne: Prepared by OT Australia (Australian Association of Occupational Therapists).
- OT Australia. (2007). *Occupational Therapy (OT) Australia website*. Retrieved 13 March, 2007, from <http://www. ausot.com.au>
- OT Australia. (2008). Occupation. More than a job. *Connections*, 5(4).
- OTseeker*. (2009). *OTseeker database*. Retrieved 5 February, 2009, from <http://www.otseeker.com/>
- Padilla, R. (Ed.). (2004). *A professional legacy: The Eleanor Clarke Slagle Lectures in occupational therapy, 1955-2004* (2nd ed.). Bethesda, MD: AOTA Press.
- Pearce, P. (1989). Book review. *Australian Occupational Therapy Journal*, 36(1), 56-57.
- Peppard, J. (2002). *Young people's health in Australia in the 1980s: A social history*. Unpublished PhD, University of Adelaide, Adelaide.
- Peseta, T. (2005). *Learning and becoming in academic development*. Unpublished PhD, The University of Sydney.
- Pillow, W. S. (2003). Confession, catharsis or cure? Rethinking the uses of reflexivity as methodological power in qualitative research. *The International Journal of Qualitative Research in Education*, 16(2), 175-196.
- Polatjako, H., Davis, J., Stewart, D., Cantin, N., Amoroso, B., Purdie, L., et al. (2007). Specifying the domain of concern: Occupation as core. In E. P.

- Townsend, H. (Ed.), *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, and justice through occupation* (pp. 9-36). Ottawa, Ontario: CAOT Publications ACE.
- Pollard, N., & Kronenberg, F. (2008). *A political practice of occupational therapy*. London: Churchill Livingstone.
- Porter, D. (1999). *What a piece of work*. Chippendale, NSW: Picador.
- Pratt, M. L. (1991). Arts of the contact zone. *Profession 91, Modern Languages Association*, 33-40.
- Primeau, L. (1996). Work versus nonwork: The case of household work. In R. Zemke & F. Clark (Eds.), *Occupational science: The evolving discipline* (pp. 57-69). Philadelphia: F.A. Davis.
- Reed, K. L., & Sanderson, S. N. (1999). *Concepts of occupational therapy* (4th ed.). Philadelphia: Lippincott Williams & Wilkins.
- Reed-Danahay, D. E. (Ed.). (1997). *Auto-ethnography: Rewriting the self and writing the social*. Oxford, UK: Berg.
- Reese, C. (1987). The issue is - Gender bias in an occupational therapy text. *American Journal of Occupational Therapy*, 41(6), 393-396.
- Reilly, M. (1962). Occupational therapy can be one of the great ideas of 20th century medicine. *American Journal of Occupational Therapy*, XVI(1), 1-9.
- Rich, A. (1977). *Of woman born*. London: Virago.
- Rich, A. (1979). Foreword: On history, illiteracy, passivity, violence and women's culture. In *On lies, secrets, and silence: Selected prose 1966-1978* (pp. 9-20). New York: W.W. Norton.
- Rich, A. (2001). "When we dead awaken": Writing as re-vision. In *Arts of the possible: Essays and conversations* (pp. 10-29). New York: WW Norton.
- Richardson, L. (1997). *Fields of play: Constructing an academic life*. New Brunswick, NJ: Rutgers University Press.
- Richardson, L., & St Pierre, E. (2005). Writing: A method of inquiry. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage Handbook of Qualitative Research* (3rd ed.). Thousand Oaks/London: Sage.

- Riemer, A. (1998). *Sandstone gothic: Confessions of an accidental academic*. Sydney: Allen & Unwin.
- Robertson, S. (2006, 10-13 December, 2006). *Cultural probes in ethnography: Pitfalls and possibilities*. Paper presented at the *ACSPRI 2006 Social Science Methodology Conference*, New Ethnographies and Critical Creativity Stream, The University of Sydney.
- Rodger, S. (1985). Reading difficulties and optometry: A review. *Australian Occupational Therapy Journal*, 32(4), 150-158.
- Rogers, J. C. (1982). Order and disorder in medicine and occupational therapy. *American Journal of Occupational Therapy*, 36(1), 29-35.
- Ronai, C. R. (1995). Multiple reflections of child sex abuse: An argument for a layered account. *Journal of Contemporary Ethnography*, 23, 395-426.
- Ryan, S. (1986). Letter to the editor. *Australian Occupational Therapy Journal*, 33(1), 38-39.
- Salmon, N. (2006). The waiting place: A caregiver's narrative. *Australian Occupational Therapy Journal*, 53, 181-187.
- Schieffelin, E. (1996). On failure and performance: Throwing the medium out of the seance. In C. Landerman & M. Roseman (Eds.), *The performance of healing* (pp. 59-89). New York: Routledge.
- Schmid, T. (2004). Meanings of creativity within occupational therapy practice. *Australian Occupational Therapy Journal*, 51(2), 80-88.
- Schofield, D., & Fletcher, S. (2007). The physiotherapy workforce is ageing, becoming more masculinised and is working longer hours: A demographic study. *Australian Journal of Physiotherapy*, 53(2), 121-126.
- Schwartz, K. B. (2003). The history of occupational therapy. In E. B. Crepeau, E. S. Cohn & B. A. B. Schell (Eds.), *Willard & Spackman's occupational therapy* (Tenth ed., pp. 5-13). Philadelphia: Lippincott, Williams & Wilkins.
- Selby, J. (2005). Editorial: Subjectivity as critical fulcrum, Professional practice as dilemma. *International Journal of Critical Psychology, Critical Professionals*, 13, pp. 5-13.

- Smith, D. (1987). *The everyday world as problematic: A feminist sociology*. Toronto: University of Toronto Press.
- Smith, D. (1990). *Texts, facts and femininity: Exploring the relations of ruling*. London: Routledge.
- Smith, D. (2005). *Institutional ethnography: A sociology for people*. Lanham, MD: Altamira.
- Smith, M. (1989). Why research? Tales of the unexpected. *Australian Occupational Therapy Journal*, 36(1), 4-13.
- Solet, J. M. (2008). Optimising personal and social adaptation. In M. V. Radomski & C. A. Trombly Latham (Eds.), *Occupational therapy for physical dysfunction* (6th ed., pp. 924-950). Baltimore, MD: Lippincott, Williams & Wilkins.
- Somerville, M. (1999). *Body/Landscape Journals*. North Melbourne: Spinifex.
- Somerville, M. (2007). Postmodern emergence. *International Journal of Qualitative Studies in Education*, 20(2), 225-243.
- Spender, D. (1981). The gate-keepers: A feminist critique of academic publishing. In H. Roberts (Ed.), *Doing feminist research* (pp. 186-202). London: Routledge & Kegan Paul.
- Taber, N. (2005). Learning how to be a woman in the Canadian forces/unlearning it through feminism: An autoethnography of my learning journey. *Studies in Continuing Education*, 27(3), 289-301.
- Taylor, J. (1995). A different voice in occupational therapy. *British Journal of Occupational Therapy*, 58(4), 170-174.
- Taylor, J. (2008). An autoethnographic exploration of an occupation: Doing a PhD. *British Journal of Occupational Therapy*, 71(5), 174-184.
- Taylor, M. C. (2000). *Evidence-based practice for occupational therapists*. Oxford: Blackwell Science.
- The Children's Hospital. (n.d.). *Handle with care: A photographic essay*. Westmead, Sydney: The Children's Hospital.

- Thibeault, R. (1997). A funeral for my father's mind: A therapist's attempt at grieving. *Canadian Journal of Occupational Therapy*, 64(3), 107-114.
- Thibeault, R. (2006). Feature Article: WFOT Congress, Globalisation, universities and the future of occupational therapy: Dispatches for the majority world. *Australian Occupational Therapy Journal*, 53, 159-165.
- Thompson, M., & Blair, S. E. E. (1998). Creative arts in occupational therapy: Ancient history or contemporary practice? *Occupational Therapy International*, 5, 49-65.
- Thwaite, P., Bennett, D. H., Pynor, H., & Zigmond, H. (2003). Art and the "language of wellbeing" in adolescent health care. *Ann Acad Med Singapore*, 32(1), 71-77.
- Townsend, E. (1996). Institutional ethnography: A method for analyzing practice. *Occupational Therapy Journal of Research*, 16, 179-199.
- Townsend, E. (1998). *Good intentions overruled: A critique of empowerment in the routine organization of mental health services*. Toronto: University of Toronto Press.
- Townsend, E., Beagan, B., Kumas-Tan, Z., Versnel, J., Iwama, M., Landry, J., et al. (2007). Enabling: Occupational therapy's core competency. In E. Townsend & H. J. Polatajko (Eds.), *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, and justice through occupation* (pp. 87-133). Ottawa, Ontario: CAOT Publications ACE.
- Townsend, E., & Polatajko, H. J. (2007). *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, and justice through occupation*. Ottawa, Ontario: CAOT Publications ACE.
- Townsend, E., Polatjako, H., Craik, J., & Davis, J. (2007). Figure: Canadian Model of Client-Centred Enablement. In E. Townsend & H. J. Polatajko (Eds.), *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, and justice through occupation* (pp. 110). Ottawa, Ontario: CAOT Publications ACE.
- Tyler, S. (1986). Post-modern ethnography: From document of the occult to occult document. In J. Clifford & G. Marcus (Eds.), *Writing culture* (pp. 122-140). Berkeley: University of California Press.

- Van Maanen, J. (1988). *Tales of the field: On writing ethnography*. Chicago: The University of Chicago Press.
- Vice, S. (1997). *Introducing Bakhtin.*: Manchester University Press.
- Wall, A. (1995). Levels of discourse and levels of dialogue. In C. Thompson & H. Raj Dua (Eds.), *Dialogism and cultural criticism* (pp. 65-82). London, ON: Mestengo Press.
- Wall, S. (2006). An autoethnography on learning about autoethnography. *International Journal of Qualitative Methods*, 5(2), 1-12.
- Wallace, C. (1988). Acknowledgements. In *Occupational therapy: Its place in Australia's history* (pp. 240-241). Sydney: NSW Association of Occupational Therapists.
- Waring, M. (2003). Counting for something! Recognising women's contribution to the global economy through alternative accounting systems. *Gender and Development*, 11(1), 35-43.
- Watson, R. (2006). Being before doing: The cultural identity (essence) of occupational therapy. *Australian Occupational Therapy Journal*, 53(3), 151-158.
- Watson, R., & Swartz, L. (Eds.). (2004). *Transformation through occupation*. London: Whurr.
- Werner, D. (1985). *Where there is no doctor: A village health care handbook*. Palo Alto, CA: The Hesperian Foundation.
- Westall, C. (1976). A summer experience: Aspects of the youth culture- some of their needs and alternate ways of meeting them. *Australian Occupational Therapy Journal*, September(23), 146-149.
- White, S. (2003). Autoethnography – An appropriate methodology? *Qualitative Research Journal*, 3(2), 22-32.
- Whiteford, G. (2005). Knowledge, power, evidence: A critical analysis of key issues in evidence-based practice. In G. Whiteford & V. Wright-St Clair (Eds.), *Occupation & practice in context* (pp. 34-50). Sydney: Elsevier.

Whiteford, G., & Wright-St Clair, V. (2002). Being prepared for diversity in practice: Occupational therapy students' perceptions of valuable intercultural learning experiences. *British Journal of Occupational Therapy*, 65(3), 129-137.

Wilcock, A. A. (1998). *An occupational perspective of health*. Thorofare, NJ: Slack.

Wilcock, A. A. (2001). *Occupation for health: Volume 1: A journey from self health to prescription* (Vol. 1). London: College of Occupational Therapists.

Wilcock, A. A. (2002). *Occupation for health: Volume 2: A journey from prescription to self health* (Vol. 2). London: College of Occupational Therapists.

Williamson, P. (2000). Football and tin cans: A model of identity formation based on sexual orientation expressed through engagement in occupations. *British Journal of Occupational Therapy*, 63(9), 432-439.

Winter, R. (1988). Ficto critical writing: An approach to case study research by practitioners and for in-service and pre-service work with teachers. In I. Nias & S. Groundwater Smith (Eds.), *The enquiring teacher: Supporting and sustaining teacher research* (pp. 231-248). London: Falmer Press.

Witz, A. (1992). *Professions and patriarchy*. London: Routledge.

Wright-St Clair, V., Hocking, C., Bunrayong, W., Vittayacorn, S., & Kattakorn, P. (2005). Older New Zealand women doing the work of Christmas: A recipe for identity formation. *Sociological Review*, 53, 332-350.

Wynn Parry, C. B. (1973). *Rehabilitation of the hand* (3rd ed.). London: Butterworths.

Yalom, D. (1991). *Love's executioner: And other tales of psychotherapy*. Harmondsworth: Penguin.

Zemke, R., & Clark, F. (Eds.). (1996). *Occupational science: The evolving discipline*. Philadelphia: F.A. Davis.

Appendices

The hospital corpus (papers 1-4):

1. Denshire, S. (1985a). A comprehensive approach to youth needs. *Contact*, 83, 10-12. ⁵¹
2. Denshire S. & Bennett D.L. (1985). Have a say — Networking with teenagers in a hospital for children, *International Journal of Adolescent Medicine and Health*. 1&2, 217-224.
3. Denshire S., (1985b). Normal spaces in abnormal places: The significance of environment in occupational therapy with hospitalised teenagers, *Australian Occupational Therapy Journal*, 32 (4) 142-149.
4. Denshire S. (1993). Work of art: Occupational analysis of a children's hospital youth arts program. *Youth Studies Australia*, Winter: 18-24.

The methodological papers (papers 5-12):

5. Denshire S. (1996). A decade of creative occupation: The production of a youth arts archive in a hospital site. *Journal of Occupational Science Australia*. 3, 93-98.
6. Denshire S. & Ryan S. (2001). Using auto-biographic narrative and reflection to link personal and professional domains. in *Professional practice in health, education and the creative arts*. eds J. Higgs & A. Titchen, Oxford: Blackwell Science. (pp. 149-160).
7. Denshire, S. (2002a). Metaphors we live by: Ways of imagining practice. *Qualitative Research Journal* 2, 2, 28-46.
8. Denshire, S. (2002b). Reflections on the confluence of personal and professional. *Australian Occupational Therapy Journal* 49(4) 212-216.
9. Denshire, S. & Mullavey-O'Byrne, C. (2003). "Named in the lexicon": Meanings ascribed to occupation in personal and professional life spaces. *British Journal of Occupational Therapy* 66, (11), 519-527.
10. Denshire, S. (2004). Imagination, occupation, reflection: An auto-biographical model of empathic understanding. G. Whiteford (ed.) *Qualitative Research as Interpretive Practice: Proceedings of the Inaugural RIPPLE QRIP Conference*, Albury, September, 2003 (pp. 21-38).
11. Denshire, S. (2005a). "Integrating the firelight of creativity": An evolving practice of creativity-based group work for health and wellbeing. In *Promoting health through creativity*. ed. T. Schmid, London: Whurr (pp. 148-166).
12. Denshire, S. (2005b). "This is a hospital, not a circus!" Reflecting on generative metaphors for a deeper understanding of professional practice. *International Journal of Critical Psychology. Critical Professionals*, 13, 158-178.

Appendix 1: My published body of work (1985 - 2005)

⁵¹ The unpublished version was a working paper, *The Shape and Impact of Youth Participation in Health*. me. I drew on my experiences at the First International Workshop on Comprehensive Youth Services and Youth Advocacy in Toronto to draft this paper for the WHO Study Group Meeting in Geneva in 1984 on 'Young People and Health for all by the year 2000, invited by Dr David Bennett.

- 1937 Occupational therapy department inaugurated at Camperdown Children's Hospital by Ethel Francis, the first occupational therapist in Australia trained overseas
- 1939 World War II started
- 1940 Hospitals Commission of NSW began an occupational therapy course
- 1941 First graduate with Diploma in Occupational Therapy from Australian Physiotherapy Assoc
- 1942 Establishment of the Occupational Therapy Training Centre at 539 Elizabeth St, Sydney
- 1944 The Occupational Therapists' Club formed in Sydney
- 1945 The Occupational Therapists' Club became known as the Australian Association of Occupational Therapists (AAOT)
The Occupational Therapists' Club produced a monthly 'Bulletin'
- 1946 Occupational Therapy Clinic established at 157 Macquarie St, Sydney
- 1949 A research subcommittee of AAOT formed
Pam Sheppard appointed to Camperdown Children's Hospital
- 1950 4 year University degree combined PT/OT commenced, but degree was designated Bachelor in Applied Science (Physiotherapy)
- 1951 Australia was represented at meeting in Stockholm to discuss establishment of the World Federation of Occupational Therapists
- 1953 Bulletin accepted as official publication of the Federal Council of AAOT
- 1961 Occupational Therapy Training Centre moved to 39 Brown St, Paddington
- 1962 Name of Occupational Therapy Training Centre changed to NSW College of Occupational Therapy
- 1963 The Bulletin became the *Australian Occupational Therapy Journal*
- 1964 The Sylvia Docker Lecture established
- 1973 NSW College of Occupational Therapy was taken over by the NSW College of Paramedical Studies, later Cumberland College of Health Sciences
- 1989 Dawkins reforms of higher education
- 1990 First undergraduate program at University of Sydney
- 1993 *Journal of Occupational Science* began, founding editor Ann Wilcock
- 1994 First Occupational Therapy degree in regional Australia at Charles Sturt University
- 1997 Australian and New Zealand Council of Occupational Therapy Education (ANZCOTE) established
- 1998 University of Sydney Masters Entry Program
- 1999 Occupational Therapy International Outreach Network (OTION) launched
- 2001 Acc OT accreditation program established
- 2002 OTseeker available online
- 2008 The *Australian Occupational Therapy Journal* ISI listed
- 2008 OT Australia national referendum

*Appendix 2: Gradual professionalisation of occupational therapy with a focus on NSW*⁵²

⁵² I am indebted to Anderson & Bell (1988b), Dibden, Zakrzewski & Higgs (2002), the OT Australia and the OTseeker websites for chronological information.

- 1978 Gail Smith, the first 'adolescent' occupational therapist, was seconded to Adolescent Medical Unit
- 1981 Sally Denshire, the second 'adolescent' occupational therapist, appointed to OT Department and seconded to Adolescent Medical Unit
- 1983 AMU Adolescent Medical Unit represented at First International Workshop on Comprehensive Youth Services and Youth Advocacy, Toronto.
- 1984 Youth Arts Program at Royal Alexandra Hospital for Children established
- 1985 Youth Works! Seminars convened by Sally Denshire with keynotes by Dr David Bennett and Colleen Mullavey-O'Byrne
- International Youth Year issue of the *Australian Occupational Therapy Journal*
- 1987 Korobra International Youth Festival
- Youth Ward opened at Camperdown Children's Hospital

*Appendix 3: Developments in youth-specific occupational therapy with a focus on
Camperdown Children's Hospital*