Becoming Reflective Practitioners in Occupational Therapy

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ABSTRACT

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An emancipatory action research method was used to investigate student learning and my teaching of the paediatric occupational therapy course at the University of the Western Cape. The focus of the study was my teaching practice and the learning experiences of three senior students during community-based and school-based fieldwork. My concern for students' apparent lack of confidence in fieldwork prompted the study. Strategies to facilitate reflective learning and reflective practice were implemented. My developing understanding of the relevance of an emancipatory approach to teaching and research in health and education in South Africa emerged during the writing of the thesis as the students and I grappled with the problems resulting from poverty. The time of the study coincided with a move towards community-based practice. The students' experiences in community fieldwork revealed the challenges of fieldwork. Moreover, the effects of socio-political injustices and the result of living in poverty informed the gaining of insight into the relevance of emancipatory action research underpinned by critical social theory.

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Finally but most importantly, to my sons, Piet and Nicolas, thank you for being tolerant and supportive when I opted out of my mothering role.

DECLARATION

I declare that *Becoming Reflective Practitioners in Occupational Therapy* is my own work, that it has not been submitted for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged by complete references.

Name: Viki Celeste Janse van Rensburg Date: 10 November 2003

Signed: VCJvan Rensburg

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CHAPTER ONE

BRIEF OVERVIEW OF THE STUDY

1.1. Introduction

The theme of my thesis is student learning and my teaching of paediatric occupational therapy at the University of the Western Cape. The focus of the study was on the experiences of three senior students learning to practice paediatric occupational therapy in school-based and community-based fieldwork settings in 1995 and 1996 and on one module of my own teaching of the paediatric occupational therapy course during 1995. I investigated my teaching practice and students' fieldwork experiences with the aim of developing a teaching environment that would foster better learning, reflective practice, fieldwork competence and confidence in graduates.

1.2. Rationale

The focus of the thesis was prompted by my concern for students' apparent lack of confidence in fieldwork settings. It seemed as if the theoretical courses that preceded fieldwork placements, did not equip the students sufficiently for fieldwork practice. Supervising clinical therapists remarked on students' lack of knowledge and skills and their inability to integrate theory and practice. Students reported feelings of being overwhelmed, not knowing what to do or where to start, once they were in the field. This resulted in my questioning our current curriculum, and more specifically, the courses that I taught. My introduction to action research as a method for educational change occurred when I worked with Melanie Walker, who was then situated in the University's Academic Development Centre in 1993. During 1994, I attended a course on action research offered by Walker and undertook a small-scale action research project (van Rensburg, 1994). The outcome of this small study prompted me to further investigate my own teaching, as I came to realise that action research was a powerful tool for teacher development and educational change.

The relevance of the thesis turned on the transformation of the health service and of education in South Africa. Transformation implied that graduates needed to be equipped with different skills, implying differences in learning and teaching. In South Africa, our new democracy brought values such as equity, justice, redress, and accessibility to opportunity and human rights to the foreground. A further pointer to change and innovation in health care education, was the current shift in South Africa towards primary health care and in education towards inclusive education and early childhood education.

International technological advances and increased speed in information dissemination has made a profound impact on society. This shift implied a move away from the traditional content-based curriculum towards a curriculum that inspired emancipatory values with outcomes of practical competence grounded in a theory-practice dialectic, within a frame of reflective practice.

More than this, I was interested in diversity, which students in the Northern hemisphere tend to ignore. I wanted to explore the impact that gender, class, culture and race had on the diverse and multi-lingual student groups that I taught and the South African people who would become their patients. Thus, the need for change, the impetus for innovation, appropriate strategies for future occupational therapists and the plight of South African children in need, prompted this study.

1.3. Theoretical underpinnings

My earlier thinking was centrally informed by the work of Schön (1987). Schön argues that knowledge in a practice-based profession occurs when there is interaction between professionals and their patients, and that the ability to reflect on action ultimately determines the quality of the practitioner's work. It is the reflective nature of clinical problem posing that assists new graduates in developing confidence in their practical abilities.

Schön's theory of reflective practice resonated with my own views on many levels. I share his critique of curricula of professional education in tertiary institutions, which do not adequately prepare professionals for the dilemmas of practice. In addition, I share his idea that reflection on action is a professional skill necessary for professional practice.

Schön argued for an alternative epistemology of practice in which the focus should be on the competence and artistry of practice. Schön refers to this as reflection-in-action and describes it as the thinking that practitioners do while they are doing it. He refers to "indeterminate zones of practice" (Schön, 1987:6), those practical and messy dilemmas that are present in the real world and are characterised by unpredictable problems, value conflicts and differences unique to situations that are not taught in class rooms. Schön states that theory only can not prepare a student for the practical problems they have to solve in their professions. Furthermore, he referred to reflection-on-action as thinking back over what has been done to discover how the knowledge in action may have contributed to the outcome (Schön, 1987:7).

He suggests that reflection-on-action could be achieved in a curriculum that emphasises coaching and experiential learning. He recommends that teaching of applied science should be combined with coaching in the artistry of reflection-in-action. The emphasis in coaching lies in the fact that students have to "see". Nobody can "see" by being told, although the right kind of "telling" can help students to "see". In the fieldwork situation they do see, and as a result of real interaction with real patients, they learn to name and frame. Coaching can support this mode of learning. These statements resonate with the training of occupational therapy students.

Critique of Schön's work is derived from his silences. Regarding diversity, Schön's description of reflective practice appeared to be de-gendered, de-classed, de-raced. As a South African study, my thesis emphasises diversity. Furthermore, the emotional dimensions of learning and teaching were omitted by Schön. Other theorists of curriculum development, such as Hargreaves (1994), emphasised the moral, political and emotional qualities that students and teachers bring to the learning situations and stated that they could not be disregarded.

In my view, critical self-reflection of one's values shaped by gender, culture, race, class, social and political experiences and feelings, impact heavily on learning and teaching. These need to be deconstructed from the tacit domain to the known, to be reconstructed and legitimised.

The impact of Schön's work on the profession of occupational therapy was made evident through a study on clinical reasoning in occupational therapy. Schön argues that knowledge in a practice profession emerged through the transaction between professionals and their patients. With this as

the central theme, a two year research project on clinical reasoning skills in occupational therapy was undertaken in the United States of America (Mattingly, 1991c). The researchers examined the thinking of occupational therapists while they were engaged in interaction with patients. The study included an ethnographic investigation and an action research focus where occupational therapists became involved in reflecting on their practice.

Mattingly (1991a:983) defines clinical reasoning in occupational therapy as:

> ... primarily directed not to a biological world of disease, but to a human world of motives, values and beliefs - a world of human meaning. Occupational therapists' fundamental task is in treating what medical anthropologists call the illness experience. The illness experience refers to the meaning that a disability takes on for a particular patient, that is, how disease and disability enter the phenomenological world of each person. Clinical reasoning, taken in this sense, becomes applied phenomenology.

Some of the outcomes of this study revealed that problems faced by occupational therapists and their patients were virtually unique in each case. The process of clinical reasoning helps to make the tacit explicit, and that is invaluable in building professional confidence. It is the phenomenological issues, the social, cultural and psychological aspects, that influence how the patient is responding to the disability.

In reflecting on her findings, Mattingly (1991a:986) states that the clinical problems that therapists find most difficult, are those that fall within the phenomenological domain, yet these have been given the least amount of attention in the training of occupational therapists. She raises some very interesting questions about the nature of training:

> Perhaps occupational therapy as a profession needs to take its phenomenological issues more seriously. Although concern with a patient's experience of disability derives in part from deep beliefs that belong to occupational therapy's professional culture, the phenomenological perspective from which illness and disability are treated as meaningful experiences, is quite neglected as an articulating and legitimising framework for practice. Perhaps occupational therapy needs to expand and rework its professional language, introducing constructs from the interpretative social sciences to better encompass the work therapists actually do in treating patients.

1.4. Method

A qualitative method of emancipatory action research was used. Action research as the method of educational change is used widely in educational settings (Elliot 1991, Noffke & Stevenson, 1995). The cyclical nature of action research of planning, acting, observing and reflection does not end, such as with traditional notions of research, in a deeper understanding of education for others to implement. It facilitates an on-going process for further cycles of inquiry and change. Elliot (1991) stated that the improvement of practice was one of the fundamental aims of action research. Reflective practice, one the central tenets of action research, is directed towards the realisation of values.

1.5. Context

The students who participated in the study were three third year occupational therapy students registered in the Department of Occupational Therapy, Faculty of Community and Health Sciences at the University of the Western Cape in 1995. They were part of the group of students in the paediatric occupational therapy course that I taught that year. The context of the investigation of my own teaching was a third year theoretical subject, Child Handling and Perception, that formed part of the subjects Occupational Therapy Theory III and Occupational Therapy Applied III. In addition, I reflected on my role as fieldwork teacher during student supervision in paediatric settings. The structure of the occupational therapy course at that time was that theoretical modules of applied occupational therapy were offered during the first semester of the third year. Theoretical modules were followed by five fieldwork practical blocks of approximately 6 weeks each, when students started actual treatment of patients for the first time. Two fieldwork blocks occurred during the last semester of the third study year and three

blocks during the fourth study year.

1.6. Outline of the study

The purpose of the study was to investigate both my own teaching practice and student learning with the aim of improving learning and teaching about occupational therapy for children. In student learning, the particular focus was theory-practice integration and reflective learning in school-based and community-based settings. The focus of my own teaching was emancipatory action research for improved practice.

I gathered data by video taping students' treatment sessions of children in fieldwork practical situations, then watching the video with the student and audio taping their discussion of their work. Further data were the students' journals of their fieldwork experience and their written case studies. Gathering data on students' learning in fieldwork situations occurred in 1995 and 1996. The video tapes and audio tapes were transcribed for analysis. No data were gathered in 1997.

I investigated my teaching practice over a period of two years from 1995 to 1996. Data were gathered by my keeping a journal of my teaching of one module during 1995 and by obtaining feedback from the students by means of evaluative letters and interviews after the course.

1.7. Deviation from original plans

I changed my plans during the course of the study as I learnt more, understood more and developed a better idea of the boundaries and focus of the study. My original plans included emphasis on clinical reasoning skills and an intention to track development of students' reflective abilities over time. For this purpose, I gathered data of a large number of students in a variety of treatment settings, including hospital settings where students were treating adult patients with physical or psychiatric disabilities. I began to understand that reflection, rather than clinical reasoning in occupational therapy, was the core construct that would inform practice during students' learning experiences. The extraneous data were discarded when I narrowed my study down to focus only on the areas of student fieldwork practice concerned with children, and also

for the purpose of deeper, rather than broader, analysis. What did not change was the focus on student learning in fieldwork situations and on my teaching practice.

1.8. Outline of chapters

Chapter One: Brief overview of the study

Chapter One comprises the rationale, introduction to theoretical underpinnings, method, context and outline of the study. I also describe how my eventual study deviated from my original plans.

Chapter Two: Background

I provide background information on The Faculty of Community and Health Sciences and the Department of Occupational Therapy at the University of the Western Cape, the transformation of health and education since 1994 and I provide a brief historical overview of the profession of occupational therapy. Finally, I discuss Schön's theory of reflective practice and the theoretical background of clinical reasoning in occupational therapy, which served as the basis and impetus for reflection in occupational therapy.

Chapter Three: Methodology

Chapter Three contains my theoretical understanding of emancipatory action research, reflection and reflective practice. I describe the method, data gathering and data analysis, rigour and trustworthiness and ethical considerations. I provide an analysis of my autobiography and conclude with biographies of each of the three student participants.

Chapter Four: My teaching practice: Description and analysis

This chapter consists of a narrative and analysis of my teaching practice during the third term of 1995. I discuss the themes that emerged from the analysis and draw conclusions from the implementation of my action plans.

Chapter Five: Learning in fieldwork: School-based settings

In Chapter Five, the findings of the analysis of students' learning in school-based settings are described. Two treatment sessions are described in which two of students, Lisa and Tim, provided intervention for their patients. For each student, the treatment session, what the student could say about their work, and themes that emerged from the student's journal are discussed.

Chapter Six: Community-based learning in Mfuleni

Chapter Six is a description of Lisa and Joan's community-based fieldwork experiences. Again the treatment session, what the students could say about their practice and an analysis of their journals are discussed.

Chapter Seven: Conclusion and discussion of students' learning needs

In this chapter I discuss the findings of the students' learning needs in community fieldwork setting and the findings of the students' reflective abilities.

Chapter Eight: Discussion and Reflection

In the final chapter I reflect on the results of my teaching and student learning; on the role of teacher as researcher; and on the ethical considerations of emancipatory action research.

CHAPTER TWO

BACKGROUND

In this chapter I provide background information to the thesis on the Faculty of Community and Health Sciences and the Department of Occupational Therapy of the University of the Western Cape. I review the legislative direction for occupational therapy with children provided by Health and Education policies, as well as the main philosophical developments and trends in the profession of occupational therapy.

2.1. The Faculty of Community and Health Sciences

The Faculty of Community and Health Sciences, consisting of the Departments of Nursing, Human Ecology, Social Work, Psychology, Physiotherapy and Occupational Therapy had its first intake of students in 1987. The Faculty was established primarily to provide health and welfare education for graduates who would work in and contribute to the development of the new direction in health care of a community-based approach. The changing emphasis in health care would stress prevention and health promotion and provide accessible community-based care. The Faculty committed itself to the education of graduates who could provide interdisciplinary health care.

Since 1987, the Faculty has grown considerably in the numbers of courses it offers, in student numbers, departments and staff and now comprises in addition to the above mentioned departments, the School of Public Health, the Child Protection Unit, the Department of Dietetics, the Department of Sport, Recreation and Exercise Science and the newly established School of Natural Medicine.

In line with its mission statement, the Faculty offers interdisciplinary foundation courses on primary health care, health promotion and multi-disciplinary community-based practice to all undergraduate students.

2.2. The Department of Occupational Therapy

The Department of Occupational Therapy had its first graduates in 1988. At the time of the study the Department offered a four year BSc (Occupational Therapy) course and now also a MSc (Occupational Therapy). With a student intake of 30 first years each year, there are approximately 160 undergraduate students registered in the Department each year. Five of the eight academic staff members primarily provided lecturing of the theoretical modules and were responsible for some fieldwork supervision. Three staff members were responsible for fieldwork supervision primarily.

The Department has been in a process of curriculum review and development for the past eight years. Originally, the teaching strategy of problem-based learning was investigated and considered. In line with the mission of the Faculty and the Department, theoretical and fieldwork practical modules, based on the primary health care approach and community-based intervention, were included into the curriculum. The Department of Occupational Therapy was an active participant in the process of student training site development, in collaboration with the Community Partnerships Project. As a result, a unique curriculum including aspects of problem-based learning was developed and implemented in stages over four years. The main features of the new curriculum are an emphasis on 'occupation', the central philosophical concept of the profession and a curriculum structure of theory and fieldwork practice interspersed throughout the four study years.

2.3. Transformation of Health and Education since 1994

2.3.1. Health bills and policies: Emphasis on children

Children's rights, education and health care feature prominently in the health and education bills, policies and strategies published in the last few years. In the new legislation, children are given priority in the process of South Africa's transformation. Evidence of this trend is portrayed in such strategies as ratifying the Convention on the Rights of the Child (Health Systems Trust, 2002), the special focus on children in the Constitution; the implementation of the National

Programme of Action situated in the Office of the President, the Children's Bill, the Health Bill and the Mental Health Bill (Health Systems Trust, 2002).

In the White Paper on the Transformation of the Health System of 2001 (Department of Health, 2002) the direction for health service delivery is described as including the restructuring of the health system to a District Health System and the delivery of health care according to the principles of the Primary Health Care approach. This implies that more occupational therapists will be based in communities and at district-based clinics to provide intervention. Owing to resource constraints, intervention time will be limited and on-going one-to-one treatment will be virtually non-existent. The level and depth of occupational therapy intervention will thus be limited to that which the occupational therapist can convey to parents, teachers and community health workers.

2.3.2. Education Legislation: Inclusive Education

The rationale for inclusive education arose from the fact that only 20% of children with special needs were receiving education in the special schools. Two recent education bills provide opportunities for occupational therapists to assist children with learning needs. The South African Schools Act of 1996 provides for the inclusion of learners with special educational needs. Public schools are required by law to admit all learners and provide the necessary educational requirements without discrimination. The White Paper No 6: Special Needs Education: Building an Inclusive Education and Training System (Department of Education 2002) includes minimising barriers to learning in their definition of inclusive education. The White Paper on Early Childhood Development no 5 (Department of Education, 2002) emphasises the government's commitment to provide education to pre-school children of marginalised groups.

One of the strategies of reaching more children is the establishment of District Based Support teams with the expressed purpose of early identification of specific learning needs and intervention in the Foundation phase[1]. The plan is that there will be a phased conversion of special schools to resource centres that provide professional support to neighbouring schools.

1 The foundation phase is grades 0-3 for children aged 6 to 9 years.

District based support teams will provide educational support to learners experiencing barriers to learning. Occupational therapists will be part of the district support teams, and each therapist will have the responsibility of a few schools and a high caseload, making lengthy individual assessment and treatment unrealistic. There have been many difficulties at the level of implementation as a result of mainly lack of human and financial resources.

A policy on Health Promoting Schools was adopted by the Department of Education (Department of Education, 2002). The World Health Organization states that a Health Promoting School should aim to achieve healthy lifestyles for the total population by developing supportive environments conducive to the promotion of health. It offers opportunities for and requires commitments to the provision of a safe and health enhancing social and physical environment. Health Promoting Schools have been established to varying degrees in all provinces and more widely in the Western Cape.

2.3. The profession: A brief historical overview

Occupational therapy as a profession evolved in the United States of America at the beginning of the 20th century in the context of treatment of patients with mental illness. Meyer (1922), a psychiatrist, recognised the value of work as a therapeutic agent in the treatment of people with mental illness and introduced work related activities as a form of treatment into the wards of a mental institution. Meyer's (1922) philosophy of occupation as treatment had a marked influence on the philosophy of occupational therapy.

Rapid growth of the profession occurred as a result of the amount of injured soldiers during the First and Second World Wars. Occupational therapists were appointed to assist in the rehabilitation of soldiers suffering from injuries, war neurosis and battle fatigue (Trombly, 1995). The nature of the physical injuries resulted in a shift in emphasis from psychiatric illness to physical disabilities in the 1920 to 1940 period. Craft activities were used to meet physical and psychological needs of patients.

Occupational therapy was introduced into South Africa at the University of the Witwatersrand in 1942. In 1943, Crousaz launched a diploma course at the University of the Witwatersrand, while McArthur started a clinical department at the Johannesburg General Hospital. In 1945, Turner started an occupational therapy department at Groote Schuur Hospital in Cape Town. Between 1955 and 1984, training courses were started at the Universities of Pretoria, Stellenbosch, Cape Town, the Orange Free State, Medunsa, Durban-Westville and the Western Cape (Mountford, 1992).

2.4.1. The philosophical development of the profession

Knowledge development in a practice profession results from a variety of philosophical beliefs, values, assumptions, theories, models and frames of reference. The factors that bind or unify a profession are the central beliefs and assumptions, which give credence and status to a profession, as it provides a fundamental vision.

Occupational therapy has for many years had a problem with its professional status. It is a young profession that has been in existence only since the beginning of the 20th century. As a developing profession, with a relatively small number of members, its conceptual foundations were not explicit for some time. It is only during the last two decades that much discussion and debate has ensued, in an attempt to define a unifying core.

Kielhofner (1992) stated that the profession has its philosophical roots in moral treatment of the mentally ill during the 18th and 19th centuries. He suggested that occupational therapy's most important roots are found in moral treatment and that the first occupational therapists derived their fundamental concepts from the moral treatment writings. Many of the currently held beliefs and values of the profession were present in moral treatment.

- **Influential theoretical perspectives**

Young and Quinn (1992) reported the importance of the influence of such perspectives as dualism and reductionism, the psychoanalytic perspective, the humanistic perspective and the medical perspective on the philosophical development of the profession.

- **Dualism and reductionism**

Cartesian influence of the French philosopher, Descartes, 1596-1650 on the medical profession lead to a dualist perspective in medical thinking (Young and Quinn, 1992:27). Descartes proposed that the universe operated like a machine, and that to understand it's functioning, a mechanistic approach of investigating the parts could be adopted. In this view, human beings could be understood as having machine-like bodies, inhabited by thinking minds. These two parts were seen as distinct from one another, with minimal influence or interaction between them (Young and Quinn, 1992). Under the influence of Cartesian philosophy, the scientific world adopted a mechanistic and reductionist view. This had a powerful influence on the development of such models as the biomedical and the behaviourist models in health care. In medicine, the treatment of illness of the body was separated from the treatment of illness of the mind.

Two distinct areas of medical practice, physical medicine and psychiatric medicine, developed. To view the body as being governed by laws that are separate from the influences of the mind or the environment is an example of a reductionist position. The reductionist approach to the health professions has had a powerful influence on the biomedical and behaviourist models of health care, and have dominated the Western world for many decades. Young and Quinn (1992:38) report that these two models are being increasingly questioned and challenged by proponents of a holistic perspective to health. They state that the plea for a return to a holistic perspective on human nature and health care is increasing in influence, and they are highly critical of reductionist approaches. The holistic perspective is closely related to a humanistic approach in psychology, a movement that arose partly in protests to psychoanalysis.

- **The psychoanalytic perspective**

The psychoanalytic perspective, originated by Freud (1856-1939), incorporates perspectives related to humans' striving for survival or life instinct, and to determinism. A central tenet of the psychoanalytic view is that neurotic disorders are rooted in conflict, a condition that arises when people protect themselves from anxiety, by avoiding recognition of their fears and real motivation. Thus psychic energy is bound up in keeping conflict at bay. Psychoanalytic therapy endeavours to restore full awareness of those conflicts, which are denied access to consciousness.

The deterministic notion of psychoanalysis has been challenged. The notion that human beings are freed from conflict and gain insight into their life circumstances to gain mature self-knowledge through therapy only is seen as highly problematic. Freud's vision of the human condition, in which possibilities of self-determination are seen to be severely restricted, has been challenged by humanistic psychology.

- **The humanistic perspective**

Influence of humanism, an optimistic vision of human beings' potential, is evident through various epochs of history. Humanism is associated with concepts of personal freedom, self-determination and creativity. Currently, the humanistic perspective is associated with such theories in philosophy as existentialism; yet, this influence on psychology is relatively recent. Young and Quinn (1992) refer to the philosophical roots of humanistic psychology, the influence of existentialist theory and a variety of psychological theories that have influenced the humanistic movement. They cite the work of Maslow and Rogers.

Maslow (cited in Young and Quinn, 1992:39) criticised psychoanalysis for its focus on the neurotic aspects of the personality, and its determinism. He criticised the determinism of behavioural theory, specifically its central concept that all behaviour is conditioned. Maslow proposed that neither are human beings buffeted by instincts and drives, nor are they characterised by conditioned reflexes. He proposed that humans are whole, free, healthy and purposeful. A core concept of Maslow's philosophy is motivation. In his view, needs and drives

are prime motivators. He conceptualised a hierarchy of motives, proposing that basic needs motivate us only if they are not adequately met. Once basic needs are met, the next group of needs in the hierarchy become influential. Finally, at the top of the hierarchy, the self-actualisation motive demands the discovery and realisation of one's full potential.

Rogers (cited in Young and Quinn, 1992:41), believes that humans are essentially free and capable of transcending the limitations placed upon them. He proposed that in the striving for self-enhancement, a positive condition of worth is required. He viewed unconditional positive regard as a fundamental need. Rogers proposed that the therapist's role was one of facilitation, based on the belief that the patient is capable of change and growth. In contrast to the therapist adopting the role of the curer, naming and framing for the patient their problem, Rogers suggested a client-centred approach in which the therapist, through acceptance, respect and empathy, creates conditions in which the patient feels free to explore problems.

- **The biomedical perspective**

The biomedical perspective is concerned with the diagnosis and treatment of disease. The advances and developments gained in medicine during the past 50 years are well known. However, despite major advances, the biomedical model is at present being challenged and questioned. The most serious criticism of this model is that it has remained largely influenced by the mechanistic perspective and is still today reductionistic in its approach to health care. In their critique, Young and Quinn (1992:45) cite Capra, Illich and Coleman as critics of this perspective. Capra (cited in Young and Quinn, 1992:44) asserts that the reductionist approach has prevented doctors from understanding many of today's major illnesses, as the focus on the non-functioning or ill parts of the human body, resulted in neglect to view the person as a whole. Illich's (cited in Young and Quinn, 1992:45) central argument revolves around the suggestion that modern medicine deprives individuals of taking responsibility for their own health. He views the diagnosis-prescription model as creating a harmful dependency and suggests that prescription drugs can make people sicker, not healthier. Coleman (cited in Young and Quinn, 1992:45), claimed that modern medicine serves the interest of practitioners, pharmaceutical companies and manufacturers of equipment. He views the emphasis of medicine as diverting resources away

from the health of people, towards the development of technology, which he describes as wasteful and counterproductive. Coleman argues that many modern diseases are man-made and that risk factors such as obesity, smoking, toxic chemicals and pollutants are well known. In his view, medicine has failed to encourage preventive education and the taking responsibility for people's own health, for reasons of commerce and scientific prestige.

With the emergence of humanistic psychology, occupational therapy once more reverted back to the original beliefs of the profession, which emphasise the values of humanity, holism and occupation.

2.4.2. Professional crisis

Much of the occupational therapy literature published since the beginning of the 1980s, address the issue of the lack of a unifying core or an explicit professional culture. In an attempt to clarify the professional identity, theorists mainly from the United States of America, wrote prolifically on the values, beliefs and assumptions of the profession. There was a call for the return to the original beliefs of the profession, and suggestions that the crisis in identity was in part as a result of the departure from the original beliefs, which occurred during the period of powerful influence of the mechanistic era.

During the 1950s and 1960s, the philosophy of occupational therapy changed as a result of the influence of the reductionist model, when reductionism was being adopted by life sciences. The reductionist belief resulted in a move away from holism. In occupational therapy, this lead to an approach where the focus was on technique rather than on the person. Occupational therapy lost sight of the holistic model and the humanistic view, and adopted the medical model with the focus on pathology. During this time a great depth of expertise was developed, but the profession suffered from role diffusion and loss of identity.

Creek (1990) describes the era of synthesis, starting in the 1970s, as a conscious effort to reassess the original philosophy of the profession. The moving away from the mechanistic view of health and human beings is congruent with the holistic and humanistic view of occupational therapy. It

is seen as an attempt to reassert the validity of occupational therapy, without losing the advances in theory and practice, made during the reductionist era. Creek (1990) views the current quest for clearer understanding as a response to major changes in society and within the profession.

Kielhofner (1992), responding to the articulated crisis in the professional identity in the early 1980s in America, attempted to clarify some of the confusion by describing a view of the conceptual foundations of the knowledge base of occupational therapy. Kielhofner took a Kuhnian view based on systems theory and argued that the profession had undergone two paradigm shifts and that a third is emerging. He described the emerging paradigm as moving away from reductionism, and moving towards holism. He describes the first crisis in occupational therapy as starting in the latter part of the 1940s and 1950s, when occupational therapists came under pressure to establish a more scientific rationale for the field as physicians openly criticised occupational therapy for lacking in a scientific basis.

This resulted in occupational therapists seriously questioning their paradigm. One consequence was the forging of a closer alliance with medicine. This brought the occupational therapy paradigm into confrontation with the concepts of reductionism in medicine. In occupational therapy, this resulted in a fundamental reorientation of how the therapeutic process was observed. There was a shift towards explanations of neurological, anatomical, and intrapsychic phenomena underlying function and dysfunction. The focus was on the inner mechanisms that influenced function or performance. By the end of the 1950s, a new paradigm, the mechanistic paradigm, had emerged.

In the mechanistic paradigm, holistic thinking was replaced with a reductionist focus on the internal workings of the human psyche and body. The fundamental perspective of respect of human beings had been altered drastically, and affected practice. Occupational therapists dropped the use of participation in meaningful occupation from their therapeutic programmes and became less appreciative of the importance of the patient's experience in the treatment. Treatment was prescriptive, not collaborative.

During the 1970s there was a growing crisis in identity amongst occupational therapists, marked

by a lack of unifying identity. Kielhofner (1992) describes this as the second crisis in the profession. Consequently, the field has begun to return to many of its original themes in order to recapture its identity. Kielhofner's earlier thinking was based on the work of Reilly, of whom he had been a student. Reilly (1962) had proposed that occupational therapists consider "occupational behaviour" as the core of their philosophical view. A new professional culture, based on the original work of Reilly (1962), became known as "occupational science" (Clark 1990). Occupational science recaptured and revitalised some of the central beliefs and values of the profession. The central tenet of the new culture was holism.

Kielhofner (1992) subsequently proposed an emerging paradigm in occupational therapy as consisting of core assumptions, focal viewpoint and values. He views the core assumptions as relating to the centrality of occupation in the profession and defined them broadly as:

- human beings have an occupational nature;
- human beings may experience occupational dysfunction;
- occupation can be used as a therapeutic agent.

Mocellin (1992b) is critical of applying a Kuhnian notion of paradigm to occupational therapy. He argues that it is not around occupation that the central beliefs and values of the profession revolve, but rather around the concept of competence. In his view, the philosophical basis is not that occupation is therapeutic, but the experience of efficacy, of control and of self-determinism. This experience of competence may be achieved through occupation, but may also be achieved through non-occupational activities. He is critical of the mainly North American ideology, which equates occupation with health. He argues that, to say that people influence their health through occupation, perseveres an undeveloped concept of health that associates it primarily with wealth. In underdeveloped countries plagued by poverty, famine and social instability, this concept is problematic. He argues for the acceptance of competence rather than occupation as the central philosophical belief. Mocellin's (1992b) view warrants investigation for the South African situation as the many of the features of an underdeveloped country affect its citizens.

The above-mentioned main theorists in occupational therapy literature all attempted to clarify central conceptual philosophical core issues and explored the validity of a notion of a paradigm

in occupational therapy. As occupational therapists themselves, they were embedded and enmeshed within the profession and viewed their research from within. It took an "outsider", in the form of an anthropologist, to shed a highly illuminating light on the nature of the practice of occupational therapy. Mattingly (1994), an American anthropologist focused her research on clinical reasoning in occupational therapy and revealed that the phenomenological aspect of the profession was highly underrated and hugely important. Her work and contribution to the profession has been extremely important in clarifying for us what we do.

2.5. Understanding Schön's theory of an alternative epistemology

Occupational therapy curricula in South Africa are guided by two documents: *Minimum Standards for Occupational Therapy Training of the Health Profession's Council of South Africa* and the *Minimum Standards for Occupational Therapy Training of the World Federation of Occupational Therapists*. Coetzee (1991), in a critical evaluation of these two documents, found that the dominant curriculum orientation of these documents is what Eisner (1985) refers to as academic rationalism. Academic rationalism, as technical rationality, is based on the philosophy of positivism[2].

There are limitations to the positivist paradigm, such as the assumptions that the social world is concrete and that aspects of behaviour that are not observable, are regarded as questionable.

On the contrary, the phenomenological paradigm is underpinned by assumptions that there are multiple realities in social contexts (Firestone, 1987). In this paradigm the focus is on the understanding of social phenomena. The purpose of phenomenology is to gain understanding of the meaning of human experience. Whereas positivists seek the facts or causes of social phenomena apart from the subjective states of individuals, phenomenologists are committed to understanding social phenomena from the actor's own perspective. In phenomenology, the important reality is what people perceive the world to be (Taylor & Bogdan, 1984).

2 I use the term positivism to refer to an epistemology that underpins research in the natural sciences where validation of knowledge and scientific enquiry imply measurement, prediction and control, in order to contrast it with an epistemology underpinned by phenomenology and acceptance of an interpretive stance as in critical social theory.

In the profession of occupational therapy, the emerging paradigm (see Creek, 1990; Hagedorn, 1995; Kielhofner, 1992; and Young and Quinn, 1992) is in the process of moving away from positivist informed reductionism of the previous mechanistic paradigm. Traditional curricula in this country, as in the United States and Europe, are being revised to prepare students for practice in a rapidly changing world. Schön's (1987) theory provides some alternatives for occupational therapy to incorporate more of the phenomenological philosophy in its move away from positivism.

As the occupational therapy knowledge base expands, the tendency is for new courses to be added on to the already overloaded curriculum. Schön's (1987) suggestion of a new epistemology of practice might solve some of our current dilemmas. The current curriculum, based on academic rationalism, is content based. To argue that continual adding on to content is a way of keeping abreast of new developments is self-defeating. A new approach to therapy, which is process based, not content based, is called for.

For me, Schön's theory (1987) on reflective practice resonates on many levels. I share his critique of curricula for professional education in tertiary institutions in that they do not adequately prepare professionals for the dilemmas of practice. In addition, I share his ideas of reflection-in-action as being a professional skill necessary for effective practice. Finally, his suggestions of combining coaching with the teaching of applied science to provide opportunity for the development of reflective skills, could work in the training of occupational therapy students, as a large part of the curriculum is fieldwork practice.

2.5.1. Schön's critique of current curricula

Schön (1987) describes the curricula for professional education of modern research universities as based on technical rationality, which is underpinned by positivist philosophy. In this kind of curriculum, it is believed that practical competence becomes professional when instrumental problem solving that is grounded in science. The sequence of presentation of theory is that relevant basic science is presented first, followed by relevant applied science and finally a practicum, where students learn to apply knowledge in the practical situation. The relative status

of various professions correlates with the extent to which they are able to present themselves as rigorous practitioners of a science based body of knowledge.

However, graduates from professional schools are criticised for ineffective and inappropriate practice and professional schools for not teaching the basic knowledge for effective and ethical practice. Professional educators perceive an increasing gap between prevailing concepts of professional knowledge and the actual competencies required of practitioners in the field. Many of these dilemmas turn on the fact that professional training does not prepare students for competence in what Schön (1987:6) calls "the indeterminate zones of practice". Schön (1987) views this crisis of confidence in professional education as rooted in the prevailing epistemology of practice. These statements resonate with problems faced by the occupational therapy profession generally, but specifically also by the Department of Occupational Therapy of the University of the Western Cape.

2.5.2. A new epistemology of practice

Schön (1987) argues for an alternative epistemology of practice in which the focus should be on the competence and artistry of practice. Schön calls this "reflection-in-action" and describes it as the thinking that practitioners do while they are doing it. He refers to indeterminate zones of practice, those practical and messy dilemmas that are present in the real world and are characterised by unpredictable problems, value conflicts and differences unique to situations that were not taught in classrooms. Schön states that theory alone cannot prepare a student for the practical problems they have to solve in their professions. He argues for a professional education in which the epistemology of practice is based on reflection-in-action.

He suggests that this could be achieved in a curriculum, that emphasises coaching and learning by doing. He recommends that teaching of applied science should be combined with coaching in the artistry of reflection-in-action. As examples he describes the teaching and learning that occur in architectural design studios and music schools, where students mainly learn by doing with the help of expert coaching.

Again, these statements resonate with the education of occupational therapy students. Some fieldwork supervisors, who fulfil the role of coaches, expect students to "know" when they enter fieldwork practice. Feedback can be negative and often results in students experiencing themselves as failures. What is missing in these instances is the understanding that students are in the fieldwork situation to learn, and that the role of the coach is to provide supportive, non-judgemental learning opportunities.

In other cases, fieldwork supervisors intuitively take on the role of expert coaches, explaining, demonstrating, questioning, providing low-risk situations and generally supporting students in their learning. Students describe these fieldwork practicals as positive and helpful learning opportunities.

Schön suggests that applied science should be taught as a mode of enquiry. Students in fieldwork situations sometimes remarked that they had not been taught a particular aspect of occupational therapy. On questioning, the teaching staff may respond that the particular aspect in question had been taught. What becomes apparent is that the students had been presented with the theory, but that they had not "learnt" to the extent that they could apply the theory. I suspect that learning occurs when students apply their "doing" in the fieldwork situation. It is at this stage, when they are in fieldwork practice that they need to return to the theory. A situation in which fieldwork practice is combined with theoretical inputs, appears to be a solution. I am suggesting that the sequence of the current curriculum should change, to provide opportunity for a continual and ongoing movement between theory and practice, as the one informs the other continually.

In occupational therapy, as in medicine and other medically based professions, students are expected to learn the skills of fieldwork practice as additional skills to the mere application of theoretical models of patient evaluation and treatment. The latter fieldwork practice skills cannot be "taught". However, it can be "learnt" through learning by doing and coaching.

The difference between teaching and coaching lies in the fact that students have to "see". Nobody can see for them, they cannot see by being told, although the right kind of telling can help them see. In the fieldwork situation, they do see, and as a result of real interaction with real

patients, they learn to name and frame. Coaching can support this mode of learning.

2.5.3. Teaching artistry through reflection-on-action

Schön (1987:6) describes artistry as the competence with which practitioners handle "indeterminate zones of practice". It is observed in unusually competent practitioners as a kind of intelligence, a kind of knowing. It is rigorous and is observable as an art of framing, an art of implementation and an art of improvisation.

Schön states that professional artistry has three elements: knowing-in-action; reflection-in-action and reflection-on-action. He uses knowing-in-action as the knowledge revealed in intelligent action as seen in publically observable physical performances. Schön proposes that the knowing is in the action and is revealed by spontaneous, skilful execution of the performance. It is characteristically difficult to verbalise knowing-in-action explicitly.

By observing and reflecting on our actions, it is sometimes possible to make a description of the tacit knowing implicit in them. The descriptions are of different kinds, and may for instance refer to sequences, procedures or clues that we respond to. Descriptions of knowing-in-action are always constructions - attempts to put into explicit, symbolic form a kind of intelligence that begins by being tacit and spontaneous. Knowing-in-action is dynamic, whereas facts, procedures, rules and theories are static.

I think that third year occupational therapy students who enter fieldwork practice for the first time, probably have the capacity of knowing-in-action, if they have opportunities to reflect on their actions. Self-evaluative skills imply a measure of maturity, and are daunting and challenging. Therefore, opportunities for reflection on knowing-in-action, should be constructed in a supportive, non-judgemental manner.

Reflection-in-action is described by Schön (1987:8) as those moments when a familiar or predicted routine produces an unexpected result, error or surprise. If we reflect in the midst of action, without interrupting it, can still make a difference to the situation at hand. If our thinking

reshapes what we are doing while we are doing it, then it is reflection-in-action. This may lead to an opportunity to reflect on it. Reflection-on-action is thinking back to what one has done to discover how one's knowledge-in-action may have contributed to the outcome.

I understand reflection-in-action as a skill that develops over time and I suspect that it develops sequentially. I suspect that students could become reflective practitioners if the curriculum provides opportunity for self-evaluation and for opportunities to reflect on knowing-in-action, for instance, by watching a video recording of themselves in action. Further more, the process of keeping a journal, in which they reflect on what they are doing, could facilitate the process. Finally, clinical therapists who are themselves capable of reflection-in-action, could help students by being effective coaches during students' fieldwork practice.

Schön's theory appeals to me on various levels. However, caution exists about the implementation of a Northern theory, which assumes a Western middle class background. It would not be appropriate in the South African context. At UWC, our students bring a different perspective, informed by multiple complexities of race, class and gender differences. My inquiry was highly contextualised, bringing into it the nature of learning of South Africans in a South African health system.

Further more, the affective aspect of learning and teaching, is, in my opinion, not explicit enough in Schön's theory. Mattingly (1991a:986), in explicating the phenomenological context of the profession of occupational therapy, provides more focus on affective issues.

2.6. Clinical reasoning in occupational therapy

In the United States of America, concern was expressed (Cohn, 1991) that academic curricula did not adequately prepare students for the uncertainty of the challenges of practice. Although students were able to apply standard theories to straightforward situations, they found it difficult to critically examine their practice. Rogers (1983) suggested that the thinking that guided occupational therapy practice, warranted research. This lead to an investigation into the kind of thinking used by occupational therapists.

An Occupational Therapy Clinical Reasoning study was commissioned by the American Occupational Therapy Association and the American Occupational Therapy Foundation in 1986 in consultation with Schön. Schön (1987) argued that knowledge in a practice profession emerged through the transaction between professionals and their patients. With this as the central theme, the researchers examined the thinking of occupational therapists while they were engaged in interaction with patients.

Fleming (1991) and Mattingly (1991a) describe clinical reasoning in occupational therapy as a complex intellectual process that surpasses logical thought and involves the therapist in a phenomenological approach to make sense of the patient's condition. The process evokes the therapist's use of a caring perspective in establishing a collaborative relationship with the patient.

Mattingly's (1991a:983) definition of clinical reasoning as primarily directed not to a human world of motives, values and human meaning rather than to disease, alerted occupational therapists to their dealing with their patient's illness experience. The process of clinical reasoning helps to make the tacit explicit and builds professional confidence as the phenomenological issues influencing the patient's feelings, come to the foreground.

Mattingly (1991a: 986) found that the clinical problems that fall within the phenomenological domain, are the most difficult for therapists to deal with. Yet, these have been given the least amount of attention in the training of occupational therapists. She suggests that the profession should consider introducing constructs from the interpretative social sciences into student training. Certainly at the UWC Occupational Therapy Department, the phenomenological domain is not yet receiving enough emphasis. Mattingly (1991b) argued that an alternative to the medical model that is interpretive, meaning centred, with focus on how patients make sense of their disability and its meaning for their individual lives would serve the profession better.

Mattingly & Fleming (1994) describe occupational therapy as a profession between two cultures. They propose that occupational therapy is a profession being practised in the cultural domain of biomedicine. Yet, at the same time, it deals with problems relating to social, cultural and

psychological issues that concern the meaning of illness or injury. She refers to the illness experience, which medical anthropologists have separated from disease. The medical world tends to be divided between those health professionals who deal with disease of the physical body, and those more likely to deal with the emotional and social issues around disability. Doctors for instance, tend to treat the illness or disease with little or no regard for the illness experience. The illness experience is regarded as the domain of psychologists, social workers and pastoral counsellors.

Occupational therapists deal with both disease and illness experience, and are often required to interweave interventions that address both during the same treatment session. During her research, Mattingly (1994:39) observed that occupational therapists shifted between two quite distinct approaches to patients, and these approaches appeared to co-exist uneasily. Furthermore, occupational therapy "looked like a loose confederation of two different practices, each involving distinct conceptions of the body" (Mattingly & Fleming, 1994:39).

Despite some therapists' expression of tension and unease as they try to treat both the physical body and the lived experience of the person, others were able to flow quite easily and naturally between the two frameworks. Mattingly (1994:47) argues that the paradigm shifts reported by the profession, from a humanistic to a reductionist, to a holistic paradigm, appears messier in practice. She asserts that both paradigms exist simultaneously, ascribed to be the result of two systems of values that are deeply embedded within the professional culture.

Mattingly (1994:54) states that on the one hand, the biomedical influence in occupational therapy was clearly revealed by the continuing emphasis on medical diagnosis and disease related dysfunction as a key, which orientates therapists in practice. Furthermore, therapists frequently employ methods to "fix" discrete deficits, whether they may be physical, cognitive or emotional. The emphasis remains on treatment modalities designed to improve skills in the area of deficit. This approach fits the biomedical orientation rather than the holistic approach, and constitutes a large part of therapists' work.

On the other hand, occupational therapists also treat the illness experience. Therapists' concern

with meaningful occupation, with return to life in the community to resume life roles and tasks, implies a shift into the phenomenological domain. Phenomenological concepts are revealed by central values of the profession such as treating the "whole" person, and emphasise purposeful activity or meaningful occupation. The phenomenological approach involves understanding people in terms of their daily lives, their roles and tasks, of meaning made of chosen activities, their social relationships, their cultural contexts, all of which give them a sense of personal identity.

In Mattingly's (1994:39) view, the two frames are blurred. The biomechanical and phenomenological frames oppose one another in theory, yet occupational therapists draw on both frames in practice. In my view, the fact that the phenomenological frame has been explicated for occupational therapy, could be a hugely validating experience for the profession.

This concludes the discussion of the influence of the theoretical constructs of Schön and Mattingly, whose work first influenced my thinking. In the next chapter I describe the methodology.

CHAPTER THREE

METHODOLOGY

In this chapter, I review the literature on action research, reflection and reflective practice. I describe the philosophical and theoretical influences on the development of action research, review literature on reflective practice and draw some conclusion about the meaning of action research and reflective practice for my thesis. From the literature, my understanding of the methodological meaning and relevance for my thesis is drawn and the methods I used to gather and analyse data are described. In addition, I analyse my autobiography and present biographies of the three student participants.

3.1. Theoretical understanding of action research

3.1.1. What is action research?

My understanding of action research is that it is a method for educational inquiry in which action and practice, including the assumptions and beliefs that underpin the actions, are scrutinised for the purpose of deeper understanding with the intention that the outcome would hopefully lead to the improvement of practice. Action research turns on the one hand on the action: its planning, implementation, documentation, analysis, evaluation and the results it yields and on the other hand on critical self-reflection on the beliefs, assumptions, values and attitudes of the practitioner. Outcomes of action research cycles lead to renewed action plans, which follow in a cyclical way. Central to action research is the notion of critical self-reflection and reflexivity. In action research, the researcher investigates the external process of "looking at what I am doing" and at the same time investigating the parallel internal process of "what are the effects of the 'me' in the doing". Noffke (1995:201) refers to examination of assumptions and judgments in two realms, the private and the public and cites Prawat's (1991:742) terms of "conversations with others" and "conversations with self".

The difficultly in defining action research in a single paragraph is that it is more complex than

can be conveyed in a few sentences and that it is interpreted differently by different groups and individuals. In addition to the fact that multiple definitions of action research are found in the literature, the terms action research and reflective practice are sometimes used interchangeably.

Carr & Kemmis (1989:162) define action research as:

> simply a form of self-reflective enquiry undertaken by participants in social situations in order to improve the rationality and justice of their own practices, their understanding of these practices and the situations in which these practices are carried out.

Elliot (1991:69) defines action research as "the study of a social situation with a view to improving the quality of action within it." In Waterman, Tillen, Dickson & de Koning's (2001:11) view, action research is:

> a period of inquiry that describes, interprets and explains social situations while executing a change intervention aimed at improvement and involvement, it is problem-focused, context specific and future orientated.

Williamson (2002:39) argues that action research is "politically different from other research approaches as a result of the ethical dimension inherent in the methodology."

From my initial understanding of action research, I came to the conclusion that despite the many ways in which different scholars view action research, there seemed to be consensus on the following central characteristics:

The purpose of action research is to improve practice. Elliott (1991); Kemmis & McTaggart (1988); Koch & Kralik (2001); Lloyd (2002); Morton-Cooper (2000) and Winter (1989) agree that the central purpose of action research is to improve practice as opposed to provide knowledge in the first place. This is one of the ways in which action research is different from much of the scientific method of the natural sciences. The fact that the process involves reflection, through the development of understanding, leads to changes in practice, thus resulting in professional development. The action research process provides the link between self-evaluation and professional development.

In action research, the practitioner is the researcher. The researcher does not stand 'outside' of the research process doing research 'on' others. The researcher is the main instrument, using the self in action as the focus for the research. In action research, self-development through critical self-reflection leads to professional development. Action research is participatory in that the researcher is researched; the practitioner is the participant, the aim being the improvement of one's own practice (Kemmis & Mc Taggart, 1988). The evaluators of action are the participants themselves, implying that evaluation of practice does not occur by outside evaluators but by those whose practices are to be changed. The research process involves the gathering of compelling evidence about the assumptions, values or ideas of the practitioner.

Furthermore, central to action research is the process of reflection. Lander & English (2000) use critical action research on their own research practices and argue that dialogical inquiry constitutes reflective practice. It is more than reflection of the practical or technical aspects, but involves a focus on values (Elliot, 1991; Williamson, 2002; and Winter, 1989), on emancipation and enlightenment (Brunner, 1999: Carr & Kemmis, 1989; and Manley & McComack, 2003) and on moral and ethical considerations (Elliot, 1991; Noffke & Stevenson, 1995; Williamson, 2002). The reflection is self-critical, in that there is commitment towards enlightenment of oneself regarding the relationship between circumstances, action and consequence (Kemmis & McTaggart, 1988) in order to become emancipated from the constraints of institutional and personal constraints, which limit the realisation of values.

Lastly, the method is cyclical. In action research, the improvement of practice and the improvement of knowledge and understanding occur through a self-reflective spiral of activities of planning, acting, observing and reflecting and re-planning, further implementation, observing and reflecting. The action research process can be described as a spiraling relationship between the analysis of practice and the implementation of changed practice. The importance of the cyclical nature of action research reveals also its epistemological underpinning that any phase of data-gathering and interpretation does not yield a final answer, but that it is seen as only one step forward, once more setting it apart from a positivistic epistemology.

- **Historical and philosophical development of action research**

Action research is a method of inquiry that has been used extensively in educational settings since the middle of the twentieth century. Noffke (1995:2) states that the term action research was used as early as 1930 in the United States by Lewin in studies aimed at reducing prejudice and increasing democratic behaviour. Action research has been used to explore the role of social science in initiating change in such settings such as education, industry, community development and the military.

To develop an understanding of a critical approach to action research, I draw on the work of Carr & Kemmis (1989) who propose a view of educational theory and research that contains five elements of critical theory as developed by the "Frankfurt School".

Carr and Kemmis (1989:129) assert that educational theory must reject positivist notions of rationality, objectivity and truth and that it should employ the interpretive categories of teachers. Educational theory should provide ways of distinguishing ideologically distorted interpretations from those that are not, by providing some view of how any distorted self-understanding can be to be overcome. Another requirement is that it must be concerned to identify and expose those aspects of the existing social order that frustrate the pursuit of rational goals and offer theoretical accounts which make teachers aware of how they may be eliminated or overcome. Finally, there is a need to recognise that educational theory is practical in the sense that the question of its educational status will be determined by the way in which it relates to practice.

- **Rejection of positivism**

Positivism refers to a general philosophical outlook that claims that knowledge can only be ascribed to that which is found in reality as apprehended by the senses (Carr & Kemmis, 1989:61). Positivism, so named by Comte, a French philosopher in the 19th century, broadly refers to a movement in human intellectual development whereby the principles and methods of the natural sciences were used in enquiry and explanation of human behaviour. Comte's definition of positivism is explained by Cohen & Manion (1984:11) as a transition and progression in human

thinking from theological and metaphysical explanations to 'positive' thinking.

Carr & Kemmis (1989: 61) describe the word 'positive' as used by Comte as

> intended to convey opposition to any metaphysical or theological claims that ... non-sensorily apprehended experience could form the basis of valid knowledge.

The original intent of the supporters of the positivist philosophy was thus a progressive and liberating attempt to generate knowledge to solve practical problems, based on a scientific approach. Positivism is underpinned by assumptions about the nature of knowledge that claim that valid knowledge can only be established by reference to that which is manifested in experience (Carr & Kemmis, 1989:61).

The positivist approach is based on normative constructs to explain and validate phenomena. Research in the natural sciences lends itself to normative constructs as the research design implies external, distanced observation, control of variables, objectivity and generalising from the specific. In the natural sciences, positivism is a highly successful research paradigm that has resulted in major contributions towards material and technological progress in the world (Cohen & Manion, 1984:28). It is for this reason that social scientists attempted to use the positivist approach in enquiry in the world of social phenomena.

When applied to the social sciences, the underpinning philosophy of positivism implies the belief that both the methods of the natural sciences and the model of explanation of the natural sciences are equally applicable in the social sciences. Proponents of the positivist approach to, for instance, educational research, favoured this method as it was argued that only a scientific approach could yield logical objective standards free from subjective preferences and personal bias (Carr & Kemmis, 1989).

However, by using a positivist approach based on normative constructs, there were certain limitations when it came to explaining human behaviour. One example is that of value judgements. Following the positivist tradition that valid knowledge has to be sensorily experienced or physically "measurable", a human value judgement that cannot be founded on empirical knowledge is thus

denied the status of valid knowledge. Social situations, such as educational contexts, are often value laden and open to moral questioning. Furthermore, the complexity of human interaction, as occurs in classroom settings, does not easily lend itself to distanced, controlled research design without missing some of its most crucial elements.

Critique of positivism in social sciences, education and psychology has abounded since the middle of this century. Cohen & Manion (1984) base their critique of the positivist approach to social science on the implication that human beings are portrayed in mechanistic terms and that human behaviour is explained in terms of reaction to internal and external pressure. They argue that positivism fails to take into account that human beings interpret their experiences. Furthermore, scientific experimentation in for instance laboratory settings, where variables are controlled, restricted and simplified, yield results that is of little value to practitioners, for whom it is intended.

Carr & Kemmis' (1989:71) critique of positivism is based on a set of arguments that derive from an historical analysis of the nature and progress of science. They argue that the Kuhnian notion of paradigm development is "a succession of revolutions in which dominant paradigms are overthrown and replaced ". They contrast this with the positivist assumption that scientific knowledge is in a continuous state of accumulation and growth. They argue that observations are made in the light of the concepts and theories embedded in the paradigm, as paradigms structure observations in particular ways. Resulting from this, positivist research tends to reinforce the theoretical perspectives from which it operates, and effectively prevents the development of imaginative, creative or radical counter-claims.

The choice of a paradigm implies a commitment to its values and beliefs. Carr & Kemmis (1989) question the positivist assumption that knowledge is objective, universal and value-neutral. In contrast, they view knowledge as subjective, context bound and political. Moreover, they challenge the positivist assumptions of research being 'neutral' or 'unbiased', arguing that the beliefs, values and assumptions embedded in the positivist paradigm will structure the perceptions and shape the theorising of the researchers.

Resulting from the challenge to the positivist approach in social science and education, a new

epistemology was sought. This led to an exploration of alternative research methodologies derived from the interpretive tradition, in which notions of understanding, meaning and action replaced the scientific notions of explanation, prediction and control.

- **The interpretive approach**

The interpretive approach has its roots in hermeneutics, a technical approach developed by seventeenth century theologians as a means of understanding Biblical text. In the late nineteenth and early twentieth centuries, German social theorists elaborated and extended the idea of interpretive hermeneutics as an alternative epistemology for social science. Early developments were mostly confined to Germany, but towards the middle of the twentieth century, it became popular in the English-speaking world, as the critique of positivism extended.

The key element of the generic term 'interpretive social science' was defined by Weber (1964:88)

> as concerned with the interpretive understanding of social action and the most significant feature about this action is its subjective meaning.

Subjective meaning constitute both human action and human behaviour and implies more than the observation of the physical. It implies an interpretive category of meaning of the action of those who perform them. It becomes understandable to others only by reference to the meaning that the individual attaches to them.

Carr & Kemmis (1989:88) explain as follows:

> Observing a person's actions, therefore, does not simply involve taking note of the actor's overt physical movements. It also requires an interpretation by the observer of the meaning, which the actor gives to his behaviour. It is for this reason that one type of observable behaviour may constitute a whole range of actions ... Hence actions cannot be observed in the same way as natural objects. They can only be interpreted by reference to the actor's motives, intentions or purposes in performing the action. To identify these motives and intentions correctly, is to grasp the 'subjective meaning' the action has to the actor.

Furthermore, they conclude that all descriptions of actions must contain an interpretive element so

that the explanations of the actors reveal the intentions, purposes and motives that make the action meaningful to the participants.

Cohen & Manion (1984), in their argument for an alternative approach, refer to an "anthropomorphic model of man" in which social episodes are analysed systematically and in depth. This approach is known as the "ethnogenic method".

> Unlike positivistic approaches, which ignore or presume its subjects' interpretations of situations, ethnogenic approaches concentrate upon the ways in which a person construes his social world. By probing at his accounts of his actions, it endeavours to come up with an understanding of what that person was doing in a particular episode (Cohen & Manion, 1994:24).

3.1.2. From Critical Theory to Critical Social Science: The Frankfurt School and the influence Habermas' theory

Critical theory was first described by a group of social scientists and philosophers, collectively referred to as the "Frankfurt School" (Carr & Kemmis, 1989:130). The Frankfurt School of philosophical thought was started in the Institute of Social Research, attached to the University of Frankfurt in 1923. The first director, Grunberg, made Marxism the theoretical basis for research in philosophy and social sciences. In 1930 Horkheimer became director and together with leading members such as Adorno, Benjamin and Marcuse, Benjamin and Fromm widened the focus to include aspects of psychoanalysis and existentialism, resulting in the development of a version of Marxism which they called critical theory. They developed influential theories and critiques of capitalist culture. Forced to leave Nazi controlled Germany in 1933, the Institute was based in Geneva until 1935 and then in the United States until 1949 after which they returned to Frankfurt where Habermas became its most influential theorist. Alvesson & Sköldberg (2000:111) describe the unique social science developed by the Frankfurt School, in which traditional views on science were rejected and positivism was criticised.

Carr & Kemmis (1989:131) explain that critical theory emerged as a result of the outcome of the criticisms of positivist and interpretive approaches to social science research, in an attempt to overcome the limitations of the other approaches. The main objective was to develop a theory that

would emancipate people through their own understanding and actions from the positivist domination of thought. Critical theorists (Carr & Kemmis, 1989:131-132) believed that the dominant influence of positivism had resulted in instrumental rationality and a tendency to see practical problems as technical issues, thus depriving individuals of reflecting on their own situation.

The overarching concern of the Frankfurt School was thus to emancipate people from positivist domination of thought through the understanding of their own actions, and is the central tenet of critical theory. The primary concern of early critical theorists of the Frankfurt School such as Horkheimer, Adorno and Marcuse was thus the dominance of the positivist approach on twentieth century ideology. As the proponents of positivism attempted to rescue the social sciences from philosophy by insisting on logical unity with the natural sciences, so critical theory attempts to rescue the social sciences from the natural sciences by preserving the concerns of classical practical philosophy with the qualities and values inherent in human life (Carr & Kemmis,1989). According to the Frankfort School (Alvesson & Sköldberg, 2000:112) social science should strive to develop an independent and critical stance regarding society.

Habermas (1972), a leading contemporary critical theorist, developed a meta-theory called critical social science. Habermas (1972:198) delineated three basic cognitive interests, the technical, the practical and the emancipatory interests in knowledge. In his critique of the technical interest, Habermas examined the way in which the positivist understanding of knowledge is legitimised. He showed how science offered just one kind of knowledge among others and set out to refute the claims that science can define the standards in terms of which all knowledge is measured. Habermas viewed knowledge as the outcome of human activity, motivated by natural needs and interests. Habermas' critique of the practical or interpretative approach is the caution that for social science to reduce meaning and understanding of social life to subjective meaning, there is failure to recognise that subjective meanings themselves are conditioned by an objective context. Subjective understanding of social life alone thus limits the scope of an individual's understanding and realisation (Habermas:1972).

3.1.3. Emancipatory action research

Habermas (1972), and based on his work Carr & Kemmis (1989:136), argue for an epistemology of self-understanding, which includes a process of critical questioning of content to enable emancipation, arguing that emancipatory interest goes beyond a narrow concern of subjective meaning. If self-reflection and self-understanding can be distorted by social conditions, then the rational capabilities of human beings for self-emancipation can be realised by attempts to elucidate these conditions and reveal how they can be eliminated.

> It is with this emancipatory knowledge that critical social science is essentially concerned. Critical social science will seek to offer individuals an awareness of how their aims and purposes may have become distorted or repressed and to specify how these can be eradicated so that the rational pursuit of their goals can be undertaken, Critical Social science will provide the kind of self-reflective understanding that will permit individuals to explain why the conditions under which they operate are frustrating and will suggest the sort of action that is required if the sources of these frustrations are to be eliminated (Carr & Kemmis, 1989:136).

Critical social science serves the emancipatory interest in freedom and rational autonomy by eliminating conditions that distort self-understanding. Thus, critical social science moves beyond the interpretive frame of illuminating social problems. Habermas argues that the method for critical social science is that of critique, drawing on both the concepts of Marxists ideology critique and the psychoanalytical method of self-reflection. The methodological procedures of psychoanalysis are a way to bring to consciousness those distortions in patients' self-formative processes, which prevent correct understanding of themselves and their actions. This purpose of critique in psychoanalysis aims to result in a form of self-knowledge, which liberates individuals from irrational compulsions, through a process of critical self-reflection. Habermas argues that one of the tasks of critical social scientists is firstly to explicate those genuine self-conceptions implicit in distorted ideas of individuals and to suggest ways in which these distortions may be overcome.

Critique of Habermas' view of critical social science(Carr & Kemmis 1989:139) is firstly that he failed to provide an epistemological basis that explicates criteria of rationality by which emancipatory knowledge could be validated or rejected. For some, this implied that critical social science could be interpreted as a means of imposing the critical social scientist's own normative

prejudices as a means to arbitrate between false and correct understanding. Noffke (1995:19) for instance, views her work as emancipatory in intent because of its focus on individual and social dimensions of schooling and because the teacher education programme deliberately draws attention to equity and social justice. She rejects "the view that student teachers need to be "enlightened" about the true meaning of reality. (Noffke & Stevenson, 1995:15).

Carr & Kemmis (1989:139) describe Habermas' response to the critique as providing standards of rationality by which critical social science could justify its own procedures. Habermas turned to an analysis of language to develop a theory of communicative competence, which is an ethical theory of self-realisation and he admits that his work is not complete. Yet, he attempts to provide a unified theory of knowledge, justice, action and rationality on which a social science with a practice component can be constructed.

Carr & Kemmis (1989) distinguish between critical theory and critical social science. In their view, critical theory is the product of the process of critique concerned to expose contradictions, and may be the outcomes of interpretive social science. Critical theory is criticised for transforming consciousness without changing practice in the world. However, critical social science as developed by Habermas goes beyond critique to critical praxis in which the "enlightenment" of actors results in transformed social action. Critical social science requires the integration of theory and practice as reflective and practical moments in a dialectical process of reflection, enlightenment and political struggle carried out by groups for the purpose of their own emancipation (Carr & Kemmis, 1989:144)

The use of emancipatory action research is reported by Brunner (1999:137) in a study in which she constructed a classroom experience to expose her own use of power. Demetrion (2000:119) compares Carr & Kemmis' view of action research linked to the emancipatory political ideology of critical theory with Dewey's pragmatic epistemology, focusing on moving from a problem identified in experience through a means-end continuum that guides inquiry. Manley & McCormack (2003:22) describe a practice development methodology underpinned by critical social

science because it focuses on achieving sustainable change through practitioner enlightenment, empowerment and emancipation. They argue that emancipatory practice development underpinned by critical social science is synonymous to emancipatory action research.

3.1.4. Emancipatory action research in South Africa

Meerkotter (2001) contextualises emancipatory action research in South Africa in reflecting on an action research masters developed and implemented by the Faculty of Education, University of the Western Cape between 1987 and 2000. The political and social oppression in South Africa during that period, and the active participation by schools in the struggle against apartheid ideology, provided an impetus for educators and institutions of learning and teaching to embark on emancipatory action research.

Meerkotter (2001:31) describes the aims of an emancipatory approach to education as making students aware of restrictions prohibiting them from becoming emancipated; ensuring that educational practices that diminish human possibility of students are unveiled, demystified and eliminated and that students are educated in such a way that they become able to free themselves from political, cultural and personal oppression. He states:

> The "leitmotiv" in an emancipatory educational practice, should, in my view, be grounded in teachers' strategic action aimed at nurturing and developing the inherent ability of learners to make decisions about their own lives and futures (Meerkotter, 2001:33).

Meerkotter (2001:33) describes the central attributes of emancipatory educators as teachers who accept that human beings are prone to oppress each other and would thus try to determine if they themselves limit the possibilities of others; teachers who guard against taking part in their own oppression and grow towards liberation consciously by challenging all forms of oppression and discrimination they share with others and retain responsibility to work towards the ideal of emancipation; and finally, that teachers work towards freeing themselves from oppression by being aware that they cannot be fully emancipated if those they educate are not free. He asserts that progressive teachers should ask themselves two questions:

> How am I contributing to the diminishing of human possibility in this situation? How could I change my practice in such a way that it would allow the student to become what she ought to become as a human being? (Meerkotter, 2001: 45).

Several South African studies describe the liberatory ideals of social transformation advocated by emancipatory action research. Brown (1992) collaborated with a high school history teacher who wished to change his teaching from one of teacher dominance in the classroom to one in which the students participated actively. The teacher implemented activity-based history resources through which the pupils could take greater control of their own learning. In the thesis, changes were documented where pupils started making tacit demands about what they wanted to learn and how they wanted to be taught. Brown (1992) described the surfacing and unveiling of pupils' suppressed skills, abilities and intellectual powers. He concluded that emancipatory action research made it possible for emancipatory change in the classroom as an alternative to authoritarian forms of teaching that produced passive, disempowered and unmotivated students with low levels of self-esteem and self-confidence.

Smit (1995) described a study aimed at improving and involving students in everyday classroom activities and students' awareness of change, prompted by concern about the teacher's contribution to pupils' passivity in the classroom. Through reflection, Smit described how he became aware of undemocratic procedures in his teaching practice and highlighted the importance of an emancipatory action research approach to the enhancement of liberatory practice.

Working with a group of first year art students, Kriel (1995) documented a study based on Habermas' theory of three postulates of knowledge interests. The study aimed to uncover values, assumptions and interests underlying educational interaction. Three stages, the technical, practical and emancipatory interests were examined. In the third stage, informed by emancipatory interests, societal aspects that frustrate and constrain individuals to sustain dependence, inequality and oppression were investigated. Kriel (1995) concluded that art could be seen as a communicative action that could be empowering, emancipatory and transformative.

Davidoff (1994) argued for a dynamic relationship between personal, professional, institutional

and political transformation in emancipatory action research and concluded that the notion of personal transformation was underdeveloped. She argued that political and professional transformation needed to be underpinned by personal and institutional transformation.

Esau (1994) investigated the change in classroom practice that addressed the "culture of silence", focusing on how the dominant class used education as a mechanism to control the oppressed majority in South Africa. Esau (1994) found that emancipatory action research could provide teachers with the conceptual tools to enhance their self-empowerment.

Prompted by observed passivity in the classroom of a group of junior primary teachers, Kohler (1994) attempted to encourage more active participation and looked at the role the student teachers played in their own oppression, and ways to deal with the problem through emancipatory action research. Kohler (1994) asserted that emancipatory action research could be seen as a method to expose repressive or oppressive practices and as a way of improving or changing oppressive situations.

Williams (1995) investigated the positivistic, interpretive and critical research paradigms and stated that critical action research with emphasis on collaborative, participatory and empowering action and emancipation were appropriate means to effect democratisation of institutional leadership. He advocated that instructional leadership should aim at developing emancipatory forms of consciousness so that teachers and pupils could be producers of knowledge and could reject or mediate knowledge, which served to produce the existing social order that endorsed a particular culture or ideology.

Hlongwane (1994) argued that the learner centered approach and teaching methods premised on democratic and emancipatory principles were more appropriate for adult students. He stated that a learner centered approach, as opposed to prescriptive and highly structured teaching approaches found in DET formal adult education, could lead to personal empowerment.

3.1.5. Action research and reflective practice: Emphasis on values

Elliot (1991:52) describes action research as 'moral science'. He locates his discussion within the context of the educational action research movement in the United Kingdom that developed in opposition to the development of a curriculum technology stressing pre-specified measurable learning outcomes. In that context, action research was used in the United Kingdom as an alternative paradigm of educational enquiry, which supports ethical reflection. Elliot (1991:52) warns against action research being high jacked by technical-rationalists.

> The time may have arrived for facilitators of reflective practice to stop using the term 'action research'. I have started talking about reflective practice as a "moral science".

Elliot (1991) argues that if the fundamental aim of action research is to improve practice rather than to produce knowledge, then the improvement of practice means realising educational values. This for Elliot implies emphasis on teaching as an educational process capable of fostering educational outcomes as opposed to evaluation of quality of education focused on outcomes alone. Thus, the improvement of practice through realisation of values implies that the practitioner engage in a process of self-reflection. Appropriate realisation of values is context bound and is a personal judgment in a specific situation. Since personal judgments are contestable, the continuous reflection in situ is called for. Values are open to interpretation and re-interpretation through reflective practice and are continually transformed in the process of reflection.

> This kind of joint reflection about the relationship in particular circumstances between processes and products is a central characteristic of what Schön called reflective practice and others, including myself, have termed action research (Elliot, 1991:50).

Elliot views values as ethical and philosophical. Ethical reflection has a philosophical dimension which Elliot calls a 'practical philosophy'. Reflective critiques of value interpretations embedded in practice allow practitioners to continually reconstruct their concepts of values related to practical problems. If practical reflection is constructed as a form of technical or instrumental reasoning, it does not allow for philosophical self-reflection about values and ethical dimensions of social practice. Elliot (1991:51) states that it is his "wish to locate action research in the kind

of reflective practice, which aims to improve the realisation of process values". In addition to Elliot, Williamson (2002:38) discusses the ethical dimension in action research and Stringer (1999) relates the ethical dimension of action research to the value and worth of a project.

3.2. Reflection and reflective practice

In this section I review literature on reflection and reflective practice and describe my initial theoretical understanding of reflection for the purpose of entering into critical reflection of my work, my assumptions and beliefs.

3.2.1 What is reflection?

Reflection, reflective practice, reflective teaching and reflective learning are frequently encountered concepts in current educational and occupational therapy literature. Reflection appears to mean different things to different authors. My own introduction to the concept of reflection was encountered in the work of Schön (1987), as an integral part of professional practice and was further emphasised in the work of Mattingly (1991a), in a study in which she asked occupational therapists to engage in action research to reflect on their own practice. Furthermore, reflection is an integral part of the spiral of action research. The notion of reflection thus appears to be a central cog around which I can unpack what I do, to gain understanding of the impact it has on those with whom I engage. I view it as a means of gaining access to a deeper understanding of my practice in order to improve it.

As an occupational therapist, reflection resonates to occupational therapy practice as a meaningful tool for critical inquiry in practice settings. As a lecturer, reflection has meaning as a way of understanding my teaching and its impact on my students' learning. However, what exactly it is that I do when I reflect and what exactly do I reflect on? These remain my current questions. Finally, what is reflexivity and how does reflexivity differ from reflectivity?

3.2.2 The purpose of reflection in the educational context

Literature on reflection abounds. After studying the work of Britzman (1991); Carr & Kemmis (1989); Elliot (1993); Glaze (2002); Kinsella (2001); LaBoskey (1994); Noffke & Stevenson (1995); Osterman & Kottkamp (1993); Tickle (1994)and Williams (2001), I found resonance with the work of LaBoskey and Osterman & Kottkamp personally and in the way it related to my context and work. I refer to their work extensively in this text.

The rationale for the inclusion of reflective practice in pre-service teacher education is the context of this discussion of the meaning of reflection.

LaBoskey (1994:3-4) finds agreement with the work of Dewey (1910) and Hullfish & Smith (1961) and others who support the van Manen (1991:10, cited in LaBoskey. 1994:3-4) statement that pedagogy is a self-reflective activity that always must be willing to question critically what it does and what it stands for. In the context of teacher training, many educationists refer to reflection as deriving from the early work of Dewey (1910:6) who described reflection as active, persistent, and careful consideration of any belief or supposed form of knowledge in the light of the grounds that support it and the further conclusions to which it tends.

In Dewey's (1910:8, cited in LaBoskey (1994:3-4) definition, reflection begins when an individual is perplexed or uncertain, is followed by a thinking process during which there is an attitude of suspended conclusion and ends with a judgement. Active exploration, including the identification of the problem, the generation of several potential solutions, and a means-end analysis of alternatives, is the process described by Dewey. Furthermore, Dewey describes a period of suspended judgement during which alertness, flexibility and curiosity are essential attitudes. Critical to Dewey's theory is the focus on attitudes, such as those mentioned above and others, which he describes as open-mindedness, responsibility and whole-heartedness.

Subsequently, many scholars have built on and adapted Dewey's definition of reflection in relation to teaching and teacher education (LaBoskey, 1994:5; Westberg , 2001). Hullfish & Smith (1961) view reflection as socio-political in that they believe reflective thought to be necessary to the

preservation of democracy. They view the immediate purpose of reflection as the resolution of a problem, but see the long-term purpose as the growth of the individual and the culture. They suggest that teachers should use many means to promote thinking in the classroom but suggest that if a choice were made between coverage of content and fostering of thinking, the latter should be emphasised.

Van Manen (1978) views reflectivity as containing various levels. These are process-product relationships in which student teachers explore instructional strategies, followed by social-political and moral-ethical levels of reflection. Similarly, Zeichner (1983) advocates teacher education that will lead to students being capable of transforming schools that foster a more just and humane society. He views the central concern for teacher education as containing technical skills of inquiry and the fostering of a disposition towards critical inquiry.

Kemmis (1985:141) states that

> Reflection is a dialectical process: it looks inward at our thoughts and thought processes, and outward at the situation in which we find ourselves; when we consider the interaction of the internal and the external, our reflection orients us for further thought and action. Reflection is thus 'meta-thinking' (thinking about thinking) in which we consider the relationship between our thoughts and actions in a particular context.

Elliot (1993:51) in describing the abundance of the occurrence of the phrase reflective practice in the discourse of professional development refers to the different kinds of practical reflection, which assume different conceptions of the ends to be practically realised. Elliot (1993:51) advocates "the kind of reflective practice, which aims to improve the realisation of process values". With values as ends of practice, Elliot asserts that ends of practice should not be viewed as concretely achieved technical ends and cannot be clearly defined prior to practice.

> The kind of reflection involved here is quite different to technical means-ends reasoning. It is both ethical and philosophical. Inasmuch as the reflection is about choosing a course of action in a particular set of circumstances, to realise one's values, it is ethical in character. But since ethical choice implies an interpretation of the values to be realised, reflection about means cannot be separated from reflection about ends. Ethical reflection has a philosophical dimension. Reflection directed towards the realisation of values might be described as practical philosophy (Elliot, 1993:51).

Boud, Keogh & Walker (1985:15) describe reflection as a generic term referring to intellectual and affective activities that professionals use to explore their experiences in order to lead to new understandings and appreciations.

From the above, LaBoskey (1994: 6) describes definitional categories, which in her view depend on why teachers choose to include a reflective stance in their teaching. LaBoskey describes definitional categories as those who view reflection "as a means for learning" and those who view reflection as "professional practice". Thirdly, she views those who see reflection "as a means for living the moral life and ultimately changing society" as another category.

- **Reflection as a means for learning**

LaBoskey (1994:6) cites Boud, Keogh & Walker (1985); Hullfish & Smith (1961); Wildman, Niles, Magliaro, & McLaughlin (1990) as some for whom reflection is viewed as a means for learning during pre-service experience with the aim of continuing with reflection for sustained growth and development after graduation. Some with this view (Adler, 1991; Britzman, 1986; Bullough & Gitlin, 1991; Van Manen, 1991, cited in LaBoskey, 1994:6) see reflection as having to be systematically taught as a means for learning, by engaging in the process of reflection to learn from experience. In addition to viewing reflection as a means for learning in teacher education, it is also used in other disciplines such as in health education (Westberg, 2001:313 and Williamson 2001: 38), and in the education of veterinary science students (Mills 2003:527).

- **Reflection as a means for engaging in professional activity**

Some see reflection as a means for engaging in professional activity, and follow the Schönian idea of reflection being the very essence of professional activity. Others have related good teaching to research and see reflection as a process of systematic inquiry (Baird, 1992; Barnes, 1992, cited in LaBoskey, 1994:6); mainly in it's potential for discovering better ways for students to learn (Noffke & Brennan, 1991; Noordhoff & Kleinfeld, 1990; and van Manen, 1991, cited in LaBoskey, 1994:6). Those who hold this view of reflection do not see teaching as simply a

transmission of knowledge, but see teaching as a complex social activity in which teachers adapt knowledge to specific situations, which require interactive skills and commitment to the fostering of student learning. Thus, in helping students to acquire knowledge, the teacher must be skilled in helping groups of students learn the content and determine if the students have learnt it.

Laboskey (1994:7) cites Fenstermacher (1986) as viewing reflective teaching as more than helping students to learn. In addition to learning content, Fenstermacher views teaching as providing a person with means to structure their own experiences in ways that keep on expanding what the person knows, and thus supplying means to gain access to and continue to enlarge knowledge and understanding. Fenstermacher (1986) thus views teaching as the liberation of the mind, and the same view holds in teaching teachers. Furthermore, Grimmet, 1988 and Donmoyer, 1985, both cited in LaBoskey, 1994:7, also view reflective teaching as pursuits of meaning rather than pursuits of truth or fact.

Matching this view are those who see the image of a teacher as facilitator of student thinking, as their own abilities to reflect would be needed to develop thinking skills in their students. She cites Anzul & Ely (1988); Hullfish & Smith (1961) and Parsons (1983) as proponents of the view that as reflective thinking is an integral part of the profession of teaching, it has to be a component in pre-service teacher education.

- **Reflection as a means for living the moral life**

A third definitional category is suggested by those who see reflection as a means of ultimately changing society to being more just and equitable. Those who argue for this view (Britzman, 1986; Gore & Zeichner, 1991; Elliot, 1991; Carr & Kemmis, 1989) see critical self-reflection as a means for teachers to become autonomous and moral beings, to not only live the moral lives themselves but to help create a more just and humane society for their students (LaBoskey, 1994:8).

LaBoskey's (1994:6-8) definitional classification of reflection, based on analysis of the work of others, see reflection firstly as a means of learning, secondly as a means for engaging in professional practice and thirdly as a means of transforming society. This echoes the work of van

Manen (1977) who viewed the three elements of reflection as the technical, the socio-political and the moral-ethical dimensions. Although van Manen viewed the technical level of reflection as the lowest on a hierarchical scale, others (see Zeichner, 1991) view reflection in professional practice as a combination of all three levels described by van Manen.

3.2.3. Reflective Practice

As opposed to the above-mentioned definitional categories of reflection as a means of learning, as professional practice and as promoting a moral-ethical stance, Osterman and Kottkamp (1993) differentiate between reflection and reflective practice. For them, reflective practice is a means toward behavioral change to improve education practice through the professional development of teachers. They view reflective practice as based on the assumption that organisational change begins with individuals and that unless individuals change their own behaviour, organisations will not change. Furthermore, they view blocks to change as rooted in unexamined assumptions guiding individual's behaviour. In their view, reflective practice is guided by personal action theories, linked closely with daily experience.

Osterman & Kottkamp (1993) and Kinsella (2001) describe conceptual frameworks underlying reflective practice. Kinsella (2001:195) decribes six theoretic underpinnings of reflective practice in occupational therapy. Osterman & Kottkamp (1993:25) describe personal action theories as having two distinct types of theories, which both influence practice. Espoused theories that exist at a conscious level change easily in response to new information or understanding and are easier to access as we are able to say what we think and believe. In contrast, theories-in-use which are more elusive and difficult to identify, are deeply ingrained in our consciousness, are not easy to articulate and are not easy to change. Theories-in-use are derived from culture and habit and develop over a long period of time through acculturation. They are reinforced by ongoing experience within the cultural setting and become an integrated and subconscious part of our beings. The explicit nature of espoused theories makes them more accessible to one's understanding of one's own practice. Yet, they are not as influential on practice as we assume. On the other hand, theories-in-use being implicit in nature are much more powerful in guiding practice, yet more difficult to change.

They assert that the serious reflective practitioner aims to uncover the theories-in-use, which guide or influence their own practice.

3.2.4. Defining reflective practice

Reflective practice is viewed by Osterman & Kottkamp (1993:19) as a means by which practitioners can develop a greater level of self-awareness about the nature and impact of their performance in their pursuit of professional development. They propose a dual stance: one as actor in the drama of the role as educator, another as critic in the audience, watching and analysing the performance. The purpose of this dual stance is thus to develop a critical and conscious self-awareness of the impact of one's practice.

Osterman & Kottkamp (1993:21-29) theorise that reflective practice can be viewed as having roots in experiential learning. Experiential theorists maintain that learning is most effective and likely to lead to behavioral change if it begins with experience, and more so with problematic experience. Learning is more effective when people become personally engaged in the learning process when there is a need to learn (Osterman & Kottkamp, 1993:21).

In experiential learning, the first step of concrete experience, is provided by a context in which the student can identify a problem, be it a troublesome event, a sense of uncertainty or unease, or a discrepancy between the real and the ideal. This stimulates inquiry and motivates the learner to search for new information for better answers or more effective strategies. This implies a return to theory for possible solutions to the problem, as well as a reflective opportunity for meaning making of the new found information and leads to the second stage of observation and analysis of the problem, further motivating the practitioner to find new information. Gathering and analysing information results then in a new understanding of the solution to the problem and leads to the next stage of inquiry, namely abstract re-conceptualisation. During this stage of considering alternate ways of thinking and acting, results in different or alternate solutions to the problem may emerge. The professional may consider wanting to try out newly conceptualised strategies, which leads into the next cycle of active experimentation. During the final stage, the practitioner

tests newly conceptualised strategies in action by engaging in behavioral experiments, testing new assumptions. The experiential learning may produce new concrete experiences with new problems, and the cycle begins again (Ostermann & Kottkamp,1993).

In addition to reflection and reflective practice being used in the context of teacher education, it began to emerge in other disciplines. Mattingly (1991a) describes reflective strategies in working with occupational therapists. It appears to be widely used in the professional education of nurses (Williams, 2001; Glaze, 2002; Westberg 2001; and Williamson 2001). To conclude, reflective practice could be viewed as a core skill in professional practice where the ideal is to improve practice.

In the above section, I described my understanding of emancipatory action research and reflective practice. In the next section, I provide my analysed autobiography and biographies of the student participants.

3.3. Analysis of my autobiography: Explicating values

I used my autobiographical, chronological narrative to explicate shaping influences on values. In the draft autobiography, I documented memories of my childhood and adolescence, my students years, my entry into the profession of occupational therapy and later of becoming an academic. The purpose of this reflective analysis is to identify the shaping influences of my values and, as an emancipatory action researcher, to try to unmask what it is that I wish to become emancipated from. I selected the convenient constructs of gender, power and race as well as those of cultural socialisation, and the values of justice, equity and care.

3.3.1. Background

I was born in 1949, the first child of a young, professional, white Afrikaner couple. Both my parents were graduates, my mother in education and my father in medicine. I had four younger brothers and we grew up and attended school in Pretoria. My childhood years were comfortable, safe and secure, rich in influence, opportunity and stimulation. I attended good schools,

participated in a variety of extramural activities and spent holidays with my family at the coast in summer and on either of my grandparents' farms in winter.

I graduated in occupational therapy from the University of Stellenbosch and worked as an occupational therapist ever since. My first work setting was in psychiatry in a state mental hospital, followed by working in the United Kingdom in psychiatric hospitals. On return from Europe, I started working with children with learning disabilities until I assumed an academic post at the University of the Western Cape. I lectured to occupational therapy students for 14 years before moving to my current job as academic development officer in the Faculty of Community and Health Sciences.

Growing up in a white middle-class family during the 1950s and 1960s implies that my background is viewed as having been economically privileged. My view of my family is that is it was intact, loving and nurturing and there were no overt negative influences, traumatic events or serious challenges. It is thus more difficult to explicate those nuanced influences that resulted in my challenging, questioning and rebelling against mainstream ideology.

3.3.2. Power and Gender

My gendered role as only girl in a family of five children is significant. I probably had to be strong in voicing my opinion and fighting for my rights. My position in the family as eldest child and daughter implied taking leadership and responsibility and being socialised into taking care of younger siblings. This may have resulted in my wanting to take control. For instance, I am aware of a need or a drive (sometimes inappropriately) to take on responsibility for others and I tend to want to "fix", or "improve" things, or to "make it better" for others. I suspect that this may be the result of being both an eldest child and girl-child.

The inherent power of men, purely because they are men, resulted in my experiencing complex feelings of awe-yet-resentment; admiration-yet-envy. I do not recall having been oppressed as a woman, yet I am always surprised when male dominance assume or implies better competence. I was not aware of overt discrimination against women in my family and was not denied

opportunities based on my gender. The gendered socialisation occurred through role identification: my perception of liberation through working and earning of my father's role and expressed dissatisfaction and unhappiness about her role by my mother. I made a conscious decision during my teenage years that I would not place myself in the situation in which my mother found herself. I decided to opt for the power of working and earning. This does imply a rejection of traditional feminine attitudes. For instance, I find it difficult to allow others to take care of me and difficult to ask for help when I am struggling. I need to and want to be able to take care of myself and this is of course not always possible.

My most troubling gendered perception is that I at times have disdain for men. I sometimes view men as "troublesome little boys", like my brothers. Despite my view of men as "troublesome little boys", I identified with the role of my father, the breadwinner, the one who holds the power, the one who is free from domestic responsibilities because he has serious work to do, the one for whom meals are prepared. I sought that power, that liberation from domestic oppression. The men I hold in esteem are those who portray intelligent thought, who demonstrate integrity and have a sensitive side. The men I dislike are those who portray the narrowness of racism or sexism.

As a young occupational therapist working in London, I befriended a group of British women who were challenging traditional heterosexual roles and I was introduced to feminist thinking. This coincided with my experience of role-related expectations of South African men with whom I shared accommodation. My resentment at requests for ironing and cleaning resulted in further resolve that I would reject a lifestyle of sub-ordinate wife and that I would not tolerate a relationship in which overt sexism was a theme.

3.3.3. Race and culture

My race and my culture provide me a frame from which I view the world. Pride in my cultural heritage helps me to understand why it is immensely important for me to value and respect the cultural heritage of those from other cultures. It is not appropriate for me to develop a stance of either superiority or inferiority. It is more appropriate to facilitate pride in own culture of those

with whom I engage. In a diverse society such as South Africa, this is difficult to achieve, as Western constructs remain dominant.

Being a white South African during the past two decades has been difficult for me. On the one hand there has been the transformatory process and people striving for transformation of an unjust and abusive system into a system that promotes political and economic equity, which I value and support. On the other hand, my experience has been one of steady economic decline and greater stress brought about by rapid change. I have been concerned about the dropping standards in education, in health care delivery and in the judiciary system. I have found that the increases incidents of crime, violence and rape, corruption and abuse of power very distressing. Instead of an increase in political and religious tolerance, my perception is one of increasing polarisation, with intolerance and overt racism on the increase.

Being a white South African has also implied guilt and shame. Detention without trail and the revelations of the Truth and Reconciliation Committee on the nature of for instance torture of political prisoners validated for me the earlier decision of distancing myself from mainstream Afrikaners. My reflection of nationalist held values as a young adult were continuously validated by my perceptions of the injustice of the system.

3.3.4. Developing awareness of political and racial injustice

I was politically naïve and unaware of racial injustice as a child. My contact with people from other races was restricted to relationships with people in the domestic employ of my parents. Two Sotho-speaking sisters, Anna and Eva, were employed as child-minder and domestic worker. They "lived-in", meaning that they were isolated from their families, husbands and children. They worked long hours and earned low wages. Neither of my parents adopted overt racist stances or conveyed racism in their conversations or language. Yet, their values as conveyed by their relationships with people of other races, mainly African domestic workers and gardeners, were typical of assumptions of white colonialist supremacy - the role of the custodial carer, providing job opportunities but paying exploitative wages. I had one close African friend, the daughter of the cook on my grandparents' farm. Rita was my holiday playmate. We were the

same age and played regular girl's games of dolls and school-school. I was always the teacher, Rita the pupil. I did not demand the role of teacher, rather, the implicit raced power relations were just never challenged by either of us. However, there was reversal of leadership when we walked in the veld and climbed the koppies. Rita knew what could be picked and eaten, what was poisonous and to be avoided. She warned about scorpions and snakes and could predict the weather by looking at the clouds and judge the amount of time to get back home before a rainstorm.

My school years were thus spent in a political vacuum. My parents supported the Nationalist Party, who was in power. The media of the time were not reporting political reality freely. My years as a university student were equally devoid of understanding of South African political reality. My concerns, other than for my studies, were my social life – whom to date, what to wear.

It was only after I had left South Africa and worked in England that my political consciousness developed as I became aware of the injustice of apartheid and racial discrimination. Through criticism of apartheid and questioning of my beliefs by British people, I gained understanding of the injustice of apartheid. It was also at the time of South Africa's military invasion of Angola. The BBC's reporting of what was happening was very different from the news from my parents and relatives in South Africa. I realised then that the South African public were being kept in the dark about the country's military moves. I was fearful for the lives of my two eldest brothers, who were both conscripted to do military service and whom I thought might be involved in the war in Angola. I decided to return to South Africa, partly as a result of concern for my family and partly as a result of being homesick and tired of being a foreigner.

On my return from England in the mid 1970s, my political consciousness had altered my view. I became extremely upset and highly suspicious of such incidents as reported suicides by political prisoners. It had become evident to me that the government and the police had secret agendas, and that the general public were deliberately misled. I became conscious of police brutality and the inhuman treatment, beating and locking up of people not carrying their passbooks. Yet, I found virtually no confirmation of these suspicions in my mainstream social set or in my family. A small group of friends with whom I found agreement on my views, included my boyfriend, the

man I subsequently married. In this group the shared ideology was to challenge the existing system as a result of the awareness of severe injustice.

It was also during the time in Britain that I came into contact with serious critique of psychiatry. The work of R.D. Laing and the rise and influence of existentialism on psychotherapy resulted in such movements as Fritz Pearls' existential therapy and Arthur Janov's Primal Scream. I read around these topics and attended discussions where alternatives to mainstream psychiatry and psychology were debated. At the age of 25, I was for the first time confronting the existing systems, realising that there were alternatives and that the status quo was not necessarily what was good for the people.

After returning to South Africa I did not want to work in psychiatry any more. New insights into psychiatric treatment made me realise that state mental hospital treatment was not effective and I chose not to be part of the system. In England I worked in a hospital where the staff-patient ratio was about equal. I saw people being admitted to a psychiatric ward with florid psychosis, very ill, and be discharged three or four weeks later, having regained their sanity. I never saw that at Weskoppies Hospital. Once admitted, patients remained ill, in fact became more ill. There were a handful of psychiatrists and a couple of thousand of patients. Patients saw their psychiatrist maybe once a month, and then only for a few minutes to adjust medication. In this system, I felt as if I was hitting my head against a brick wall.

I decided to start working with children. The scope of paediatric occupational therapy started to emerge in South Africa. I thought that with children, there would be more hope, more observable improvement, and a greater sense of getting somewhere. I wanted to work in a situation where I could see the results of my intervention.

Working at UWC was also an immensely politicising experience for me. There were two central themes. The first was the overwhelming sense of privilege for a white South African to be in a workspace of "neutral ground" which provided opportunity to establish friendships, collegial relationships and student interaction with fellow South Africans from different race groups. I was profoundly aware of how effective the "divide and rule" notion had deprived me of knowledge

and delight of people from "other" groups.

The other major theme was my growing awareness of "the struggle". In my early years at UWC, and as an active member of UWCADE, the full horror of the previous dispensation became obvious. Gaining increasing understanding of how the dominant system was undermining the rights of the majority of South Africans, resulted in my adding my voice by participating in protest action.

Furthermore, the political changes in the country that resulted in changed thinking about health care delivery and the shift to a primary health care frame and community based service delivery, continue to shape my thinking about my own socio-political responsibility regarding teaching and learning.

3.3.5. Becoming a teacher

Entering into the academic field was in many ways validating of my professional capabilities as a therapist. I found confirmation of my practice when I gained access to literature through academia, and secondly, when I visited the United States on a scholarship and had the opportunity to see what other therapists were doing in private practice. Anxiety about my own practice has been with me for a long time.

On becoming a teacher, I put myself once more in a situation of being thrown into the deep end. I didn't know how to write lecture notes, how to plan a course, how to deliver a lecture. My first clumsy attempts were to stand in front of the class and read the lecture notes. There was no existing system of support, training or encouragement in my department, but lots of criticism. I knew I was not "doing it right", but I did not know where to start changing or even finding out how to go about changing my teaching style.

After a few years of bumbling along, trying to be innovative, trying to involve students more actively, support and instruction was suddenly and incidentally made available through the Academic Development Centre. Initially John Boughey's input helped me to look critically at

student reading matter, and how to put together readers. However, it was Melanie Walker's influence at a later stage that greatly influenced my work. Melanie opened my eyes to qualitative research in education and specifically to action research. With her encouragement, guidance and support, I undertook a first small piece of action research, investigating my own teaching practice, and getting it published. Melanie asked such questions as what my educational values where. I had never thought about that before. Through her collaboration in my work, I started building confidence in planning courses, implementing small group work, facilitating student active learning, and linking theory and practice.

This resulted in my adopting a more critical approach to our departmental curriculum, our overall aims for student training. At the same time, much interest in problem-based learning began a gradual shift in how we thought about teaching and learning. The result was the awareness for a need to shift from Paulo Freire's "banking" concept of teaching to active learning and reflective teaching.

I found the academic world of literature, research and scholarship exiting and enriching. I obtained a masters degree, focusing my research on learning disability of children in Cape Flats schools. The result of the masters studies were very rewarding in my professional development. I also discovered the pleasure of research and scholarly endeavour. Having mastered the writing of a thesis and obtaining a good mark was a hugely affirming experience.

It was during this time of becoming a student that I gained insight into my best learning. Reading and writing are good learning methods for me, listening is not. I started talking to students about their best learning styles and introduced class discussion around learning preferences and thinking about learning.

In conclusion, my raced, gendered and cultural background provided me with the lens through which I view the world. Party political and gendered political awareness resulted in my adopting a critical stance towards mainstream ideology where oppression and injustice became intolerable. My own process of emancipation was and is a journey away from oppressive disempowerment.

3.4. Method

3.4.1. Outline of the study

The purpose of the study was to investigate both student learning and my own teaching practice with the aim of improving learning and teaching about occupational therapy for children. In student learning, the particular focus was theory-practice integration and reflective learning in school-based and community-based settings. The focus of my own teaching was initially the improvement of my teaching practice by implementing such strategies as reflective journals and explicating frames of reference to help students to "see" the big picture by constructing a frame or a model within which they could construct their knowledge base. As I understood more about the theoretical and philosophical constructs of both action research and the students' experiences in community settings, I moved to a view of emancipatory action research as I began to understand the interconnectedness of occupational therapy and community development for poverty alleviation.

I investigated my teaching practice over a period of two years in 1995 and 1996. However, I used analysed data from only one module during 1995. In 1998 I again reviewed and reflected on my teaching and fieldwork supervision with the view of gaining a deeper understanding of what had developed and changed.

3.4.2. Negotiating the research process with the student

At the beginning of the course in the first term of 1995, I explained to the students that I was in the process of gathering data for research into my own teaching and student learning. I explained that the focus would be on the learning process. I emphasised that my interest lay not only in what they learnt but how they learnt. I appealed to the students to participate and requested them to reflect on their own learning experiences during the course and to keep notes on what worked for them and what did not, explaining that this information would be gathered at the end of the course during the course evaluation session.

The student group had been divided into small groups for active learning. I asked each small group to elect a spokesperson who would participate in an evaluative focus group at the end of the course. It would be their responsibility to convey their small group's experience of the course during the interview. I further requested the elected spokespersons for each group to become key participants in my study and asked them to rigorously record their own learning experiences.

Furthermore, I asked for volunteers whom I would follow-up in fieldwork practice to continue investigating their unfolding understanding of occupational therapy. Six students volunteered, yet the final thesis contains data from three students only. This selection occurred as a result of my decision to focus on students in paediatric fieldwork settings only.

3.4.3. Data gathering

For the investigation of my teaching practice, data were gathered by my keeping a journal of my teaching and by obtaining feedback from the students by means of evaluative letters and interviews after the course in 1995 and 1996. In 1998, I reflected on new developments of the past few years that influenced my teaching. For the student learning, I gathered by video taping students' treatment sessions of children during fieldwork, then watched the video with the student and audiotaped their discussion of their work. Further data were the students' journals of their fieldwork experience and their written case studies. Gathering data on students' learning in fieldwork situations occurred in 1995 and 1996. The videotapes and audiotapes were transcribed for analysis.

The students who participated in the study were three third year occupational therapy students registered in the Department of Occupational Therapy, Faculty of Community and Health Sciences at the University of the Western Cape in 1995. They were part of the group of students in the paediatric occupational therapy course that I taught that year. The context of the investigation of my own teaching was a third year theoretical subject, Child Handling and Perception, that formed part of the subjects Occupational Therapy Theory III and Occupational Therapy Applied III. In addition, I reflected on my role as fieldwork teacher during student supervision in paediatric settings. The structure of the occupational therapy course at that time was that theoretical modules of applied occupational therapy were offered during the first

semester of the third year. Theoretical modules were followed by five fieldwork practical blocks of approximately 6 weeks each, when students started actual treatment of patients for the first time. Two fieldwork blocks occurred during the last semester of the third study year and three blocks during the fourth study year.

3.4.4. Schedule of period of data collection

All the data collected is portrayed in the table. Data used for the thesis is indicated in bold.

Table 1: Overview of period of data collection

	Taught Theory Course	**Student Fieldwork Practice**
1994		**Developing community training sites**
1995 Term 1	Taught course: Applied Paediatric O.T.	Joan: Oasis School
1995 Term 2		Tim, Joan: Conradie Hospital. Lisa: Lentegeur Hospital
1995 Term 3	**Taught course: Applied Paediatric O.T.**	Tim: Community placement: Adult neurology
1995 Term 4		**School-based fieldwork practice: Lisa** Students B&C
1996 Term 1	Taught course: Applied Paediatric O.T.	**School-based fieldwork practice: Tim**
1996 Term 2	Taught course: Applied Paediatric O.T.	**Community-based fieldwork practice: Lisa and Joan** Student D

3.4.5. Data sources

Data sources of the taught theory course were my journal, course outlines, course notes and readers and students' evaluation of the courses consisting of individual anonymous evaluative letters and an audiotaped focus group evaluative discussion.

Data sources of students' fieldwork practical work consisted of video and audio recordings. For each of the three students, Tim, Lisa and Joan, the data were gathered by video taping a treatment session, followed by an interview during which the student reviewed and commented on their treatment on the video. In addition, the students kept journals of their experiences during

the fieldwork block and submitted their written case studies of the patients they were treating. Thus for each of the four sessions described, the data consisted of a transcribed video recording and a transcribed interview of a treatment session, the student's journal kept during the fieldwork block and the case study of their patient.

3.4.6. Data analysis

In qualitative action research, data are often analysed by coding the data and by searching for categories and themes that emerge from the data. Categorising can be deductive or inductive (Altricher, Posch & Somekh, 1993 and Ely 1991). Categories are key concepts derived from the core ideas. (Altricher, Posch & Somekh, 1993:126). Ely (1991:150) describes themes as statements of meaning that are either present in most of the data or one in the minority that carries heavy emotional or factual impact.The transcribed data were analysed by reading the texts searching for units of meaning. I started with coding by ascribing a key word or key concept in the margin next to a marked piece of text. After each data set had been coded, I scrutinised the key concepts to derive sets, clusters or categories from the units of meaning. I then colour coded the categories. From the categories, themes that reflected patterns, trends, or similarities in the categories were derived. The analysed data were written up using the framework of themes and categories that emerged from the data. I quoted from the data extensively to illustrate and validate my interpretations.

3.4.7 The Participants

The participants in the study were all the third year students in my class during 1995 and 1996. I selected the participants for the fieldwork practice part of the study by asking for volunteers early in 1995. Of the six students who indicated a willingness to participate in the study, I finally selected those who had fieldwork placements in paediatric practice, as had been arranged by the Department of Occupational Therapy. Three students, Lisa, Tim and Joan (not their real names), agreed to my request of providing an autobiography and keeping a journal during their fieldwork blocks. They also agreed to my request to videotape some of their treatment sessions, and to watch and discuss their work on the video during a taped interview.

3.5. Histories of the student participants

3.5.1. Lisa's history

Lisa was a 21 year old Afrikaans speaking woman from Graaff-Reinet in the Eastern Cape. Both her parents were teachers. Her father held strong convictions about teaching and encouraged all eight of his children to enter the teaching profession. Lisa quoted her father as saying that the family temperament is suited to teaching ("ons is van geaardheid onderwysers"). Of her seven siblings, four of her older brothers and one older sister are teachers, one brother is a church minister and her younger sister was enrolled at UWC for a BA in education. All her siblings obtained their degrees from UWC.

Reflecting on her early life, Lisa described her family as close, and her upbringing as protected. Her childhood days were happy and secure.

> As far as I can remember, I think of my family as a jolly lot. We could always see the humour of a situation. I think being this way is something you teach yourself and it can later develop into an art (Lisa's autobiography, 1996).

With so many siblings born two to three years apart, a couple were always in the same developmental stage. She described incidents of sibling rivalry, particularly with her younger sister, who as the baby in the family had a special relationship with her mother. In retrospect, she wondered how her parents coped with all their children and still managed to give thorough attention to individuals, their values, ambitions and selves in relation to others.

The family were devout Christians who valued their actions against Biblical guidelines. Strict discipline was maintained and the children were treated equally. Values were emphasised through example and by adherence to high standards of conduct. Lisa describes examples of greeting other people, respect for each other and non-family members, and apologising after family slights and language use as examples of her parent's expectations of appropriate behaviour. These values gave her a sense of love and respect for others.

Her own sense of self was informed by her Christian beliefs. She described the sense of comfort and guidance her belief provided, and how it formed part of her support system in times of feeling challenged. She excelled at school in academic life, sport and music. She ascribed her achievements to motivation fired by wanting to be the best, to counteract feelings of anxiety. This in turn led her to be vigilant. She described:

> I didn't allow myself to make any mistakes. I tried to analyse everything to the finest detail just to make sure that what I do is as close to perfect as possible. This resulted in me being anxious most of the time and double checking every single thing that I did (Lisa's autobiography, 1996).

Lisa decided on occupational therapy as a career after her older sister suggested physiotherapy and she started reading about careers in the health sciences. Occupational therapy appealed to her as she was interested in the psychiatric application of the field. Her father's insistence on a teaching career, and the financial and status linked opportunities of a career in the pure scientific field, lead her to enroll as a BSc (Ed) student. She completed and passed her first year and changed to occupational therapy in 1993 against her father's wishes.

> Initially it was difficult to decide because I had to consider the money and benefits I could gain if I specialised in chemistry. Opportunities in this field are boundless. Comparing to OT, which at that stage meant a low salary and lower professional status, pure science was the obvious field to choose (Lisa's autobiography, 1996).

- **A "strong" sense of self emerging through reflection**

In her autobiography, Lisa explored contributing factors from her early childhood to current feelings of low self-esteem. She revisited early feelings of sibling rivalry, competing for attention, and feelings of rejection by her parents, and explains how these feelings motivated her to excel in academic work, sport and music. Dissatisfaction with some of her physical attributes plagued her sense of self worth.

> Being ridden with these feelings and having a squint eye for the greater part of my childhood, my self-esteem was so low that I got depressed only by looking in the mirror (Lisa's autobiography, 1996).

Lisa described the guiding influence of the values instilled by her parents when reflecting on her new found freedom as a university student away from home.

> I could choose my own friends and visit with them, or party for that matter. There was nobody who told me what to do and what not to do. At this time all the things that my parents taught me, came to the test (Lisa's autobiography, 1996).

Her religious convictions and her relationship with God were strong themes in Lisa's life. She described how, through her spiritual life, she came to self-acceptance, pride and an ability to love herself at the age of 20. For her it was a major breakthrough to have enough self-confidence in relationships and asserted that the discovery of her strengths helped her to deal with the challenges of fieldwork practice.

Judging from Lisa's insights into herself, my view was of a mature young woman who was highly self-reflective. Her autobiography revealed reflection on seeking self-identity, revisiting early childhood feelings of discomfort, finding self acceptance and finally, reflection on the impact these issues have had on her fieldwork practice.

3.5.2. Tim's history

Tim was born in a hospital on the outskirts of Johannesburg in 1972. His parents, who were not married at the time, were both factory workers and first lived with Tim's maternal grandmother in Protea, an area next to Soweto. Tim's father, a Sotho man, was keen on marriage but there was opposition from the maternal grandmother's side to an interracial marriage. Tim's family lived first with the maternal grandmother and later in their own home in Ennerdale as family unit. Tim's father was murdered when Tim was two years old. At the time, his mother was pregnant with his sister and Tim and his mother moved back to the maternal grandmother. After the birth of his sister in 1976, the Soweto uprising and resulting violence heavily affected the family and resulted in Tim being sent to live with an aunt and uncle in Boksburg, where he lived for most of his school-going years.

Tim described his primary school years as a mixture of achievements, hopes and dreams on the one hand, and feelings of anxiety and insecurity on the other hand. For instance, he did well academically, at times being the second and third best achiever in his class. He excelled at sport such as tennis and swimming and in his standard 5 year was elected as head boy. Despite these achievements, his competitiveness and motivation to be the best left him with feelings of frustration. He described himself as being small in stature as a child and prone to being bullied by bigger children. As a result, he was further motivated to excel academically and in sport.

During his high school years, Tim was again plagued by feelings of insecurity and lack of confidence to the extent that he started avoiding the subjects he didn't like by being absent from school. Deterioration of his academic work resulted in re-focusing on tennis and athletics. He passed matric without an exemption but as he had decided on tertiary education and specifically on occupational therapy, he re-enrolled for matric and passed with matriculation exemption and a B-average pass. Tim was accepted into the UWC occupational therapy course at the beginning of 1992. He passed his first year well. During his second year, he failed a one-semester psychology course that resulted in him having to repeat the year. During that year, his mother died and Tim described the feelings of firstly being "in denial" about the event and later becoming depressed.

> I became depressed but hid it really well. My mothers' husband died 4 months later and the house was really full of misery, anger and family conflicts. After arriving in Cape Town, I really felt glad that I could escape all the misery surrounding the whole household (Tim's autobiography, 1996).

He repeated the semester the following year and entered into third year in 1995, which was at the onset of this research project and the time when I started to get to know him well.

As a child, Tim's family were supportive and encouraging of his dreams and endeavors. Through-out his autobiography he described the support of family members during his school years, as well as the family's intentions for his future achievements. He described his maternal grandmother as a driving force and a domineering influence in decisions about his future, and the uncle with whom he stayed as a powerful and positive influence in his life.

- **Overcoming adversity**

However, Tim's life was marked by loss. He moved around many times during his early childhood, from his grandmother's home to own parental home, back to his grandmother, to an aunt and uncle, back to his mother and stepfather's home and eventually, as a result of a court interdict when he became ill and evidence of physical abuse surfaced, back to his uncle and aunt where he eventually found stability. Moreover, he lost many of the key figures in his life. His father died when Tim was two years old, his mother when he was twenty, and his uncle when he was eighteen.

> When my uncle died in May 1991, I was very bitter and sad because I always regarded him as my role model. He was my only father-figure, confidant and friend. The motivation he gave me and all pleasurable memories even motivated me more to achieve my ultimate goal (Tim's autobiography, 1996).

In addition, Tim described adversity and conflict through-out his life. His grandmother was opposed to his mother's relationship and marriage to his father. His father was murdered. He lived through the violence of the Soweto uprising of 1976, resulting in the family having to hide, run away and lock doors. There was conflict in the family because Tim's father's people wanted to adopt him to gain control over his father's assets left to Tim. Tim and his siblings were subjected to physical abuse in his mother and step-father's home. Later in his life, his mother developed a severe drinking problem as a result of the conflict in her home and died as a result of this problem.

What struck me about Tim was the academic success and sporting achievements he reached in life despite the adversity. In addition, he wrote openly and honestly about painful experiences, revealing a depth of insight unusual for a young man. He qualified in 1997 and started working as an occupational therapist the following year.

3.5.3. Joan's history

Joan was a 20 year old woman during her third year. She was born in Elsiesriver in Cape Town, the first born of 7 children. Her family resided in Cape Town for the first three years of her life and then moved to McGregor, a town in the Western Cape. She attended primary school in McGregor until standard 6 and then attended Langeberg Senior Secondary School in Robertson where she matriculated in 1992. Both schools fell under the administration of the apartheid regimes' separate Departments of Education, first the Department of Coloured Affairs and later the former House of Representatives of the Tri-cameral Government. Joan's father was an agricultural worker who worked on farms and was very involved in the community. Her mother was a housewife. Of Joan's younger siblings, a sister was at University, another sister and two brothers were in high school and the youngest sister of ten years was in primary school.

Joan's father had encouraged tertiary education as he believed that education was important. During her matric year, she decided on occupational therapy at UWC. She obtained a bursary from her first year. Joan boarded with a family of one of her classmates who lived close to the campus.

3. 6. Research rigour and trustworthiness

3.6.1. Ensuring rigour

As the quantitative paradigmatic concerns for validity, reliability and bias, the qualitative researcher ensures reliability and quality of a study by employing constructs of rigour and trustworthiness. Lincoln and Guba (1985) proposed four evaluative criteria as a means of evaluating plausibility and authenticity of qualitative research: credibility, transferability, dependability and confirmability. Others (Delamont, 1992; Noffke, 1995; and Winter, 1989) propose the use of triangulation and positionality. Triangulation implies that

> the convergence of a number of perspectives will confirm the data obtained and ensure that all aspects of the phenomenon have been investigated' (Hammell, Carpenter & Dyck, 2000:110).

Triangulation can mean that data is gathered by more than one method or from more than one source. By gathering data in multiple ways, authenticity of meaning and understanding can be derived as several methods may converge on one interpretation. Usually three methods or points of view are needed for comparison or contrast to allow conclusions to be drawn (Winter, 1989).

Member-checking (Krefting, 1991) or respondent validation (Delamont, 1992) is a method where participants in the study check if they agree with or recognise the analysis being developed and is a powerful strategy for ensuring authenticity.

In my thesis, triangulation was employed by having multiple data sources. For gathering data of students' work, the data sources were the students' journals, the videotaped, transcribed data of their treatment session, their written case studies and their audiotaped discussion of their work. For data gathering of my teaching, the data sources were my journal, the students' evaluation of the course and data from a focus group. Minimal use of member checking was employed in the data-gathering phase, where student participants read and commented on transcriptions of their taped interviews. Informal member checking also occurred throughout the data gathering phase in on-going conversation, some of which was captured in my field notes and journal.

Rigour in action research is not derived from a particular technique (Noffke, 1995). To enhance the rigour of action research, multiple and continuous strategies are incorporated in the study design, data collection, analysis and write-up (Hammell, Carpenter & Dyck, 2000:110).

I was particularly aware of the necessity of rigour during two processes: the transcription of data and my descriptive writing of students' work. When I transcribed the video recordings of the treatment sessions, I discovered that each subsequent watching of the video revealed more information. To manage this very rich data source, I used different strategies that would yield a variety of information to make my description as 'thick' as possible. I first wrote a brief, general overview of the actions of the student and the child. I then added the discourse by transcribing the entire conversation between the student and the patient verbatim. This was followed by more detailed descriptions of say, the child's responses, body language, facial expression, physical and

emotional reactions to both the task at hand and to the student therapist. Similarly, I then focused on the student's use of voice, facial expression, gestures and actions for more detailed descriptions.

While writing up analysed data of student's work, I sometimes censored my writing when I thought that I was moving away from what had happened and moving into my personal explaining, reasoning or rationalising what the student was doing. It was as if I wanted to convince the reader that the student's decisions were justifiable. Whenever this awareness arose, I went back to scrutinise previous writing in my attempt to keep it as close as possible to the source, despite my awareness of the description being from my position and interpretation.

3.6.2. Reflexivity and positionality

Reflexivity and positionality are the means that action researchers use to explicate their stance, frame of reference or viewpoint. It is the means by which the subjectivity of the account becomes a resource. Banister, Burman, Parker, Taylor & Tindal (1994:13) assert that the position of the researcher, with reference to the definition of the problem and the way the researcher interacts with the material, are helpful in exploring the position in a reflexive analysis. Reflexive analysis implies respect of different meanings brought by participants and is an ethical enterprise. Tickle (1994:221) suggests that the action researcher enters into a reflexive mode when reflection turns on the 'I' as the object of reflection.

Positionality is related to the imperative to make the research process transparent and turns on the idea that the researcher is the key research instrument (Hammell, Carpenter & Dyck, 2000:113). The position of the researcher is critically examined and revealed to the reader. Reflexivity implies that the researcher attempts to uncover and articulate deep-seated and often poorly recognised views and judgments that affect the research process. The implications of incorporating reflexivity and positionality in my thesis implied critical reflection of my raced, gendered, cultured assumptions and how that impacted on the research. Furthermore, I explored power relations implicit in my own position in my relationship with the student participants.

3.7. Ethical considerations

The very nature of emancipatory action research implies an ethical and moral commitment to people and the lives they live. The protection of human rights is thus implicit in a study of this nature. Protection of human rights is achieved mainly by using informed consent and protection of identity. (Hammell, Carpenter & Dyck, 2000). Winter (1989) and Kemmis (1982) propose that more than the ethical considerations of qualitative research turning on permission and informed consent, transparency in the research process and valuing and respecting contributions from participants are important ethical considerations. Rigour of action research reflects commitment to values of moral and ethical principles such as equity and caring (Noffke, 1995).

Ethical considerations for this study centered around the research contexts in obtaining permission to do research in schools, institutions and the community; and to obtain consent from individuals, or in the case of children, their parents or guardians. The student participants' rights had to be protected in terms of the protection of identity around issues of disclosure.

At the outset of the study, before I had narrowed it down to paediatric settings, I gathered data from students who were placed at two teaching hospitals. In both cases, I sought permission for the study from the hospital superintendents via the head occupational therapists. One hospital gave full permission with the stipulation that patients' consent to participate should be obtained. The other hospital gave provisional permission only and stipulated that the video-tapes of students' work showing footage of patients may not be removed from the hospital premises, to protect the identities of patients. The implication was that the video could be used for the students to view and discuss their work, but could not be used by me to transcribe the session. Of the four student sessions videotaped at a hospital, I managed to transcribe only one. In the end, all data gathered at that hospital was discarded as I decided to focus on paediatric settings only. The data from the second hospital was not used either, nor that from the patients in the community of Mitchell's Plain.

Permission for the research in Mfuleni was sought from the Health Committee, a forum where representatives from various sections of Mfuleni and community leaders were represented. In addition, permission was obtained from the owners and managers of the crèches where the students

worked with groups of children. The crèche owners or managers in turn sought consent from the parents of the children. As a result of some instances of illiteracy in the Mfuleni community, consent by letter was not always possible and verbal consent was given. An ethical dilemma arose in instances where consent from parents could not be obtained. Some parents did not respond to the request for consent. At other times, children who were not regular attendees of the Mfuleni crèches arrived and wanted to participate. In these instances, the opinion of the crèche owner about participation was sought.

In terms of disclosure, ethically sensitive situations arose when students reported negative experiences relating to colleagues and supervising therapists. In particular, there was one hospital that the students dreaded as a result of being humiliated when not knowing what to do. There were expectations from supervising therapists that students had to know how to practice on the assumption that their theoretical knowledge should have prepared them. The ethical dilemmas raised were multi-faceted. On the one hand, the students were taking me into their confidence as we had established a relationship of trust and openness and I encouraged them to be honest. On the other hand I wished to remain loyal to the Department as a educational institution and maintain the Department's relationship, which was fragile at times, with fieldwork therapists doing supervision.

Williamson (2002:40) discusses the political and ethical nature of action research and highlights similar problematic ethical issues to those I encountered. Ethical dilemmas regarding disclosure arise when participants from an organisation or a group can be "identified," despite assurances that their identity would be protected.

I responded to this problem by repeatedly ensuring confidentiality to the students to disclose what had upset them and had impacted on their learning in a negative manner. Problems and dilemmas with staff members were addressed through advocacy. The problems that arose as general issues regarding student learning were explicated to my colleagues in staff and curriculum development meetings. For instance, after Tim's lack of learning opportunities at Bergsig School as described in Chapter Five, I requested from my colleagues who were responsible for arranging fieldwork placements that students be placed in pairs and not alone. This suggestion was taken up.

Another assumption that I challenged in the Department was the expectation that students in their fourth year should "know" what to do. The fourth year student evaluation method implied the expectation of a certain standard of work, similar to that of the final examination. Practical implications were that if students failed fieldwork practice early in their fourth year, they failed the year and could not graduate. Implicit in this assumption was that the learning and growth opportunities of fieldwork practice in the fourth year, were discounted. Also discounted was the fact that students encountered certain types of therapeutic practice for the first time in their fourth year and was thus their first learning opportunity. By raising this issue in the Department, we changed the weighting of the marks system to be more equitable and to allow the students the learning opportunity posed by fieldwork practice. Some of my suggestions that resulted from the outcomes of my research were incorporated into better practice concerning student learning but other suggestions were met with resistance and sometimes resulted in conflict.

I was once accused of unethical practice by one of my colleagues. In one of the crèches in Mfuleni where I videotaped a student session, the owner-principal of the crèche complained to the students' supervisor, my colleague, that the students had taken photographs of their work and the children. She was upset that we had not provided the crèche with the photographs and the video I had made. The supervisor, my colleague, accused me of destroying her relationship with community members. I did not agree with my practice being unethical, as I had not undertaken to provide the crèche with the video-tape. The incident alerted me once more to power relationships and territorial sensitivities, which I had not taken into consideration.

In conclusion, in this chapter I discussed the methodological background to the study, including the theory, my own study, my background and that of the student participants. In Chapter Four, I describe the results of the analysis of my teaching practice.

CHAPTER FOUR

MY TEACHING PRACTICE: DESCRIPTION AND ANALYSIS

4.1. Background

I inherited the course Child Handling and Perception from my predecessor when I first started lecturing in the Department of Occupational Therapy. The course formed a small section of two major third year subjects, Occupational Therapy Theory and Occupational Therapy Applied. Over the subsequent years, I developed the course to include a much wider content of occupational therapy applied to children with disabilities and broadened the scope to enable students to provide intervention to children with a variety of difficulties and in particular to marginalised groups of children in the Western Cape. Thus, the course content had evolved and developed over years and was updated and changed each year. (For the course content, see the course outline in appendix I, pages I-III).

Reflection on my teaching and learning was prompted by an earlier introduction to action research when I started thinking about my teaching methods and about student learning. One of the significant changes that was already in place by the time of the current project, was my moving away from a traditional lecture format delivered to a passive student audience, towards a strategy of more active learning where students were provided with opportunities for discussion, analysis, problem-posing and group learning. In the Department at that time, some of the lecturers, including myself, had implemented aspects of problem-based learning such as the identification of learning objectives by the student groups around a realistic clinical problem. Rather than formal lectures only, a large part of learning consisted of self-study and group discussions to facilitate learning. My teaching strategy therefore consisted of building the learning opportunities around cases of clinical problems, self-study, small group discussions, and formal lectures. Experiential learning in the form of interacting with learning materials such as standardised tests and intervention materials, formed part of my strategy.

4.1.1. My educational assumptions and beliefs

My educational beliefs turn on three constructs: the theory-practice dialectic; active learning and the role of emotion in learning.

Through an earlier action research project, I came to an understanding of the theory-practice dialectic as an on-going process in contrast to my earlier thinking that theory should precede practice. Through my work with problem-based learning, I discovered that the introduction of a clinical problem at the beginning of a module helped the student learning process by the activation of prior knowledge and by creating motivation to solve the problems posed by the clinical case. It provided the students with a structured picture in which to create the knowledge needed to solve the problem. Furthermore, it provided a process for life long learning. In other words, students were learning behaviours and methods for clinical problem solving for future professional situations when they were confronted with conditions or patient[1] dilemmas that they had not encountered before. The notion then that theory was a once off process that was 'finished' by the time that students entered fieldwork practice, was turned on its head. I sought a method of teaching where students would use the confrontation of practical problems encountered in real life professional situations, to return to theory and use theory to unpack the problems posed by the fieldwork situation.

Whilst theory could provide a generalised background from which a student could solve the problems posed in the practical situation, the specific and unique dilemmas that arose in practice resulted in further and deeper questioning of particular issues, different from generalised theoretical constructs. One of my assumptions thus was that students needed more of an interface between theory and practice and a continual moving between the two for effective learning. This assumption lead to my action plan of incorporating clinical visits during the theoretical component. The clinical visits would hopefully provide opportunities for observation of children with disabilities early on in the course. The planned visits were to four schools for children with disabilities and special needs. The four schools were for children with intellectual impairment, cerebral palsy, epilepsy and visual impairments or blindness respectively.

[1] The profession took a decision to move away from the use of the term "patient" and to use the term "client." However, "client" implies economic viability, which is in direct contrast to the economic circumstances of the people referred to in the thesis. I thus use the term "patient" in the thesis.

I assumed that the students' learning process would be facilitated if they could 'see' and engage with what was being taught, rather than only listening to what was taught. At each visit to a school, the students observed a demonstration of an occupational therapy assessment and a treatment session of a patient. The context of the school, the infra-structure and the services provided, were explained. The clinical sessions were videotaped and the video subsequently used in the classroom after the visit, for discussion for further learning and understanding. Thus, the observation of children in a treatment situation provided the student with an opportunity to develop an understanding of the context of treatment, the impact of disability on functioning, and the occupational therapy intervention.

Another assumption was that active learning would lead to deeper learning. Active learning was attempted through strategies of students being actively involved in problem-posing, verbal participation rather than passive listening, applying knowledge, active engagement with learning materials, and frequent reflection on future use. I thus wanted students to talk, question and discuss, and planned to provide opportunities to do so.

Regarding the affective aspect in learning, I assumed that worry, anxiety, fear, humiliation and intimidation were counter-productive to learning. Furthermore, I assumed that in a caring profession, the value of care would be learnt best through experiential learning. I was hoping that if I could convey to the students that my caring about their learning was about their success and their confidence in their own abilities, it would help them to understand the notion of care for their patients.

Central to the issue of emotion and learning was the students' dilemma of anxiety about entering the clinical situation. In informal discussion with students, their anxiety about not knowing what to do was mentioned frequently. So was their continual fear about not knowing if they were doing it 'right'. This issue of professional confidence posed a challenge to me. How could I ensure that they entered a clinical situation with some confidence? What could I provide in their reasoning process to give them a measure of evaluation of their own practice? I decided to implement a strategy of explicating frames of reference as a model for reasoning, as it were, a reasoning tool. I thought that an explicated model or theoretical frame would provide them with a structure within which professional decisions could be made.

4.1.2. Diversity of the student group: Demographic profile of the third year class

The UWC student body is characterised by diversity. The third year class of occupational therapy students in 1995 came from different racial, religious, geographic and socio-economic groups. In addition to those from the Western Cape and Cape Town, a student group may consist of students from rural Venda and Namibia, the Eastern and Northern Cape, Kwazulu-Natal and Gauteng. Occupational therapy is a female dominated profession. However, the Department readily accepts men who apply in an attempt to increase the number of men in the profession. Although the student group is still predominantly female, there has been an increase in male occupational therapy students.

There were twenty-seven students in the third year class in 1995, twenty-two women and five men. The majority were between 20 and 23 years of age. Four students were older than 25 and the eldest was 39 years old. Seven students classified their race as African, one as White and nineteen as Coloured. Eight students stated that their first language was Afrikaans, twelve were English speaking, six were Xhosa speaking and one was a Sotho mother-tongue speaker. Three students were of the Muslim faith, the others described their religion as Christian.

The group of 28 third year students in 1996 consisted of five men and 23 women, most of them between the ages of 20 and 22 years. The youngest student was 19 and the older three were respectively 23, 26 and 31 years of age. Twenty-two of the students selected the racial classification of Coloured on their admission forms, six selected African. In the so-called Coloured group, five students were of Indian decent. The majority of students were of the Christian faith, three were Hindus and one student belonged to the Muslim faith.

4.1.3. Knowledge, attitudes and values that the students bring

The diversity in the UWC student population implies that individual students have had varied exposure to children, depending on their own specific family and community experiences. Some of the men have had little contact with children in terms of observing particular developmental trends. Other students lived in extended families where small children had been present and

readily observed. Some students had younger brothers, sisters, nieces or nephews. A few of students had children of their own. On the one hand, the class consisted of some students who had daily experience of young children living with them. On the other hand, there were students in the class who had not frequently observed children and who had decreased opportunities to understand the developmental issues we were discussing in class.

As a result of the diverse cultural and religious backgrounds, students had differing views of child rearing practices. Possibly the biggest issue of diversity was that of the number of South African children growing up in poverty, complicated by the fact that the textbooks and a large amount of the intervention materials were based on first world assumptions, for instance, the availability of toys, books and writing materials. The standardised tests and text books containing illustrations of treatment scenarios and intervention materials had been developed and published in the United States of America. The difficulty with the Northern American texts and tests were the euro-americaness thereof and the assumption of service provision in a context of adequate resources and funds, neither of which were appropriate for the South African setting.

Other relevant educational assumptions about students are that many of them are not English first language speakers and that some entered University with an amount of academic under-preparedness affecting reading and writing skills.

4.1.4. Knowledge, attitudes and values that I bring

My experience of children is centrally informed by my gender, race, culture and social experience. As a white, middle-aged, middle-class person, I continually face challenges to my views that are predominantly Western, first world, Christian and privileged when teaching a course in which the intervention was focused on African and Coloured children from marginalised communities characterised by economic, political and social oppression. My frame of reference initially included assumed access to toys, puzzles, books and play space, whereas some of the children that the students would see had not yet encountered books or writing materials. As a mother, I rely heavily on my tacit domain of how children behave, respond, understand and develop. For some students, this is not a domain that they can tap.

My formal experience had been the treatment of children with developmental problems and learning disabilities in hospital and clinic settings, and for ten years in private practice. This reflects a specific perspective, from which I needed to generalise to convey the essential concepts that I held, to students.

4.2. Uncovering my teaching in 1995

Part of the focus of my action research project was to critically investigate my own teaching practice in order to create a learning environment which would enable students with not only knowledge, skills and values, but more importantly, confidence for future fieldwork practice with children. The theory-practice dialectic remained the central tenet on which the study was based. The method of analysis was both deductive and inductive. Deductive analysis was around the implementation of action plans on fieldwork visits and explicating frames of reference. Inductive analysis was used to uncover the impact of my teaching on student learning. An overview of the themes and categories that emerged from the data is presented in table 2.

Table 2. Themes and categories from my teaching practice.

Themes	Categories
Integration of theory and practice	• Seeing real clinical problems • Engaging with theory • Active learning: Grappling with problems • My teaching influenced by problem-based learning • Facilitating dialogue
Explicating frames of reference	• Using a frame of reference as a reasoning tool • Organising knowledge • Course outline as an organisational frame
Students experience and critique of my teaching	• More opportunities to practice skills • Areas of knowledge that left gaps • Technical short comings • My teaching style • Towards feelings of competence • Freedom to choose an evaluation method

The themes and categories are described in the following section.

4.2.1. Integration of theory and practice

- **Seeing real clinical problems**

The visits to the schools, followed by watching, analysis and discussion of the video, resulted in many opportunities to integrate theory and practice. During one such a visit, to Bet-el School in Kuilsriver for children with epilepsy, the therapist had demonstrated a section of an assessment and treatment while the students observed. Seeing the therapist and the child in action prompted a lively discussion and clearly elicited inquiry in the students.

> *The session was ended with the students asking questions of the therapist about the choice of test, the outcome, the child, her condition, epilepsy, and how she was affected. There was active discussion and it seemed as if the students were very interested. There were more questions when we ran out of time* (My journal, 28-07-95).

The actual fieldwork situation seemed an optimal method of stimulating inquiry in the students. By seeing both the child and the therapist in action, by questioning and discussion, the students started to build an understanding of the two broad strands namely, the effects of the illness or disability on the child's occupational performance and the therapist's remedial intervention. By seeing practice in action, the students had the opportunity to link theory and practice. My assumption was that the viewing of practice would stimulate inquiry and result in questions in the students' minds, thus creating a tension of wanting to seek answers. The video recording of that session served this purpose further by allowing scrutiny, discussion and the opportunity to use critical incidents for deepening understanding.

> *We then watched the video of R. assessing and treating the child, discussing during the video the various aspects of learning disability. This was followed by a brief input, supported by transparencies, of the symptoms of learning disability* (My journal, 01-08-95).

Thus, the theory of learning disability was made actual by referring to the patient whom the students had seen at the school and subsequently analysed on video. Students could relate what they were reading and hearing to what they had seen.

The use of video material provided many critical incidents which were used to facilitate theory-practice integration. The following incident occurred while students were watching a video of a child with cerebral palsy at Tembalethu School.

> *The next sub-test consisted of copying geometric shapes. Zola (not her real name) fared fairly well until she got to the diagonal lines. These she could not copy. I stopped the video and we discussed the developmental sequence in normal development of motor patterns, where children first developed movements in straight planes, followed by diagonal movement patterns resulting in rotation of the trunk. I alerted the students to the fact that the same developmental pattern exists in the development of visual-motor integration* (My journal, 15-08-95).

The clinical incident served as a prompt to explain the parallels of integrated development between motor patterns and visual-motor integration, theory-practice integration and where the particular part of development observed is situated within the developmental theoretical frame.

> *We then watched the video where S was teaching the child the colour yellow. We discussed the slow pace of learning of a mentally handicapped child emphasising the therapist's patience and the amount of repetition that was needed to instil a new concept* (My journal, 18-08-95).

The art of practice, the therapist's handling and structuring of the situation could be elucidated from this incident as it clearly revealed the type of interaction required with an intellectually impaired child.

> *Next K demonstrated the Braille machine and Braille learning board. We realised how many spatial elements there were in using Braille, so kids with spatial problems will have difficulty with reading and writing of Braille* (My journal, 18-08-95).

From this incident, the students could link the functional tasks of learning to read and write with Braille, to the underlying perceptual concepts, and illustrate the importance of the perceptual skills, thereby linking the theoretical constructs of classroom learning to its manifestation in practice.

> *Henry* (not his real name) *had a brain tumour and is now cortically blind. He is eight years old and could see for the first few years of his life. He is drawing lines on a*

piece of paper stuck vertically on to a wall. First he draws horizontal and vertical lines. Then the therapist lets him feel the size of the paper by putting his hands on the top and bottom edges and on the left and right sides. Then she asks him to put one hand at the bottom-left corner and the other at the top right corner of the paper, reinforcing the diagonal orientation. Then he draws a diagonal line. As he draws with one hand, he also feels the direction with his other hand, feeling the wax of the crayon on the paper (My journal, 18-08-95).

Once more, the students could see the setting-up and structuring of a therapeutic intervention based on a perceptual task that would help Henry to make sense of spatial organisation. The richness of detail that the students observed in this treatment session, such as the piece of paper placed vertically on the wall, the therapist assisting the child to feel the edges of the paper to facilitate the understanding of spatial concepts, the inclusion of the tactile element of the wax crayon in a task for a child without sight, all contributed to understanding the intricacies that would have been difficult to convey by explanation only.

Students commented positively on the learning opportunities that arose during clinical visits and the subsequent unpacking of the video material. This strategy appeared to facilitate deeper understanding of the theoretical constructs being demonstrated in the fieldwork situation.

I got practical experience of what I have learnt in class at the visits of different schools (Anonymous evaluative letter, 01-09-95).

Visits linked up to the theory because if we did a condition it linked up with the theory (Focus group, 01-09-95).

The outings also improved my knowledge on what to look for when dealing with a specific condition (Anonymous evaluative letter, 01-09-95).

The visits and feedback were very helpful and I feel that I am equipped with adequate knowledge to help me work with children. Videos were nice to recap on the visits also informative and gave you a broader scope i.e. on what happens at different places (Anonymous evaluative letter, 01-09-95).

Students reported that their learning was enhanced by the visits followed by analysis and discussion of the videos.

Also with the visit and the video it was a very nice way of integrating the learning. Going on the visit and then watching the video and then analysing it done in class was a good learning experience for us. And also it was informative in terms of getting us to do the practical and it was realistic (Focus group, 01-09-95).

The visits were very good because it gives a very good idea of the clinical situation and the kind of adaptations you could make. Its good to see them afterwards and to see the mistakes and then you can possibly answer questions. The videos were very nice and very important and you can remember things for longer (Focus group, 01-09-95).

Seeing real clinical cases during the visits and on video helped the students with the integration of theory and practice. The students could link what they were learning theoretically to the practice-in-action they were observing and could return to theory for solutions of questions that arose in practice.

- **Engaging with theory**

For practical purposes, the occupational therapy curriculum is structured into different modules. In my experience, students do not automatically make links between these modules. To facilitate theory-practice integration, a conscious linking of bodies of knowledge and skills is needed. For example, one of our professional tools of practice is the use of activity analysis, a course that had been scheduled during the previous academic year. Activity analysis enables the therapist to adapt and present an activity to the individual and specific needs of the patient with the purpose of restoring or maintaining a specific function, or building a new skill. When the students were learning about visual perceptual treatment activities, the learning materials were structured so that the students could experience the activity, in order for them to understand what they would be expecting of the child. During this exercise, students were requested to think about the demands of the activity, by focusing on the challenges the activity held for themselves. Through discussion, the theory of activity analysis, the practical experience thereof and possible future use, were linked. I wrote in my journal:

I now plan an activity analysis session to get them physically involved with the various types of visual perceptual materials. I shall set up the lab in such a way that all students will rotate to different stations where they will explore the perceptual tasks and analyse them, linking them also to age, culture and gender ...The rest of the lesson then consisted of a practical exploring of visual perceptual equipment. A large

amount of equipment was set out for them to explore the various modalities of visual perception. Students were encouraged to work with the perceptual games and to try them out, thinking about the activity requirements of each game. Students were asked to rotate so that everyone had an opportunity to engage with most of the games. The session was ended with a discussion and demonstration of games that could be used for various modalities (My journal, 01-08-95).

During the discussion, students were applying their knowledge and skills of activity analysis, which had been taught during a previous course. They were now linking activity analysis to applied paediatric occupational therapy.

- **Active learning: Grappling with problems**

Later in the course, students used the observed, real cases seen during the school visits to construct treatment programmes in small groups. Here the theory of intervention was learnt through practical application.

We again watched the video of the assessment session at Oasis School, at the students' request. We then collectively drew up a problem list of the outcomes of the assessment, from feedback of each (small discussion) group. In small groups, students were asked to prioritise the problems. I moved around and engaged in conversation about the problems with various small groups. Most groups had difficulty in deciding where to start, and to decide what the priorities were. We had a general class discussion in which I reminded them about the feelings students have when they start a fieldwork affiliation and see their patient for the first time. Many students agreed around the insecurity and lack of confidence felt during this first clinical encounter. I asked them how one could be reasoning about where to start and how one made decisions about which issues were important and which were not. No one was sure. I reminded them about frameworks, models and theories to organise information and asked what the predominant theory was in paediatric OT. After some guessing and discussion, one student suggested the developmental frame (My journal, 08-08-95).

Of note here is how difficult it was for students to identify and make explicit the underpinning theory.

A discussion ensued on the importance of having a frame in which to organise knowledge. (I alerted them that) when thinking about where to start the treatment of children, the developmental frame could guide the therapist to make clinical decisions. We spoke about the central development of motor skills in the first year of life and concluded that that was the reason why, as occupational therapists we always started with the motor issues. The student groups were then able to continue solving the problem of prioritising the problems. Some interesting questions arose, such as

> *what developed first, body image or spatial perceptual skills. A discussion ensued about the fact that development could not be compartmentalised, and that the reductionist way in which different aspects of development was taught, was to make sense of it, but that it all developed in an integrated manner. Eventually, all small groups had their problem lists with the issues that had to be addressed in priority* (My journal, 08-08-95).

Integrating theory and practice occurred in this instance when students had to prioritise a patient's problem list. The practical dilemma of where to start and how to reason resulted in the understanding of using the developmental frame as a way of organising knowledge. Of note from this particular journal excerpt are also the issues of dialogue with the students and explicating frames of reference, both discussed subsequently.

Once more, the theory-practice dialectic was revealed to the student. The theory of development was demonstrated in practice. This was followed on by a student exercise of devising treatment for a particular problem.

> *In class, the next activity for the students was to unpack the problem of directionality at the hand of Zola's difficulty to copy diagonal lines and devise various methods of treatment around it, taking into consideration how one would grade the activity. I supplied the student groups with various pieces of equipment and asked each group how they would use it and how they would grade the equipment to develop directionality in children. The students discussed this for a few minutes and then presented their ideas to the class while I summarised on the blackboard. The summary was then converted into the developmental sequence by prioritising the activities according to levels of difficulty. The purpose of this was for the students to understand the principles of grading, working from gross motor, using diagonal patterns, to fine motor, kinaesthetic, working with objects, to working on paper* (My journal, 15-08-95).

In the above exercise the students were actively solving problems. The students were required to integrate theory and practice of normal development, coupled with activity study, to develop accurate, specific treatment plans for the needs of a specific patient.

Students found the practical experience of working with perceptual equipment and tests helpful. Experiential and active learning during physical engagement with the learning materials helped the students to understand what they were requiring from the children.

> *... and the games were very nice because in that way you could see what children's different skills were in doing this whatever game and we could put ourselves in their shoes and be able to do what the children have to do* (Focus group, 01-09-95).

> *... and the clinical tests and the games that you had, that was also very nice. You could actually see what you could work with and that expands your ideas of perhaps making your own game if you haven't got the equipment* (Focus group, 01-09-95).

> *The different tests that you gave us were very nice, that we were exposed to a lot of different types of tests* (Focus group, 01-09-95).

Integration of theory and practice was thus facilitated by problem-posing and active engagement in finding solution. This required of the students to engage in practice-theory dilemmas and facilitated deeper understanding and learning.

- **My teaching strategies influenced by problem-based learning**

My teaching methods had been influenced by the teaching strategy of problem-based learning and the influence emerged from the analysis. Concepts such as the activation of prior knowledge, using a clinical problem as a prompt or a trigger, the mobilisation of motivation to find answers to the questions raised by the confrontation with the clinical problem, were evident from my journal. For instance, to activate prior knowledge, I introduced a new topic by asking the students what they already understood.

> *I started the lecture by asking the class what they understood by visual perception and if they thought it was the same as visual acuity. Some discussion ensued* (My journal, 18-07-95).

The introduction of a clinical case around which to construct knowledge and understanding was derived from problem-based learning. Each demonstration of a child receiving occupational therapy served the purpose of analysing both the impact of the disability on the child's function and the intervention. During the visit to Athlone School for the Blind, the students observed a partially sighted boy playing balloon volleyball on a red mat.

> *He plays volleyball quite well and gets the ball each time. The aim for OT for him is to explore space, to increase his eye-hand coordination and to practice visual tracking. The balloon is yellow to contrast to the red carpet, as higher contrasts are easier to see. In the beginning he followed the balloon by turning his head and body, and later started to follow the balloon with his eyes only* (My journal, 18-08-95).

From this incident, the students questioned what the causes of partial blindness were, how much sight the child retained, why the yellow balloon and red carpet were used, and how the activity was structured to achieve the aim.

In problem-based learning, students set learning objectives to solve the problems posed by the clinical case, followed by self-study. Because the visits were time consuming as travelling to and from the sites had to happen during contact time, students were expected to learn sections of the theory during their own time.

> *I asked the students to read the section on intellectual impairment in children* (My journal, 08-08-95).

However, part of the problem-based learning strategy is to follow up self-study with a tutorial during which students discuss their findings in terms of their own set learning objectives. This aspect of the problem-based strategy was not formally included.

- **Facilitating dialogue**

One of the tasks of a reflective teacher is the continual monitoring of the students' understanding during the course. To obtain student feedback other than the course evaluation at the end of the course and the results of the formal tests and assignments, I had to evaluate the level of understanding through-out the course. This was attempted by various means, for instance, questions to the class, small group work where students were required to engage actively with learning materials, discussion, summarising and presentation to the class. Another method used was to facilitate general class discussion when critical incidents arose.

Small group work and subsequent presentation to the class gave me a clear understanding of what students had mastered, and alerted me to those students who were struggling.

> *The students worked in small groups. Each group had a different task. They had to read and summarise a different section from their readers and present it to the class on transparencies. Most groups managed well. However, one group's presentation did not seem to capture the essence of the section they had read. It was a difficult part, on the vestibular system, and was not presented well. The presenter could not read the handwriting and abbreviations of one of the other members of the group. A*

second member then took over but did not convey the information much better (My journal, 01-08-95).

My moving around between small groups and engaging in discussion with students, further provided me with opportunities to gage their levels of understanding. I recorded in my journal what I had observed during one small group task of collectively drawing up a problem list of a patient assessment on video.

I moved around and engaged in conversation about the problems with various small groups. Most groups had difficulty in deciding where to start and how to decide what the priorities were (My journal, 08-08-95).

During the scoring procedure, I moved from one group to another to monitor progress and discuss their problems in learning to score the test (My journal, 22-08-95).

Both the above- mentioned situations allowed me to respond immediately as critical incidents arose and to intervene with either discussion, explanation or a formal brief input. Students appeared to be comfortable with calling me to a group table to raise questions or to invite my participation in their debates. It seemed easier and less threatening for students to enter into discussion in small groups than with the whole class collectively.

Furthermore, students commented on the usefulness of informal discussion during small group work.

We found the videos very helpful and specially the chatting, when you moved around the class and the discussion (Focus group, 01-09-95).

The most rewarding learning opportunities occurred when students insisted on understanding the learning materials on their own terms. After we had watched a patient on video, the following incident occurred:

Students asked questions about the child's use of her non-dominant hand. A lively discussion ensued and the students requested to watch it again on video. Interesting for me was that they did not accept my explanation but wanted to work it out for themselves. Some disagreed with my opinion and offered their understanding of what was happening. We are getting somewhere! Some students have gained enough confidence to publically offer their differing opinions from mine and insist that they

see it in their own terms. I should have emphasised this in the class (My journal, 15-08-95).

I considered this incident as a rewarding learning opportunity because the students were grappling with the issue at hand on their own terms. Their disagreement from my opinion created a necessary tension for them to really want to get to grips with the problem, creating an indeterminate zone.

In another incident, I attempted to demonstrate the complexities of fieldwork practice, and to contrast this with seemingly "simple" generalities of theoretical treatment aims and principles. We watched a video of a student therapist treating a child with Downs' syndrome. In the video clip, the child is reluctant to participate and expertly avoids engaging in the activities that the student had planned for the session. The students watched the student therapist spending a lot of time coaxing the child to get onto a roller.

> *We discussed the child's behaviour, debating the possible reasons for her resistance, and we discussed the therapist's behaviour, focusing on the use of herself as an instrument, her cajoling, singing, invitations, flexibility, which the situation demanded but was not something she had planned. One of the students mentioned that the clinical therapist would have criticised the student for using strategies and methods in the treatment session that were not written up in the treatment plans. I could see that this was a very real problem that faced the students. Here I was trying to convince them that tacit knowledge emerged in a practical situation, and that good therapy required responsiveness to what ever emerged, as children's behaviour was not predictable. Yet, in the student's experience, the therapist's feedback was not conducive for this kind of experimentation. In fact, the therapist's response had been one of critique. To resolve the dilemma, I invited the student to develop an argument, to justify the use of means, techniques and skills that were not planned and written up in the treatment plan. The student was surprised at this request, and initially had some difficulty in formulating a response. Eventually, he came up with the unpredictability of the child's response. Another student mentioned that students had the opportunity to justify their actions during the evaluation session* (My journal, 01-09-95).

Discussion, disagreement and debate in this instance facilitated learning. Discussion as learning, the social construct of learning was highlighted for me.

Dialogue facilitated the exchange of students' real dilemmas during fieldwork practice and in addition raised the issue of power relations in learning. Students found the opportunities for analysis and discussion helpful.

> *... understanding things and improve on my knowledge because immediately after you saw something in fieldwork it was discussed, improving and then learn to apply there and then so it's less work for you to go and study up and you tap your brain with what you know. You're not sure if you will remember it after two months or so or if you will use it, so you kind of live into the whole practical situation* (Focus group, 01-09-95).

> *Also with the visit and the video it was a very nice way of integrating the learning. Going on the visit and then watching the video and then analysing it done in class was a good learning experience for us. And also it was informative in terms of getting us to do the practical and it was realistic* (Focus group, 01-09-95).

However, it was not only the verbal exchanges that alerted me to the students' experience. Observation of a student's non-verbal behaviour during a formal lecture prompted the following journal entry:

> *I realised during the lecture that the students were becoming bored by sitting and listening. There were stifled yawns, one was asleep, others were staring at me with glassy eyes. I gave them a fifteen-minute break, convinced once more that they have to be actively engaged with the learning materials. A formal lecture is not the best way to learn* (My journal, 18-07-95).

In summary, the ongoing dialogue during classroom learning and when critical incidents arose thus facilitated both my understanding of students' learning needs and provided opportunities to the students for on-the-spot clarification.

4.2.2. Explicating frames of reference

- **Using a frame of reference as a reasoning tool**

My concern with students' future confidence in fieldwork situations lead me to attempt to make the underlying theoretical frames of reference that occupational therapists use, explicit. In one instance, I reminded students of the feelings of insecurity they had encountered in fieldwork practice when they first have to make clinical decisions. As this group of students had had a fieldwork affiliation during the previous term, they could recall and identify the bewilderment when having to make decisions.

> *I asked them how one could be reasoning about where to start and how one made decisions about which issues were important and which were not. No one was sure. I*

reminded them about frames of reference, theories or models to organise information and I asked what the predominant theory was in paediatrics. After some guessing and discussion, one student suggested the developmental frame (My journal, 08-08-95).

This allowed for looking at the big picture provided by the theory of normal developmental progression and how the theoretical frame provided the reasoning structure.

- **Organising knowledge**

I was hoping to convey to the students that theories and models provided structures for the organisation of knowledge. I thought that a structure might help a student to know where to start in solving a clinical problem. I planned for them to practice the use of an organising frame in the application of theory.

A discussion ensued on the importance of having a frame in which to organise knowledge. (I alerted them that) when thinking about where to start the treatment of children, the developmental frame could guide the therapist to make clinical decisions. We spoke about the central development of motor skills in the first year of life and concluded that that was the reason why (as occupational therapists) we always started with the motor issues (My journal, 08-08-95).

Explicating frames of reference became possible when the observation of the patients on video revealed critical incidents. In one such an instance, the students were watching a video of Zola, a six year old girl with cerebral palsy being treated by M, the occupational therapist at Tembalethu School.

M told Zola that today she was going to learn to write the letter 'Z', the first letter of her name. M explained that within a couple of months, Zola would be in sub A and then she had to write her name. She started the session with a large 50 cm high cardboard cut-out of the letter Z. This she stuck down on the table in front of Zola. First, Zola was required to trace the shape with her pointed finger. Then she had to choose a coloured crayon and name its colour, which she could not do. She then traced the letter with the crayon and repeated it another time with a different colour. Next M placed a template of the letter Z in front of Zola. Again, she had to draw the letter inside the cut-out, using different colours and naming them... Finally M asked her to copy the letter Z below M's example. She did so and it elicited a response of praise from M, the occupational therapy assistant and the students. Her face lit up in delight (My journal, 15-08-95).

In this excerpt, the students saw a sequence of graded activities designed to help Zola develop the skill of copying a diagonal line that formed part of the first letter of her name. The developmental issue here was her inability initially to copy diagonal lines. To help the students to make sense of the significance of this event, and to help them to understand the bigger picture of the developmental frame of reference, students were subsequently required to plan and design a similar treatment session using other activities.

> *The purpose of this was for the students to understand the principles of grading, working from gross motor, using diagonal patterns, to fine motor, kinaesthetic, working with objects to working on paper. I explained again that in a fieldwork situation, one needed a frame of organising one's knowledge and that this frame assists students to make decisions of where to start and how to prioritise and how to grade treatment* (My journal, 15-08-95).

I thus used frames of reference and models of practice to facilitate reasoning in the practical situation as I thought that understanding of a frame of reference would ease the students reasoning and would facilitate the integration of theory and practice.

- **Course outline as an organisational frame**

My intention with the course outline was to provide a frame for the students in which to view the overall content of the course. The implication of the use of the course outline was the implied use of a frame of reference or a theory. I asked the students to comment on the frequent reference to the course outline.

> *The course outline, you kept to it and we knew what to expect everyday and we could prepare ourselves and some of us felt you were more structured this term, that's positive* (Group leader feedback interview, 01-09-95).

> *In terms of the course outline, it was very clear, one could understand it easily* (Focus group, 01-09-95).

> *Our group felt that your systematic way of doing the whole course was very good, you stick to your course outline. We knew what you were going to do and that gave us a good base from where to learn and what to expect* (Focus group, 01-09-95).

> *The course outline and readers were very clear to understand* (Anonymous evaluative letter, 01-09-95).

I was hoping that the implicit frame would result in experientially recognising that frames facilitated the organisation of information and thus highlight the use of frames of reference as a reasoning tool.

4.2.3. Students' experience and critique of my teaching

In my experience of previous student evaluations of courses, students tend to write "love letters", commenting only on positive aspects. To elicit the problematic aspects for student learning, I requested the students to categorise their comments into three areas: What worked for them (positive); what did not work for them (negative); and to make recommendations for the course in future.

- **More opportunities to practice skills**

A theme that emerged very clearly was the students' explicit need for more practice opportunities. Within the broad context of focusing on their own learning as well as the emphasis on building confidence for future professional practice, the students identified their own practical skills as a competence that would increase their self-confidence.

> *It would have been nice to do practical sessions with children, so that each one of us could have a child to build confidence and get practical experience with the children that we have to treat* (Focus group, 01-09-95).

> *More practice with children would help us with our fieldwork* (Focus group, 01-09-95).

> *We didn't have enough opportunities to treat children. It would actually be very nice if we had opportunities where we could go and develop the assessment of children and become more confident in that* (Focus group, 01-09-95).

During the previous part of the course in the first term, students worked with normal children while learning about normal development. They expressed a need to also have practice opportunities with children with disabilities.

> *It would be a good idea to also work with children with disabilities because when we practice, we practice with children who are normal or on each other. But in the*

clinical situation, you do not want normal children. And you sort of know what is expected, but at times it can be very overwhelming (Focus group, 01-09-95).

Another frequently voiced request was for more opportunities to practice the administration, scoring and interpretation of standardised tests, used in assessments of children.

I would really have appreciated more practical experience on performing the different tests with children. Even though we observed this at the schools, it would have been good to practice myself (Anonymous evaluative letter, 01-09-95).

Not enough time to familiarise the tests as the Motor Free Test, because we have an idea of the Visual-motor integration test and the clinical observations but we would like more time with the visual perceptual tests. And another negative thing is we didn't work with children so we would like to know, the suggestion is: more exposure to the tests, administering it and familiarising ourselves with this test and practical sessions with the children (Focus group, 01-09-95).

The different tests that you gave us that was very nice that we were exposed to a lot of different types of tests but we also feel that we should be exposed to it more. And maybe have more practice on the types of tests because we couldn't judge what would be a good type of test for us, what the worth of each was, and we weren't familiar with it, so that will help us a lot (Focus group, 01-09-95).

The students clearly articulate that their confidence would increase if they felt skilled and competent with test administration. They also requested more time to practice the planning and writing of treatment programmes.

In terms of treatment, we felt that maybe we should have more input on actually writing more treatment programmes and what kind of activities you can use in treatment (Focus group, 01-09-95).

I did the overnight test and I did not quite understand what was expected of me with the programme exactly. Maybe more input could be given on how to write out your treatment programme (Anonymous evaluative letter, 01-09-95).

Another group articulated a need for child handling skills.

I want to go back to one occasion in our clinical after you showed us the video, you talked about child handling skills. We have very little of that, can we get some more? (Focus group, 01-09-95).

The above examples illustrate both the students' abilities to identify their own perceived areas of incompetence and their experience of this need not being met by the course.

- **Areas of knowledge that left gaps**

In addition to students wanting more practical skills training during the course, some also identified areas of knowledge that were not met adequately during the course.

> *I have actually no negative complaints except for the fact that the amount of time spent with a condition like epilepsy was very short for me personally to get a good enough understanding on what it is and what to look for* (Anonymous evaluative letter, 01-09-95).

> *We could have spent more time on the conditions and how that related to treatment, for example with epilepsy, the symptoms and how to understand that and bring it together with how to treat and precautions* (Focus group, 01-09-95).

Epilepsy and how it affects children was evidently not covered in enough depth for the students to understand the condition or the intervention. Self-study needed to be constructed so that students experienced a sense of mastery and understanding of the theory.

- **Technical short-comings**

The students indicated that they needed more breaks, that lectures were too long and that they would prefer the course to be scheduled in the first semester before their first fieldwork practice started.

> *Periods were too long without a break* (Anonymous evaluative letter, 01-09-95).

> *Negative things are, the lectures were at times too long and we find that we can only concentrate for a certain amount of time* (Focus group, 01-09-95).

Students requested for earlier scheduling of the course in the curriculum to be more conducive to practice.

> *It is very important that this course must be given in the first semester before fieldwork because otherwise it is a harrowing experience* (Focus group, 01-09-95).

> *We need these skills in the first semester* (Focus group, 01-09-95).

Furthermore, their workload, mainly determined by other courses that were running concurrently, prevented them from optimal learning.

> *Due to the workload of other subjects, I couldn't give myself a spare time to study or recap the previous lecture* (Anonymous evaluative letter, 01-09-95).

> *It was less stressful than the neuro course and what she expected of us, even though we got the things done, and you know, compared to the other courses that we did and the subjects, I felt that this course was less stressful. It was more enjoyable. In paediatrics I think we covered broader ground than we did for instance in neurology, but we didn't have the amount of things to do continually, presentations, assignments, there was always something that you had to do for the next lesson* (Focus group, 01-09-95).

> *What I see for the other course, there is always something that you have to do. There is a presentation, there is an assignment, there is a test, there is this, there is that. For me personally, it makes me negative about the course or about a specific subject. I don't work, I don't do anything or I'm having to do work at the last minute* (Focus group, 01-09-95).

Although these comments are not directly related to the paediatrics course, the department as a whole should look at the overall student load and the scheduling of tasks.

Some individual difficulties suggested that a different approach or a specific structure when watching videos could enhance student learning.

> *It was difficult for me to make notes on the video that actually gave me most of my input* (Anonymous evaluative letter, 01-09-95).

For this particular student, I could have lent the video so that she could watch, pause the video and take notes at her own pace.

- **My teaching style**

As mentioned under the problems students' experienced, there were comments on lectures being too long without breaks. On the other hand, students commented positively on the course being well-structured, accessible and understandable.

The lectures were good and I benefited a lot. The course was more structured. It made it easy for students to prepare for the next day (Anonymous evaluative letter, 01-09-95).

This was a very systematic, formal and flexible pattern of teaching, lecturing. It was helpful and goal directed (Anonymous evaluative letter, 01-09-95).

The input that you gave was sufficient, you were well prepared, well organised and structured. We know what we could expect from the lecture (Focus group, 01-09-95).

Students preferred the small group tasks for self-study to the problem-based learning approach of individual self study that they were doing in other courses.

The input that you gave in class is useful, helpful (Anonymous evaluative letter, 01-09-95).

The course was well presented and there was a lot of input from the lecturer, rather than problem-based learning (Anonymous evaluative letter, 01-09-95).

Also, a nice thing was the limited group work because we're working in groups in all the other courses. Group work was less problem-based, yet practically orientated (Focus group, 01-09-95).

A student found reference to future fieldwork practice helpful.

I especially appreciated the fact that you tried to prepare us for fieldwork. Its quite scary going into an unknown situation and you helped to eliminate a lot of anxieties (Anonymous evaluative letter, 01-09-95).

One group referred to the legibility and clarity of the course readers.

In terms of the notes, they are well illustrated and the language is easy to understand and the students know they can rely on them and other, also in the perception note book, those exercises that you can make photocopies of at the back that was a nice idea (Group leader feedback interview, 01-09-95).

Students reported that they had identified structure that afforded predictability so that they could prepare for lectures, clarity of reading materials and small group work as helpful in their learning.

- **Towards feelings of competence**

The changes that I had made to the curriculum through the implementation of action plans were to assist the students to develop feelings of confidence in fieldwork situations. Some students expressed confidence in their abilities.

> *I feel that I am equipped with adequate knowledge to help me work with children* (Anonymous evaluative letter, 01-09-95).

> *In our group they felt that the aims and the objectives of the course were met and there is now a baseline for them to work from in terms of perception and how to do an assessment with a child with perception problems* (Focus group, 01-09-95).

Others identified the need for further self study and the additional skills and competencies acquired during the course.

> *I do have the basic equipment when it comes to children but I need to do a lot of self-study which I am intending to do* (Anonymous evaluative letter, 01-09-95).

> *Own learning process enables the student to develop more insight into their work. Also improve skills of using library and research* (Anonymous evaluative letter, 01-09-95).

I thought that self-evaluation of their level of knowledge acquisition would enable students to determine their own needs in future clinical situations.

- **Freedom to choose an evaluation method**

As one of the central themes of this research project was for the students to start thinking about their own learning, attention was given to not only what helped students to learn, but also what helped students to convey what they had learnt. The strategy that I implemented was to give the students a choice of evaluation methods.

> *Next I asked the students how they would like to be tested, how they wanted me to test them. We discussed the various options of a traditional test, overnight test, assignment or oral. I remind them of the course objectives and suggest that they think about the best method of showing what they had learnt. Discussion and much disagreement. Finally, they decided that each student would choose their own format*

of testing. Seven chose the assignment, two the oral, eight the test and eight the overnight test (My journal, 15-08-95).

The students wrote their test today, overnight tests and assignments were handed in. L did her oral (My journal, 25-08-95).

Students got their marked tests back. I went over the questions and discussed the memorandum. We then discussed their experience of the choices they had in terms of what sort of test they wanted to do. There was general consensus that it was a positive experience to have had a choice. Some experienced anxiety because they did not know which format would work the best for them, and they identified pro's and con's of any choice. It was difficult (for them) to decide. Some based their choices on methods of preparation, and chose for a broad base to have more knowledge. One chose the type of preparation that would cost the least amount of time (My journal, 29-08-95).

I summarised the students' comments during the discussion on the different formats of testing in my journal. Those who wrote the test, liked the format, but had expected more theory and not so much applied. They reported that the time was too short. Some had difficulty in understanding the wording. Breakdown of mark allocation would have assisted them in knowing how much to write. Those who had chosen the overnight test also mentioned that the wording of the first question was unclear. They too felt that a breakdown of mark allocation would have helped to decide how much was required in their answer.

Positive aspects (of the overnight test) were more time to write, more relaxed atmosphere, more time to consult the references broadly, analyse and integrate. Also knowledge is retained longer. Good learning experience. Some difficulty with structuring of written work. Regarding the oral, students felt that despite it being anxiety provoking, preparing for the oral gives broad, overall opportunity for learning and this is good preparation for the next block. With the assignment, some students had problems first in deciding what to write. One student had problems with the structuring of the writing task and thought it was more of a writing problem than a knowledge problem (My journal, 29-08-95).

I appreciated the feedback about the wording of questions. This was a small change that could easily be implemented. Interesting also was how the breakdown of mark allocation gave the students a sense of how much they were required to write. During the course evaluation, some students commented on the fact that they could choose.

I enjoy the way we could choose when writing test (Anonymous evaluative letter, 01-09-95).

...and also your positiveness, your accommodation with the tests, with the evaluation of the course, I suppose that was new to us and refreshing (Focus group, 01-09-95).

The flexibility in the evaluation when you gave us a choice, where you could do the kind of evaluation that you wanted (Focus group, 01-09-95).

Valuable feedback for me is the issue of clarity of wording of questions and how mark allocation would help the students to structure and weight their answers.

4.3. Discussion

I implemented the strategies to facilitate the integration of theory and practice and the explication of frames of reference to provide a reasoning tool for students to frame their clinical decision-making for the first time in 1995, as part of the action research cycle. Many opportunities for reflection, discussion and active learning were achieved. Students' observation of the clinical cases in actual treatment contexts and again on video, allowed for deeper learning through analysis and discussion. Continual moving between the clinical reality and specificity demanded by individual children's needs on the one hand and the underpinning theoretical constructs on the other hand, hopefully contributed to a deeper understanding of the impact of impairment on children's occupational behaviour and on intervention. In preparation for practice, the course was structured so that students moved to and fro between theory and practice. Theory presented in class was followed by an opportunity to view fieldwork practice, followed by a return once more to theory, to further inform practice. Thus a spiralling model of learning for deeper understanding and multiple opportunities to discuss, question and debate their own unfolding learning was presented in my course. The opportunity for the students to engage actively in the learning process through the application of knowledge in problem-solving, analysing and developing their own understanding and to discuss it with their peers in the group, respooonds to the social constructivist notion of learning.

In addition to the Schönian concept that students have to "see" to learn well, I want to add that students have to "talk" to learn well. Talking about seeing adds the social dimension to learning. I came to the conclusion that the traditional expectation of teachers who require silence and listening would not necessarily result in good learning. My earlier tentative ideas

of learning being a social construct in which each student developed their own understanding through a process of engaging actively with the learning material, was strengthened for me by the findings suggested by the data.

To conclude, in this chapter I described the findings of the analysis of my teaching during one of the applied paediatric occupational therapy modules. A description of my reflection on the results follows in Chapter Eight.

In the following two chapters, I describe the results of the students' learning experiences during their fieldwork practice in community settings.

CHAPTER FIVE

LEARNING IN FIELDWORK: SCHOOL SETTINGS

The findings from the data of the students' learning experiences in a school setting in Belhar Extension 13 are described in this chapter. I provide an overview of the community in which the school was situated and describe the two students' experiences. For each of the two students, Lisa and Tim, I describe their engagement in a treatment session; what the students could say about their practice; and what the student journals revealed. I conclude the chapter with a discussion of the findings.

5.1. Developing a school-based site for student learning

In line with the Faculty of Community and Health Sciences' commitment to the transformation of health services and the Department of Occupational Therapy's decision to start placing students in community settings rather than tertiary institutions only for fieldwork practice, new sites for student training in communities had to be developed. The community of Belhar Extension 13 was one of them, the other two being Mfuleni and Mitchell's Plain.

Belhar is a suburban area of Bellville, situated in the Northern suburbs of Cape Town. It is a relatively "new" suburb that became established as a result of mass removals enforced by the Group Areas Act of the previous apartheid regime when so-called "non-white" people where forced from their homes and relocated to areas away from the "white" areas of Cape Town. The inhabitants of Belhar are mainly "Coloured." The socio-economic status of the residents of Belhar is mixed, with people maintaining middleclass lifestyles and working in professional careers as well as a few people from high-income groups, residing in "Old Belhar." In contrast, Belhar Extension 13 is the poorer part of the area. Poverty and unemployment are rife as well as serious social problems such as a high incidence of crime and violence, substance abuse, domestic violence and child abuse. In contrast to the comfortable lifestyle of those residing in Old

Belhar, the inhabitants of Belhar Extension 13 live in poverty and in circumstances of severe social difficulties. The housing in Belhar Extension 13 is sub-economic, implying small, cramped accommodation with, at times, more than one family occupying a two-bedroom house. I was actively involved in the development of Belhar Extension 13 as a community site for student training.

- **Bergsig Primary School**

Bergsig Primary School is one of three primary and two secondary schools in the area. During 1995, there were 810 learners in the school. The junior primary phase consisted of two pre-primary classes, each with 25 children. There were four grade one classes with 32 children each; three grade two classes with 36 learners each and four grade three classes with 30 children each. In addition, the school had an adaptation class for fourteen learners who struggled in the mainstream. With the later implementation of inclusive education, the adaptation class ceased to exists. There were 32 teachers including the principal and vice-principal, and five support staff.

The school building was a modern, brick construction. There were paved courtyards where the school held assembly in the absence a school hall. Despite having large grounds surrounding the school building, the lack of resources to maintain the grounds was evident.

- **First impressions**

I kept a journal of impressions, thoughts, events and questions that arose during community fieldwork site development in 1994 when we first started placing students at Bergsig School, situated in Belhar Extension 13. I continued writing the journal during the research process of 1995 and 1996. In collaboration with the Community Partnerships

Project[1] (CPP), the Department implemented plans for students training. To develop Bergsig Primary School in Belhar as a site for student training, I contacted the principal to explore the possibility of student placements at the school. During the visit I explained the over-all aims and the Departments' requirements for student training in the fieldwork block. I indicated that we would like to provide a service that would be beneficial to both the school and ourselves. I mentioned that we would like to work collaboratively with CPP and all the other UWC departments that participated.

I suggested that the occupational therapy students could either concentrate on identifying the problems of children already manifesting difficulties in grades one and two, or alternatively, administer developmental screening of all the pre-primary, grade one and grade two pupils to provide the school with a profile of the developmental status of the junior primary grade children.

> *After consultation with the junior primary phase departmental head and teachers of the pre-primary and grade one and two teachers, the school requested that the students embark on a project of determining a developmental profile of all the pupils in the junior primary phase. I enquired about a venue and we were offered the use of an empty classroom for the students to work in. The principal then allocated each student to a teacher and asked the teachers to assist them. I was their fieldwork supervisor and thus had a lot of contact with the students, teachers and pupils* (My journal, 02-06-94).

The establishment of relationships with key people in community sites to provide opportunity for clear communication of mutual needs was vital for the development of the new sites for student training. The principal and staff of Bergsig Primary school were accommodating and supportive from the outset. In addition, after a few groups of students had been placed there and groups of children had received occupational therapy, the staff commented on the beneficial results that had been achieved with the children.

[1] Since 1993, the name of the Community Partnerships Project changed first to Western Cape Community Partnerships Project and later to Community Higher Education Services Partnerships (CHESP) as it is now known.

5.1.1. Perceived benefits

Apart from the obvious benefits of learning about the primary health care approach and community-based intervention, many benefits for preparing students for eventual professional practice in South Africa emerged.

- **Multidisciplinary learning**

By placing students in schools in Belhar Extension 13, the students had opportunities to learn about teamwork or about the roles and contribution of members from other disciplines.

> *One of the exiting possibilities of a school as site for fieldwork training was the opportunity for multidisciplinary practice. In the school, the student would work together with teachers and remedial teaching students* (My journal, 02-06-94).

Community sites thus broadened the scope for multidisciplinary learning with members from professions other than the medically related professions that student therapists had encountered in hospital settings.

- **Scope of intervention broadened**

To determine what discipline-specific learning opportunities the school would offer to the occupational therapy students, we had to find out if there were enough children with learning difficulties that needed intervention. It soon became evident that there were many children in the junior primary phase with perceptual-motor delays in their development that could benefit from occupational therapy. The remedial teaching students had administered "The Developmental Test for Visual-motor Integration" to selected children identified by their teachers as having problems. The occupational therapy students started their intervention plans by scoring and interpreting the tests in order to identify children with perceptual-motor difficulties.

> *The students spent one whole day to score and interpret the tests that the remedial teaching students had administered. They produced a list of names and scores revealing the developmental status of each child. They expressed concern that so many children had scored below average, and enquired about the validity of the test for that population* (My journal, 30-05-94).

I agreed that it was worrying, and that I had been confronted with a similar situation during the research for my master's degree. At that time, I was advised by Peter Lachmann, who was the director of the UCT Child Guidance Clinic, that the norms should be accepted as the standard and that I could accept that many children from low socio-economic communities were functioning below average on tests for visual-motor integration and other perceptual skills. However, the question of validity remained and still is problematic for me, as the tests were standardised in the United States were I assumed that the normative sample were not from situations characterised by disadvantage, poverty and lack of stimulation that are typical circumstances in which many South African children grow up.

Through further investigation and work with the children, it became clear that many children presented with learning difficulties. Bergsig School as a fieldwork site was thus ideal for the purpose of both service provision to the school and learning opportunities for the students. A new area of service provision opened up as student therapists now had opportunities to work with children with special needs who would otherwise not have had access to early intervention.

The implications of the scope of practice opportunities for occupational therapists in schools was later operationalised by the decision of the Department of Education to move towards inclusive education as set out in the White Paper no 6 on Inclusive Education (Department of Education, 2001).

5.1.2. Impact of the environment: Poverty, social problems, vandalism and theft

The impact of poverty and the socio-political dynamics of the community of Belhar Extension 13 was an eye-opener to the students and myself.

- **Hunger and sexual abuse**

Despite having been aware of the extensive poverty and serious social problems in some struggling communities, it was the personal confrontation of being in the situation and the daily contact with the effects of poverty and serious social problems on children and teachers' lives that brought deeper understanding of the effects of poverty.

> *The students were located. They were housed in a classroom and were in the process of administering a drawing test to a group of 20 children. F was busy administering the test, monitoring the progress and giving instructions. C came to speak to me. She reported their initial findings and expressed concern for the appalling social and economic problems of the community from which these children came. Severe poverty – the children were coming to school hungry. The school had a feeding scheme where children were given soup and bread at lunchtime. Major social problems such as unemployment, alcohol abuse, exposure to violence and concern about the fact that many children drew pictures of people portraying genitals* (My journal, 03-06-94).

The students, teachers and I wondered why the children were drawing genitals, as it was not a common feature in drawings of pre-school children. We wondered if it was indicative of children being exposed to sexual activity of adults in overcrowded houses or alternatively, whether it was indicative of sexual abuse of children. As these events occurred before the extent of child sexual abuse was made known through the media, I now in retrospect suspect that some of the children whose drawings depicted genitals, may well have been victims of sexual abuse.

> *She mentioned that teachers were concerned with the manifestation of social problems in children's drawings and in their play at break times* (My journal, 21-06-94).

In addition to the drawings, some children play-acted sexual behaviour, and often engaged in overt aggressive and violent behaviour towards each other. We assumed that the play behaviour manifesting on the playground were learnt behaviour from the children's home environments.

- **Unemployment**

My own first impressions of Belhar Extension 13 were that there were many men in the streets during normal working hours.

> *There are many people on the street at 9.30 in the morning. Mothers with children, children in small groups playing in the streets and noticeably, many men standing around and chatting, which is probably indicative of the high level of unemployment in this area* (My journal, 21-06-94).

Other than the serious nature of financial deprivation of unemployment, the effect of occupational deprivation on the mental health of the men was assumed to contribute to the social problems in the community.

Observation of the children's appearance and sometimes the smell emanating from their bodies and clothes further alerted us to the levels of poverty. Some children appeared to have been without washing or bathing for long periods of time. It raised questions about access to water, or to the mental state of the caregivers in the children's homes where the adults could not provide in the basic needs of the children.

> *A few of the children appeared to absolutely poverty stricken by the appearance of their clothing and their hair* (My journal, 21-06-94).

When a child smells of stale urine on repeated occasions, one wonders what happens in the household.

- **Vandalism and theft**

The school was plagued by vandalism and theft. Teachers and children were robbed. Educational resources and materials were stolen. Nothing brought the message of the devastation of socio-political realities of the people living in Belhar Extension 13 to the fore as much as the concrete evidence of recurring vandalism of the school that occurred during each school holiday.

> *On the first day of the new term, a new group of 4th year students went to the school to start a research project. When they arrived, they found that the school had been vandalised to the extent that no teaching could occur. The children had to be sent home. Twenty-three classrooms had been vandalised. The windowpanes had been broken, books torn up, posters torn from the walls and furniture broken. Faeces and drug paraphernalia littered the rooms* (My journal, 21-06-94).

Reflecting on the effect the vandalism had on the students and myself, the disgust, horror, anger and fear, I wondered what the long term effects of the vandalism was on the children and the teachers.

> *I spoke to the secretary, who confirmed the seriousness of the situation. At that stage the police were there to investigate. Her opinion was that the vandals were ex-pupils of the school because "we know their faces". She further mentioned that if 400 window panes were to be replaced that day, they would be removed during the following night to be sold. When I enquired about her well-being, she said that it was tough to work there, but they had to go on* (My journal, 21-06-94).

The school implemented measures to prevent theft by securing one room.

> *I went to the classroom where the students were working. The factotum was in the process of changing a lock on the classroom door. C explained that the room was used to store all equipment such as crayons, books and everyday class equipment in locked trunks. At the end of the school day, all the teachers brought the teaching materials from their classrooms, included the carpets, to be locked away until the next morning when it was collected again. If these security measures were not implemented, the items were stolen overnight. This room appeared to be the only one with adequate security. The lock had been broken the night before but nothing had been stolen. As the students were working, a youngster, assumed to be a gangster, not a pupil, came in and said: "Strange faces," and left. This*

unnerved the students (My journal, 21-06-94).

Apart from the loss of teaching materials, there was also the threat of personal injury. Some teachers feared for their lives as gangsters sometimes entered classrooms and demanded money and the gangsters could be armed.

> *They* (the students) *report that teachers keep their classroom doors locked during the school day, for fear of intimidation and theft from gangsters* (My journal, 21-06-94).

The threat from gangsters to personal safety and loss of property affected the teachers at the school, the children and the student therapists. The school did not have the resources to keep strangers from entering the premises.

5.1.3. Encountering value differences

The occupational therapy students' response to the poverty and social problems of the community from which the children came, was one of wanting the school to be a haven of safety and a secure place to learn. The students were confronted with the value differences between the ideals of the learnt curriculum and the reality encountered in the school. Student therapists wished to assist the teachers in achieving such an environment. Lack of resources and continuing vandalism and theft resulted in bleak surroundings and lack of appropriate teaching materials in the pre-primary classrooms. During initial contact with the pre-primary classes, one student expressed her impression of alternatives for better learning for the children.

> *She spoke about the lack of stimulation in the pre-primary class and the fact that the only activities the children had done were one activity of auditory stimulation of sounds linked to alphabet letters for about five minutes, and some other activity for a few minutes. The rest of the time was spent aimlessly. She described the visual surroundings as bleak, not stimulating and inappropriate. Decorations in the classroom consisted of letters of the alphabet but nothing else. She wanted mobiles, appropriate posters and meaningful toys such as coloured blocks and interesting activities that would aid and stimulate development* (My journal, 21-06-94).

In addition to wanting a more stimulating physical learning environment, the students were also concerned about the emotional tone of the environment. Attitudes and values of teachers and therapists differed at times.

The tension between the values of the occupational therapy profession and how it clashed with values encountered in the realities of the training site came up from time to time. Value conflicts arose for the students when they encountered teachers shouting, swearing and using abusive language in addressing the children. The students expressed disappointment about the way in which some teachers spoke to the children.

> *Another area of great concern is A's reporting on how teachers speak to children. Abusive language, including swearing, derision and sarcasm, was the norm. She engaged in conversation with one teacher on this subject. The teacher reported that it was the only approach to which the children responded* (My journal, 02-06-95).

I had also encountered incidents of shouting and swearing to children in attempts to discipline them. Once, while I was observing two children who were struggling, I noticed with surprise that the teacher used scolding in trying to get the children to learn.

> *She* (the teacher) *then handed out some papers to each child and asked them to put their names on the paper. She addressed those who were slow to write their names, in an angry voice. This was the same kind of activity as before, where they had to fill in end sounds of an object in picture form. She scolded those who struggled* (My journal, 21-06-94).

The scolding and angry voice was however not the norm. For most part of her teaching, the teacher was supportive and encouraging.

> *The children sat tightly together, there was no room to move. E was looking at me and not concentrating. The teacher asked her to identify a sound. She could not. The teacher reacted kindly, not showing her up for not knowing* (My journal, 21-06-94).

> *Most of the class participated actively and were generally attentive. E participated when she could, such as when a word was written on the board, and she could sound it with the rest of the children. The teacher frequently explained the concept and gave a lot of reinforcement. She asked them to sit flat, and not to kneel up in anticipation of being asked. She talked about them as "crooks" and that she would "catch them out". The teacher joked and smilingly said that she told them that she would catch them out. The pupils enjoyed this and laughed* (My journal, 21-06-94).

Supportive learning strategies were evident. The following example demonstrates how the teacher helped the children to learn to manage the spatial organisation in letter formation:

> *One child was asked to write a word on the board and he looked up to a chart on the wall. He reversed the last "s" of the word. Teacher explained that the "s" should face the door of the classroom and not the windows of the classroom* (My journal, 21-06-94).

It was heartening to observe this incident of learning support provided to the children. The teachers were working under difficult circumstances with threats to their personal safety and loss of belongings, resulting in stress. Furthermore, children came from a community where disciplinary measures often consisted of hitting and shouting at children. The differences in values have to be seen in this context.

5.2. Student fieldwork at Bergsig School

5.2.1. Lisa's work at Bergsig School

Lisa's fieldwork block at Bergsig occurred the following year, in 1995.

- **Background**

The treatment session occurred during Lisa's third year as an occupational therapy student. She was at the time doing her second fieldwork practical block. Her first fieldwork block had been in a hospital setting where her patients were adults with

physical disabilities. The other six months of the year consisted of theory of occupational therapy including paediatric occupational therapy. The duration of the current block was for eight weeks in September and October 1995.

- **Janet, the child**

Janet (not her real name) was a six year old girl enrolled in the pre-primary class. Janet lived with her parents and three older brothers in a house with six rooms in Belhar Extension 13. The family shared the house with six young cousins who were in Janet's mother's care. An aunt and her two children lived in a room in the back yard. Her mother was a housewife, her father an unskilled factory worker. Janet's school attendance was erratic. During the time that Lisa worked with her, the school suspected that she might have tuberculosis, but a medical investigation proved negative.

Janet's teacher was concerned about her lack of school readiness skills. She was, for instance, struggling to learn to write her name and could not name the basic colours. These were the reasons for her referral to the occupational therapy student.

Results of the occupational therapy assessment administered by Lisa confirmed that Janet had delayed development in visual-perceptual skills such as spatial perception, visual discrimination, visual memory, and visual-motor integration. Janet's perceptual-motor development appeared to be approximately two years behind other children of the same age. Her fine motor skills such as cutting with scissors, drawing and writing letters of her name, were behind those of other six year old children. Furthermore, her ability to concentrate and her memory were poor, and she was easily distracted. Her fine motor and perceptual difficulties appeared to be the underlying reasons for her difficulty in learning to write her name.

- **The session**

This particular treatment session occurred in October 1995. By the time that the treatment session was videotaped, Janet had had seven previous individual treatment sessions with Lisa and had thus had time to get to know her and to be at ease in her presence. Before the session, Lisa fetched Janet from her classroom and brought her to the therapy room where she was introduced to me, and the purpose of my presence and the video camera were explained.

The central objective of the session was to provide Janet with opportunities to improve her memory. Lisa stimulated Janet's memorisation by getting her to focus visually and then to describe what she had seen. To elicit recall, Lisa asked Janet to close her eyes and say what she had seen.

As an introduction to the session, Lisa selected a doll around which she constructed an opportunity for Janet to focus on and remember certain visual components. Lisa and Janet sat on the floor on a gym mat, with the doll in front of them. Janet named various items such as the doll's dress, dummy, pom-pom, chain around her neck and so forth. Lisa then removed the doll, Janet closed her eyes and recalled what she had seen. In addition to naming parts of the doll, Janet was asked to name colours and to identify left and right sides on herself and the doll.

They then moved to a desk where Lisa used picture cards of household objects. Lisa asked Janet to name and discuss the use of each item. This was the central part of the treatment session. The cards depicted cheese, porridge, tooth paste, washing powder and household cleaner. Janet was asked to explain what each object was used for. Once all five pictures had been identified and described, Lisa provided a poster with more pictures, some of them identical to those she had just discussed. Lisa asked Janet to cut out the pictures that were the same as those she had just described. Janet then had to remember which pictures she had seen before.

The final part of the session involved pasting of the cut out pictures onto a large sheet of paper. In addition to mastering the practical skills of cutting and pasting, Janet was also reminded of shape concepts and of spatial orientation.

The central idea of this treatment session was for Janet to focus on visual stimuli, remember them and recall them. However, much more occurred during this session. Lisa's understanding of Janet's problems was revealed in the many other decisions she took concerning the situations that arose during the session. She reinforced colour concept, counting, shape recognition and shape naming, right-left concept, spatial orientation and at the same time, Janet's fine motor skills of cutting and pasting were improved.

Several aspects of good practice were revealed in this session.

- **The therapeutic benefits for Janet**

The multiplicity of a range of treatment objectives woven into this session was one of the reasons why this was an exceptionally beneficial session for Janet. The 15 minute treatment session was constructed to provide Janet with opportunities to remember, to concentrate, to focus attention on visual detail, to reinforce basic concepts of colour, shape and direction, to figure out spatial organisation, to experience a sense of achievement and success, and to achieve mastery of motor skills. Her cognitive, emotional and biological domains were activated and tapped. Her occupational behaviour in pre-academic performance skills was enhanced.

Lisa used an integrated approach to achieve various treatment aims at the same time. While Janet learnt the practical skills of working with glue and pasting pictures, Lisa used the square shape of the pictures to reinforce shape concepts and, the spatial orientation of the pictures was used to challenge Janet's yet disorganised view of spatial relationships.

For example, the cutting and pasting exercise was an indirect means to achieve the aim of increasing memory, yet it also served as a direct opportunity for Janet to gain improvement in fine motor skills. During the cutting and pasting exercise, Lisa helped Janet to improve her cutting skills. When Janet did not cut accurately, Lisa reminded her to cut on the lines, to keep the scissors to the outline of the picture. While she was cutting the picture of a box of washing powder, she accidentally sniped off a corner. Lisa used an analogy of a broken box, saying:

> *Lisa: "Cut nicely on the lines. Your mom won't buy a broken box at the shop, will she buy a broken box at the shop? You do help your mommy with the washing don't you? Don't you help your mommy with the washing? Don't damage the cheese when you cut it. Cut out everything that you saw. Is it difficult to cut on the lines?"* (Video transcript, 19-10-95).

During the pasting part of the activity, a considerable improvement of skills on Janet's part was evident. Many of Janet's perceptual-motor difficulties became evident. Her problems with visual-spatial orientation were revealed in her placing the pictures upside down, and pasting the glue on the front of the picture. Also, she had not yet mastered the organisational skills of pasting. She had a large sheet of white paper in front of her, her cut out pictures, glue and a brush. Janet took the brush, dipped it into the glue and dabbed a blob of glue onto the centre of the sheet of paper. She placed the picture onto the blob of glue, upside-down.

Lisa responded to this by telling Janet to put glue onto the back of the picture. Janet held the next picture in the air. Lisa asked her to put the picture down, demonstrating and telling her to put the glue onto the four corners. With this reference to the four corners, Lisa alerted Janet to the concept of shape.

> *Lisa: "Put the picture down like this, then you can put the glue onto the back. Then you can put the glue in the corners. In each corner. What shape is this? What shape, do you know? What shape?"* (Video transcript, 19-10-95).

By the fourth picture, Janet had the idea, and placed the glue on the four back corners of the picture. When she turned the picture over, she turned it into the correct spatial orientation before she stuck it down.

Lisa's ability to integrate many other concepts, such as colour, shape and direction into the session, reflected her ability to think beyond her focused plans for the session. This implied that although Lisa's focus for the session was on Janet's memory, her understanding of Janet's other problems was brought to the surface continually, to inform her action. Lisa's seemingly automatic responses to cues and prompts presented by the practical situation revealed her ability to reflect-in-action.

For instance, when Janet was naming the items on the doll, Lisa asked her to name colours as well. Janet had pointed to a red spot on the doll's arm, calling it a "sore".

> *Lisa, pointing to the sore: "What colour is this?" Janet does not respond immediately. Lisa: "She hurt herself. What colour is this? Tell me, what colour is this? Shame, she probably fell." Janet is still not responding. Lisa prompts her by saying: "It is blood. What colour is blood?" Janet: "Red"* (Video transcript, 19-10-95).

Janet derived a large amount of perceptual-motor stimulation from this session. Concepts of colour, shape, and directions were continually referred to and reinforced. Her cognitive understanding of the world was brought into the discussion of household objects. Her fine motor skills in manipulating tools and her organisational skill in executing the task of pasting were improved.

- **Lisa's choice of activities revealed her understanding**

One of the central concepts in paediatric occupational therapy is referred to as "the just right challenge". The ability of the student to make this fieldwork judgement correctly and therapeutically involves the integration of a variety of theoretical constructs such as knowledge and understanding of normal developmental expectations, of perceptual-motor theory, of elements of activity study including analysis, presentation and

structuring of activities, and child handling principles. The skill of selecting and presenting a child with "the just right challenge" implies that the student is aware of exactly what level of complexity or challenge a task needs for the child to derive therapeutic benefit. The task should not too easy and not too difficult.

Lisa's thinking as an occupational therapist was revealed in her construction of the treatment session and her interaction with Janet during the session. Her choice of activities revealed both her understanding of Janet's problems and her understanding of occupational therapy. The depth of her understanding was revealed by her choice of a "just right challenge". The choice of the doll, a cutting and pasting exercise, pictures of everyday objects known to Janet, revealed Lisa's understanding of Janet's developmental level and her practical capabilities. It revealed Lisa's understanding of the perceptual-motor components underpinning academic learning and which of those skills Janet needed to develop.

However, more than her explicit choice of activities, it was her use and adaptation of the activity in the practical situation that revealed the depth of her understanding of Janet and of occupational therapy. Frequently during this session, Lisa used what was at hand to improve Janet's concepts. An example was the way she questioned Janet about colour during their discussion of the doll, as described above. In another instance, Janet lifted the doll's dress and pointed to the doll's sock. Lisa asked her to compare it to the colour of the mat they were sitting on. When this comparison to the colour of the mat did not elicit a response, Lisa provided a further reference field by associating it with the colour of grass.

> *Lisa: "What colour is this, nearly like the carpet?", pointing to the carpet. Janet does not respond. Lisa: "What colour is this? Like grass, what colour is grass?" Janet: "Green"* (Video transcript, 19-10-95).

In another example, Lisa used the activity at hand to broaden Janet's occupational performance in self-care concepts. This occurred during the discussion of the household objects. Lisa had placed a picture of toothpaste before Janet and asked her what it was.

> *Janet: "Tooth brush". Lisa: "Hmm?" Janet: "Tooth paste". Lisa: "What do you do with tooth paste?" Janet: "Clean your teeth". Lisa: "When do you clean your teeth?" Janet: "When your teeth aren't smelling nice". Lisa: "When do you clean your teeth? What time of the day do you clean your teeth?" Janet: "In the mornings"* (Video transcript, 19-10-95).

The primary purpose of the picture and the discussion around it, were for Janet to remember it. Yet, Lisa used this opportunity to reinforce concepts of self care.

- **Lisa's professional behaviour**

Lisa's behaviour towards Janet revealed her values and her professional beliefs. Her behaviour reflected a caring frame. In this session, her attitude towards Janet was encouraging and affirming. When Janet's responses were correct, Lisa praised her. When she was unsure of a response or hesitated, Lisa prompted her, by providing a reference or an association.

Frequently throughout the session, Lisa used verbal praise for correct responses and affirmed each correct response. Sometimes she repeated Janet's response as affirming, at other times, she used a word of praise, such as "good". It was clear that Lisa believed that Janet would succeed. She prompted her with statements such as:

> *Lisa: "Say it, you do know, you do know the answer, you said it just now"* (Video transcript, 19-10-95).

In addition to her words, her actions also revealed her enabling attitude. When Janet was cutting pictures from the poster, she had some difficulty in deciding what to cut out next. Lisa reorganised the pictures to make it easier for Janet to select. The quality of Lisa's engagement with Janet during the session was indicative of Lisa's ability to construct a therapeutic relationship. She was not merely sitting next to Janet while she worked, but continually talked to her and encouraged her, observing her responses, guiding her, coaxing her to do better or to work more accurately.

For example, while Janet was pasting and learning to put the glue into the corners of the upturned picture, Lisa engaged her in conversation throughout the process, using questions to get her to focus:

> *Lisa: "You must put the glue onto the back of that picture". Janet holds the picture in the air, dabs glue onto it and places it onto the sheet of paper, upside down. Lisa: "Look at that, is the tooth paste the right way?" Janet is already involved with the brush and the glue pot. Lisa points to the picture and says: "Is this picture lying the right way around?" Janet turns the picture the right way up. Now Lisa demonstrates putting the picture down, and instructs Janet to put the glue onto the four corners. Janet places glue in the four corners, turns it around and sticks it down. Lisa asks: "Do you know what shape that is?" Janet: "A square." Lisa: "A square. You are a clever child. You know all the shapes. You cut out a lot of squares"* (Video transcript, 19-10-95).

- **Not all goes smoothly**

Janet's short attention span and her distractibility required of her therapist to structure the environment with the least amount of distracting influences. In doing so, Lisa kept the working areas free of unnecessary clutter. However, at times she talked too much, repeating questions. In her attempt to engage Janet through questioning, Lisa did not always leave her enough time to respond. When Janet was actively involved and paying attention, Lisa's talking may have been distracting.

At one stage, during the picture cutting part of the activity, Janet had to remember which pictures to select. Lisa referred to two of the other pictures that were not part of the original five. The following conversation, which caused some confusion for Janet, serves to illustrate:

> *Lisa: "Look, here is Home Guard too, and rice too." Janet does not respond as she is concentrating, totally absorbed in her work. Later Janet says:." I didn't see the rice," but proceeds to cut out the picture of the Home Guard. Lisa: "And this stuff, the Home Guard, did you see the Home Guard? Did you see this, was this there too?" Janet nods her head. Lisa: "What do we do with Home Guard?" Janet: "You spray, you spray spiders with it to wet them". Lisa: "I don't know that you saw Home Guard. Did you see Home Guard on the other picture that I*

> *showed you? Look well. What did you see? Think about all that you saw. You still explained to me what we use them all for"* (Video transcript, 19-10-95).

Janet did not remember if the Home Guard was part of the original five pictures that she had to remember. The conversation, and Lisa's request to describe the use of Home Guard, increased Janet's confusion.

Despite some minor errors, this was mostly an effective treatment session. It was a particularly good treatment session for a third year student, seeing that it was her first year of fieldwork practice and her first opportunity to work with children with developmental problems. Not many students had developed the knowledge and practical skills that Lisa had mastered at an early stage.

- **Emerging reflection**

Lisa's work revealed an emerging ability to reflect on her work. Mattingly & Fleming (1994:10), in describing the reflection that occurs during clinical reasoning, viewed it as "a practical kind of know-how that deploys theoretical knowledge". It is practical reasoning that results in action. Furthermore, the occupational therapy knowledge base is largely tacit. Occupational therapists pay attention to relevant cues and unconsciously shift therapeutic intervention in response to these cues. These unconscious shifts tap knowledge held in the tacit domain.

In Lisa's case, her observations of Janet's cues, and her seemingly unconscious responses drawn from her tacitly held knowledge, were demonstrated in such actions as responding to Janet's naming of the sore on the doll's arm, and using that as an opportunity to talk about the colour red. Another example was her using the activity of putting glue onto the corners of the cut out pictures, to remind Janet of the square shapes:

> *Janet now places the glue onto the four corners, turns it around and pastes it. Lisa continues to ask her to identify the shape of the picture. Lisa: "What shape is that. Don't you know, what shape?"(*Video transcript, 19-10-95).

What Lisa's practice revealed, was the ability to be reflective in action. Schön (1987) argued that it is the ability to reflect in action that determines the quality of the practitioner's work. Schön (1987) distinguished between knowledge-in-action, reflection-on-action and reflection-in-action and proposes a developmental sequence. Lisa's practice revealed all three elements of reflective practice, whereas the other students' practice revealed knowledge-in-action. For instance, one of the other students during that same fieldwork block, selected activities that revealed some knowledge of the intervention required. Yet, during the treatment situation, he did not respond to the child's cues as revealed in her level of lack of mastery of the task. The student did not yet reflect-in-action.

5.3. What Lisa could say about her practice

Previous examples illustrated Lisa's ability of reflection-in-action. Her ability to reflect-on-action was shown in her observations of Janet's behaviour and her understanding of its implications for Lisa's handling of the situation. It was illustrated during the interview after she had watched the video of the session when she said:

> *The first thing is that she is unsure of herself, which is also very clearly seen in the session, and the second thing, that she guesses often. She is not sure of herself and she guesses often. And she is very distractible which makes it difficult to explain concepts to her and to get her to remember them, she forgets very quickly* (Interview, 19-09-95).

On the video tape of the session, Janet at one stage put the sharp end of the scissor into her mouth and then waved the scissors above her head. Lisa admitted that she had not been aware of this behaviour during the actual session. Lisa became aware of precautionary measures in situations like these:

> *She could have easily stuck it in her eye and that is something that one has to look out for very carefully because these children usually do not have a sense of danger of the things they are playing with* (Interview, 19-09-95).

Furthermore, she critically reflected on her own practice, learning from what she did in this session to improve future practice:

> *At one stage she appeared to be very, very confused, when I spoke about, what she sees and what she can't see, and how I unpacked the cards. I could have unpacked the cards to make it more clear for her, seeing that she has problems with discrimination, such as figure-ground. So then I can actually see that she will be confused if she sees all the pictures in front of her and she has to indicate which one she didn't see. Because she even became confused when she had to paste her pictures and she wanted to take mine as well. I don't know if it was entirely because she could not identify the same pictures, or if she misunderstood my instructions, which again shows me the importance of how you give your instructions* (Interview, 19-10-95).

In conclusion, Lisa's work revealed emerging reflection on her own practice. She was capable of reflection in action, which resulted in subtle shifts in her intervention. It was her ability to be sensitive to these cues that arose, and to adjust her actions, that made her a good student therapist. Her tacit knowledge enabled her to make these professional judgements. Lisa's fieldwork reasoning skills as a third year student appeared to be more advanced than those of her peers.

5.4 Lisa's journal

Lisa's journal clearly reflected her depth of knowledge and understanding. Her extensive and detailed journal entries contained information about the treatment of her patients, her patients' responses and how she drew conclusions and reasoned about future treatment of her patients. Furthermore, her journal entries revealed that she reflected on her practice and that the thinking that emerged from what had happened, was carried over and implemented to improve her practice. The themes and categories that emerged from Lisa's journal are depicted in Table 3 below.

Table 3: Findings from Lisa's journal during school-based practice

Themes	Categories
Moving beyond the technical	• Main focus on the child's response • Practice reveals integrated theory • Awareness of the whole child
Reflective practice emerging	• Developing reflection-on-action over time • Reflection-in-action emerging • Questions, critique, wonder and problem solving • Critical self-evaluation and growing confidence
Seeing the big picture	• The jolt of the real world: impact of the socio-political problems • Member of a team: I'm not alone

The themes: moving beyond the technical; reflective practice emerging; and seeing the big picture, as well as the categories of each theme, are described below.

5.4.1. Moving beyond the technical

- **Main focus on the child's response**

Lisa's daily journal entries contain reflections on her therapy, the child's responses, her understanding of what has happened and how it influenced her future treatment plans. The fact that she has moved beyond concentrating on how to implement her therapy and that she can focus on the children's responses to her intervention, implied that she has moved beyond the technical and had reached mastery of the implementation and presentation of the activities. Frequent recordings appear in her journal of descriptions of the children's responses.

> *Although he is right handed he often tends to start writing on the left side with his left hand* (Lisa's journal, 04-10-95).

Later in the block, she started to add her interpretation, revealing that she started to make meaning of the child's responses in terms of her own understanding of the perceptual-motor deficits experienced by the child.

> *I suspect that Janet is having difficulty to interpret stimuli selectively. She is struggling to block out irrelevant stimuli and therefore gets confused. I could see that with dotted lines on the blackboard as well. It seems like the many dots are too overwhelming for her* (Lisa's journal, 09-10-95).

The fact that Lisa could interpret the reasons why the activity is difficult for the child, is indicative of her ability to be critically reflective of her choice of activities.

- **Her practice reveals integrated theory**

Lisa's journal reveals a deep understanding of the theoretical constructs of the intervention. She makes frequent reference to the performance components underlying the activity choices. In some of her observations, she qualified her interpretation by explaining exactly what she saw and precisely how the child responded.

> *To reach the page on the wall, especially the upper parts, Harry* (not his real name) *had to stretch. Nice extension throughout his whole body was achieved. He was doing this with lots of effort, however, this could be seen in his facial expression and how he fixated the leg from the knee down. His toes were also curling* (Lisa's journal, 04-10-95).

Furthermore, Lisa's writing revealed that her understanding of the underlying performance components was used in making professional judgements.

> *Harry had to go into the wheelbarrow position, pick up the instructed colours put it into his mouth, wheelbarrowed* (sic) *to the other end and arrange it. This activity treated dissociated movement of the shoulder, colour, visual-motor integration, weight bearing on the shoulders and it gave a lot of enjoyment. (P.S. Trunk muscles were also nicely exercised and a lot of lateral flexion and extension took place as well as flexion and extension through the whole body). I think I must use this same activity to teach him letters* (Lisa's journal, 10-10-95).

Advanced practice was evident in these examples of integrated theory and practice. The fact that she analysed Harry's movements in terms of the underlying components revealed her understanding of the theory underpinning the practice.

- **Awareness of the whole child**

Furthermore, Lisa's practice revealed that she was aware of the whole child, as she revealed understanding of the social and health related matters that impacted on the children's scholastic abilities. In the following excerpt, she mentioned the effects of the removal of one of her children to another school during the school holiday on herself and on the child, and reflected on how it may have affected the child:

> *It was very sad for me when it comes to E. This morning I found out that E's parents moved her to another school in Ravensmead ... I really felt an enormous sense of loss, because E was one of the children I enjoyed working most with. Besides this I know that she got emotional attached to me and to the individual attention and this was a very harsh way to end treatment and to end the relationship between E and me* (Lisa's journal, 04-10-95).

Her concern about Janet's health beyond her own immediate professional interest indicated that she was aware of the broader picture.

> *I am concerned about her because she is not getting the maximum benefit from treatment. The teacher says that Janet will be going for TB tests so I do not know when she is coming back to school* (Lisa's journal, 04-10-95).

Thus, Lisa's work revealed that she was able to move beyond the technical implementation of her intervention choices. Her consideration for the children included aspects beyond the immediacy of her treatment plans for the day, indicating that she was functioning at an advanced level for a third year student.

5.4.2. Reflective practice emerging

- **Developing reflection-on-action over time**

At the beginning of the block, Lisa identified what is not working well and stated that she wanted to change her practice. She was already revealing skill in the complex practical ability of making professional judgments based on the child's response to her intervention. The developmental trend revealed is how, with the passing of time, Lisa's writing revealed more of her future plans for improved practice. In the first three excerpts from her journal at the beginning of the block, she described the identification of problems followed by the intention to improve it, but the entries do not yet contain a description of the actual plans:

> *The aim for the session was to improve visual figure-ground, visual-motor integration, concentration and social skills. The last aim was not met very successfully, as I've mentioned and I would have to structure the activity differently* (Lisa's journal, 05-10-95).

> *She then did large movements – diagonal lines (with which she is having tremendous problems). Also with her finger. She also made diagonal lines on the wall, blackboard and on the door. I made two dots so that she could only connect the dots but she is struggling a bit to touch the lower dot accurately. I think I must approach this problem differently tomorrow* (Lisa's journal, 9-10-95).

Later on, first tentative ideas for improved practice began to emerge in her writing:

> *She knew that it was wrong but she could not correct the shapes, especially the diagonal lines. I think her visual discrimination could also be worked on* (Lisa's journal, 10-10-95).

> *She had to name body parts, but she needed lots of verbal assistance in this. Maybe I should use concrete materials and have her to build a body* (Lisa's journal, 10-10-95).

> *Harry is writing his name accurately in the correct lines when he is doing it on the board, but when he has to do it on a page with lines he gets confused. I think he is struggling to block out the other lines. He gets confused. I do not know if it is a problem in visual discrimination* (Lisa's journal, 11-10-95).

Later still, journal entries started to reveal actual plans for improved practice, where Lisa moved beyond the intention of changing, to providing a description of the actual plan:

> *Janet had to complete a line by following the dots. She is still struggling with the diagonal lines to left and to right and her arms get tired very easily. The activity was 5 minutes long. For tomorrow I will include more tactile stimuli, e.g. making glue lines on a page and throwing sand over it. In this she can feel the direction in which the line goes* (Lisa's journal, 09-10-95).

> *Harry got confused with the colours and the sequence. I think the reason for this is he got overwhelmed by the colours. Perhaps I must try it with two or three colours* (Lisa's journal, 17-10-95).

> *I think if I do this activity again I must put Janet on the big ball and let her to weight bear on her left arm as she has slight hypotonia in her left arm. This will also cause her to focus concentration more on what she is d*oing (Lisa's journal, 17-10-95).

> *An important thing I left out with previous recordings is Harry's standing position in front of the board. It improves his handwriting a lot if he is standing straight in front of the board on both feet. I am concerned about how he is sitting in class. I think the little chairs are too small for him and the table too low but I have to check this first* (Lisa's journal, 11-10-95).

Lisa identified the child's difficulty with one-to-one correspondence during counting. At first it presented as an observed problem only:

> *Harry is having a tendency to count 5 items even if there's only four items. He tends to point to one item twice. I do not know why he is doing this* (Lisa's journal, 16-10-95).

The following day she moved towards a solution:

> *Harry counts faster than what he points at objects so I counted with him very slowly while pointing at every bead* (Lisa's journal, 17-10-95).

Over time, Lisa's journal entries revealed her own development as a therapist. Initially, her focus was on the technical, but she soon moved to a stage where evaluation of her own practice resulted in solutions to problems.

- **Reflection-in-action still limited**

Lisa's journal revealed more evidence of reflection-on-action than reflection-in-action. However, there were a few instances where she described changes and adaptations to her practice within the session, for instance, how the child's responses during treatment prompted her to adapt her treatment. These incidents revealed her reflection-in-action.

> *Harry threads beads with colours green, red and blue but when he had to repeat it I found that this was too easy for him. He chose two more colours yellow and orange* (then newly learnt). *To make it easier for him I linked the colours with that of banana peels and an orange* (Lisa's journal, 17-10-95).

> *He concentrated actively for twenty minutes. However, I had to turn the table so that he faced away from the other people in the class* (Lisa's journal, 11-10-95).

Although there was a lower frequency of incidents of reflection-in-action in Lisa's journal, the fact that they were described, revealed Lisa's ability to engage in reflection-in-action.

- **Questioning, wondering, thinking, critiquing**

Lisa recorded her uncertainties and questions. These journal entries revealed her thinking not only about what she knew but also her quest for understanding of what she did not yet know, thus implying maturity and confidence.

> *I am however having a problem with determining if the aim of the session was achieved with Harry. This is because I have to give so many verbal cues, then I am not sure if it was really his performance* (Lisa's journal, 23-10-95).

> *I sometimes doubt the reliability of how you measure improvement in visual memory with this game because a lot of times you pick up the same cards by chance* (Lisa's journal, 17-10-95).

> *I am struggling to understand why Janet is having so much difficulty in remembering her colours* (Lisa's journal, 26-10-95).

She considers the effects of her intervention on the child and cautions herself.

> *I was using negative praise all the time because this seems to inspire/motivate him to prove me wrong I would say: "Harry, I think this is too difficult for you, you won't be able to complete it without making mistakes." This triggers him and he responds eagerly. I know that I must not make use of it often because then the child might feel that he has got to prove himself* (Lisa's journal, 17-10-95).

These examples of her wondering and questioning revealed her thinking about the problems she encountered.

- **Critical self- evaluation and growing confidence**

Lisa linked confidence about her abilities to her sense of knowing what to do. Being able to rely on a sound knowledge base, she diminished her anxiety. She is well prepared and understands what she is required to do in the situation.

> *I assessed my third child today. It went quite well and I was confident in administering the test. It was easy to relate to the child and she was responding very spontaneously* (Lisa's journal, 12-09-95).

> *I started with treatment today. I felt quite confident because I knew what I wanted to achieve and I knew how to achieve it* (Lisa's journal, 19-09-95).

Reflecting on an impending evaluation opportunity, Lisa compared her sense of ease and lack of tension to the anxiety she had experienced in former fieldwork blocks. Discussing an impending evaluation of her work, she said:

> *I had a very relaxed day today. I never thought that I would feel this relaxed ever, a day before my mid-prac. I think it is because I know what I have to do. It is so much different to my experience at the teaching hospital. One thing that I am really enjoying is that I can work on my own without anyone checking my every move. The strict supervision at the hospital created resistant and rebellious feelings within me and I could not really joyfully absorb the whole experience. I like if people trust me in the things I do. I mean it would be clearly visible in the quality of my work if I am wasting time and not working* (Lisa's journal, 11-10-95).

Lisa's idea of the quality her work differed from that of her supervisor. She critiqued the evaluation system. Her own sense of what she was capable of and achieving was not adequately conveyed during the brief 15 minute evaluation session.

> *The mid-prac went off quite well even though I was disappointed with my mark. I was thinking afterwards that one such session does not show a true reflection of one's capabilities especially when it comes to child handling or the value of the session for the client. I really do not like the idea of this one time evaluations that determines your pass or fail. As I have mentioned, it does not give a true reflection of one's ability* (Lisa's journal, 12-10-95).

At the next evaluation opportunity, she obtained the marks she thought she deserved and expressed a sense of achievement at being awarded the mark she thought her work was worth.

> *I was really dreaming of the day that I would get the marks which I know I am capable of achieving. I really did not think it would come true. I suppose I made peace with the idea that I would not be able to perform to my fullest in OT* (Lisa's journal, 19-10-95).

Her own evaluation of her work was that it was good quality. The high marks she obtained, served to assure her of the accuracy of her self-evaluation.

5.4.3. Seeing the big picture

- **The jolt of the real world: impact of socio-political problems**

The confrontation with poverty, unemployment, serious social problems and particularly the child abuse that many of the children experienced, alerted Lisa to the wide ranging difficulties children encountered and to the impact it had on their lives.

> *It was the first time today that I experienced a feeling of hopelessness towards the children. We have spoken to the vice-principal and he gave us a description of the community dynamics and the problems that children encounter. It was shocking to hear about socio-economic problems and especially child abuse* (Lisa's journal, 13-09-95).

She mentioned how emotionally draining she found the intensity of working with children with special needs.

> *I can feel the effect of all the children who need lots of attention. As coordinator of these groups you need lots of physical energy and patience* (Lisa's journal, 21-09-95).

She became aware of the impact of the circumstances of poverty on the children's lives and reflected on her own behaviour to deal with the challenges that particular situations demanded.

> *I am suspecting that Harry is having problems at home. It is the third time in a period of 2 weeks that he had been absent. According to him, his sister is keeping him home to help with home chores. The vice-principal himself went today to fetch Harry at home* (Lisa's journal, 25-10-95).
>
> *I am however concerned about Harry. He is already 12 years and he is already sexually aware. This cause that I am very careful in how I discuss self-care issues and sometimes I feel insecure when I address these issues. I am also still not sure how I am going to address sexual issues. One other thing that I am concerned about is the strong smell of urine that I am picking up from Harry* (Lisa's journal, 19-09-95).

These journal entries revealed Lisa's response to the effects of poverty on children's lives and her sensitivity and understanding the impact of the home environment and the age and developmental stage in the case of Harry.

- **Member of a team: I'm not alone**

Lisa revealed her understanding of referring to and consulting members from other disciplines. In her journal she described how she made use of the contributions of other team members and thus conveyed and understanding of the boundaries of her own future career.

> *When I thought over the weekend about what to do with Harry next and where my therapy would be heading, I got stuck. Seeing that he wouldn't continue with mainstream classes I did not quite know what to concentrate on. So I enquired by the principal about the industrial school the psychologist referred Harry to* (Lisa's journal, 09-10-95).

> *I contacted the pupils that I want to include in my sexuality programme. I'm still waiting to get the principal's final consent before I start the sessions* (Lisa's journal, 10-10-95).

> *One of the parents came to me for help. I don't know where this man got my name, but he wanted me to help him with custody of his child. The child is in grade two at this school. I referred him to the social worker* (Lisa's journal, 10-10-95).

She did not see herself as working in isolation, and drew on the resources available.

> *I am also using S (fellow male student) as a co-facilitator (in the sexuality group) for in case the members find it difficult to relate to me with some issues* (Lisa's journal, 16-10-95).

One of the benefits of community-based practice was that students learnt about teamwork, the boundaries of their own profession and when and two whom to refer children.

5.5. Discussion of Lisa's work

When I first started analysing the data of Lisa's treatment of Janet, I realised that this was a particularly "good" occupational therapy session for Janet. In explicating why I thought it was good, I defined for myself what I thought was good practice in terms of the following central characteristics: the patient has maximal therapeutic benefit from the treatment; the choice of activities reflects the student's understanding of her patient and of her professional intervention and judgements; the student's behaviour reflects her values and her professional beliefs; and, the treatment is cost-effective in terms of effective use of time. Moreover, good practice is characterised by the student's ability to reflect-in-action, as revealed by sensitivity to the patient's response to the intervention, and the student's response to these cues by guiding and directing the intervention. An evaluative, self-critical stance on own practice would indicate reflection-on-action. I considered Lisa's background, and her whole family's orientation toward the teaching profession. Lisa's mother taught grade one and two children and Lisa ascribed her own ease in interacting with young children and her intuitive knowledge of activity choice for young children, to her mother's influence and example.

In conclusion, Lisa's practice thus revealed an advanced level of professional maturity and insight. She was capable of moving beyond the technical aspects of the implementation of treatment to focusing on astute observation of her patients; her journal revealed evidence of reflection-on-action and reflection-in-action and finally, she could adopt a broad, holistic view of her clients.

In the following section, Tim's fieldwork learning in a school setting is discussed.

5.6. Tim's Work at Bergsig School

Tim's first fieldwork block from 20-02-96 to 20-03-96 of his fourth study year was his first opportunity to work with children. The patients in his former fieldwork blocks were adults with neurological disabilities resulting from spinal cord injuries and cerebro-

vascular accidents, in both hospital and community settings. Tim's placement was at Bergsig Primary School in Belhar Extension 13. He was the only student placed there which meant that he would be working entirely on his own. His supervisor (not myself) visited him once a week to review his progress and to assist him with fieldwork learning.

5.6.1. Denver, the child

Denver was a 5 year old boy in the pre-primary class. In his case study, Tim wrote:

> *His teacher referred him to occupational therapy because of his antisocial play behaviour, the slow rate at which he progresses and his inability to concentrate in class. He was exposed to violence at an early age: gangsterism and frequent violence within the family system. He is very introverted between adults but very spontaneous with other children, he usually hits other children during play activities* (Tim's case study of Denver, 20-02-96).

Tim described Denver's family situation as follows:

> *His mother is single and works nightshifts as a cleaner. He is the only child and she looks well after him. They are six people in a two bedroom home. Most of the males in the house are unemployed, busy with substance abuse and involved in a gang* (Tim's case study of Denver, 20-02-96).

Tim's assessment of Denver's abilities consisted of an evaluation of the occupational areas of school work, play and self-care. Results revealed perceptual-motor delays of motor coordination affecting Denver's postural control and balance, resulting in poor fine motor control. Denver could not draw, copy shapes or cut with scissors as expected of children of his age. Tests revealed a lag in his visual perception and visual motor integration. Although independent in his self-care activities, he needed supervision and his play skills were underdeveloped with marked aggression towards peers. His behaviour in class is marked by an inability to focus and complete tasks, a short attention span and fluctuation between disruptive, "wild", unruly behaviour on the one hand and unresponsive, withdrawn behaviour on the other hand.

5.6.2. The treatment session: background

Tim described the aims for the session as working on Denver's body image on a kineasthetic level, to relate his body position to spatial concepts and to improve basic concepts of shape and colour discrimination.

The specific treatment session of Denver took place in March 1996. Tim had seen Denver various times and had written a case history of Denver. Tim had set up an obstacle course consisting of a child's desk and a gymnastic bench lengthwise next to each other on one side of the room, two large gymnastic mats in the middle of the room and a large therapy ball on the far side of the mats.

5.6.3. Description of the intervention

The session started with Tim explaining to Denver what he wanted him to do, which was to jump from the desk onto the bench, then onto the floor, making a somersault and then throwing a beanbag at the large ball. Denver was extremely shy and totally unresponsive. Tim patiently encouraged him to participate, took him through the motions of the exercise, demonstrating and verbalising, until Denver eventually responded. Following this, Denver stood on the bench and caught a soccer ball that Tim threw to him, followed by a few catches with a tennis ball. Denver had to aim at a target when he threw. During the session, Tim asked Denver about the colour and shape of various balls in the room.

Denver's behaviour changed during the 13 minute treatment session from extremely bashful, shy non-participation where he stood dead-still, hands covering his face, to firstly reluctant participation with indications of remaining shyness, to eventual full participation and single syllable responses to Tim's questions. At the beginning of the session, Tim worked hard to get Denver to participate.

Below is a transcript from an episode that was videotaped.

> *Tim puts his hands on either side of Denver's hips, stands up and guides him to the mat. Tim: "Make a somersault for me, come, let's do it together." They squat on the edge of the mat. Tim ties Denver's shoelaces. Denver is very shy; he now has two hands in front of his face and is not responding or moving. He stands on the edge of the mat. Tim places his arm around Denver's shoulders and guides him to squat down. Tim kneels on the mat to demonstrate the somersault. Denver won't do it and sits down. Tim demonstrates. Denver then climbs onto the bench and onto the desk. He is holding a beanbag in his one hand and covers his face with his other hand. On Tim's instruction, he jumps down onto the bench and onto the mat, holding the beanbag. Tim encourages him to roll over. Denver keeps his hands covering his face. He slides one leg in front of the other as if to prevent himself from going into a somersault position. Tim pushes his upper body down, tucks in his head, lifts him by the hips and rolls him over. Denver keeps his face covered by his hands and allows Tim to roll him head over heels without any active participation from himself* (Video transcript, 12-03-96).

The big challenge for Tim to get Denver to participate had some results. After the demonstration and physically moving him through the exercise, Tim continued to verbalise instructions and encouragement:

> *Tim: "Throw, throw". Denver throws the beanbag at the therapy ball. The beanbag lands two feet away. Tim returns the beanbag to Denver and urges him to hit the target. Denver throws and hits the target. Tim: "Back again" and picks him up and carries him back to the desk, places him on top of the desk. Tim: "Good, come, jump!" Denver still has his face covered with one hand. He seems very reluctant and unenthusiastic. But he follows the instructions and jumps down with one foot leading the other, onto the bench and onto the mat, holding the beanbag. He lands on the mat on his haunches* (Video transcript, 12-03-96).

By the fifth time Denver repeated the sequence, he was participating actively, going through the motions with verbal prompts from Tim. He also answered questions about naming colours and the shape of the balls. The obstacle course activity was followed by a catch and throw activity where Denver stood on a gymnastic bench and caught a soccer ball and later a tennis ball and threw them at a target. Denver managed the catching and throwing well while keeping his balance.

5.7. What Tim can say about his intervention

During the interview, Tim talked about his own practice, mentioning the activity analysis strategies and child handling skills he used during the session. When he reflected on Denver's response to the intervention, and the aims he hoped to achieve, the emphasis was more on Tim's structuring, guiding and intervention techniques, and less on Denver's responses.

5.7.1. Tim's view of his own contribution to the session

Tim reflected on his own handling of Denver by mentioning the use of principles of activity study and child-handling principles to get Denver to participate. He talked about demonstrating, using verbal cues and giving assistance and praise.

> *... the way I handled him, by demonstrating to him and by assisting him through the movements, I think I basically got him to respond a bit. And then, like the assistance I gave him at the beginning, I gave him lots of assistance, lots of verbal input so that he could participate* (Interview with Tim, 15-03-96).

Furthermore, he reflected on adapting the situation to match Denver's skills by means of structuring and grading.

> *In the activity I think I graded too soon like there with the balls, where he had to hit the balls I had the different concepts there, like shape constancy and the three balls and the different colours. But he, like the blue ball he had to hit with the tennis ball, which he couldn't do, then I immediately went back to the big ball to ensure that at least he achieved success, to perhaps feel a bit better* (Interview with Tim, 15-03-96).

Tim's sensitivity towards Denver's socio-emotional state was revealed in his structuring of the activity for Denver to succeed.

> *Because failure, if there perhaps is failure, he might go back and be shy again, regress again and be less active in the activity* (Interview with Tim, 15-03-96).

Tim reflected on how his own contribution could have been different to get a better response from Denver.

> *... like the praise that I gave him, I think maybe if I had given him more praise, he might have been more active sooner in the activity* (Interview with Tim, 15-03-96).

> *He might have been puzzled because he didn't really know what was going on. Maybe I should have told him what we were going to do today or what things we were going to work on and so on* (Interview with Tim, 15-03-96).

Tim anticipated that Denver may not respond spontaneously. He mentioned a few times that Denver's initial non-response was difficult for him.

> *In the beginning I thought that I would have a bit of a problem with the child, because usually when there are strangers around, he doesn't really want to respond* (Interview with Tim, 15-03-96).

However, Tim felt that his treatment was working when Denver started to respond.

> *I think I basically got him to respond a bit to the treatment, but verbally he didn't respond so much. But I think the fact that he just could be part of the activity means a lot to me* (Interview with Tim, 15-03-96).

He mentioned the relief he felt when Denver started to participate:

> *Because I saw that I had him right inside of the session and I felt good. It gave me a bit of a boost* (Interview with Tim, 15-03-96).

Tim's discussion of his work focused on Denver's participation in the session. Yet, his discussion revealed very little understanding of the underlying perceptual-motor difficulties that Denver was experiencing.

5.7.2. The match between Denver's problems and the aims for the session

During the interview Tim talked about how difficult it was to get Denver to participate at the beginning of the session, mentioning that he was usually very quiet and withdraw when in the presence of adults. Tim felt that the mere fact that Denver started to participate was partly therapeutic. Of his attempts to get Denver to do the obstacle course much faster, Tim reflected on his aims for the session, linking these with Denver's inability to sit still and concentrate in the classroom:

> *In the beginning he was a bit slow but later he did it a bit faster but not as fast as I expected because I wanted him to do it at a faster pace and run around to chanelise energy* (Interview with Tim, 15-03-96).

Despite that primary objective being for Denver to move his body, Tim included some perceptual concepts:

> *I had the different concepts there, like shape constancy and the three balls and the different colours* (Interview with Tim, 15-03-96).

When I asked Tim what Denver's major problems were and what Tim's aims for the session were, as I could not clearly understand why he had selected those specific activities, he said:

> *His major problems are that he does not have perception of body image. He doesn't know the outlines of the human figure, he can't make a doll, nothing. He can't write his name, he doesn't know any colours and he doesn't know any shapes. He can't write or colour-in, he can't do anything* (Interview with Tim, 15-03-96).

> *My aim for the session was to, to get his body image on a kineasthetic level, to relate it in the activity to work on position in space, spatial relationships, those concept* (Interview with Tim, 15-03-96).

Tim's responses were vague and lacked detail as well as clarity.

5.7.3. What Tim omitted in the interview

Tim did not talk about the quality of Denver's perceptual-motor responses, until I asked him during the interview. He then observed that:

> *The quality of his movements, that was fairly good, because he went through the activity without any problems. I think it was only there where he had to jump from the steps where I had to explain that he should jump with both feet together. He jumped with only one, he jump with the right foot, the strong one and the left foot lagged behind. I think his eye-hand coordination was very good because he could hit the balls with the beanbag* (Interview with Tim, 15-03-96).

Tim's discussion in the interview did not convey depth of understanding of the relevant theory, or a sense of mastery in the practical skills Tim should have gained through experiential learning.

5.8. Tim's journal

An analysis of Tim's journal entries revealed the themes and categories that are depicted in table 4 following below. Tim's struggle with his work with children in the school became evident.

Table 4: Findings from Tim's journal during school-based practice

Themes	Categories
Struggling to learn: I don't know what to do	• Uncertainty and not knowing • Tired, burdened and overwhelmed
Reflecting on learning	• Trial and error • Explaining to others • Help from the supervisor • Success experience • Learning from others
External disruptions	• Transport • School routine, outings • Lack of treatment space • Tim's own use of time

Tim's journal revealed a wealth of information about his own learning needs. The themes that emerged from his journal were Tim's feelings of uncertainty about his work; his reflection on his own learning; the constraints to practice imposed by external factors and his own use of time.

5.8.1. Struggling to learn: I don't know what to do

- **Uncertainty and not knowing**

Tim described his feelings of uncertainty about his work and the impact of the burden of the workload. He made frequent references to not knowing what to do, feeling unsure and not being clear about the expectations. His fieldwork supervisor observed a session during which he evaluated one of his patients and asked him to explain what he was doing.

> *The clinical observations took a lot out of me because I had to explain and demonstrate* (Tim's journal, 22-02-96).

The supervisor's request for Tim to redraft his written work did not lead to an increased sense of mastery and understanding.

> *I was really glad about the feedback she gave me but really aggravated about the fact that I had to redo my problems and assets, aims and treatment programme on both case studies. I became more confused ...I was confused about what she expected* (Tim's journal, 27-02-96).
>
> *She made me redo the aims and treatment programmes of all four case studies. I really felt as if I was stagnating at one point and that learning to formulate aims was not going well* (Tim's journal, 29-02-96).

Being unsure of the patients' difficulties after he had written up the assessment and obtained feedback on his written case studies, revealed that Tim did not yet have the required level of understanding and knowledge.

> *I started treatment with my first two pupils but was still unsure about their actual problems* (Tim's journal, 28-02-96).

Much later in the block, when Tim should have had ample opportunity for experiential learning through daily treatment sessions of his four clients, his feelings of uncertainty remained.

> *My choice of activity was really not up to standard and I really felt inadequate* (Tim's journal, 19-03-96).

Tim's uncertainty was linked to his lack of knowledge and understanding. However, his feelings of uncertainty did not prompt him to return to the appropriate theory.

- **Tired, burdened and overwhelmed**

Frequent references to how tired he became could be an indication of how challenging the fieldwork block was for Tim.

> *I came in very tired because of the amount of work on the case studies* (Tim's journal, 26-02-96).

> *I got a lift home from one of the teachers and slept the remainder of the day* (Tim's journal, 22-02-96).

> *When I got home I went straight to bed* (Tim's journal, 19-03-96).

These statements convey a sense of despair. It seemed that his tiredness was his reaction to the fact that he was not coping with the demands of the fieldwork, as a result of lack of knowledge and understanding.

5.8.2. Tim reflects on his own learning

- **Trial and error**

Tim mentioned strategies that helped him with his learning. He mentioned that the incidents that helped him to come to grips with his work, were experiential learning from trying different things, and by explaining to others what he was doing.

> *I decided to use a lot of activities to assess on what levels they are and I finally got a clearer picture. I felt a little more in control although I did not know what activities to implement* (Tim's journal, 28-02-96).

Tim's reference to the terms "on what levels they are" should have alerted him to the requirement of figuring out how the child's abilities compare to norms for his age. Tim seemed not to have realised that he could consult a text for this information and struggled by adopting a method of trial en error.

- **Explaining to others**

Tim's explanation to Denver's mother of Denver's difficulties and his treatment, helped him to gain deeper understanding.

> *I explained to her problems that I observed and those I got from the tests. I was now really feeling as if I was going somewhere* (Tim's journal, 28-02-96).

- **Help from the supervisor**

Fieldwork teaching from the supervisor helped him a lot.

> *She gave me good instructions on how to make the activity playful and therapeutic. I realise that I still have a major space for improvement to gain... She showed me how to improve handling skills because I find it very difficult to relate to children* (Tim's journal, 29-02-96).

Tim described his responses to the guidance of the fieldwork supervisor. He reflected on his own learning needs and on the impact of guidance in his work. In his journal he revealed both his own deepening understanding and his sense of areas where he had not achieved mastery.

> *I administered the tests not perfectly. C (fieldwork supervisor) assisted where I looked like not implementing it properly* (Tim's journal, 22-02-96).

> *I was confused about what she expected. She showed me nice ways of writing a treatment session and doing an activity with fine motor, perceptual and gross motor elements included* (Tim's journal, 27-02-96).

The learning opportunities provided by the fieldwork supervisors assisted him in conceptualising his practice.

> *She gave me good instructions on how to make the activity playful and therapeutic. I realised that I still have a major space of improvement to gain... She showed me how to improve handling skills because I find it very difficult to relate to children* (Tim's journal, 29-02-96).

- **A success experience**

The experience of success gave him hope. One teacher asked Tim to teach a child to tie his shoe laces. Tim described the child as distracted and disruptive, and how he had to set firm limits to gain his cooperation and concentration.

> *He finally got it right to my surprise and I was floating on cloud nine about it. I really felt like I could become the OT at the school* (Tim's journal, 12-03-96).

One small achievement changed his perception of his own abilities.

- **Learning from others**

Tim learnt from members of other disciplines.

> *A nurse from the clinic came in and spoke to the pupils about personal hygiene. She was very dynamic in her approach and I even learned how to really carry over messages to schoolchildren. I gave some input and we had a nice conversation after the session* (Tim's journal, 29-02-96).

During Tim's mid-prac evaluation, he still did not have a sense of confidence about his work:

> *She gave me marks that I felt was too high because in perceptual-motor and psychological assessments I felt that I was still not up to standard* (Tim's journal, 14-03-96).

By the end of the block, Tim felt that he has not learnt enough.

> *It was my last day at the school and I felt very unhappy that the block was ending. I felt that you get used to the place and you struggle a lot, but as soon as you just get into the swing of things, you have to leave. The past five weeks felt like five days, and I really wished that I could stay maybe for two extra weeks* (Tim's journal, 23-03-96).

Only at the end of the fieldwork block did Tim start feeling that he was ready for practice at a school.

5.8.3. External disruptions

- **Transport**

As with any community site for student training, there are factors outside the control of the students that influenced their work. One of these is the students' dependence on university provided transport. In Tim's case, the transport some times arrived before he was finished and he had to leave the school before he had completed his work for the day. On other occasions, the transport arrived late or not at all:

> *Transport did not pitch up and it was raining very hard. I was very angry* (Tim's journal, 22-02-96).

Transport was late again so I was forced to watch cricket with the principal in his office (Tim's journal, 04-03-96).

- **School routine and outings**

At times, the school's programme disrupted Tim's plans.

Two of the other pupils went on an outing with the teachers (Tim's journal, 06-03-96).

- **Lack of treatment space**

Other visitors to the school used the classroom where Tim worked as well. On three occasions, this meant that Tim did not have workspace and did not treat his clients.

The class was being used by the people from Community Partnerships Project (CPP), so I had to cancel treatment and observe what they were doing (Tim's journal, 07-03-96).

My treatment was interrupted by the people from CPP who were using the class to accommodate health students from UWC. I only saw one pupil when my transport arrived (Tim's journal, 11-03-96).

CPP had more students from campus and it was the same as with those on Monday. I actually finished the day without seeing any of my pupils (Tim's journal, 13-03-96).

With a bit of initiative, Tim could have used an outdoor play area or worked with the children in their own classroom.

- **Tim's own use of time**

Tim's own use of time revealed that he did not use his time optimally. As the particular fieldwork setting was a school, Tim had contact time with the children, his patients, during school hours and he then had the afternoons free to interpret the tests, write up his work and plan for the following day. Additional reading and consulting of resources should also have happened after school hours. From Tim's journal it became evident that he used school hours, and thus treatment time, for some of his administrative work.

> *After the initial assessment, I did administrative duties and organised equipment from the PT teacher* (Tim's journal, 22-02-96).

> *The rest of the day was consumed by administrative duties* (Tim's journal, 26-02-96).

> *I did admin for the rest of the day in trying to redo my work* (Tim's journal, 27-02-96).

Tim realised that he was not getting enough treatment sessions done. In one of his journal entries he writes:

> *I feel like time is catching up on me* (Tim's journal, 11-03-96).

A later entry read:

> *I only saw one pupil when my transport arrived. I really felt that time was running out* (Tim's journal, 11-03-96).

Yet, he did not structure his time optimally:

> *I did treatment with only two children and felt like I was neglecting the other two. I was filling in my evaluation sheet and doing lots of administrative work the rest of the day* (Tim's journal, 04-03-96).

> *I spent the whole day reading up on my final-exam pupil's disability* (Tim's journal, 18-03-96).

Tim needed to be alerted to the fact that he should have used his time differently. He should have used school hours to concentrate on the treatment of children and postponed his administrative work to the afternoons.

5.9. Discussion

These findings reveal that Tim had not had good learning experiences and that his learning needs had not been met. He did execute enough treatment sessions for adequate experiential learning to have occurred. What emerged for me from this journal was how few treatment sessions Tim had done and how many he had missed, and the consequences thereof on his leaning.

When I read Tim's journal, I became concerned about the number of times he recorded missed treatment opportunities as a result of either external factors such as transport arriving too early, or other people using his treatment space, or owing to his own lack of structure and lack of optimal use of time. When I calculated the amount of treatment sessions that Tim executed, I realised with distress that during the five week period, there were potentially 48 treatment sessions. Tim had only done 13 treatment session. This means that roughly 75% of the learning opportunity for experiential and practical learning had not occurred. No wonder he felt that he had not learnt and mastered enough knowledge and skills.

Tim needed much more theory to assist him in his practice. His supervisor should have intervened to structure more treatment sessions and he should have been more assertive about his needs. One of the problems for the Department of Occupational Therapy was student supervision at placements where there was not an established occupational therapy service. Not only did the students miss out on opportunities to observe the modeling of practice but they had no one at hand to talk to and with whom they could

discuss their problems and questions. Tim was thrown into the deep end in this fieldwork block because he was on his own. With no one to speak to, to share ideas, to use as a sounding board, he had very little opportunity to check on his own learning in the treatment context.

- **My evaluation of Tim's understanding of his treatment session**

My first reaction on viewing the videotape of the session, was that there had been very little therapeutic benefit for Denver. This immediately lead to my questioning of Tim's depth of understanding and knowledge. I was surprised that Tim stopped the session when he did, as that was the time when Denver started to respond and appeared to become receptive for therapeutic intervention. I thought the session up to that point had been a warm-up, to set the scene for the treatment to follow. Tim referred to the abrupt ending of the session in the interview, but he framed it as my, the researcher's responsibility:

> *And in the end, I actually wanted to do more, if you have had asked* (Interview with Tim, 15-03-96).

Also, the activities were not at "the just right challenge". They appeared to be easy for Denver and I could not understand why Tim had selected them. Furthermore, Denver was wearing shoes and I was concerned that he might slip, fall and hurt himself during the jumping tasks as the wooden surfaces of the desk and bench were smooth and slippery.

What Tim said about the session when we watched it on video revealed that he understood and could integrate the generic occupational therapy knowledge of activity study. Tim's application of principles of presenting, structuring and grading of the activity was revealed in his statements about his handling of the situation, the amount of assistance he gave by demonstrating and physically helping Denver, his continual use of verbal instructions, encouragement and praise at every step.

However, in terms of his perceptual-motor development, Tim was not matching Denver's skills to tasks that were challenging enough to develop mastery for Denver. There could have been two possible explanations. One was that Tim was not keeping developmental norms in mind. For instance, the jumping from a height of thirty centimeters would have been an appropriate challenge for a two-year-old child, not for a five-year-old child. The other reason was that Tim did not yet have enough depth of knowledge and understanding of the perceptual-motor developmental process. This was revealed in such instances as his description of the aim for session. Tim had a vague idea of what Denver's difficulties were and an equally vague idea of how to go about overcoming these difficulties.

> *My aim for the session was to get his body image on a kineasthetic level, to relate it in the activity to work on position in space, spatial relationships, those concepts* (Interview with Tim, 15-03-96).

Thus Tim's understanding of Denver's difficulties and the intervention he required was not yet in place.

- **What did Tim achieve and how did Denver benefit?**

I questioned Tim's choice of activities for Denver's intervention. On the one hand, Denver was painfully shy and Tim struggled to get him to participate. On the other hand, when Denver did the selected activities, he managed well and the activity choice did not provide him with a perceptual-motor challenge that would result in increased skill or competence. It was not clear why Tim had selected the particular activities.

Tim seemed to be grappling with theoretical concepts without yet understanding exactly how they are implemented in practice. Tim's concern about Denver's inability to draw shapes or basic pictures should have alerted him to the fact that Denver probably had had no practice opportunities, typical of children who grow up in circumstances of environmental deprivation. Tim had an idea that if a child of five years could not draw a person, they probably lacked accurate perception of their body. This lead to him selecting

an obstacle course so that Denver could experience his body kineasthetically. Whether this happened in the session is questionable. It could have been achieved if Denver had watched himself in a mirror and if the session included more verbalisation of the names and spatial orientation of the parts of the body. Furthermore, Denver needed practice opportunities in drawing, copying and pencil control rather than the development of his large muscles. The session could have been much more therapeutic for Denver if Tim had included say, construction of a human figure with puzzle parts or clay, or incorporated the drawing a human figure, activities much closer to the developmental expectations of children of Denver's age.

Tim was aware of perceptual concepts of shape constancy, position in space and spatial relationships and he had a vague idea of how to implement the development of these concepts in practice. In this particular session, Tim revealed that he had not yet mastered the fine match between theoretical concepts and its implementation in practice. His choice of treatment activities, for instance, for shape constancy, identifying that all the balls are round, was again not at the right level for a child of Denver's age and would be appropriate for a much younger child.

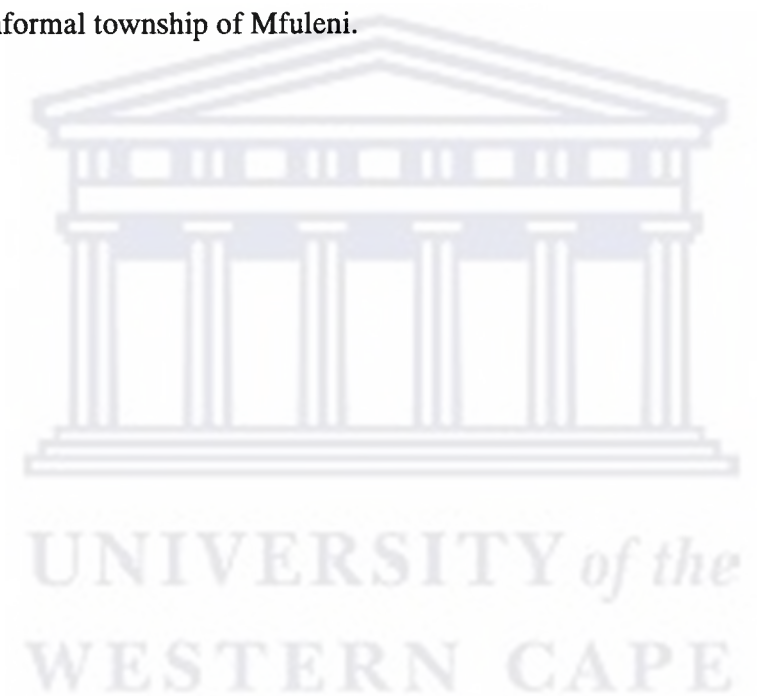
Thus, the session had not been optimally therapeutic for Denver as he had gained very little, if anything, in terms of developing perceptual-motor skills. What might have helped Tim to get to grips with his practice with children with developmental disabilities was theory of normal development, clarity on age related tasks and activities and theory on developmental disabilities and intervention methods.

- **Missed critical incidents**

Tim's lack of knowledge and understanding in the fieldwork block provided the ideal opportunity for theory-practice integration. What Tim needed at that point in time was to consult the theory and learn about the practical application of the concepts related to Denver's difficulties. Supervision at that point should have included opportunities for Tim to talk about the match between his own understanding of concepts and the

difficulties experienced by Denver, after he had consulted appropriate literature. It was the practice opportunity for applying the theory that could have lead to a deeper understanding.

To conclude, Lisa and Tim's community fieldwork learning in a school-based setting revealed information about good and disappointing learning experiences. My reflection on students' learning in community-based school settings are incorporated in the discussion in Chapter Seven. In the following chapter, I describe students' learning experiences in the informal township of Mfuleni.



CHAPTER SIX

COMMUNITY-BASED LEARNING IN MFULENI

In this chapter I describe Lisa and Joan's community-based fieldwork experiences. Again the treatment session, what the students could say about their practice and an analysis of their journals are discussed.

6.1. The Setting

Mfuleni is an informal settlement situated on the outskirts of Cape Town. The inhabitants of Mfuleni are mainly Xhosa speaking people who have migrated to the city from the poverty-stricken Eastern Cape in search of a better life. Most of the dwellings in Mfuleni are shacks. An infrastructure of tarred roads, sanitation, piped water, electricity supply and municipal offices and clinics has been established in one small section of the settlement. The rest of the township consists of shacks and sand.

Small shacks and sand surrounded the crèche in the informal settlement of Mfuleni where Lisa worked. There was an open grassy area in front of the school property with lots of litter and plastic bags lying around amid pools of water after the winter rains. This area of Mfuleni did not have piped water or sanitation. The school building was constructed specifically to house the crèche and was a small, wooden structure, rather like a large Wendy house, surrounded by a sandy area and a 2-meter high wire mesh fence. The building had small windows and as a result was rather dark inside. The flat corrugated iron roof had large rocks on it to secure it against winter wind.

Three portable toilets were situated in one corner. Outdoor climbing equipment consisted of a wooden tower in which three car tyres were arranged as a ladder, and a swing made of a car tyre. On the day of the treatment session, approximately 50 children between the ages of three and six years were playing outside in the sand and on the climbing equipment. They were dressed in warm winter clothes, tracksuits, trousers and long sleeved tops, and shoes or

boots. Children were running and talking excitedly, some sitting in the sand. It was a cold day with intermittent rain.

The inside area of the school had been divided into three separate areas: a kitchen, an area for babies and a classroom area for the pre-school children. The small kitchen contained a stove and a refrigerator, cooking pots and plastic plates and mugs. The baby section was furnished with portable cots, filling the whole room. The crèche area was very small and nursery chairs and tables were stacked against the wall. There were self-made posters on the walls depicting things such as daily routines, some of cut-out magazine pictures, and children's paintings. The school had electricity supplied and low watt bare bulbs provided some light in the dark room.

6.1.2. The treatment session and the patients

For that day's activity, Lisa had cleared the furniture from one part of the crèche and had a group of approximately 25 children and their teacher standing in a circle. The children were probably between the ages of 4 and 6 years. The session began with the children singing two Xhosa action songs, moving their limbs. They were swinging their arms; they jumped up and down and then clapped their hands. This was followed by another action song about naming parts of the body. As they sang, the children touched different body parts, head, shoulders, hips and knees, matching their actions to the words of the songs. The children participated eagerly.

Lisa then positioned herself next to the teacher and asked the teacher in English to tell the children to point to various body parts. The teacher translated Lisa's request into a Xhosa instruction and asked the children to touch their heads. The children put their hands on their heads. This procedure was followed with children identifying the left leg, right leg, neck and arms. Lisa then talked to the teacher and sang the song she wanted next, demonstrating the actions of pointing up, pointing down and then moving to the left. The teacher translated the instruction to the children and everyone sang, ending with taking rhythmic steps to the left.

The teacher talked to the children in Xhosa while Lisa looked on. The teacher moved children to different positions in the circle. She made the circle bigger for more room to move around. The children started singing another action song in which they squatted down, stood up and took a few steps to the left. Lisa asked the teacher to instruct the children to put up their left arms. Those children who were standing in the circle opposite the teacher raised their right arms as they were copying the teacher who stood opposite them. Lisa's next instruction via the translation by the teacher was to move to the left while keeping their left arm in the air. Most children had their left arms in the air but some still had their right arms up. Lisa moved between the children telling them in Afrikaans: "Daar is jou linker hand" (that is your left hand), lifting their left arms and lowering their right arms. Children standing opposite the teacher were still having problems with their opposite arms in the air. The song was repeated. During the singing they sat, stood, and took a step to the left. Some children with their right arms raised, moved to the right but soon saw that the others are moving in the other direction and corrected themselves. Some still had their right arms raised but were moving to the left. This action song was repeated three times.

Lisa then asked the teacher to repeat the song with the right hand. The teacher explained in Xhosa while the children listened obediently and responded immediately. Lisa walked among the children saying in Afrikaans: "steek jou regterhand op" (put up your right hand), taking the children by their arms and raising them. The teacher explained continuously. The song was repeated with the actions of sitting, standing and moving to the right and repeated three times.

Lisa then held up charts with arrows pointing up down, right and left and explained that she wanted the children to say in which direction the arrows were pointing. She held up the first chart for the group to see. It was a white poster with a large black arrow pointing up. She asked the children to point upwards, repeating the Xhosa word for "up". The same was done with "downwards". The teacher again participated by translating and instructing. The same was done for the directions left and right.

Finally, the teacher took the poster with the arrow pointing to the left and asked the children to respond individually. She called one child at a time by name to name the direction of the arrow on the chart. As the child responded, the teacher affirmed the correct response and all the children clapped hands. That child then left the room to play outside. This procedure was followed by a number of individual children responding, receiving applause, and leaving the group to play outside.

6.2. What Lisa could say about her treatment

The following themes emerged from Lisa's discussion after watching the treatment session on the videotape:

- her critique of her own handling and structuring of the session;
- the identification of problems and providing solutions;
- the limitations posed by barriers;
- the therapeutic value of the session; and
- the linking of therapeutic learning to playing and enjoyment.

6.2.1. Lisa critiques her own handling and structuring of the session

Lisa looked critically at her own practice. She identified where her own behaviour in the session could have been different to facilitate a better outcome. She realised that her own role was at times passive.

> *The first important thing that I picked up was that your participation with the whole group activity is very important because I could see that the children, they were watching me. If I was doing the same things then they would follow me and some of them would then correct themselves by watching me. So you had to participate and then, as I've seen on the video, because I was concentrating so much on what the teacher was instructing them to do. Some of the times I wasn't really participating in it at all, as spontaneously as I would have liked. So that is very important* (Interview, Lisa, May 1996).

Furthermore, Lisa realised that during the time when she and the teacher spoke at length, the children became passive and confused. The fact that the translation of the instructions

took time and further inhibited active participation from Lisa was revealed in the following statement:

> *I could see that they were, sometimes they were very confused because a lot of explanation was done in the session, where I had to explain to the teacher and she had to, first pick up and sometimes get the wrong thing and then I had to explain again. So during that time they seemed very confused. With this explanation it was difficult for me to really interact with the children like I wanted to, to make physical contact or eye contact or give them praise. Because in the one thing, oh on the one hand I couldn't really understand what she was telling them all the time, and I couldn't respond to that, and I could see that sometimes I looked confused myself, with trying to figure out what she was telling them at that specific time* (Interview, Lisa, May 1996).

She critiques her choice of structure of the session, as it resulted in confusion for the children and prohibited an optimal response.

> *Then, with the movement in the circle, I think the movement part was very ... well, that didn't happen as I planned it, like the movement to the right and the movement to the left. I think that confused them. Perhaps if I think of it now, if they perhaps sat in the circle and just showed that with the left arm or with the right arm, I think that would have stayed better over there, than moving around. Some of them were just standing and just moving out of the circle and allowed the others to move in the circle. That movement would have perhaps worked better outside the circle* (Interview, Lisa, May 1996).

> *I could see that they, I noticed that sometimes we put up our right hands, some of them initially put up the right hand but then when they looked across they saw that the other children where putting up the other hand then they would change because they copied from one another and this is the way they learn* (Interview, Lisa, May 1996).

Lisa was able to critically evaluate her own practice. This reflects an ability of understanding the requirements that the intervention pose, and that the student has insight into the fact that the treatment could have been better.

6.2.2. Providing solutions

Yet, Lisa was able to progress from the identification of problems to the proposal of

solutions. She could describe alternatives that would provide improved practice.

> *I noticed that sometimes we put up our right hands, some of them initially put up the right hand but then when they looked across they saw that the other children were putting up the other hand then they would change because they copied from one another and this is the way they learn. Now that is causing, that's one of the causes of the confusion because they are supposed to learn but they are confused now when you stand next to this one, this hand is up, but when you are looking across, the other hand is up so it is actually the mirror image that they are seeing. So, in that way as well, if you structure your activity in such a way that they can copy but they can copy the right thing* (Interview, Lisa, May 1996).

> *Perhaps if I had any other activity, a game or something and have a sticker, paste it on the right hand and then play the game and then they would only, I would allow them only to play with the right hand or do the activity with the right hand, and then have the concept of the right hand well established and having them grasp the concept of right and then afterwards, move to the left* (Interview, Lisa, May 1996).

These entries revealed that she was already seeking solutions, thus her ability to identify the limitations of her practice were followed by plans for improved practice and revealed early signs of reflection-on-action.

6.2.3. Reflecting on the limitations posed by barriers

Lisa identified language, lack of space and lack of materials as barriers. The language barrier had an impact on the session. The constraints posed by the fact that Lisa did not speak or understand Xhosa meant that all the instructions and interaction with the children had to occur via the teacher's translation.

> *The first thing that I'm thinking of is language. It is difficult to keep track of what the teacher is always saying. And the second thing is the space, because if it is raining outside, you have to deal with all those children inside the small room. There are about 80 (children) per day, the small and the bigger ones. So then you have to work in that space, you have to divide them into groups, have the smaller ones this side and the bigger ones that side. So the space is a major thing. And the*

third thing is materials because, that kind of activity can be done in many other ways, but you have to work with the children's bodies and with their singing, especially the singing because that is the best way of teaching them. So it is the language, space and the materials (Interview, Lisa, May 1996).

Because on the one hand I couldn't really understand what she was telling them all the time, and I couldn't respond to that, and I could see that sometimes I looked confused myself, with trying to figure out what she was telling them at that specific time (Interview, Lisa, May 1996).

And in some points during the session, I could see that they were, sometimes they were very confused because a lot of explanation was done in the session, where I had to explain to the teacher and she had to, first pick up and sometimes get the wrong thing and then I had to explain again. So during that time they seemed very confused (Interview, Lisa, May 1996).

The limited space in the small, overcrowded room had an impact as well. Again, Lisa suggested a solution.

Then with the activity, the room in which the activity was done, the space was very small, but that was the only way in which I could focus my attention on that specific group (Interview, Lisa, May 1996).

The initial idea with the charts that I made was that I wanted to put them against the wall and then have the children positioned and then all of them look toward the chart and then perhaps get up and go and show where the up or the right or the down arrow were. But seeing that the place was a bit packed, I thought that all of them couldn't see the charts well enough (Interview, Lisa, May 1996).

Lisa reflects on the challenge of practice in community settings, particularly in informal settlements, that requires of students or the therapist to work with the "givens". She compares the familiar fieldwork frame of more control and predictability to the community settings of adaptation and flexibility.

And I could pick it up there in my treatment there at the crèche, that sometimes you are looking for the therapeutic session or therapeutic environment but then you are taking out the heart of the whole activity. So that was something I was thinking, or something to work on because you are looking for the perfect treatment situation but you see it in a clinical way (Interview, Lisa, May 1996).

Despite the limitations, she still sought the most "perfect" treatment that the situation allowed.

6.2.4. The therapeutic value of the session

In deciding whether there were therapeutic benefits for the children, Lisa first reviewed her aims for the session, describing them as developing the left-right concept and the directions up and down by giving the children gross motor tasks in order to allow for the feeling of moving in certain directions. Lisa felt that she had not reached her aims in terms of positions and directions.

> *But in the sense of really getting to the aims that I was working on, especially the left and getting a real measure of how well they achieved to that, I think it can improve. The therapeutic value thereof was not that good* (Interview, Lisa, May 1996).

However, she identified the praise the children received, as therapeutic. Referring to the part during the session when each child individually receiving applause as they correctly named the direction "left" at the end of the session, Lisa stated:

> *I think it was therapeutic in the sense they got the recognition and that's what, the stuff children need, the recognition that they did something well and that they achieved something* (Interview, Lisa, May 1996).

> *Something nice that I could pick up was the fact that each one of them got individual recognition at the end of the activity where we clapped hands for everybody when they left the room, so we did that up until the last child* (Interview, Lisa, May 1996).

Lisa was thus capable of identifying the limitations of therapeutic value of the session withn the contextual limitations posed by the setting.

6.2.5. Linking therapeutic values to playing and enjoyment

A few times during the interview Lisa referred to enjoyment by the children. There were contradictory statements about whether the children had enjoyed the session or not. Furthermore, she reflects on the power of play as a vehicle for learning.

> *I just realise that it is important for children to, whenever they do an activity, to really enjoy it* (Interview, Lisa, May 1996).
>
> *But doing the activity outside would have been more enjoyable for them and I think they would have learnt much easier, by playing and seeing it as something everyday or something ... just something second nature to them, not really concentrating on the activity as such* (Interview, Lisa, May 1996).
>
> *I think I managed to, or the teacher and myself managed to get the idea of up and down and left and right and I could see that they did enjoy the activity, because most of them pointed at the directions correctly, even though I think that the left-right one was a bit ... but I mean that will come, come with time, but the up and down was achieved I think. And they enjoyed that* (Interview, Lisa, May 1996).
>
> *And just as a last comment, according to me there was too much talking and too much explanation and the teacher was saying too much. The children weren't really playing and enjoying themselves. And that was one of the main aims of the session, to enjoy the session. I don't think they enjoyed it as much as they should have* (Interview, Lisa, May 1996).

Lisa's understanding of the merits of play and enjoyment as essential components in therapeutic interaction with children, were revealed by her comments.

6.3. Lisa's journal

In her journal, Lisa described her experiences of the community placement between 10 April and 23 May 1996 in Mfuleni. The journal entries revealed rich information of the impact of the experience of working in a poverty-stricken community with people from a different culture. The themes and categories that emerged from the analysis of the journal entries are depicted below:

Table 5: Findings from Lisa's journal during community-based practice

Themes	Categories
The challenge of diversity: culture and poverty	• Cultural differences • Confronting own racial prejudice • Ineffectual staff • Wasting time
I don't know what to do	• Confusion regarding expectations • Lack of guidance and structure • Role confusion and conflict • Language barrier • Space constraints
If this is O.T., I don't want to do it	• Impact on the student's feelings • Impact on quality of intervention • Impact on perception of OT
The children need so much more	• The children's needs and abilities • Impact of a bookless society
Deriving meaning	• Learning through reflection

The following descriptions of the themes and categories reveal Lisa's experiences.

6.3.1. The challenge of diversity: culture and poverty

- **Cultural differences**

Lisa described her experience of working with people from a different culture as a confrontation of difference. While describing the difference between how she gave instructions and how the teacher gave instructions to the children, Lisa stated:

> *I considered body language for the different languages. Xhosa speaking people are very expressive and they make more use of their arms and bodies* (Lisa's journal, 17-04-96).

Lisa struggled to get the children to cooperate and follow her instructions. While the difficulty in cooperation had a lot to do with the fact that the children were Xhosa speakers and could not understand what Lisa wanted them to do, she interpreted the situation as having to do with discipline:

> *I am used to working with the Bergsig kids who, according to my opinion, were more disciplined and not that uncontrollable during a session. But when I started at Malindi, the children did not understand my way of talking and they just didn't listen in the way I wanted them to. I spoke to the teacher after the session and she said even if it seems that the group is disorganised, the children are picking up skills in a playful way* (Lisa's journal, 07-05-96).

- **Confronting own racial prejudice**

She reflected on the concept of misinterpreting difference as inferior:

> *I usually criticised African people for their different use of body language and spoken language. Because it was not the same as mine I experienced it as something negative. But I realised today that its not a negative thing, because if I see it this way I wouldn't be able to learn from them* (Lisa's journal, 10-04-96).

She then reminded herself to adopt a different attitude:

> *I need to develop more tolerance and reduce my prejudiced ideas* (Lisa's journal, 10-04-96).

- **Ineffectual staff**

One great source of frustration for Lisa and the other students in Mfuleni was the lack of leadership to give direction to all the players in the Community Partnership Project (CPP). No one seemed to know what was supposed to happen, what the needs were, where the students should slot into the project.

> *I noticed that the community facilitator could not communicate effectively with us. I wondered if it was because of language problems or if it was just his personality. I was looking out for the confidence and outspokenness that one usually picks up from people in similar positions ... I wondered if his behaviour was appropriate for his culture or was it the result of his upbringing* (Lisa's journal, 10-04-96).

Lisa liked to be well organised and properly prepared when presenting an activity. One of her tasks in Mfuleni was to assist a community worker with the presentation of a sewing

group for elderly women. The difference between Lisa's style and organisational ability and that of the community worker resulted in some initial anxiety for Lisa. The group was supposed to start at 09:00.

> *To me it felt that we were not organised at all. I arranged materials since Monday, but the activity facilitator seemed too cool. She only took out a few scissors ... I decided not to panic and to leave everything in her hands. I mean she knows how things usually work. At last we started at 11.30* (Lisa's journal, 08-05-96).

She observed the casual attitude of the community health workers towards their work and towards planned meetings with the students.

> *It is the first day that we are here that it is actually raining. Perhaps that was the reason why the community health workers did not turn up for the home visits* (Lisa's journal, 23-05-96).

- **Wasting time**

The use of time in Mfuleni was a great challenge for Lisa. The students often had to wait for others or for meetings to start. Throughout her journal, she frequently referred to long periods of time waiting for others wasting her time when she could be actively providing intervention:

> *It was a very frustrating day having to wait for two hours this morning before the community facilitator came to speak to us (*Lisa's journal, 10-04-96).

> *The pace at Mfuleni is very strange. The one day the day is too short to finish all the work, the next you wait on other people either to give you needed information or to take you to some place where you cannot go alone...what upsets me most is when I had made an appointment with a staff member or community worker and the person turns up an hour late* (Lisa's journal, 22-04-96).

On reflecting about the difficulty of getting a group of people to start working on a presented activity, Lisa remarks on their pace:

> *According to me everything is just going so slowly and I have to remind myself that these people are doing the activity to pass their time* (Lisa's journal, 15-05-96).

Her own frustration was that her attempts to spend as much time as possible with the children in crèche were thwarted by wasted time.

> *I couldn't get to Malindi in time ... I could have used the hour at the crèche* (Lisa's journal, 23-05-96).

6.3.2. I don't know what to do

- **Confusion regarding expectations**

Lisa often felt she did not know what to do. She was unsure about her role in the community as well as about the departmental expectations.

> *It is in a way difficult for me to get used to the informal set-up. You don't always know what you should do when and how* (Lisa's journal, 20-05-96).

The students' concern about "getting" a patient to treat is linked to the fact that marks are awarded for their written case studies. Lisa's concern was that she didn't know how to select a patient.

> *What I am really confused about is how do you select patients to treat or do you treat all the patients that you can fit in. I saw a number of follow-up patients but I am not sure if I should take these patients* (Lisa's journal 20-05-96).

The uncertainty affected her written work:

> *I find it very difficult to start with my case study. I intended to hand it in today already but I could just not start with it yesterday ... I know what to write down. Perhaps I'm having trouble in how to write it down. Besides this, I lack the energy to sit and work long enough in order to gain momentum and organise my thoughts. I don't know myself this way and it is very frustrating. Generally my morale has been very low for the past two weeks* (Lisa's journal, 24-04-96).

Of note here was how the uncertainty regarding her work affected Lisa's energy, motivation and morale. The emotional impact of the challenges of community fieldwork were demonstrated in her journal entries.

- **Lack of guidance and structure**

On their first day in Mfuleni, the students were expected to go to the community center to be given instructions and guidance. Lisa describes her experience of the first day:

> *The day did not have any structure and it felt like the staff of the center did not really know what to do with us* (Lisa's journal, 10-04-96).

Home visits were a source of frustration for Lisa. Neither the community health workers nor the health facilitator could provide guidance regarding expectations.

> *I also noticed that the people did not know what to expect from me. At the same time I did not quite know how to explain what I can offer them. What makes it more difficult is that you don't get a diagnosis of patients. Either they don't know what is wrong with them or they give a diagnosis, which clearly does not correspond with what you see* (Lisa's journal, 20-05-96).

Her need for guidance was clearly expressed. In describing another unsuccessful home visit, she expressed her frustration about the lack of clarity of the Department's expectations.

> *There are times when I really appreciate the lack of structure and the opportunity to explore on my own. But really, times like today I wish there was someone near just to give me guidance in how I should go about selecting a patient* (Lisa's journal, 20-05-96).

> *We went on another home visit from which we returned very disheartened ...we were really very discouraged when we decided to phone S and find out what exactly is expected from us. I was a bit annoyed when I thought of how much energy and time went into home visits* (Lisa's journal, 21-05-96).

She experienced continual frustration regarding her wish to practice and her inability to do so. During one home visit, difficulty arose as a result of the community health workers' perception that the students were critical of their work.

> *We were under the impression that we had to get a second patient and wanted some patients from the community. Unfortunately we went to a house where the health workers felt threatened by our presence. They thought that we were there to criticise what they've been doing for many years* (Lisa's journal, 21-05-96).

- **Role confusion and conflict**

Lisa realised that problems were arising owing to lack of clarity on roles. The lack of clarity about roles eventually lead to conflict in a heated discussion between the health facilitator and the students, each group claiming the right to treat the patients.

> *I was a bit annoyed when I thought of how much energy and time went into the home visits with us having the idea that we were supposed to treat. This also led to a heavy head-on discussion (a hot one as well) of what the role of the community health worker is and how we fit into the picture. It got to such an extent that the health coordinator insulted us by saying she doesn't know what we were doing at the center anyway; we just walk around and smile at people. To me it said a lot of what she knew of what was going on in Mfuleni and I just ignored it* (Lisa's journal, 21-05-96).

More frustration arose from the fact that the Education Facilitator did not intervene successfully.

> *What was bad for me is that the Education Facilitator who is supposed to be facilitating healthy and clear communication between all the parties of the project was sitting in the midst of this fierce conversation and she didn't make the slightest attempt to bring these two parties to a better understanding of each other. What it showed clearly was that all the people involved in the Community Partnerships Project are confused, heavily confused! about the next person's role* (Lisa's journal, 21-05-96).

Thus Lisa's expectations of role clarification from staff appointed for this task was continually thwarted and had a negative impact on her work.

- **Language barrier**

The multi-lingual context of South Africa is often a barrier for health professionals. Students are encouraged to make use of translators and Lisa described the many difficulties she encountered as a non-Xhosa speaking person in Mfuleni. Making use of the teacher as translator resulted in problems when the teacher did not understand the instruction.

> *I felt very frustrated that I could not explain to the children ... Well I struggled too much with the Xhosa and I started to explain in Afrikaans. I also asked one of the boys who can speak Afrikaans to explain to his friends* (Lisa's journal, 14-05-96).

> *This did not work out well because the teacher didn't understand my instruction. The instructions that the teacher gave to the children were in Xhosa and I couldn't make much sense out of it* (Lisa's journal, 21-05-96).

At times the translator conveyed the instructions differently from how Lisa wanted the children to be instructed, by for instance providing answers of giving clues during assessments where Lisa wanted to determine developmental levels.

> *That was one problem and I think it will always be when you use an interpreter in the session. Some of the instructions are just not given the way you want it* (Lisa's journal, 16-05-96).

Furthermore the translations had an impact on Lisa's participation in the task. She described the effect it had on her own engagement with the children when the teacher's role was one of conveying the instructions.

> *I realise that I sometimes get pushed off track with my aims if I try too much to follow what is going on between the teacher and the group and that I have to ask myself all the time, What do I want to see at the end of this session? Many times I feel that I'm losing touch with the children while trying to keep on track with the teacher. It is withholding me from interacting spontaneously with the children* (Lisa's journal, 06-05-96).

- **Space constraints**

Overcrowding owing to lack of space in the informal crèches housed in shacks, impacted on the children's abilities and on the intervention. Lisa described how difficult it was during tasks where all the children had to draw on paper and there was not enough room for all the children to draw.

> *Only a few tables were available so thirteen children had to sit around one table* (Lisa's journal, 18-04-96).

She observed how awkwardly the children were sitting and the impact this had on their functional abilities.

> *All the children did not sit properly in the chairs ... The inadequate space might cause the children to twist in the chairs so that they don't bump into the one next to them, or to allow the teacher to move between them or they are perhaps used to sitting this way ... They were also squashed at the table and the pages of the magazines overlapped* (Lisa's journal, 13-05-96).

The fact that the facilities did not allow for each child to sit comfortably with enough workspace on the table, resulted in further difficulties to achieve therapeutic aims.

6.3.3. If this is OT, I don't want to do it

- **Impact on the student's feelings**

Lisa described many feelings of insecurity, frustration, feeling disheartened and discouraged and of not knowing what to do. These feelings contributed to her stress levels.

> *I left Mfuleni at 9.30 because I was feeling ill ...Today was the first day that I felt this bad. I have a stomach ulcer, which started at the end of the previous block. The doctor said it was caused by stress. This really upset me because I felt that my body was giving in on me. I was disappointed that my body was reacting on stress in such a way. At the moment I'm feeling a bit insecure and scared ... this is also affecting my attitude towards my work* (Lisa's journal, 15-04-96).

The challenge of community-based practice, of being in an unstructured, unpredictable environment without guidance, resulted in distress. Lisa was torn between the expectations of conforming to fieldwork requirements and her own learning objectives on the one hand and being thwarted by events outside of her control on the other hand, such as the frequent waste of time.

> *I feel more that my time is not my own. What upsets me most is when I had made an appointment with a staff member or community worker and the person turns up an hour later* (Lisa's journal, 22-04-96).

The emotional impact of the frustrations and challenges of community fieldwork were clearly conveyed.

- **Impact on the quality of intervention**

The language barrier and resulting translations affected aspects of her work. For instance, she was concerned about the trustworthiness of assessment results.

> *One hazard to the effectiveness of the assessment is language. I asked one of the teachers to give instructions to the children and she did not do some things, as I wanted it to be done. Sometimes she was giving the children clues ... I'll just have to see how true the results of the assessments are* (Lisa's journal, 17-04-96).

Furthermore, it affected her sense of confidence about her work.

> *This did not work out well because the teacher did not understand my instruction ... for a while the group was disorganised and I was thrown off guard* (Lisa's journal, 17-04-96).

Lisa set high standards for herself and was aware of the impact of the limitations on the quality of her work.

- **Impact on her perception of occupational therapy**

The negative experience of the community block resulted in Lisa doubting her career choice. She described how she became disillusioned with occupational therapy and how she dealt with it. The difficulty of constructing meaning about her professional role in uncharted territory was alleviated when she realised that her perceptions were not unique, but shared by fellow students.

> *I had a nice chat with Joan because she was also feeling blue today. Even if this block was so bad that I did not want to do OT anymore, there is one positive thing that would have helped me through: emotional support* (Lisa's journal, 16-04-96).

> *We chatted during lunchtime and I could pick up that many students do not have somebody whom they can trust with their feelings about OT. One good thing about the day is that I found out that I'm not the only one having negative feelings about OT at this stage* (Lisa's journal, 23-04-96).

These excerpts of her doubt about the profession are further indications of how challenging Lisa found the community block.

6.3.4. The children need so much more

- **The children's needs and abilities**

Lisa described her awareness of the children's strengths as well as their difficulties. She identified and used the children's strengths.

> *Once again, some of the children's creativity struck me. I realised how important it was to give an instruction but still allow the child to use their own imagination. A person tends to underestimate children's creative ability ... I found the children responded better to songs and rhymes* (Lisa's journal, 22-05-96).

Lisa's concern remained the developmental delay experienced by the children owing to environmental deprivation and growing up in circumstances of poverty. Her quest to improve their skills for formal schooling was evident in her journal.

> *I also noticed that the children needed much more stimulation with textures, shapes and colours* (Lisa's journal, 22-04-96).

> *I noticed that lots of children are having problems with crossing the midline – they would change hands when coming to the middle. They also struggled to draw on the line* (Lisa's journal, 07-05-96).

> *I was surprised that they could identify the circle from difficult shapes like pizza or food. However, all of them cannot cut a circle. Some children had problems in holding the scissors. It is just pitiful that one cannot get to all the children* (Lisa's journal, 13-05-96).

Reflecting on her observation of the children's abilities during the execution of the tasks she gave them, she made decisions about adaptations of future sessions. The observed developmental status thus informed her practice.

> *I figured that it would confuse them to copy the shapes because some cut away the shape and others selected items that would make it difficult to draw the outline* (Lisa's journal, 13-05-96).

During a task when the children had to draw vertical lines between horisontal lines, Lisa planned her follow-up session:

> *The result was that they didn't do that bad after all. It was very clear that the children need more of these exercises. It is, however, necessary to downgrade the activity, e.g. completing a straight line or even just following on a completed line* (Lisa's journal, 14-05-96).

Children with specific learning problems alerted her to their needs.

> *One boy caught my attention. He was having difficulty to concentrate long enough on what he was doing. It seemed that he didn't understand the instructions because he was cutting a few pages at once where he had to cut out a picture. The teacher complained about his laziness. I took him aside and started to play the memory game with the help of the teacher. He had much difficulty in understanding simple rules. His attention span was very short and he was highly distractible* (Lisa's journal, 16-05-96).

Lisa's journal entries thus revealed her deep understanding of the children's needs and difficulties as she had a sound grasp of the developmental expectations of children at specific ages as well as the skills they should have mastered before formal school entry.

- **Impact of growing up in a bookless society**

In some of the crèches were Lisa worked, there were no children's books available. She used old magazines in an activity and made the following observations:

> *The children were fascinated by the magazines ... the children started to page through the magazines and I noticed a lot of things. All the children were not sitting properly in the chairs. They did not know how to page the magazines – to the left/right and with which hand. They tended to shift the magazine to the one side. Others had the magazines upside-down. Some children did not want to page through their own magazines, they watched while the others were paging* (Lisa's journal, 13-05-96).

Even in those crèches where there were books, Lisa was concerned about the children's behaviour concerning the books.

> *Some children were tearing pages from books* (Lisa's journal, 22-05-96).

6.3.5. Deriving meaning: Learning through reflection

Lisa's journal reflects her thinking about her work. She describes incidents in which she suddenly had to adapt to the presenting circumstances.

> *The instructions the teacher gave to children were in Xhosa and I couldn't make much sense out of it. For a while the group was disorganized. I was thrown off guard for a moment and I did not want to immediately interrupt the teacher with what she was busy with. The children looked very confused. I had to do something to bring them in touch with what was happening. When I got the chance I suggested that we play a game ... I realised that this was not what I had planned* (Lisa's journal, 22-05-96).
>
> *I then did not know how to end off the session, because they did not have to pack away any material. So all of them were looking at me and I felt very uneasy. The*

> *teacher could see that and she took over. I realised that if you make the activity exciting then your ending must just be as enjoyable to the children* (Lisa's journal, 02-05-96).

Reflection on identification of her own need for skills development were apparent:

> *Working in a group is much different than treating individuals that I have to learn to know myself in group situations* (Lisa's journal, 22-05-96).

Lisa describes how a community block offered different learning opportunities from those in more structured treatment situations:

> *I realised that I actually missed a golden opportunity to treat in a "laissez fair" manner. The children wouldn't even know that is wasn't a planned activity* (Lisa's journal, 23-05-96).

Her journal entries reveal her developing insight regarding illness and recovery. In this instance, the fieldwork situation revealed confirmation of an idea that she had formerly come across in theory:

> *The atmosphere in Mfuleni is relaxed and the mere fact that you see and talk to so many people already alleviates a lot of stress. Now I can understand the importance of recovering from illness while you are at home in the company of other people. The psychological value is just inexpressible* (Lisa's journal, 13-05-96).

To summarise, Lisa's journal revealed an honest and open account of her experiences during a difficult fieldwork block where she was confronted with many challenges. She was brave enough to describe her distress, even when it reflected negatively on herself, her supervisor and her profession. Some of her frustration was owing to the high standards she set for herself, frustrated by the limitations of the poverty in the community. Other frustrations arose around values differences. On the whole, Lisa's experiences revealed what a student faced in such a fieldwork block, and supplied information to me and the Department on how we could prepare the students better for the challenges of practice in community fieldwork sites.

In the following section of Chapter Six, Joan's experiences are described.

6.5. Joan's Session

6.5.1. The setting

Joan's community placement was in the informal settlement of Mfuleni where part of Joan's work was with children in one of the crèches. The crèche was situated in a house amid squatter huts, but was a small rectangular semi-detached house built of brick and painted white. The principal of the school and owner of the crèche lived in one half of the house and the other half of the building was used for the crèche. A large piece of sandy ground surrounded the house, spacious enough for children to play outside. The yard was fenced with vibracrete on three sides and a wire mesh fence on the street side. A single outside toilet was situated in one corner of the yard.

The crèche building consisted of three small inter-leading rooms. The first room had a washing-up sink, primus stove and a low table on which the children's satchels, jackets and lunch boxes were piled. The room appeared to be the kitchen and eating area, as well as a classroom. A low table surrounded by small chairs, took up most of the space in this room. Two babies of under a year in age were seated on the table. One baby was crying. An assistant had another baby on her back. In an adjoining room, five or six children who seem to be about two years old were playing on the floor.

In the third room large empty buckets and mattresses for the children to sleep on, were stacked against a wall. The crèche coordinator and teacher assistant, Joan and myself, working the camera, were in the room. The children were asked to form a circle. Children stood very close together as the room was tiny and the space is cramped.

6.5.2. The session

The first activity was an action-song of naming and touching body parts, head, shoulders, hips, knees and feet. The children seem to know the song well and sang along very boisterously. The actions of touching the correct parts were not executed as smoothly as the

singing. Many children were confused, looked around at others for guidance and got the sequence wrong. Joan addressed the children in Xhosa at times, speaking in single words and addressing specific children. For more complex activities, she gave instructions to the assistant who then translated to the children. During the song, Joan guided individual children to touch their knees and toes as they sang those words. At times she demonstrated actions such as placing her hands on her own head. The children then called out "head" and placed their hands on their heads. The teacher assistant also demonstrated, touching her own shoulders, chest, stomach, hips, knees and feet in sequence, pausing after each to ask the children the name of the part she was touching. The children collectively and loudly called the names.

Joan then asked the teacher to tell the children to go to the room next door and sit at the table. About fifteen children were seated very cramped around the table on small chairs. Joan handed out some puzzles that she had made from magazine photographs of human figures, pasted onto cardboard and cut into three pieces each. Joan gave single word instructions in Xhosa, indicating that she wanted them to construct the puzzles to make human figures. The teacher-assistant tapped one child on the hand to prompt her to point. The child pointed to the legs on the picture. The other children sat quietly, observing and waiting while Joan demonstrated putting the puzzle together. She asked them to name the parts she was pointing to. The children started pointed to the various body parts on the puzzle. There was a lot of pointing and talking amongst the children.

The paraffin heater was dangerously close to the children and could, if it was accidentally bumped or pushed over, spill and ignite.

Joan then spread open all the pieces and demonstrated the construction of each puzzle, explaining that she wanted the children to see the whole puzzle before they started. She then scrambled the puzzle pieces and placed one set of pictures before groups of about three children. The children started constructing the puzzles, taking turns. In one group, two children were working together. When each puzzle was completed, the teacher clapped her hands to acknowledge that it was correct. One child first placed body parts incorrectly, then

reassembled them and got them right. Some more hand clapping as more children completed puzzles. The children were actively participating, waiting their turn, talking loudly, or drawing attention to their completed puzzles. The teacher took over from one child who was struggling. The teacher constructed the puzzle while talking all the time. Joan asked the teacher to allow the child to do it by herself. The teacher scrambled the picture and the child proceeded to construct it. The others clapped hands as she completed it successfully.

One child was attempting to construct the puzzle by using a trial and error method. Another child had her hands covering the parts of the picture as she was constructing it. The teacher physically picked up her arms and placed them on either side of the picture. As individual children completed their turn, the rest of the group clapped hands. There was active and live discussion amongst all the children and adults. One of the babies was still crying in the background. One of the children in the group was singing a rhythmical, repetitive song.

A child who had an incorrect assembly left it like that and appeared to give up. The teacher moved the incorrect pieces out of the way and rotated the remaining pieces into the correct position and constructed it for the child. Another child had legs attached to the head. Joan pointed to the puzzle piece of the chest that fit between the head part and the legs part, and moved the head part away. The child first put the head back onto the legs, then moved it away and inserted the trunk/chest part in its correct position. The child was rewarded with applause.

> *Eventually all children had had a turn and each child was rewarded with applause. Joan further affirmed each child's success by saying "ewe" (yes) and their names while the other children were waiting patiently* (Video transcript, May 1996).

6.6. What Joan could say about her session

From Joan's discussion of her treatment session after watching the videotape, the themes that emerged were:

- Joan's understanding of the children's difficulties;
- Evaluating her intervention choices and linking practice to theory;
- The challenges of the session; and
- Adapting to the demands of community work.

6.6.1. Joan's understanding of the children's difficulties

Joan's description of the aim for the session conveyed her broad understanding of the developmental lags experienced by the children. Her selection of activities conveyed her understanding of the perceptual-motor developmental process and the result of environmental deprivation on the development of the children.

> *Their drawing, when I looked at it developmentally, it was more on a three year level, circular drawings; some children couldn't draw a person with clear distinction between the head and the trunk. Their body pictures would more look like a head and two legs, sometimes no arms present* (Interview, Joan, May 1996).

The fact that she started the session with a Xhosa action song implied her understanding of the type of activity selection appropriate for children of Mfuleni. She later introduced a more challenging task, the construction of puzzles of human figures. In addition, she wove other perceptual concepts such as part-whole perception and perception of position in space into the session.

> *And I also thought that the puzzle was probably a very new thing for them because that was the first time I did puzzles with them and because their part-whole perception, my aim was also to work on their part-whole perception. Because the part-whole perception hasn't really developed that well* (Interview, Joan, May 1996).

In selecting the action song for her session, Joan realized that the song known to the children did not include mentioning the arms, and adapted the session to include it:

> *What I found, I couldn't find a Xhosa song with the arms, as well, clearly indicating the arms, that's why, during the activity I asked the children to identify the arms or I asked them: "intonile?"... and they then identified the arms as well*

(Interview, Joan, May 1996).

Furthermore, Joan attempted to speak to the children in Xhosa. Her Xhosa was not fluent, yet she used words, phrases and songs to get her message across.

> *We sang that for a couple of times then I tried to do a new song which brought in sides, up and down, like position in space for the children, which I thought would be appropriate* (Interview, Joan, May 1996).

When I asked Joan about the sensory channels used in learning and to reflect on the cultural and socio-political context, she responded that:

> *They are more tactile and auditory. The singing, repetitious things, things like that ... They love tactile things, playing in sand, singing, hearing things* (Interview, Joan, May 1996).

Joan's work thus reflected her understanding of the children's needs as well as her own sensitivity towards cultural meaning of the activities she chose.

6.6.2. Evaluating her intervention choices

Joan introduced a new song that included some of the perceptual concepts she wanted to develop. Her own lack of mastery of Xhosa resulted in changes in the session.

> *We sang that for a couple of times then I tried to do a new song which brought in sides, up and down, like position in space for the children, which I thought would be appropriate, then I changed it immediately because I got confused with the words, so I decided, rather leave it than confusing yourself and confusing the children. The Xhosa words, I confused them* (Interview, Joan, May 1996).

Joan reflects on her self-made puzzles, and draws the conclusion that the reason for the children's struggling with mastery could be addressed by cutting the puzzle pieces differently. She links the adaptation of the activity to developmental theory of progression of development.

> *The puzzles were three-piece puzzles. One was the head, the trunk, and the legs. The other puzzle was the head and trunk, and two legs separately. So I found that the children struggled more when the face was cut through and when the two legs were separated. And I found that they could do the one where the head and the trunk and the legs, both legs were separated. When those three segments were separated, they could do that better as when you have the two legs that were separated. I found that was easier for them. And I also thought maybe for an introductory session, rather have that sort of puzzle with the head, with the trunk and with the leg, so that they can just put it together in a nice cephalo-caudal way, than from side to side, having two sides separately* (Interview, Joan, May 1996).

She later elaborated the developmental progression of body image and spatial concepts by stating:

> *Because their first experience is from the head down, then proximo-distal* (Interview, Joan, May 1996).

The above quote illustrates Joan's ability to integrate theory and practice by reflecting on theoretical underpinnings of what is observed in practice. In addition, she also considered a different form of grading in presenting the activity, revealing her understanding of activity study.

> *So I thought maybe have the more three dimensional kind of an activity where they could explore more with their body before having to do it in a two dimensional way which I really found was a problem with that* (Interview, Joan, May 1996).

6.6.3. The challenges of the session

Joan described the presence of the principal and owner of the crèche as disturbing during her session:

> *Firstly, I didn't ask the caregiver, the principal to be there and that was a bit, during the session, she was a bit of a disturbance for me, because the children would rather listen to her than to me. And trying to make a good impression she would rather want to do the puzzles for the children, instead of letting them doing the puzzle for themselves and finding ways to do it, she would rather do it. Okay,*

that was a bit of a problem for me (Interview, Joan, May 1996).

During the interview I asked Joan why she thought the principal wanted to do the puzzles for the children. She responded:

> *I was thinking maybe she was trying to make the children, you know like, that you wouldn't get a bad image or a bad impression of her, maybe because she is not doing her work. She wanted to prevent that. And also maybe, I know that for the other teacher, puzzles is also a new thing. It's almost like she plays with the children. For example when I do painting, she also wants to paint with the children. But mainly because she wants to make a good impression, of herself and of the children* (Interview, Joan, May 1996).

6.6.4. Adapting to the challenges of community work

The challenge of working in situations of poverty is difficult. Not only are students expected to demonstrate their developing understanding of the problems experienced by the children and the relevant intervention, but they have to do so in severely restricted circumstances. Joan negotiated the language barrier by learning single words and phrases in Xhosa so that she could communicate with the children. Her activity choices were limited by space constraints and overcrowding. She questioned the relevance and appropriateness of the materials she used in the crèche, revealing her sensitivity to what would best fulfil the needs of the children. In describing what the barriers were, she stated:

> *Space, definitely space and also the language. And also as Lisa mentioned materials, because you run out of ideas and you also don't know, you can bring in materials from campus but, is this the right way for the children to learn? Is it the easiest way in which to learn, what is appropriate for them? But at the school it's okay because the children have been exposed to them. But these kind of materials may also influence your treatment sessions. So you constantly ask yourself, how will they learn best? In their environment with the things they do have, or with new things?* (Interview, Joan, May 1996).

Her questioning of relevance was further conveyed in her own critique of the magazine pictures she selected for the puzzles.

> *And maybe the body pictures was a bit confusing because it was like different people with different kind of clothes and things that they couldn't relate to and I think and they haven't really been exposed to that kind of dressing. So maybe have something that is more familiar, more appropriate to them from which they can learn easier* (Interview, Joan, May 1996).

Regarding the crèche principal's participation in the session and her wanting to do the puzzles for the children, Joan reflects on the principal's method as a possible teaching method for the children.

> *You have to look at it. It could be advantageous as well as disadvantageous. Because if you, okay you can do that for a child but then in a demonstrative way, and the child could maybe copy from you, you know, down grade it and then the child could copy from you, but you shouldn't do it constantly. Because then you do it for the child and the child doesn't learn. She doesn't learn problem solving skills. So I would say if you do it once for the child and then the child does it, that's a nice way, nice teaching and nice down grading* (Interview, Joan, May 1996).

To summarise, when Joan discussed her work she revealed understanding of the children needs, understanding of culturally appropriate activity selection and her own adaptations to the context.

6.7. Joan's experience of the community block

Analysis of Joan's journal revealed the following categories and themes:

Table 6: Findings from Joan's journal during community-based practice

Themes	Categories
Unique dilemmas of community practice: dealing with diversity	• Limitations owing to poverty • Learning to adapt • Tensions: expectations vs. reality • Difference in method and style
Learning about a wide range of patient's needs	• Children's needs and responses • Working with other disciplines
Evidence of reflection	• Reflecting on learning • Reflecting on own practice • Reflecting on feelings

The themes and categories that emerged from Joan's journal are discussed below.

6.7.1. Unique dilemmas of community practice: Dealing with diversity

This theme captured the diverse nature of the experiences that Joan was exposed to during the community block and how she responded to it. Furthermore, it illustrated the challenges Joan faced when she encountered situations where her expectations differed from the reality of life in Mfuleni.

- **Limitations owing to poverty**

The limitations to practice resulting from poverty and lack of resources were daunting challenges. Joan described how the lack of materials and resources, lack of space and the language barrier affected her practice. Joan's observations of the lack of materials were not only described in terms of the impact on her own practice, but also on the resulting lack of learning, developmental and play opportunities for the children of Mfuleni. After her first visit to one of the Mfuleni crèches, Joan observed:

> *What caught my eye was the one structure, which looks like a ladder. This is the only constructive play apparatus in the playground. All the children cannot even climb onto this ladder because of competition and too difficult for younger children to climb onto* (Joan's journal, 11-04-96).

She described the children's responses to their first opportunity to cut with scissors. The scissors were borrowed from another crèche.

> *It was their first cutting session with me and I could see that it was really a foreign medium to them ... because I borrowed the scissors the day before and because the other crèche uses it often there was not a chance to practice cutting. The problem with the session was that they struggled so much with the cutting that it took up a lot of time* (Joan's journal, 15-06-96).

Joan described her dilemma in wanting to focus an activity for school readiness on the older group of children at the crèche, by taking them inside.

> *I decided to do it inside, the space turned out to be very limited – we were all cramped into a small room* (Joan's journal, 11-04-96).

The language barrier inhibited her practice:

> *It was very difficult to introduce the activity because there was nobody around who could understand English or Afrikaans. The crèche teacher attempted to help me but she left eventually* (Joan's journal, 11-04-96).

At times, working with a translator resulted in confusion. Joan described the confusion that arose during a relaxation sessions with older adults:

> *Some words like "tighten" (your muscles) were interpreted differently – if I used "tighten" then they would use their hands to tighten their dresses against their legs – and I could not understand why they did this* (Joan's journal, 16-06-96).

- **Learning to adapt**

Descriptions of Joan's ability to adapt to the lack of resources and the plans she made to overcome these limitations were evident in her journal. She described how she used demonstration instead of giving verbal instructions, or how she guided the children's hands in an activity to get the message across.

> *One student mentioned how much quicker the children grasped the concept of the activity if you demonstrate rather than explain* (Joan's journal, 07-05-96).

In some instances, Joan manufactured the instruments she needed.

> *The crèche didn't have paintbrushes causing me to adapt by making paintbrushes from material and sticks – no sponges were available, that is why I used material to make the brushes* (Joan's journal, 16-06-96).

She had to adapt her plans to unforeseen incidents such as this one that occurred on a public holiday:

> *Because it was a lovely sunny day, more children pitched up than I had planned for. Some of the sheets of paper had to be cut into two to accommodate some children. Some of the children stayed out of school because it was Ascension Day and they were even more eager to paint than my normal regular group of children* (Joan's journal, 16-06-96).

Thus the situation was highly unpredictable in terms of who she would be working with. Such incidents required further adaptations to her plans when she was confronted with a larger group of older children.

- **Tensions: Expectations vs. reality**

Some of Joan's journal entries highlight value differences where tensions arose as a result of the difference between her expectations and worldview, and that of the people of Mfuleni. She described incidents where she encountered behaviour that was markedly different from what she expected.

> *The meeting seemed disorganised because the facilitator or chairman left without explaining where he is going. He just walked out. We waited a few minutes but later we continued* (Joan's journal, 10-04-96).

From the CPP Education Facilitator she expected information and guidance. What she encountered was the opposite.

> *He was unable to answer our questions effectively making us feel frustrated and even more disorientated. It seemed as if he was unaware of what to do with us* (Joan's journal, 06-05-96).

During a home visit to a patient with a disability, she was hoping to provide intervention.

> *We asked the lady whether she needs our help but she refused any rehabilitation because she felt that there are enough people around to see to her needs and she*

has no intention of wanting to be independent. It was frustrating for me because I could see that she needed OT treatment- even if only to do her transfers by herself or dressing. Even the caretakers agree with her, we were wondering whether to persist or to leave the lady. I felt that we should allow the person to have the final say (Joan's journal, 21-05-96).

- **Differences in method and style**

During an arts and crafts group with older women, someone came in from outside and interrupted by suddenly starting to address the women on an separate issue:

... until a person started talking out of the blue to the geriatrics. She did not inform us that she was going to say anything to the group. It confirmed the poor communication skills that people have in this community and total disregard for other's feelings, especially that of students. This went on a while (Joan's journal, 22-05-96).

One of the most frustrating events for the students arose from their attempt to resolve conflict around role confusion. Conflict arose when students were accompanied by community health workers on home visits. The students were expected to provide occupational therapy for disabled people in their homes, an area where community health workers provided a basic rehabilitation service. On the one hand, the community health workers who were trained and supervised by a community elected health facilitator and the students on the other hand, could not come to an agreement about their expected roles and tasks. The students were advised by their fieldwork supervisor to offer a workshop and show a video on community rehabilitation to the community health workers in an attempt to clarify their roles. All their attempts were thwarted. Joan described their attempt to make arrangements for the workshop and the discussion with the health facilitator:

This woman was antagonistic towards the idea from the start. Firstly she made biting comments on things that was not really relevant such as on the words that we used – trying to make us use politically correct terms. She wanted to know why we say that the community health workers were unsure of their roles because according to her they are very capable and in control of their jobs because she has trained them personally. We feel, from our experience with the community

> *health workers that they do not really understand what they should do...because we never see them working or physically handling people. She informed us that they are not supposed to do hands-on work with the people - only to refer persons to the clinic or day hospital. But later on she changed her tune when she told us that they are trained to do rehabilitation work as well ... I feel that she became personal when she said she does not know why we were there (in the community) because we were only walking around, smiling at everyone and that is why she asked (demanded) us to make her a cup of coffee – which we refused to do ... I feel that this kind of attitude does not belong with a person involved in primary health care because it means that they are not at all approachable ... and in all this, our educational facilitator did not say one word* (Joan's journal, 21-05-96).

The video session was planned for the following day.

> *We were supposed to see the video with Sister P and the community health workers who did not pitch up and the video machine was not working* (Joan's journal, 22-05-96).

They tried again the next day:

> *Then we had the video session with Sister P and the community health workers, which did not happen because the video was not working – again. I am tired* (Joan's journal, 23-05-96).

Joan tried to negotiate an on-going school readiness programme to be implemented after she had left the community setting.

> *I spoke to Mrs S about my project but today she made me frustrated because she is constantly complaining of how busy she is and it seems to me as if she is telling me only to work with the children and nothing else. I get the feeling that the staff is not really serious about or concerned about the children's progress. Today the caregiver was very rude to the children* (Joan's journal, 25-05-96).

Joan's journal entries reflected her learning in a diverse and sometimes challenging fieldwork setting as well as the plans she made to adapt to the challenges. Furthermore, the students' assumptions in thinking they were doing "the right thing" by wanting to educate the community rehabilitation workers, and the rehabilitation workers' indication of not sharing this assumption, demonstrated to me that we (the Department) needed to

prepare the students better in negotiating community participatory and entry skills. The conflict that arose form the role confusion, the inability of the educational facilitator to assist in clarifying maters, could have been alleviated by the intervention from the CPP.

6.7.2. Learning about a wide range of patients' needs

Joan's journal revealed a range of patients' needs. Despite spending most of her time working at various crèches providing developmental stimulation, her tasks also included working with adults with disabilities in their homes, working with a group of elderly residents and working with children with physical disabilities and children in an orphanage.

- **Children's needs and responses**

Joan's journal entries contain many descriptions of the children's strengths, needs and responses.

> *The children greeted us enthusiastically; they seemed so full of life, vibrant and energetic* (Joan's journal, 11-04-96).
>
> *The children learned the words and actions of the song very quickly and sang heartily together* (Joan's journal, 02-05-96).

The children's enthusiasm and eagerness to participate in the novel activities Joan introduced, were revealed.

> *After handing out the crayons and the large sheets of newsprint they immediately started to scribble on the paper* (Joan's journal, 02-05-96).
>
> *Initially the teachers sang the words – very fast and the children got confused with the appropriate action for the songs ... this is a song that the children know by heart now but the actions are still confusing* (Joan's journal, 06-05-96).

Introduction to materials that were new to the children provoked Joan's thoughtful consideration of their lack of previous experience.

> *The play dough worked very well. Initially the children, especially the younger ones, did not have a clue what to do with the dough. Reason could be that it is a very foreign medium and children did not perhaps know what was expected from them* (Joan's journal, 07-05-96).

> *When they were paging through the magazines some children had it turned upside-down, others paged from back to front and others did not know how to page. For those who could not page I had to help them page until they could manage on their own. I've now only realised what a strange or new experience this must have been for the children* (Joan's journal, 09-05-96).

Joan's delight on observing the children's progress and the results of her intervention were evident.

> *They were concentrating very hard and worked eagerly. I was extremely glad because I could see the remarkable progress made. Their fine motor skills were improving, movements were more coordinated, noted when they coloured in the circle afterwards ... overall, I'm satisfied with my children's progress* (Joan's journal, 28-05-96).

> *I brought magazines with and asked the children to look at pictures, which resembled circles. Their circular concept was surprisingly good and they then progressed to other shapes i.e. squares and triangles. We also used the magazines to identify colors, which they know by now. There were still some puzzles in my bag and I gave it to the group to see whether their body image progressed. They were absolutely fabulous because they could do every-one of the puzzles. Their part-whole perception and figure-ground skills were really developing quickly – though I only found that they still experience position in space problems because some body puzzles were built upside-down* (Joan's journal, 23-05-96).

The journal entries reveal some of the more challenging situations she had to deal with.

> *The children all wanted to fight today. We had an unusually large group today and a few were sharing magazines, which they did before but it seems it became a problem today. One girl was almost on the table trying to hit the other. In my attempt to calm them down, I said "shhhht" and everyone repeated after me* (Joan's journal, 23-05-96).

She described her observations of working with the elderly and adults with disabilities:

> *We realised that there were a few ladies who are unable to work with their hands due to strokes, injuries and severe arthritis. One male was unable to participate*

because he was blind but we have to work on adapting the activity for him (Joan's journal, 28-05-96).

I was amazed to see how many ladies were stitching and making the pom-poms for the dolls today. It seems that their eyesight and fine motor skills, as well as coordination, are still good enough (Joan's journal, 22-05-96).

We went to a lady who is presumably paralysed from the knees down. On assessment active range of movement against gravity was present, as well as some movement with limited resistance (Joan's journal, 23-05-96).

When describing her work at the children's home, Joan reveals her awareness of the children's emotional needs.

We went to the children's home ... and decided to have an activity with games and singing because it can be very expressive and lively creating opportunities for children to laugh, to clap their hands, to express disapproval, to stamp their feet. The children at the crèche are so isolated from other children, being withdrawn and not really spontaneous. We had to use ourselves to create an easy, free and safe atmosphere for them to be themselves (Joan's journal, 14-06-96).

Thus, the fieldwork setting provided the student with a variety of patient with diverse needs and of varying ages.

- **Working with other disciplines**

Joan's journal revealed that she had worked closely with different teachers, crèche owners and caregivers at crèches, and with the social worker at the children's home. The shared intervention with physiotherapy students made a big impression in terms of teamwork.

This morning we worked at the disabled crèche (sic). *We gave special attention to a seven-year-old girl who is a spastic quadriplegic with good cognitive skills. C, myself and three other physiotherapy students worked with her. We gave the mother some advice on positioning and a few techniques to use and she also practiced the techniques on the child* (Joan's journal, 22-05-96).

> *It was the first time I really worked with physiotherapy students. We became very appreciative of each other's profession during these few weeks* (Joan's journal, 25-05-96).
>
> *Today the teacher at Sakhumzi helped me tremendously and it seems we are communicating effectively now* (Joan's journal, 09-05-96).

Her dealings with the staff from the Community Partnerships Project and the community health workers resulted in frustration, confusion and conflict. Joan described the fourth attempt to show the community health workers a video:

> *At 09:00 the group was supposed to start which it did not. At 09:30 the first community health workers pitched up and a few minutes later the other two. When I asked why the other community health workers were late we discovered that some were counting votes. I could not believe this news because they were informed last week about the workshop already ... but they would rather go and count votes and earn extra money than sitting in a workshop to enrich/empower themselves to provide a better service* (Joan's journal, 30-05-96).

The frustration emanating from differing values and priorities was evident here. I would have thought that Joan would understand the importance around election activities. Her own priorities of wanting to provide a service that she thought was important, clouded her view.

6.7.3. Evidence of reflection

- **Reflecting on learning**

Joan's journal entries revealed what she knew and what she had learnt. Her descriptions of her understanding of what happened revealed integration of theory and practice.

In the following journal entry, she described the children's response to puzzles of human figures and her analysis of what was happening:

> *Children had difficulty grasping the relationship of head to trunk and legs. One child left out the trunk piece and connected the head to the legs and I had to show*

> *on my own body how the body parts are connected. The way in which they built their puzzles coincides with their kind of pictures that they have drawn of themselves with a head and two legs or a head with lots of fingers and legs. Most of the children left out the trunk* (Joan's journal, 06-05-96).

This entry revealed Joan's knowledge and understanding of the developmental progression of drawing and constructing human figures.

- **Reflecting on own practice**

Through-out her journal, Joan described her aims for the session, which activities she used and how the patients responded, revealing her understanding of occupational therapy and her patients' needs. At times, she reflected on what needed to change to yield more effective results. Her journal entries revealed her thinking about what had happened during a session, and her attempts to unravel and make meaning of what she had encountered.

> *The problem with the session was that the children struggled so much with the cutting that it took up a lot of time. Pasting was also a very new medium for them. I don't think the children could concentrate on the concept of colour that much because they were now exposed to two different mediums which occupied their minds completely* (Joan's journal, 15-06-96).

Joan realized that the expectations inherent in the activity were too high for the children. They could focus on the newly introduced cutting and pasting, but no more.

- **Reflecting on feelings**

Joan made frequent reference to her own feelings. On her second day of the fieldwork block, Joan had found her feet. She described her feelings as follows:

> *Today I feel less confused, more orientated and goal directed which makes me feel better and more sure of myself* (Joan's journal, 11-04-96).

Describing how she felt about her first treatment session that was vidoetaped for data collection, a session in a shack with limited space and language barrier problems, Joan stated:

> *I remember feeling anxious and nervous for the first time since I have worked with Viki, which surprised me because by now I should have become used to being video taped. I only settled into the activity after half of the activity was done. The children probably sensed my anxiety* (Joan's journal, 06-05-96).

In another incident, Joan accompanied a four-year-old child who had spina bifida and resulting lack of bladder control, to go to a hospital for catheterisation. She described the effect of the incident on her feelings.

> *The staff at the hospital were very helpful and explained the procedure to us, as well as demonstrating – which was the part that I dreaded the most. While they inserted the catheter I had to force myself to stand and look. I was feeling very hot and dizzy. But I told myself to stand through the whole procedure, even if it makes me feel sick. I can only imagine how traumatic this experience must be for (the child) who is still so young and who does not understand why it must be done to her* (Joan's journal, 28-05-96).

She revealed an understanding of what others may feel. On reflecting about the incident when the Health Coordinator of the community health workers was resistant and aggressive towards the students, Joan described her understanding of possible reasons.

> *I can also understand why she acted as she did, because she probably felt that we were questioning her skills as a coordinator of the community health workers and that she was not doing a good job. That is probably why she became so defensive and aggressive* (Joan's journal, 21-05-96).

In conclusion, Joan's journal revealed how she practiced occupational therapy in circumstances where the constraints of poverty and a different culture influenced her intervention, and how she overcame the limitations posed. She described her understanding of occupational therapy with a range of patient needs and a range of other health professionals. Her journal revealed how she thought about her work and the emotional effect it had on her, indicating an emerging ability of reflective practice.

My own reflection on the implications of Lisa and Joan's experiences of community fieldwork practice follows in Chapter Seven.

CHAPTER SEVEN

CONCLUSION AND DISCUSSION OF STUDENTS' LEARNING NEEDS

In this chapter I discuss the findings of the students' learning needs in community fieldwork settings and whether the students could reflect in practice. The students' ability to reflect on their practice is described at length, as this was one of the central themes of my thesis.

7.1. Conclusions from findings of students' learning needs

Regarding the students' learning in community fieldwork settings, I considered the themes that emerged from the students' work and their journals as an overall analysis of all the students' fieldwork experiences. For the purpose of this analysis, I used the themes that emerged from students' data as categories and considered the themes from all the findings. A depiction of the overall themes and categories is illustrated in Table 8, on the following page. I added the students' names and the names of the fieldwork settings next to each of the categories.

From the themes and categories derived from the students' data illustrated in the table below, the following conclusions about students' learning needs were derived:

- Dealing with diversity was difficult;
- Teamwork was an advantage in community learning;
- Confronting poverty was a challenge;
- Students' feelings impacted on their work;
- Lack of structure and guidance was a problem; and
- Students' work revealed developing reflective abilities.

The discussion of each theme follows the table on the following page.

Table 7: Themes and categories of findings from all students' learning

Themes	Categories
Dealing with diversity was difficult	Lisa Mfuleni: Cultural differences Lisa Mfuleni: Confronting own racial prejudice Lisa Mfuleni: Role confusion and conflict Lisa Mfuleni: Language barrier Joan Mfuleni: Differences in method and style
Teamwork was an advantage in community learning	Tim Bergsig: Explaining to others Tim Bergsig: Learning from others Lisa Mfuleni: Member of a team: I'm not alone Joan Mfuleni: Working with other disciplines
Confronting poverty was a challenge	Lisa Mfuleni: Impact of socio-political problems Tim Bergsig: Lack of treatment space Lisa Mfuleni: Space constraints Lisa Mfuleni: Language barrier Lisa Mfuleni: Impact of quality of intervention Joan Mfuleni: Limitations owing to poverty Joan Mfuleni: Tensions: expectations vs. reality
Students' feelings affect their learning	Tim Bergsig: Tired burdened and over whelmed Lisa Mfuleni: Wasting time Lisa Mfuleni: Impact on feelings Lisa Mfuleni: Impact on quality of intervention Lisa Mfuleni: Impact on perception of OT Joan Mfuleni: Reflecting on feelings
Lack of structure and guidance	Tim Bergsig: Uncertainty and not knowing Lisa Mfuleni: Confusion regarding expectations Lisa Mfuleni: Lack of guidance and structure
Students' work revealed developing reflective abilities	Lisa Bergsig: Developing reflection-on-action over time Lisa Bergsig: Reflection-in-action emerging Lisa Bergsig: Critical self-evaluation and growing confidence Lisa Mfuleni: Learning through reflection Joan Mfuleni: Reflecting on learning Joan Mfuleni: Reflecting on own practice

7.1.1. Dealing with diversity is difficult

It was clear that the students found community practice difficult. In the informal settlements, difficulties were around the absence of an infrastructure for service delivery, which made it difficult for them to know how to structure their own work. The students also found the cultural differences in pace, style and priorities of community members in key positions, difficult. My conclusion from the students' experience of wasting time, of being kept waiting, of role confusion and conflict that arose from the role confusion was that the Department needed to implement structures and guidance and that supervision of students in community settings had to increase until the students had found their feet. The setting required opportunities for discussion and clarification of the roles of all participants in the

partnership. Clarification of expectations, methods and procedures were technical aspects of practice that would ease the students' learning experiences. More than attention to the technical and the practical improvements of community fieldwork, students needed methods and strategies to make meaning of the socio-political contexts of their work.

During the first years of fieldwork placements in community settings that coincided with my action research project, the staff of the Department of Occupational Therapy had no previous knowledge or experience of the new direction in which we were going. There was no literature available on occupational therapy community-based practice in the first year before the Department had methods in place for student guidance. It was thus as much of a learning experience for staff and supervisors as it was for students. One of the most important issues that emerged from the data was how difficult the students found it to structure their community work in informal settlements such as Mfuleni, and the students' desperate need for guidance. My response to this need, as well as to Tim's difficulties to structure his time at the school, was to provide a structured fieldwork guide (see a description of the guide on page 200).

Tim had missed a number of treatment opportunities. I read Tim's journal and became beware of the problem only after he had already finished the block. The fact that he was not practicing enough, his lack of knowledge and understanding and the fact that neither his fieldwork supervisor or I, nor the Department had been aware of his serious difficulties during his fieldwork block, prompted me to develop a structured guide for students' written case work. The intention of the guide was to serve as a monitoring system for supervising staff but more importantly, as a guide to help students conceptualise what was expected of them. The students' feelings of being lost, overwhelmed and not having reasoning structures for decision making were eased when the Department introduced a model of health promotion, based on the Ottowa Charter for Health Promotion (Coulson, Goldstein & Ntuli, 1998:175) to guide practice. The health promotion model is a project planning cycle consisting of the stages of a needs assessment; writing objectives; deciding on indicators; project implementation and evaluation (Coulson, Goldstein & Ntuli, 1998:158) and provides a frame for conceptualising community-based practice for students. The health promotion model is in many ways similar to the occupational therapy process model, and in fact, the action research cycle. The implementation

of the model thus provided the students with a structured guide within which they could organise their thinking and reasoning.

Some of the students' difficulties with community fieldwork practice were alleviated with more structure. However, the challenge of engagement with people from a different culture, with different traditions, practices, routines and values, would not be adequately addressed without specific attention. I concluded that if one of the requirements of the journal entries were to focus on descriptions of students' encounters with cultural difference in fieldwork, it may have helped them to come to terms with problems around diversity.

7.1.2. Teamwork is an advantage in community settings

The students all commented on the advantages of teamwork and of working with people from other disciplines. Some teamwork experiences were difficult, such as Joan and Lisa's experiences in Mfuleni with the education facilitator and the community rehabilitation workers. Others were helpful, as Tim and Lisa's experiences with teaching staff and nurses at Bergsig School. Oneha, Yoshimoto, Bell & Enos (2001:256) reported that health care students who participated in community fieldwork, found the multidisciplinary approach to health care and learning, as one their most valued experiences as students. A multidisciplinary approach in health care is advocated for service provision in community settings (Spencer, 1997:9). The students' experience of teamwork in community settings changed dramatically from those in hospital settings where contact with other professionals had been limited to other health professionals. The community fieldwork setting was thus advantageous in providing students opportunities to learn to function in a team and about the health care approach of teamwork in primary health care settings.

7.1.3. Confronting poverty was a challenge

The effects of poverty on the development, health and education of children was a startling confrontation. The complexities and dilemmas of community practice were an eye-opener. The students and I had first hand experience of the effects of poverty, unemployment and social ills such as gangsterism, vandalism, theft and threats to personal safety of the children's and

teacher's lives. We became aware of sexual abuse of some of the children and of the constant threat to children and teacher's personal safety in the community. Furthermore, the seriousness of the social problems alerted me to the need for a broader approach to community development and poverty alleviation. In addition, it confirmed how important multi-sectoral collaboration was to tackle these problems. Two projects in particular, the Safer Schools Project and the Health Promoting Schools Project, offer scope for occupational therapy collaboration. I realized that South African occupational therapists needed to forge stronger multi-sectoral links. Moreover, occupational therapy must play a more assertive role in Inclusive Education (Department of Education, 2001) and Early Childhood Education (Department of Education, 2001). The need for collaboration and making the students aware of such projects became evident.

7.1.4. Students' feelings impacted on their work

I suspected that negative emotions have a detrimental effect on learning. Academic and clinical health professionals, who are familiar with the symptoms of mental health difficulties are well aware of the effects of troubling emotions, such as depression and anxiety, on cognitive processes. Concentration, memory, the ability to structure time, judgement and motivation are all affected by negative emotions. My view is thus that for optimal learning, teachers should ensure that they themselves are not causing negative emotional experiences for students. Furthermore, when students are confronted with difficult and shocking situations encountered in the course of their studies, teachers should take the responsibility to ensure that debriefing opportunities to deal with difficulties are in place.

During one of my informal conversations with students, we discussed the negative impact of the hidden curriculum on students, the values and attitudes that were conveyed in a tacit manner. As I had been concerned for some time about the effect of negative affective experiences on the students, I was of the opinion that the occupational therapy course, despite the good intentions of the Department, managed to undermine self-esteem and to facilitate burn out by the time the students graduated. In reflecting on difficult emotional experiences during fieldwork practice, a student described the following incident:

The students spoke about their feelings of encountering severe physical disability for the first time, and about their emotional problems in dealing with shocking experiences they had encountered during their first fieldwork block with adults with severe physical disability as a result of injury. They requested a debriefing session at the end of their first fieldwork block last year, but it did not happen (My journal, 1996).

I was aware that there was a policy in the Occupational Therapy Department to listen to the student voice, and to take seriously what students said and needed. I was also aware that not all students' requests could be adhered to as a result of time constraints. However, some of the more seriously distressing experiences warranted more attention, more so if several students voiced this need.

In other circumstances, student's needs were individual. During a discussion of students' perceptions of their own worth measured by the marks they obtained, I became aware of personal distress of one student.

Joan was quiet throughout the discussion. I find this significant as she had failed her previous fieldwork block at a hospital and is very upset and emotional about it. She has requested a meeting with me to discuss it. It was mainly Lisa and C who spoke (My journal, 23-06-96).

In this instance, Joan needed to come to terms with her personal feelings of failure and an opportunity to discuss her feelings with a supervisor would have helped her. I was often dismayed by the lack of support that students experienced during fieldwork practice. During the research project, I felt that the Department had to find ways of offering more support, but I did not yet know how to achieve this.

I left feeling that the curriculum has to change, mainly the fieldwork practice part. The supervision during this time is very important. Most students are not receiving the kind of guidance they need. There are very high expectations of them, expectations of having to be successful without having had the opportunities to learn in the practice situation. There are also not enough learning opportunities in a safe environment for the students (My journal, 25-04-96).

Students reported that they found negative attitudes of fieldwork supervisors towards them, detrimental to their learning. Alsop & Ryan (1996:46); LaBoskey (1994:10) and Osterman &

Kottkamp (1993:45) refer to negative impact of negative emotional experiences on student learning. Smith (2003:477) refers to learning as intellectual but also as emotional and embodied.

7.1.5. Lack of structure and guidance was a problem

The students often expressed a need for more guidance and structure. In hospital settings, there were inherent structures owing to the routines of institutions, established referral routes and established occupational therapy departments. However in community placements there were no formal services in place, no avenues of referral, no appointed therapist to guide the students. Students were left to their own devices to find patients, or they had to rely on community workers to guide them. This resulted in feelings of being overwhelmed.

> *The students then spoke about their experience at Mfuleni. They mentioned that they felt lost, didn't know where to start or what to do. They did not have structured guidance or direction and were asked by their fieldwork co-ordinator to find out which services were being provided and to decide where they could slot in. This for them was overwhelming and confusing* (My journal, 25-04-96).

My own attempts to reassure students could happen only once a week during a scheduled tutorial. However, this was not enough and was not providing them with the guidance they felt they needed.

> *We had a tutorial on campus with all third and fourth years working at schools, and the new fieldwork supervisor. I asked students about their experiences in general during their first week. All seemed okay. They complained of being very busy and still not completely at ease. One student described that she felt stupid and lost and that she didn't know anything. I reminded her, in an attempt to reassure her, that I predicted that the first week or two were usually fraught with anxiety and uncertainty. I again explained the process of getting from prioritised problems to aims on the blackboard* (My journal, 08-09-95).

The students' continued need for guidance and structure was revealed throughout the study (see for instance Lisa's expressed needs in this regard in Chapter Six). I considered mentoring, checking and reassurance as "luxurious extras" that could be provided if time allowed, but basic guidance and structure about expectations, processes and timelines were not optional and should have been seen as an essential part of good teaching.

- **Providing guidance and structure**

To provide students with guidance and structure to assist them in their reasoning and decision making processes, I introduced a structured format for writing up case studies. In addition to facilitating the students' reasoning and reflective abilities, the guide could provide temporary supervising staff with a method of ensuring that all fieldwork requirements were met. The aim of the structure was to help the students to frame their reasoning and to help them to consider the broad range of theoretical constructs when planning practice. In addition, a further aim was to assist the students to document their work in a format that would enable a reflective process. The structured fieldwork guide consisted of a tabular format with key concepts as headings. The headings were: short term aims; principles; activity requirements; tasks or activities with structuring and presentation; evaluation; conclusion from evaluation and grading (see appendix II, pages IV to VI for the structured guide).

The aim of the structure fieldwork guide was to help students to organize their writing in a manner that would enable them to view and reflect on the impact of their practice on children. I reasoned that if the students had a record of the impact of their implemented treatment plans, they would be able to reflect on what they were doing and trying to achieve, as well as a record of the effectiveness of their treatment plans on reaching their eventual outcomes for the child. For the purpose of reflection, particular emphasis was placed on the last three headings, "evaluation; conclusions from evaluation; and grading". For "evaluation", students were requested to describe the particular, specific responses of the children to the activities. This requirement resulted in the development of students' ability to observe and describe in detail exactly how the child was responding, and thus helped the student to refine advanced knowledge and understanding. Following that, the student had to conclude what the implications were and then use reasoning and reflective processes to analyse and synthesise their next action steps. Finally, the student had to specify exactly how they would adapt and improve their practice for more effective intervention (see appendix III, page VII for an example of a student's case work using the structured guide to evaluate, draw conclusions and plan the following intervention based on the evaluation).

If Tim and his supervisor had used such a structured format, it would have been evident early

in the fieldwork block that Tim needed more serious educational intervention. Tim's fieldwork learning could have been optimised by the clarity of where exactly his knowledge was lacking. The supervisor would have had a method of monitoring his overall progress during fieldwork practice and she would have been alerted to the gaps.

7.1.6. Students' work revealed developing reflective abilities

To facilitate students' abilities to become reflective practitioners, I implemented two strategies for reflection. One strategy was the opportunity to watch their own practice on videotape to enable them to critique, evaluate and discuss their work. The other strategy was to keep a journal of their experiences and their practice during the fieldwork block. LaBoskey (1994:15) and Glaze (2002:265) report that structural aids could assist novice reflective practitioners to engage in reflective thinking and recommends journal writing. In documenting experiences, students expanded their capabilities of memory and their documents allowed them to return to incidents and situations when required.

Reflective practice in occupational therapy means that the therapist continually reasons about the effectiveness of her therapeutic intervention. She considers how the patient responds and continually adapts and improves her practice to achieve their required outcome. In educational literature on developing reflective thinking in student teachers, questions are raised whether reflection can be taught and evaluated. LaBoskey (1994:29) describes two types of thinking observed in student teachers: "common sense thinkers" which she found to be unreflective and "alert novices," who were portraying indications of ability to reflect. LaBoskey (1994:30) used a set of criteria of reflection to evaluate and score students' written work. She then calculated the total scores, ranked and graphed the scores.

The student participants in my study were not formally taught to reflect or informed directly about the notion of reflection being a valuable professional construct. However, during my interaction with the students, I frequently mentioned the construct of "reasoning," alerting the students to the fact that their own thinking about their practice and how they reasoned about their practice, would inform the quality of their practice. My analysis of the data thus sought to uncover what inherent tendencies for reflection the students portrayed in their journals. I used

the Schönian description of reflection-on-action to determine if student writing indicated reflective thinking.

In considering what the student journals revealed about their abilities to become reflective of their own practice, the factors that seemed to impact on their developing abilities were levels of knowledge and understanding, as well as contextual influences. Lisa for instance could reflect well in a school setting, but found it more difficult in a community setting. Tim's lack of required knowledge and understanding underpinned the fact that did not really reflect much on his work at the school. Joan's journal entries revealed beginning abilities to reflect. Further discussion of the students' emerging ability to reflect follows.

- **Lisa's reflection**

Lisa's journal of her school-based practice revealed that her practice was at an advanced level. Her work revealed "good practice", indicated by the therapeutic benefit that the child had from the session, the advanced level of understanding portrayed by her choice of intervention strategies, professional judgements and the professional values demonstrated in her attitude towards her the children.

Furthermore, Lisa's work revealed her ability to be reflective. Several examples of reflection-on-action and reflection-in-action were evident in her work. Lisa's work in a school-based setting revealed her comfort and ease with the learning challenges in the school-based context. Her level of understanding and mastery of knowledge, skills and values appeared to be the platform from where she could begin to reflect.

In contrast to her advanced level of professional practice in the school-based setting, Lisa's journal of her experiences in the community fieldwork block in Mfuleni revealed that the context posed serious challenges to her professional abilities. Whereas Lisa flourished and excelled in the school-based context, her journal revealed that the challenges of the community block resulted in the fact that her energy went into coming to terms with the contextual, environmental and culturally different challenges of practice. Her journal entries revealed more of her own personal experiences of coming to terms with the challenges of the language barrier, poverty and different values of the community workers, and less of her

professional interventions and judgements. Her repeated cries for help, guidance and structure were powerful indicators of the level of guidance and structure she needed to face and make sense of the challenges of community work. Her ability to reflect-in-and-on-action that was present in her previous fieldwork block at the school, was not evident in her community practice journal.

It would thus appear that reflective abilities can begin to emerge if the student has an established knowledgebase, a basic sense of security and of orientation and a well informed perspective of what is required. The absence of these basic conditions made it difficult for the student to be reflective.

- **Tim's reflection affected by insufficient learning**

Tim's journal of his school-based learning revealed both his battle to learn and his insufficient level of knowledge and understanding. His journal entries do not reveal reflection on his work. An astute supervisor could have picked up that Tim had a desperate need for deeper theoretical understanding and would have directed Tim to the relevant theory and helped him to define his learning needs. Tim needed much more directive teaching and supervision during his fieldwork block at the school.

One serious revelation from Tim's journal was the fact that he had minimal practice opportunities. Tim made use of only 25% of potential treatment sessions. (see point 5.9. on page 149). His fieldwork supervisor should have been aware of this problem. Furthermore, the Department should have ensured that the supervisor had a clear understanding of the Departments' expectations regarding the number of treatment sessions students are expected to do, in the event of employing temporary staff.

Tim's inability to demonstrate reflective skills could thus be linked to his lack of knowledge and understanding and implies that a good understanding and knowledge are prerequisites for reflection. Tim's fieldwork block at Bergsig School had been a disaster in terms of his learning experience. The Department had let the student down, as it was the Department's responsibility to ensure adequate learning opportunities. The lesson learnt from this incident is to ensure that it doesn't happen again.

Regarding the lack of evidence of Tim's ability to reflect, it is not realistic to expect that he could have engaged in a reflective process in the absence of basic knowledge and understanding. Reflection therefore seems to be dependent on an established level of knowledge and understanding.

- **Joan's beginning reflective abilities**

Joan's journal of her work in the community fieldwork block revealed the beginnings of reflection. Her entries revealed a balanced view of her practice. Despite being confronted by the same contextual, socio-economic and cultural challenges as Lisa, Joan seemed to adapt better, to the extent that she could focus more on her own practice than on the challenges of the practice. Therefore her journal entries revealed an emerging ability to reflect. Whereas Lisa appeared to be overwhelmed and disempowered by the challenges, Joan could move beyond them. Her ability to begin to reflect was evident in such journal entries as indications of integrated theory and practice 6.7.3 on page 192) as well as on the effects of her own intervention strategies (see point "reflecting on own practice" on page 193). She referred to the effect of her intervention on children's abilities, but she could not yet describe how to develop her practice, as Lisa could in a school setting. Her reflection showed beginnings of reflection-on-action as her underlying knowledge and understanding were established. I suspect that with a small amount of prompting and structuring, she probably would have developed the ability to reflect-in-action.

7.2. How can I assist students to reflect?

Two of the three student participants were able to reflect-on-action in their written journals and one student's written work revealed reflection-in-action. The third student's work did not reveal much reflection as he had not yet mastered the basic knowledge needed to reflect on. I considered reports in the literature of studies in which structures, guidelines or stages of reflection were used in attempts to facilitate reflection in students. Glaze (2002:265) and Calderhead & Gates (1993:9) described a developmental process in becoming reflective. Van Maanen (1977) and Gore & Zeichner (1987) described three levels of reflection: reflection on technical rationality based on competency and effectiveness; reflection on practical action

concerned with problems that arise; and critical reflection incorporating moral and ethical reflection. Reddy and Menkveld (2000:177) describe a study in which they facilitated reflection in a group of pre-service teachers by means of guidelines for written journals and found little evidence of reflection in students beyond the first technical level.

Andrews (2000:397) described her own process of reflection as an occupational therapy student. She used a model proposed by Boud & Walker (1990) for structure and guidance in her own reflective process. I concluded that a form of structure and guidance would assist students in learning to become reflective and I implemented the structured guide described on page 200. I suspected that students, whilst in the process of knowledge acquisition, were probably not likely to move beyond the first two stages of reflection described by Gore & Zeichner (1991). However, UWC occupational therapy students encounter people living in communities characterized by injustice, inequality and lack of opportunities which makes if important for them to reflect on the ethical and the moral.

I thus concluded that reflective abilities in students could be facilitated through stages of development. By providing guidance and structure of journal entries on the technical, the practical and the problematic, and by facilitating reflection on the impact of social problems in communities, students could be assisted to consider the ethical and the moral and in so doing, use their journal entries for beginning reflection on emancipatory values.

In this chapter, I discussed the outcomes of the students' learning experiences in community fieldwork settings and on their ability to be reflective in practice. I discussed the implications of the findings. In the following chapter, I reflect on the findings from the study including methodological reflections, the explication of my educational values and I reflect on the teacher as researcher.

CHAPTER EIGHT

DISCUSSION AND REFLECTION

In this chapter, I discuss and reflect on the lessons learnt from the findings. I begin by reflecting on values inherent in action research. Following that, I reflect on my teaching and explicate my educational values. I also reflect on the lessons learnt about fieldwork supervision in community-based fieldwork practice and on the teacher as researcher. Finally, I conclude with a methodological reflection on the ethical aspects of emancipatory action research.

8.1. Values and ethics of emancipatory action research

My first reflective questions as an action researcher were about my own teaching practice and centred around the issue of values in general and emancipatory values in particular. I reflected on how my values were portrayed and on where I stand in terms of emancipatory values. I questioned how my values impacted on student learning and whether my values could be interpreted as emancipatory.

In Chapter Three, I referred to definitions of action research as "self-reflective inquiry ... to improve the rationality and justice of ... own practice" (Carr & Kemmis, 1986:162) and Elliot's (1991:69) definition of action research as study undertaken "to improve the quality of action within it". More than a focus on the technical and the practical, Elliot (1991:53) viewed action research as "moral science", implying the improvement of practice by realising educational values. He describes the reflection inherent to action research as "ethical and philosophical" (Elliot, 1993:51). Habermas' (cited in Carr & Kemmis, 1989:133) view of emancipation through critical questioning for self-understanding and the critical social science view of the illumination of social problems (Carr & Kemmis: 1989:133) are contextualised by Meerkotter (2001:45), who proposes that an emanacipatory approach to education should contain attempts to make students aware of restrictions that prohibit them from becoming emancipated; that a teacher

should ensure that educational practices that diminish human potential are unveiled so that the students can free themselves from political, cultural and personal oppression; and that a teacher's strategic action should nurture and develop students' abilities to make decisions about their own lives.

Towards the end of writing the thesis, from the themes that emerged and from the students' and my experiences in the particular contexts where the fieldwork occurred, I came to understand that the scope for reflection on the social and the political impact on the lives of people was the "ethical essence" of emancipatory action research and critical social theory. Statements by Alvesson & Sköldberg (2000:110-114) summarise this new insight when they state that the aim of social science is to serve the emancipatory project; the aim of critical theory is to raise awareness of the social and political injustices and therefore, critical social science studies aim at emancipation from oppression.

8.1.1. The value of care

During the first phase of my action research project, I struggled to explicate my educational values. The clarification of my values thus emerged during the course of writing the thesis and occurred retrospectively through what emerged from the data.

In my first attempts to clarify my values, I recognised my concern for student learning as caring about their learning experiences and caring for the students. My concern for their feelings of confidence was the trigger for the thesis and linked to my own dilemma with confidence in my work. My concern about the values and beliefs of the profession, such as enhancement, enablement and empowerment (Hagedorn, 1995:33) was how these values could best be acquired students. I came to the conclusion that the best way of conveying the value of care was by modelling and demonstrating an attitude of care, rather than by talking about it. I became inspired and influenced by Adam Small's[1]

[1] Prof Adam Small, renowned philosopher and poet, was the former head of the Department of Social Work at UWC, and has since retired

presentation of his view of the philosophy of care to the Faculty of Community and Health Sciences, for possible inclusion into the Faculty's foundation courses.

As a teacher, my method of adopting a value of care to students was thus demonstrated in an attitude of care to the students themselves. Frequent reference to their learning during my classes conveyed my concern about their learning. My concern for student learning hopefully reflected my desire that learning for students should be an empowering experience. This then implied a shift in power to an empathetic and respectful, collaborative student-teacher relationship in which dialogue formed the axis around which the learning process could be constructed. Alsop & Ryan (1996:47) refer to the shift in power in learning partnerships as "new teaching" and state that the attitudes and values of the supervisor influenced student learning and attitudes to learning in fieldwork situations. Better learning occurred and students portrayed more motivation, enthusiasm and innovation in fieldwork when the supervisor's attitude was supportive and encouraging.

Students' responses to my interest in their learning were revealed during the evaluation of the course. One student, while reporting on my on-going conversations with them about their own learning, reported the following:

> *You as a staff member and a lecturer, I get the feeling that you are more on our level, ... you discuss it with us on our level, and not a kind of position where you give us the work to do and come back to see that we have done it. You use yourself to find out and decide did we really learn from this experience and if we didn't learn much then you tried to find ways, and you showed interest in how we got a grip on things and how we learnt. That is very important and that determines your attitude towards the course* (Focus group, 01-09-95).

The students were thus aware of my concern about their learning. I believe that reflection on one's own experience of being in a caring relationship can be a powerful learning opportunity and would assist students to acquire an understanding of the value of care needed in a therapeutic relationship.

8.1.2. Impact of power relations on knowledge construction

A further question that emerged for me was about power relations during a students' knowledge construction process. From the above-mentioned student quotation, the words "I get the feeling that you are more on our level" could be interpreted as my attempt to form collaborative learning relationships with students. In retrospect, I think that the power shift, away from a hierarchically constructed lecturer-student relationship towards a learning partnership of more equality, can be viewed as an emancipatory attempt in facilitating a sense of democracy in students. The promotion of democratic ideas in a society recovering from oppression seems highly valuable. It is possible that the learnt behaviour of those students who had experienced socio-political oppression would be to react guardedly and with assumptions of further oppression to a white person who is in a position of power. If the person in the more powerful position reacts with disdain or insensitivity towards them, the students' assumptions would be confirmed.

From a reflexive point of view, it is easy for me to assume that my actions, attitudes and values are democratic and emancipatory. However, I know from my gendered role, from my perspective as eldest child in a family of five, from being in a caring profession, that I want to "fix" things and assume unnecessary responsibility for the problems I perceive in other people. My "good intentions" of wanting to help can come across as wanting to control or prescribe and may be interpreted as oppressive. I have to guard against "wanting to make things right" and balance it with allowing others to assume responsibility for themselves. Translated into a teaching and learning scenario, I should thus guard against wanting to take on so much responsibility for students' learning that it would foster dependency and could lead to marginalising them further. My challenge should be to foster independence, critical thought, reflection, self-evaluation and confidence.

I thus argue that the democratic ideal of sharing power, providing equitable opportunities for the voicing of opinions, for allowing and accepting disagreement and differing opinions, and the fostering of partnership, would be important values for teachers to

enable students to learn optimally. To this I would add that for me personally, to guard against my own behaviour being oppressive, I should be more conscious of how my need to prescribe solutions, to assume inappropriate responsibility and to foster dependency, could result in negating the emancipation of others.

It is not only the political dimensions of democracy and power sharing that are important, but also its translation into the field of health care. The trend in health care to move towards a patient-centred approach, or in the case of children, a family-centred approach, reveal similar values, as does the shift from the medical model to the social model of health care.

As health professionals, occupational therapists should frame their interaction with patients within the philosophy of care. Caring implies a shift in power, from a dogmatic "medical expert" conveying health to a "passive recipient," to an empathetic, more equal relationship where a partnership is formed between the patient and therapist who together might try to find solutions to the patient's dilemma. A similar argument could be formulated for an educational context. Students' understanding of a democratic, collaborative learning relationship in which power is shared more equitably, could facilitate not only their understanding of power shifts in therapeutic relationships but in all their relationships and in so doing, facilitate emancipation.

8.1.3. Values entrenched in the technical and practical aspects of action

The section of the action research cycle concerned with the improvement of the quality of my teaching practice began with the consideration of the technical and the practical. My original plans for improved practice were concerns of content, such as models and frames of reference and teaching and learning strategies, for instance, clinical cases around which learning could occur. Multiple opportunities for the integration of theory and practice and active learning were further technical and practical considerations.

My teaching strategy was informed by the central constructs of the theory-practice dialectic, active learning and the role of emotion in learning. My emancipatory ideal was for the students to feel competent and confident in fieldwork situations and as future professionals.

My reasoning was that theory should provide the students not only with discrete bodies of knowledge but with a sense of the "big picture", as it where, a reasoning frame. I argued that if the students had a structure or a framework in place, it would be easier to figure out where to start and what to do sequentially. My aim was to work towards a feeling of confidence during fieldwork practice and the theoretical module of the programme. I questioned whether my teaching had contributed towards the process of becoming confident. The reason for the implementation of the technical and the practical was the overarching concern for students' learning and confidence. I would thus argue that in emancipatory action research, the "moral, ethical and philosophical" are infused with the technical and the practical. Although the initial action plans centred around the technical and the practical, I argue that the "ethical, moral and philosophical" aspects of emancipatory action research are overarching constructs that influence the technical and practical. The emancipatory ideal is revealed through the technical and the practical.

To conclude, my educational values centred around care, equity and justice. My values were thus indirectly linked to the personal emancipation of students. In retrospect and with new understanding of the purpose of emancipatory action research, I realise that overt reference to contributing towards a better society, has to be part of a teacher's teaching and must become part of my own teaching.

8.2. Reflecting on my teaching

8.2.1. Theory-practice integration

The one purpose of my thesis was to investigate my teaching practice to improve learning opportunities for students that would result in feelings of confidence in their own abilities

and a sense of competence concerning their practice skills and knowledge. From the themes that emerged from the data of my teaching practice, the integration of theory and practice; explicating frames of reference and the students' experience of my teaching, I came to the realisation that theory-practice integration could be constructed as an ongoing spiralling process to enable students to move continually between practice and theory. Learning opportunities could be constructed in such a way that students could reflect on the practical when engaging in theory and reflect on the theory when engaging in practice.

My action plans of introducing clinical scenarios early in the theoretical modules, followed by active learning opportunities for students to link theory and practice, improved my understanding of my teaching practice and of student learning. The visits to the schools and the clinical cases presented to the students at the school and later in the classroom on video, provided ample opportunity for the integration of theory and practice. The cases provided a cognitive 'hook' for students to link newly acquired knowledge to an observed clinical case. In addition, the clinical case served to stimulate motivation and a sense of inquiry for the student to resolve the questions that arose. It prompted them to learn about the effects of a physical, mental or sensory impairment on the child's practical functioning and about possible intervention strategies. Inclusion of the clinical cases matched some of the pedagogical principles underlying problem-based learning.

Problem-based learning is an educational strategy adopted by some medical schools for the education of doctors and other health professionals during the past three decades. It is described as both a teaching strategy and a curriculum approach (Barrows, 2000; Norman & Schmidt, 2000:562). In a problem-based curriculum, courses are constructed around realistic clinical problems. To solve the presenting clinical problem, students study the basic sciences, clinical subjects, practical skills and social sciences required to solve the problem. In a problem-based curriculum, there is a shift away from the traditional lecture format to active learning in small groups facilitated by a tutor; an earlier introduction to fieldwork practice through the introduction of a clinical case; and the fact that students

take responsibility for their own learning by identifying their own learning objectives and consulting resources and learning materials independently.

Norman & Schmidt (2000:559) describe a problem-based learning curriculum as consisting of collaborative small group work followed by individual self-study. The process starts by identifying problems of a given clinical case, followed by problem analysis during which students generate explanations for the problems in the case. This allows students to identify what they already know and what they still need to know, thereby helping them to activate prior knowledge and to identify their learning objectives.

Schmidt (1993:423) argues that the pedagogical and philosophical roots of problem-based learning can be traced to Dewey's plea for the fostering of independent learning in children and to Brunner's notion of intrinsic motivation as an internal force that drives people to know more about the world. The role of a clinical case as a starting point for learning can again be attributed to Dewey, who stressed the importance of learning in response to, and in interaction with, real-life events (Schmidt, 1993:423).

Some of the constructs from problem-based learning were not used in my teaching. I considered overt attention to the technical and logistical implementation of problem-based learning as less important. In stead, my focus was on some of the underlying educational principles that had contributed to my understanding of teaching and learning, such the activation of prior knowledge, and the prompt and stimulus of the clinical case as central to construction of knowledge and understanding. However, more of the problem-based strategies, such as the development of skills laboratories could be used in the Department of Occupational Therapy and the Faculty of Community and Health Sciences. One example in paediatric occupational therapy is a skills laboratory for learning to administer and score standardised tests. The students identified mastery and competence in test administration as one competency that would contribute to their sense of confidence. In their evaluation of my course, the students requested more practice opportunities with test administration and scoring. I have observed over years how students come to grips with learning to use standardised tests. First, they learn how to do

the mechanistic part of the test administration such as where to place pen and paper, what to say and how to physically present the test. Most of the energy and concentration is spent on what they themselves are doing. With mastery and ease of the basic mechanical or technical administration, they become free to tentatively start looking at how the child responds. Later on, as the test administration procedures are completely mastered, the students can fully focus on the child's responses. The process of skills acquisition appears to develop through stages. A skills laboratory could be structured to provide additional practice opportunities for students.

I would thus argue that theory-practice integration and students' understanding of theory-practice integration would facilitate a sense of mastery and confidence.

8.2.2. Explicating frames of reference

My introduction of frames of reference as a reasoning tool derived from both pedagogical and professional influences. It was one of my attempts to provide the students with a method of thinking, a structure for reasoning. I argued that if students had a reasoning strategy to resolve their own questions when faced with a clinical dilemma, they would feel more competent and confident about their abilities.

During the first cycle of action research in 1995 when I first implemented the explication of frames of reference in my teaching, students revealed tentative beginnings of being able to use a frame of reference as a reasoning tool. In 1998, after the use of frames of reference had become entrenched in the paediatric module as well as in the structured format of journal writing, students appeared to be much more confident and competent during paediatric fieldwork practice. This strategy appeared to facilitate a sense of mastery and contributed to feelings of confidence, such as when decision-making about treatment priorities could be informed by the sequence of developmental stages of the developmental model. The third year students of 1998 showed marked improvement in their confidence and ability to clinical decisions.

8.2.3. Dialogue

From the data, the importance of dialogue between students and teachers emerged for me as an important learning tool. With dialogue, I mean those conversations between students and teachers about teaching and learning that occur in addition to the formally planned teaching. The opportunity for dialogue between students and teachers, between students themselves and between students and clinical therapists should be actively encouraged. When students gain new understanding or develop new insights, or when disagreements and debates arise, the incident might prompt students to want to discuss it with a friend. I am arguing that students should not be discouraged to talk in the classroom, but actively encouraged to talk.

Listening is an important part of dialogue. Listening to the student voice gave me an enormous amount of information about their learning needs. Students are reliable sources of information about their learning needs despite their voicing of their opinions sometimes being characterised by clumsy or unsophisticated language. Students' naming and framing of their learning needs may come across as criticism. Yet, if one suspends judgement and listens to the message behind the criticism, it could reveal what the students are struggling with and what they need.

In clinical situations, dialogue is known to be effective for learning. Alsop and Ryan (1996:46), in discussing occupational therapy fieldwork supervision, state that: "Students tend to learn better from having dialogue". For this reason, they argue that for successful fieldwork learning, students should be placed in pairs to provide opportunities for dialogue, in order to learn from each other.

In addition to the provision of structure, on-going guidance forms the most important part of the task of the clinical supervisor. In my opinion, the clinical situation was a more powerful learning opportunity than the preceding theoretical modules. Students learn about practice by practising. However, the learning opportunity has to be constructed in a supportive and

safe atmosphere. A collaborative relationship where the students experience the supervisor as a partner in learning would facilitate questioning. Students would be able to raise their uncertainties if they felt free to question and to ask for advice. My view of learning in a collaborative relationship is confirmed by Alsop and Ryan (1996:46), Smith (2003:477) and Westberg (2001:313).

Engagement with students while they were working with their patients in an informal way allowed for on-the-spot questions to be answered.

> *Visited the students at Bergsig School today to evaluate their first assessments of their first children. All four students had a child from either the adaptation class or the pre-primary class. All had done assessments of gross and fine motor skills, visual perception, the drawing test and the visual-motor integration test. The students have organised the room so that each student has a desk to work at with a child, and a central open space for motor activities. I spent time with each student individually (approximately half an hour) to check the accuracy of the scoring, to discuss their interpretation and to start them thinking about their treatment plans* (My journal, 12-09-95).

In my view, the collaborative relationship is an important teaching and learning tool. It facilitated the construction of knowledge about the specific, unique dilemmas of practice and for theory-practice integration. It provided opportunities for continuous evaluation to determine where the students were in the process of learning. For the students, it provided opportunities for checking, learning and acquiring a deeper understanding.

8.2.4. The affective aspect of learning

Occupational therapy students are encouraged to identify and discuss their emotions as it becomes part of professional practice, in viewing a patient holistically, to pay attention to affective experiences and the effect it has on the performance of one's daily tasks and the ability to do one's work. The student participants often referred to their feelings in their journals and were able to link their feelings to their learning. Links between emotion and learning and specifically between emotion and reflective learning are reported in the literature. Osterman & Kottkamp (1993:34) report that reflective practice assumes

centrality of emotion along with cognition in learning. To unpack and understand an experience, the feelings that were aroused need to be acknowledged. LaBoskey (1994:10) refers to importance that emotion and emotional states play in reflective thinking. Smith (2003:477) describes the importance of relationships between students and between students and their teachers and emphasises the influence of emotion on learning.

The student participants revealed that lack of trust inhibited them from being truthful in their journals, thus depriving themselves of being able to use their journals as documents for reflection in a more meaningful way. Osterman & Kottkamp (1993:44) and Alsop & Ryan (1996:45) report that a nurturing environment characterised by openness and trust was essential in facilitating reflective practice and considered trust to be the most crucial element. They contend that student practitioners needed to believe that discussion of problems would not be interpreted as incompetence or weakness. Unless students felt safe, secure and at liberty to take risks, reflection was unlikely to occur (Osterman & Kottkamp, 1993:45).

The poverty and adversity faced by the people in Mfuleni, and in particular the children, had a huge impact on the students. During one of the taped interview sessions, the discussion centered around the relevance of occupational therapy in primary health care. Lisa was grappling with feelings of professional insecurity and was seriously doubting whether occupational therapists could make meaningful contributions to people who lived poverty stricken lives.

> *I feel like a small fish swimming in a huge ocean, and I'm darting and I don't know in which direction to dart. And a great fear to me was how does OT really fit in with those children if their basic needs are not even met. I was very unsure about that, what must I do and then I crucified myself ... so what worries me has to do with OT. How do you do OT if the children are hungry, if they are cold, if the roof leaks?* (Interview with Lisa, May 1996).

The student voiced a concern about the primary health care approach that many therapists struggled with in adapting to the new demands of practice. Where exactly do we fit in? What exactly is our role? When confronting severe poverty, what is the most appropriate

thing to do? What is important here is how the affective trigger is the prompt for the development of new knowledge. Poverty in South Africa has become a concern for all South African health professionals. However, how we move from concern to the implementation of professional practice is still in its infancy. The construct of Health Promotion as a community development strategy (Coulson, Goldstein & Ntuli, 1998) is one that is currently being explored by occupational therapists. It is challenging adaptation, yet it resonates professionally with the World Health Organization claim that healthcare education and empowerment are interdependent when addressing poverty (Khan & Baillie, 2003).

The other relevant issue regarding affect and learning that emerged from the data concerned the emotional tone conveyed by attitudes and values of clinical therapists and supervisors in their relationships and interaction with students. Students referred to the negative impact on learning that resulted from unfriendly, humiliating or disrespectful interactions from clinical therapists. Some students experienced attitudes of disdain about their knowledge acquisition in clinical situations. Alsop & Ryan (1996:46) reported student responses to negative attitudes and experiences during fieldwork practice and described how students became disinterested, showed reduced enthusiasm for work, showed reduced motivation, and became withdrawn. In contrast, students who had encountered positive attitudes from supervisors showed increased self-confidence, improved ability to take responsibility, increased knowledge and self-awareness and increased confidence in making professional judgements.

To conclude, my teaching practice changed over time. The implemented strategies of theory-practice integration and the explication of frames of reference became consolidated in the course of subsequent years. The importance of dialogue and the influence of affect in learning emerged as important factors in student learning. From the initial focus on the technical and the practical aspects of action research, my emphasis shifted towards the moral and ethical, evoked by the social ills observed in the communities where the students worked. I began to understand that unless my teaching practice alerted the students to the injustice of poverty and that occupational therapy had

a role to play in the alleviation of poverty, I was not engaging in teaching for emancipation.

8.3. Explicating my educational beliefs

8.3.1. Power relations

The inherent, hierarchical power relationship between students and supervisors were at times a stumbling block for students to express their learning needs. When the teaching staff of the Department of Occupational Therapy decided to implement the system of students keeping journals to facilitate reflection during clinical practice, there were two central ideas. The first was that the journal should be written to help the student unpack and construct the acquisition of knowledge, and the second was to record and reflect on experiences during clinical practice. However, in the absence of a feeling of trust, based on a sound relationship with a supervisor, students found it difficult to freely and openly describe what was bothering them. This resulted in the student voice being negated, despite the Department's view that students had a say in their learning needs.

> *The clinical co-ordinators have introduced student journaling as a method to develop the skills of reflection. Yet, students don't use their journals to record their true feelings or experiences as they feel it might show them up in a negative light, or that they don't have the required knowledge. Their true feelings might be "judged". Lisa told me that she couldn't journal all her feelings and experiences as she did for me at Bergsig School during her previous block. She couldn't record her insecurity, her feeling "stuck," her not knowing how to proceed, as this might count against her* (My journal, 25-03-96).

The fear of honesty in describing their feelings and uncertainties, defeated the purpose of keeping a journal.

> *In talking about their journals they expressed fear about being honest, as they thought that their real feelings would be used against them and count against them when they were assigned marks. The result is that the journals are now being used as a very superficial document. The disadvantage of this is that the purpose of the journal, i.e. it being a document for reflection on their practice, was not being*

> *utilised. It is being used as a superficial summary of the day's events and occurrences* (My journal, 25-04-96).

I questioned the nature of relationships students had with their clinical supervisors. As adult learners, students were responsible for their own learning. As clinical supervisors, teaching staff were responsible for the facilitation of learning. My sense was that a collaborative relationship in which there was a sharing of responsibility about teaching and learning would lead to trust and openness.

> *I am reminded of a conversation I had with D about the nature of a collaborative relationship with students and the issue of power. The power-relations in the teacher-student relationship would determine the students' freedom to be honest. This would influence her reflection, and her freedom to reflect. Surely if Joan could have had a similar discussion with her clinical supervisor, many of her fears could have been allayed* (My journal, 12-03-96).

I wanted students to feel psychologically safe to express their uncertainties.

> *I am concerned about the students' perception that they cannot discuss this sort of incident with their clinical co-ordinator. The students assume that the expression of uncertainty means that they do not "know" and this will be held against them* (My journal, 07-9-95).

I realised that further clarification of the purpose of the student journal was indicated. Students need to be re-assured that asking questions was considered to be "good learning" and was not indicative of "poor knowledge".

8.3.2. Power, race and gender – how to lose a student

The following incident occurred during 1996 when the Department employed a number of temporary staff to assist with supervision owing to increased student numbers in community settings. This particular supervisor was a white woman in private practice who had had no previous experience of UWC student learning. She had invited me to sit in on the evaluation of a student's clinical work as she had been concerned about him.

I went to Bergsig School for P's final evaluation. After his presentation and after H (the temporary clinical supervisor) *and I had given him feedback on his treatment session, H proceeded to give him feedback on his clinical block. P's attitude is what I would call "laid back". He has a casual manner, unconscious of his body language. During the presentation he fiddled with his face and picked his nose. Throughout the block, H had been concerned about P's attitude. He was late in handing in his work, often his work was incomplete, he did not integrate the written or oral feedback she had given him. In fact, two days before his final presentation, he asked me to help him with an assessment. He had still not mastered basic assessment techniques and he was unsure of interpretation of test results. Yet, he had been unable to ask for help or to use resources available on campus.*

We were now sitting and listening to H's feedback on his performance during this block. It was an extremely painful experience for me. She spoke fast and said many things. I was wondering how much of what she said, he would take in or be able to use. It sounded to me as if she was justifying why she was failing him. I was aware of his tension and anger. He was sitting passively as if listening, but I was not convinced that he was hearing what she said. I thought about the importance of engaging in a collaborative relationship with a student during their clinical block. The relationship between these two had been bad from the beginning. I thought about how the emotional tone of a situation contributed to the quality of learning, sensing that P had not had a positive learning experience, and that certainly this feedback experience was not conducive to learning. It was filled with anger, tension and resentment. It was constructed as if the student had not risen to the clinical coordinator's expectations. Power? She is white, older than him, middle class, the expert. He is a black man, younger, a student, the novice. He could not engage in a meaningful learning relationship with her. She could not facilitate it either. Having failed this block has serious implications for P. It means that he cannot qualify at the end of this year. He seems not to worry about it. He has told me that he does not want to be an occupational therapist, that he is more interested in clinical psychology. Yet, he wants to qualify and get his degree, before he goes onto psychology honours. I suspect that we have lost him totally (My journal, 07-09-95).

He did not continue with the completion of the course. It was a pity because he was in his final year. This particular feedback session and P's experience during this particular clinical block were by no means the only reasons why he decided that occupational therapy was not the career for him. Also, he was not without responsibility in the situation. However, the incident illustrated for me once more the importance of a collaborative relationship, a leaning partnership, and the need for sensitivity towards raced and gendered roles.

In my view, it is not possible to have a relationship of complete equality with a student in which there is equal sharing of power as the teacher will always have the more powerful role as the facilitator of learning and as the examiner. However, a collaborative relationship with sensitivity to equality and a conscious avoidance of an assumed hierarchical position of power is needed. Supervisors need to engage in a relationship with a student in which power sharing was viewed more equitably.

My attempts to ensure an easy and less anxiety provoking entry into a new learning situations was prompted by the assumption that if some security and structure was provided, students would be able to focus on the learning tasks and gain mastery of the needed competencies much sooner.

8.4. The teacher as researcher

At the outset of the thesis, I assumed that the teaching and research roles were separate and tried to view them separately. However, in the course of the study, I realised that they were merged. In the following discussion of themes that emerged from my journal, I describe the progression of my discovery of the merged nature of my role as teacher and researcher.

8.4.1. "Misguided" attempts to separate teaching and researching

There were times during the data gathering process when I was both clinical supervisor and researcher. I found it challenging initially when I tried to separate the roles. The following entry from my journal illustrates my dilemma.

> *The roles merge. At times, I act as a researcher at other times as teacher. As researcher for instance during gathering of data i.e. interviewing students I have had to learn not to teach during the interview. I have to remain silent because I have to tap the students' view of what they know and what they see when evaluating their treatment. To "teach" them, i.e. to give my opinion, would be influencing their view* (My journal, 12-03-96).

Having a dual role as both clinical supervisor and thus teacher on the one hand and that of researcher on the other hand in the same situation, resulted in having to tease out the roles and to constantly think about what was which. Because the roles were so enmeshed, I had difficulty at times in deciding what to do. At the beginning of the data gathering phase, during my first interviews with students, I found on reading the transcribed data that I guided the conversation by questioning, suggesting and by direct teaching. At the time, I felt that my purpose for the interview was to obtain the students' view on their work. For research purposes it was thus not appropriate to also teach during the research interview. For ethical purposes however, I struggled to let a critical incident pass without facilitating learning. From the earliest research data that was not used in my thesis, I quote the following example of direct teaching during the data gathering interview:

Viki: *What do you think of U's postural control?*
Joan: *I think it is weak.*
Viki: *Why do you say so?*
Joan: *Because of her very, very low tone, she doesn't have trunk control, and it influences her balance.*
Viki: *Okay, what was your aim with the first activity, where you had her rolling over the roller in prone?*
Joan: *I wanted to increase her tone and I was working on the principles of weight bearing.*
Viki: *And when she said "be careful"?*
Joan: *She was indicating that she was scared. I put a wedge in front of her to adjust the height.*
Viki: *Yes, you were adapting the activity to make it easier for her to respond. And then you did the activity where she walked on her hands.*
Joan: *Yes, after you showed me, but then her body was not in extension.*
Viki: *I don't think that it matters. We do not necessarily want extension of the whole body because you are working on the same principle of walking on extended arms, so the weight bearing is the principle that helps to increase tone around her shoulder girdle. If we think about the low tone in her body, her lack of central control and poor trunk control, then we can see why she cannot have dissociated arm movements. So by flexing her hips and knees, and supporting her under her legs, you give her more central control, and with more control in her trunk, her dissociated arm movements are easier* (Interview with Joan , Oasis School, 10-06-95).

In retrospect, this interview was thus not tapping Joan's understanding as I was providing a lot of information. Furthermore, I also intervened during the videotaping of the clinical

session, by showing Joan a different method of arranging the equipment so that she could elicit a better adaptive response from the child. My teaching thus influenced her response.

My teaching while researching continued until I became aware that I was doing it spontaneously and unconsciously in an interaction with a student, and that I needed to deliberately focus on keeping teaching out of the interview for research purposes.

In a subsequent example, there is not direct teaching but guiding by questioning and providing key concepts for the student to think about.

Viki: *Okay, I want to come back to that thing you said when you commented on the amount of interaction that there was in the session. If you think about what we saw here, where there was interaction, you also said that there was not a lot of verbal interaction because they were so busy. But there was some interaction, what type of interaction was there?*

Tim: *I think the interaction basically came from my side. It was more a one-to-one, from my side to the patient, but they didn't converse with each other.*

Viki: *I am trying to get to a specific concept, the concept of engagement. They say an activity is therapeutic when there is engagement. Was there engagement?*

Tim: *Yes.*

Viki: *Where. How do we see it?*

Tim: *You can see from when they started until they were finished, they were totally involved in the activity. Because their concentration never left and dwindled away. There were a lot of disturbances in the environment but it didn't distract them from the activity.*

Viki: *Do you think it was therapeutic? That engagement, that involvement?*

Tim: *Yes I think just the idea that they were so engaged in the activity, even if the activity was a flop, or a success, just the fact that the patients were totally engaged, a hundred percent involved in the activity, that was basically therapeutic* (Interview with Tim during a hospital-based clinical block, 18-02-96).

Later on, I managed to talk less and not to teach during the interviews, focusing more on what the students could say about their work, and accepting their explanations as what they were able to say about their work.

8.4.2. Monitoring student progress: Discovering where they are

A large part on my journal entries focussed on students' progress. Again the merged nature of the role of the teacher as researcher became evident. I tried to determine where they were in their learning process, as understanding their level of knowledge acquisition would help me to formulate how to facilitate their learning.

> *S had all his assessments completed and scored. However, he still finds it difficult to accurately interpret the tests and to draw up a problem list. He has the right ideas but is still finding his feet in deciding on the "just right challenge". I went over S's assessment scoring with him, changing some small interpretations and together we looked at the scoring criteria. Lisa's assessments were in a more depth. She has a deeper understanding. She also looks at wider issues such as the child's emotional behaviour and she questioned the teacher on the social situation at the child's home as she detected some anxiety. She interpreted and reported the test results accurately, with some minor interpretive problems. She is also further in her formulation of the central treatment areas and seems to have clarity on what she is doing. B seemed a bit flustered, not absolutely sure of herself yet. Her assessments were done correctly and her scoring was accurate, her interpretations were beginning to emerge but she lacks confidence in her own ideas. Once she had confirmation from me, she seemed to be on her way* (My journal, 08-09-95).

In this instance, researching while teaching meant to me that the learning process for the student is an on-going conversation. It is doing and checking, and a repetition of doing and checking, much the same as the theory-practice dialectic.

8.4.3. Tensions between teaching and researching

The student participants and I obtained informed consent from patients for the research videotaping. In one instance, the patient was resistant to the idea of being videotaped. However, the situation that arose for the student, proved to be a critical incident of a patient with a mental illness resistant to intervention as a result of the pathology. As a result of concern about both research ethics and the learning opportunity that arose for the student, I again had conflicting thoughts about the appropriate procedure.

> *Visited Lisa to meet her patient, to discuss the video the following day. Mrs S is resistant, mainly as a result of her depression. Feels that she cannot do anything, thus cannot be videotaped. Her depression is what is keeping her from participation. Do I teach or do I just observe Lisa's response? This is a critical incident, thus optimal for teaching. How does it affect my research? As an action researcher, looking at my own practice, surely this is how good teaching can be constructed?* (My journal, 11-03-95).

The following day, as revealed by my subsequent journal entry, I was still wondering how to resolve the dilemma of being both researcher and teacher.

> *On the other hand, critical incidents arise and present themselves. Also students ask questions. Lisa for instance asked me to visit her and her patient one day prior to the videotaping because the patient was "difficult". Lisa found if difficult to engage her in activity of any sort and felt stuck. I thus went to the hospital one day before and met her and her patient. Her patients was a 70 yr old woman dressed in hospital clothes . We met in a small office off ward 9, to which her patient had been admitted. Lisa introduced us and explained that I was her lecturer. I started to explain my reasons for wanting to make the videotape, saying that I was a researcher as well as a teacher. Soon Mrs S explained that she would not participate for the video because she couldn't do anything any more. She described herself as decrepit and fallen back. When I asked her what she meant, she described how before she could knit, read and walk, but that know she could no longer because her eyesight was failing. Her ophthalmologist had told her that there was nothing more to do, spectacles could not improve the situation. Throughout the conversation she spoke about how fallen-in, decrepit and depressed she had become. No one could help her, no one could understand. Her world view was negative, her self-esteem extremely low and she felt incapable of activity of any sort. She concluded that she would not participate in the activity and I said she didn't have to if she didn't want to* (My journal, 12-03-96).

After the conversation, Lisa and I discussed the final arrangements for her treatment session of the next day, which I had planned to videotape. Lisa asked me if I could see how "difficult" her patient was and how difficult it was to engage her in any activity. This was an opportunity for me to engage as a teacher and we discussed how depression affected one's levels of motivation and activity participation. I explained how the clinical symptoms of low-esteem and feelings of worthlessness which were part of the illness, made Mrs S feel extremely vulnerable to any form of scrutiny. Videotaping could make her feel more negative about herself. I gave some suggestions of types of activities such as getting her physically active by taking her for a walk to engage her incidentally. We discussed the fact

that Lisa would probably not convince her verbally to participate, as her beliefs were fixed. More importantly, I could not videotape her against her wishes as informed consent was one of the ethical principles of participating in the study.

Teaching while researching and researching while teaching ran as parallel processes. For methodological reasons I felt that that the two roles had to be kept separate, but in practice, it was virtually impossible to separate them.

8.4.4. Researcher as student and learner

An interesting third role emerged for me, the role of myself as a student of action research and a learner.

> *I am learning about student learning and about teaching. I am learning about coaching in fieldwork. About student leaning I have learnt that learning is social, it depends not only on theory and practice, but on discussion. Students need a forum where they can say: "This is what I think, what do you think?" or "this is how I am doing it, but is it correct?" I am concerned about the students' perception that they cannot discuss this sort of incident with their clinical supervisor. The students assume that an expression of uncertainty means that they do not "know" and that it will be held against them* (My journal, 12-03-96).

I became increasingly concerned about the students' perceptions of what they could and could not admit to teaching staff and clinical coordinators. The students avoided asking questions as they felt that by admitting not knowing, they would jeopardise their marks.

8.4.5. Merged roles of teacher as researcher

I came to see that the teacher and researcher roles were enmeshed. My primary role in terms of my research is my role of researcher. Yet, the students' need for constructing knowledge and the facilitation of learning was a role of equal priority. In reflecting on the many conversations I had with students, I wondered if the telling of stories was similar to what Mattingly (1991b) referred to as the narrative mode of clinical reasoning.

> *It is through discussion and talking, through story telling, that students develop the opportunities to construct a knowledge base. As an action researcher, opportunities to talk about practice, about the dilemmas of practice, in the company of a mentor, may be a good place to help this construction of the knowledge base* (My journal, 12-05-96).

I began to view the process as an integration of teaching and research. It was a learning partnership for all of us. In addition, I realised that researching while teaching would continue in my future teaching as I view it as an ongoing process of deepening understanding.

8.5. Final reflections

The lessons learnt from being involved in community practice site development were multiple. By being actively involved in student fieldwork site development in school and community settings, I had first hand experience of complexities and dilemmas that the students would encounter. Furthermore, as their supervisor and during the data collection phase, I was in close and regular contact with the students and thus had opportunity to develop insight about what they were experiencing, what the challenges were that they needed to respond to and how this information should inform my teaching practice.

I became aware of the enormous need for occupational therapy in schools and the broad scope of intervention possibilities that existed. This experience had a major influence on my teaching, in considering whether the paediatric occupational therapy course was adequate to meet the demands of practice in community settings. In reflecting on how best to prepare the students for the demands of practice, new practice areas emerged. I reasoned that the discipline specific content that the students learnt to treat the children with developmental disabilities was adequate, yet further practice areas emerged. In addition to providing occupational therapy for the children in school settings, the students needed knowledge and skills to work with the teachers, to help the teachers to manage for instance children with severe attention and concentration problems. The teaching implications were that adaptations to content were needed to assist students to fulfil this new role.

When I started with this research in 1995, my understanding of action research was that, as a method of educational inquiry, it would be an appropriate method to investigate the dialectical relationship between student learning and my teaching. I was hoping that I could improve my teaching and facilitate a learning environment in which students' learning would result in their feeling confident about their work. I had difficulty in defining my educational values at the outset. Clarification of my educational values emerged during the research journey and the writing of the thesis.

A big shift towards understanding emancipatory action research occurred for me towards the end of the writing process as I began to understand that every act of teaching, every interaction with a student, every supervisory session, could be emancipatory or not. My concern with "big pictures" and "frames of reference" in student learning resulted in my questioning the "big picture in emancipation". I reasoned that the transformation of society in South Africa and the role of occupational therapy in the transformation had to be linked toward the alleviation of poverty.

I realised that health care delivery in the unique South African context where large numbers or people live in poverty, implied an approach for emancipatory action research underpinned in critical social theory. Moreover, it meant that teaching and learning ought to be contextualised in the ethical dimension of emancipatory action research. I could eventually grasp the philosophical underpinning of critical social theory, as it was revealed through my work. I found agreement with the description of Alvesson & Sköldberg (2000:110) that "critical theory is characterised by an interpretive approach combined with a pronounced interest in critically disputing actual social realities" and "... that its guiding principle is an emancipatory interest in knowledge." Alvesson & Sköldberg (2000:111) further contend that one of the aims of critical theory is to "increase our awareness of the political nature of social phenomena" and for researchers to develop the ability to reflect critically on the socio-political issues that contextualise their studies.

When the current president, Mr Mbeki and the rector of UWC, Professor O'Connell, spoke about the alleviation of poverty, I felt overwhelmed and disheartened because the problem is so big. I questioned what I personally could do and how the profession of occupational therapy could work towards the alleviation of poverty. In gaining deeper understanding in the philosophical background of critical social theory and emancipatory action research, I came to realise that this could make a difference. The difference is to make explicit to my students that occupational therapists can contribute towards poverty alleviation and social transformation by establishing appropriate, relevant and meaningful health and educational practices. Through active participation in advocacy for children's rights, occupational therapists should speak out about oppressive practices affecting children's rights and lives.

When the students and I first started questioning what occupational therapists should be doing with children in impoverished communities, and when we battled with our professional identity and with the clarification of our role, we all had feelings of hopelessness. The confrontation with children living in poverty and hunger, with inadequate housing, with lack of opportunity for healthy growth and development, were disturbing. It took time to realise that our professional role was to continue to ensure optimal occupational functioning of the children, despite the adversity that surrounded them. The traditional model of looking at human behaviour from a bio-psycho-social model had become redundant as we realised that contextual influences were major factors in children's lives. Environmental considerations had to become part of the picture.

I became aware that all our work ought to be geared towards the alleviation of poverty. Poverty appeared to be the root cause of many of the ills in the communities we worked in. By focusing on the improvement of health and educational services of marginalised children, occupational therapists could contribute towards the transformation of society and the improvement of the quality of life for the marginalised in our country.

- **Emancipatory teaching and learning**

Through my participation in an emancipatory action research project I came to understand that my emancipatory responsibility as teacher was to ensure that my students learnt that transformation of society was achievable. For a curriculum that promotes emancipation, one in which learning is constructed as a result of interactions and conversations between teachers and students (Bevis & Murray, 1990:326), to be emancipatory, it has to address such as critical consciousness, liberation from oppression and accountability to and for the community. If teaching is a political act, underpinned by an emancipatory approach to education it has to promote critical thinking and counter hegemony (Bevis & Murray, 1990:328). Learning in paediatric occupational therapy is more than acquiring information and facts, methods and skills. Learning is a personal journey of making meaning of life as a whole and is based on reflecting on personal experiences in a context of health of human beings. Reflection as an aid to learning should include critical reflection on the nature of society and informed action to build a better society.

My assumptions at the outset of the study were similar to those reflected by the statement: "learning and learning how to learn, give us freedom from oppression" (Gowan, 1988:3). My view has shifted to an understanding that more than learning how to learn, is needed. Occupational therapy has a meaningful part to play in the transformation of the South African society. Occupational therapists working with children who are struggling to learn, provide a preventative and health promoting service. Contextualised in marginalised communities where poverty and lack of opportunity prevent children from the necessary learning and developmental opportunities, a critical social stance is highly relevant. Occupational therapy for children in South Africa must therefore be contextualised in a frame of working towards the alleviation of poverty and counteracting social problems by providing services that enable children to develop and learn optimally.

My own future research will focus on appropriate occupational therapy service provision for children who live in circumstances of poverty and on the development of appropriate texts for student learning. Furthermore, my writing and advocacy would be towards intersectorial collaboration and more active participation of occupational therapy in inclusive education and early childhood education. Further adaptations should be made to the occupational therapy paediatrics course to include material on participatory work between therapists and teachers.

Finally, my teaching and my students' learning have the ultimate aim of providing the children that we encounter, with a foundation from which to work towards their own emancipation.

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APPENDIX I
COURSE OUTLINE

UNIVERSITY OF THE WESTERN CAPE
DEPARTMENT OF OCCUPATIONAL THERAPY

OCCUPATIONAL THERAPY THEORY (301) AND APPLIED (302): PAEDIATRIC COMPONENT 1995

COURSE OBJECTIVES

SECTION 1: OCCUPATIONAL THERAPY THEORY IN PAEDIATRICS

1. To understand the occupational nature of children.

2. To understand the relevance of activity analysis as a basis of O.T. intervention with children.

3. To be able to link the performance components as a point of departure in assessment and treatment of children.

SECTION 2: NORMAL DEVELOPMENT

1. To understand normal development in children.

2. To be able to identify the developmental stage of a child using performance components.

SECTION 3: ABNORMAL DEVELOPMENT

1. By using performance components as a point of departure to investigate and understand children with the following difficulties:
   intellectual impairment
   -physical illness and hospitalisation.
   -disability.
   -socio-political aspects, poverty, malnutrition and its effects on child development.
   -neurological impairment - cerebral palsy.
   -psychiatric conditions in children - autism.
   -emotional problems in children - sexual and physical abuse.

SECTION 4: ASSESSMENT

1. To be able to identify developmental delay in children according to the performance components and the occupational areas of function.

2. To be able to administer, score and interpret the following tests:
   *Test for Visual-motor-integration.
   *Motor Free Visual Perceptual Test.
   *Goodenough -Harris Drawing Test.
   *Ayres Clinical Observations.

APPENDIX I continued
COURSE OUTLINE

WEEKS	CONTENT	NOTES
1.	Occupational Nature of Children. *Play *School *Self Maintenance Performance Components and Activity Analysis	Kielhofner. Pratt & Allen. Reed.
2, 3.	Normal Development *Assessment of Normal Development *Practical: assessment of components of function.	Wits assessm, Sheridan NDT notes
4, 5, 6.	Abnormal Development *Performance Components: -Intellectual - MR -Physical - Child in hospital -Neuro - Cerebral Palsy -Disability - physical dysfunction -Socio-political - impact on development -Poverty, malnutrition, lack of stimulation - developmental delay -Psychiatric/emotional -autism, physical or sexual abuse	Activity analysis notes, OT Theory notes.
7, 8, 9.	Assessment of Developmental Delay: *Performance Components: - motor - sensory - perceptual - functional - social *administration and scoring of tests: VMI, motor skills, sensory skills, play, ADL, perceptual skills, MVPT, Goodenough, Clinical Observations	Developmental assessm. V.M.I.; motor skills; play; ADL MVPT DAP Clin obs.

GENERAL INFORMATION FOR THE FIRST TERM

CHANGES IN YEAR BOOK RULES

The Applied paediatrics course will be given during the first and the third terms of 1995. The teaching strategy of Problem Based Learning will be implemented. This course replaces the components "Elementary principles of child handling and perception as a treatment technique" as well as "The practical application of the principles of child handling and perception for therapeutic purposes" as described in the year book.

APPENDIX I
COURSE OUTLINE

OCCUPATIONAL THERAPY III 1996 APPLIED PAEDIATRIC OT

COURSE OUTLINE

AIMS OF THE COURSE

At the end of this course the students should understand the impact of disability on the perceptual-motor development of the child and be able to do an assessment and design a treatment plan for a child suffering from mental retardation and/or learning disability.

COURSE OUTLINE

18 JULY
Occupational therapy theory: Occupational nature of children, play, adl and school. Activity analysis as the basis of treatment in paediatrics.

22 JULY
2 - 4: Play, classification, therapeutic application

25 JULY
8.30 - 11: Visit to Oasis/Athlone School for the Blind
11 - 1 : ADL/School
2 - 4 : Mental Retardation

1 AUGUST
8.30-11: Visit to Oasis/Athlone School for the Blind
11 - 1: Occupational therapy treatment in Mental Retardation
2 - 4: Learning Disability

8 AUGUST
8.30-11: Visit to Tembalethu/Matroosberg Schools
11 - 1: OT treatment of Learning Disability
2 - 4: Test

15 AUGUST
9 - 11: Cerebral Palsy
11 - 1: The sick and disabled child
2 - 4: OT treatment of the Blind child

22 AUGUST
8.30-11: Visit to Tembalethu/Matroosberg Schools
11 - 1: OT treatment for CP child
2 - 4: Test

29 AUGUST
9 - 11 Prac: Assessment
11 - 1 Prac: Problem list
2 - 4 Prac: Treatment Plan

APPENDIX II
STRUCTURED FIELDWORK GUIDE

CLINICAL REQUIREMENTS: SCHOOLS

WRITING UP YOUR TREATMENT IN A JOURNAL

Instead of writing up an individual treatment plan for each treatment session for each child per day, write it up in journal form in the following format:

1. In your journal, have a section for each child.
2. On the front page, state the child's name, age, class, the prioritized problem list, main aim and short term aims.
3. For each short term aim list possible treatment activities.
4. For each treatment session, describe in column form the following (see example in tables)
5. Plan the treatment session for the following day based on the evaluation of the previous day.
6. By the end of the week, you have an overview of the progress of the treatment for the week.
7. Hand in to your clinical supervisor each week.

EXAMPLE:

John Smith, aged 7 years 4 months, grade 1

Prioritized problem list

1. Gross motor difficulties with tone, anti-gravity postures, balance, gross motor skills. Poor proximal control at shoulders.

2. Poor eye-hand coordination.

3. Fine motor difficulties with drawing, writing, colouring and cutting. Untidy school work. Difficulty with forming and spacing letters.

4. Visual perceptual problems with spatial relationships and sequencing.

5. Poor visual-motor-integration

6. Short attention span and distractibility

7. Low self-esteem

Main Aim

In six weeks' time, John's hand writing would have improved to the extent that he can write his name correctly and form and space letters correctly, by increasing his gross and fine motor skills. His visual perception and visual motor integration will be improved to the extent that he does not reverse letters anymore and that he copies accurately from the black board, with improved concentration span. His self-esteem would be improved to the extent that he participates in class discussions.

APPENDIX II continued
STRUCTURED FIELDWORK GUIDE

Short term aims	Possible treatment ideas and activities
To improve trunk control and proximal stability to the extent that John has better dissociated arm movements by improving tone, flexion and extension against gravity, cocontraction and balance reactions.	Prone ext. & weight bearing over ball Weight bearing i.e. wheelbarrow. Cocontr on scooter board, balance beam, hopping games, prone ext & supine flex positions, obstacle course, jungle gym
To improve eye-hand coordination to the extent that John can catch and throw a tennis ball 5 out of 5 times.	Bean bag and ball games, threading beads, doing mazes, dot-to-dots
To improve John's fine motor coordination to the extent that John can write his name in the correct sequence with correct forming and spacing of letters.	Cutting, tearing colouring painting drawing letter formation, letter spacing. Good end-products
To improve his visual perception in spatial relationships and sequencing to the extent that he understands and can copy words in the correct sequence and orientation	Peg board, naming space concepts, dotted grids, reinforce R & L, directionality, reinforce diagonal lines, copy shape patterns. Copy sequences 3D and 2D
To improve his visual-motor integration to the extent that he can copy a sentence correctly from the blackboard.	Copy designs and patterns, copy from blackboard, attention to detail, dotted grids
To improve his self-esteem by ensuring mostly successful outcomes of tasks.	Good end products, lots of praise and encouragement. Structuring for success.
To improve his concentration span and reduce his distractibility by gradually lengthening duration of concentration.	Increase time and level of concentration

APPENDIX II continued
STRUCTURED FIELDWORK GUIDE

AIMS	PRINCIPLES	ACTIVITY, STRUCTURE & PRESENTATION
1. Gross motor 2. Eye hand 3. Fine motor	1.^ tone by weight bearing (proprioception) 2. catch, throw at target 3. cutting on straight lines	1.w.b. over therapy ball, ^ ext in prone. 2. bean bag throw and catch, bean bag aim and toss into bin 3.cut out a carpet from cardboard on thick black lines, snip the fringe
EVALUATION	CONCLUSION	GRADING
1. gets prone ext after a few tries. Can only hold w.b for 2 sec's 2. gets all of them right 3. struggles to stay on lines, snipping very uncontrolled	1.Prone ext to be reinforced. W.b to be improved 2. too easy -grade 3. needs lots of practice - repeat similar activity.	1.Repeat prone ext Increase time of w. b to 5 sec. 2. Grade to tennis ball 3. Repeat cutting on line next cut out house

APPENDIX III

EXAMPLE OF STUDENT'S WORK USING STRUCTURED FIELDWORK GUIDE

FIELDWORK BLOCK III: Bergsig School Sept-Oct 1998
Name of student therapist: CC
Child's name X
Date of treatment session: 17-10-98

Short Term Aim	Principles	Activity Requirements	Task/Activity Structure & Present
Shoulder stability & oral motor control.	Weight bearing and weight shifting on arms and hands. Improve oral motor control by blowing game.	Activity requires child to weightbear on extended arms while in 4 point kneeling, crawl forward, stop & extend neck to blow out candle on box	4 point kneeling & crawling 2 meters & blowing out candle on box.

Evaluation	Conclusion from Evaluation	Grading
Weight bearing difficult for him, can't maintain the posture, sits back on his feet. Arms collapse after 1 meter.	?Why is this difficult. ? trunk stability – check flexor and extensor muscles. ?Does he have low muscle tone	Test trunk flexion & extension. Check muscle tone again. Improve trunk co-contraction (scooterboard). Weight bear on arms only. More opportunity for neck flexion i.e. prone in hammock & catch large ball.