

## Interview mit Frank Kronenberg *(englischsprachig)* Keynote-Speaker, 55. Ergotherapie-Kongress Erfurt, Freitag 28.5.2010

Ergotherapeutinnen und Ergotherapeuten die Frank Kronenberg schon einmal live erlebt oder seine Bücher gelesen haben, freuen sich auf seine Rede zur Eröffnung des ET-Kongresses und auf seine Inspiration. Weil Frank Kronenberg für viele Therapeutinnen und Therapeuten in Deutschland noch unbekannt ist, hat ihn der DVE um ein Interview gebeten.

*Herr Kronenberg, Sie kommen ursprünglich aus den Niederlanden, sind Ergotherapeut und haben unter anderem in Mexiko, den USA und Indien gearbeitet. Heute leben Sie in Cape Town / Südafrika. Sie sind dort Leiter eines sozialen Unternehmens und Sie sind Autor, Redner und Dozent an Universitäten und Schulen für Ergotherapie auf der ganzen Welt. Im Mai 2010 werden Sie zum ersten Mal während des 55. Ergotherapie-Kongresses in Deutschland öffentlich sprechen. Wie kam es zur Einladung?*

Well, first of all, this invitation from the DVE came as a bit of a surprise, but I really look forward to interact with familiar and new colleagues at the Erfurt congress. I suspect that their decision was probably informed by years of mutually appreciated engagements with German students at my alma mater Zuyd University in the Netherlands. It offers a progressive 'Bachelorstudiengang' for German occupational therapists who want to upgrade their diploma degree. Most of the participants bring some years of professional experience into this one and a half year program and they tend to be highly motivated. This allows for mature interactions and I believe that amongst these graduates future leaders of the profession in Germany and beyond will arise.

*Das Thema des diesjährigen Ergotherapie-Kongresses heißt „Neue Horizonte“. Inwiefern hat Ihre Eröffnungsrede über „Politische Ergotherapie“ damit zu tun?*

The 2010 DVE congress theme 'New Horizons' exudes energies that are embodied by terms such as 'change', 'hope', 'possibilities'. At any given moment, there is a limited horizon of possibilities and so it is important not to waste the unique opportunity of a specific change offered by the present (Santos 2003). The congress offers a window to such opportunities for delegates to share and inspire, to learn from experiences of those who brought about innovative practices and those who articulate visions of alternative futures for occupational therapy.

To relate this to the theme 'a political practice of occupational therapy', consider the following phrase by the 19th century Prussian statesman Otto von Bismarck: „Politics is not a science, as the professors are apt to suppose. It is an art. Politics is the art of the possible“. In German: „Die Politik ist keine Wissenschaft, wie viele der Herren Professoren sich einbilden, sondern eine Kunst. Politik ist die Kunst des Möglichen.“

In order for occupational therapists to bring about any sort of change we have to work with what is actually the case, rather than what we might have wished for. For example, if we were to lose a leg, we can't dwell too much on lamenting the leg that we lost. To get anywhere, we must start to make sense of what the loss means for the here and now and start exploring new possibilities. This is where the 'art of occupational therapy' and 'politics as the art of the possible' come into play.

*Sie meinen hier die ergotherapeutische Arbeit im medizinischen Bereich. Was ist daran „politisch“?*

Although the example described a 'physical loss', it really is to be understood beyond occupational therapy in a medical context. I would argue that the most distinguishing quality of our profession is its principal focus on 'what is possible' – human potential, whereas most other healthcare providers seem to mainly depart from 'what is not possible' – human limitations and problems. Our roles are both different from and complementary to theirs. But

the contexts in which we train and practice are dominated by an exclusive set of rational criteria that are mainly rooted in Western modernity (Kronenberg, Pollard & Ramugondo 2010) – e.g. empirical science, individualism, neoliberal economics, which may partly explain why as occupational therapists we often struggle to live up to *our full potential*. Hence, we are called to rekindle the art of occupational therapy, which I view as our predisposition to tune in to and dance to our music: human occupation. We profess that all people are unique, which seems to imply that there can't just be one definition of 'occupation' and of 'occupational therapy' that fits all situations, in fact, it calls for a plurality of interpretations.

### ***Aber es geht heute doch um Effizienz, Evidenz und konkrete Fakten in der Ergotherapie...***

Although your point is valid, what counts and determines the order of professional practice today does not necessarily correspond with what matters most to the diverse people with whom we engage, locally and globally. In my view, for our profession to more fully claim and maintain authorship of our destiny, we ought to position and assert ourselves as a *Possibilities-Based Practice* (PBP), the 'left leg of OT', which generates *Practice-Based Evidence* (PBE).

I mean, how else do we know potential without exploring possibilities in terms of what works? Of course, *Evidence-Based Practice* (EBP – 'right-leg of OT') is equally valuable. But we can't simply ignore that existing evidence is rather limited, both in terms of relevance to the priority needs of people from all walks of life (think of 'occupational justice' [2]) and given the fact that access to these data appears to be restricted to privileged practitioners world wide.

Here it is also relevant to highlight Whiteford's (2007) identification of the discourse that surrounds the EBP agenda as „an institutional threat to the development of diversity in occupational therapy“, suggesting that “the way in which EBP is currently framed most certainly privileges particular knowledge paradigms and particular types of research – reifying quantitative (randomized control trials) and rejecting qualitative approaches, which would put us at risk of delimiting our ability to develop our occupational therapy knowledge base” (p23).

### ***Das Wort „Politik“ schreckt viele Ergotherapeuten ab, andere macht es müde, manche verzweifeln oder fühlen sich angegriffen, wenn sie es hören. Weshalb?***

I don't think that these reactions are unique to occupational therapists, but rather that they are representative of the general public. Such negative sentiments regarding politics most often refer to experiences with or perceptions of big 'P' Politics, the realm of the politics of institutions and society at large. These may be about everyday 'them against us' type of discussions, for example conservatives vs liberals, right-wing vs left-wing, labour vs management, the privileged vs the disadvantaged, black vs white, men vs women, and so on. I once heard somebody compare it to gameplaying that revels in stereotyping, based on the notion that there are 'sides', and 'one side is right' and 'one side is wrong'.

### ***Bereits diese Aufzählung frustriert. Wozu also sollten sich Ergotherapeuten für Politik interessieren?***

Given the significant impact of Politics on our everyday lives can we really afford to let *our politics* (what we do and how, with whom, where, when, and why) be handled by people who conduct it as a mere game, for which they collect a pay-check no matter what? I think that as citizens and as professionals we can and must all exercise a social responsibility for what goes on in our 'global village'. To enable this it may be helpful to distinguish between and juxtapose big 'P' Politics with small 'p' politics.

### ***Sie meinen, es gibt nicht nur „die“ Politik sondern eine „große“ und eine „kleine“?***

Yes. Big "P" Politics refers to a particular, defined sphere of human relationships that is indicated by terms such as the state, government, public administration, political parties. The people involved in Politics make a living of politics. Small 'p' politics refers to an aspect of human relationships and occupation that occurs in all spheres of life (Kronenberg 2009).

Simply put, Politics may rest on the notion of 'Us' versus 'Them', while politics ('grassroots activism') may embrace a less partisan stance that 'we are all in this together'.

In her post 'Politics vs politics', blogger Rana (2006) captures what consciously practicing small 'p' politics is about, and she uses language that speaks to the heart of occupational therapy... "one is committing to a daily practice of questioning one's limits and assumptions, of seeing the shared reality we all inhabit, of recognizing that the world is vastly more complicated and interesting than our own limited experience would suggest, and adapting accordingly. It means committing to a good education for everyone, even if you do not have children. Or seeing that everyone has enough to eat, and eat well, even if they cannot afford it. It means supporting people in the decisions they need to make to live their lives with dignity, even if their choices and decisions are not the ones that you would make. It means thinking about the needs of others – not instead of your needs, but in addition to your needs – even when you gain nothing directly by doing so".

This description also connects well with the contents of the WFOT position papers on Community-Based Rehabilitation (2004), Human Rights (2006) and the Guidelines on Cultural Diversity (2009) which call upon occupational therapists to practice „as if everyone, and everything, deserved respect, love, and attention, as if our needs and desires were just as worthy as everyone else's, and vice versa" (Rana 2006). Although such a practice of politics is hard... as occupational therapists we know that if it has meaning it allows people experiences of true fulfilment and wellbeing.

#### ***Das klingt ziemlich idealistisch. Wie bekommen ErgotherapeutInnen „Lust“ auf diese Art Politik?***

Would life be worth living if human beings, particularly those who historically have been dealt bad cards (!), were denied the opportunity to envision, believe and work towards a better world for all? As Franz Hinkelammert (2002) says "we live in a time of conservative utopias whose utopian character resides in its radical denial of alternatives to present-day reality". In other words, the possibility of alternatives is discredited precisely for being utopian, idealistic, and unrealistic. I wonder whether this not also applies to the neoliberal globalized market criterion as the one and only effective answer to all of the world's challenges?

Occupational therapists might get a healthy appetite for politics (with small 'p' politics as an appetizer!) by inviting them to connect with what they are most 'occupassional' about. In other words: 'What do we most value to be and do, and to what extent are we living up to this?' This question seems to connect well with an occupational perspective of wellbeing.

#### ***Das heißt, sich etwas zu wünschen genügt nicht, man muss auch etwas dafür tun?***

Naturally the responses to "what do we value most" will be diverse, but allow me to share a commonly heard reply from colleagues in different parts of the world. They often indicate to want to 'make a difference in people's lives' or 'contribute something meaningful to the world'. Mahatma Ghandi's phrase is frequently quoted: "Be the change you wish to see in the world".

A profound discovery in my life, and I have witnessed this in many other people, was the joy and gratification that comes from being part of or making a valued contribution to an unfolding collective life story that transcends pursuits that only benefit one's individual interests. For example, speaking from my current situation in post apartheid South Africa, our young family is constituted of a black South African mother, a white Dutch father and two daughters of 'mixed race and nationalities'. If my wife Elelwani and I dedicate our best energies to making our marriage work and raising our daughters Masana and Isha to become self-confident citizens of the world who don't allow to be perceived as what Amartya Sen called 'miniaturizations' of who they are and what they can contribute to the world, wouldn't we then live up to the full potential of the ideas and values of occupational therapy? Can you see how this relates to becoming 'occupassional' about politics?

#### ***Es zeigt, was Politik mit kleinem „p“ zum Beispiel in Ihrem persönlichen Rahmen bedeutet. Was aber bedeutet es für (deutsche) Ergotherapeuten, wenn sie die politische Dimension des Handelns erkennen?***

Currently, we appear to be more preoccupied with **‘what is not’** vis-à-vis getting occupied with **‘what is not yet’** – in other words, we may actually not fully apply the philosophy of occupational therapy to our own practice!?

I think that recognition of the political nature of who we are and what we do, is the beginning or a first step. In order to make this awareness work for us and our practice, we need to learn and do more. A broadly developed political consciousness – both in terms of small ‘p’ and big ‘P’ politics – can inform a political practice of occupational therapy. This can help occupational therapists, individually and as a collective: to become more self-confident and get more mileage out of occupational therapy, to increase their capacity and power to be of true service to more people in need and, to positively influence their own occupational wellbeing.

If they follow through, I believe that German occupational therapists can become a collective social change agent to be reckoned with, not only within their national borders, but surely also within the larger European and global context of change.

### **Können Sie kurz erzählen, wie Sie selbst die „politische Ergotherapie“ entdeckt haben?**

What attracted me to occupational therapy was its latent potential as a vehicle to help bring about meaningful (social) change. One of the key-outcomes of my Bachelors thesis *‘Street Children: Being and Becoming’* (Kronenberg 1999) was the introduction of the notion ‘occupational apartheid’ [1]. This has caused plenty of controversial debates within local and international discourses of occupational therapy and occupational science. It came about because I found that the occupational therapy discourse (incl. its models) lacked a concept that allowed practitioners to recognize, name and explain (extreme) political realities that influence people’s capacity and power to construct their destiny, which includes their health and wellbeing!

It appeared that conventional (often times functionalist) approaches to addressing the plight of vulnerable populations such as ‘street children’, greatly risked falling into the trap of ‘blaming the victims’. This refers to problematizing and addressing the behaviour of these youth without considering the problematic nature of contextual conditions (historical, political, social, economic) that ‘produce’ the phenomenon of ‘street children’.

The main purpose of the term ‘occupational apartheid’ was to trigger critical awareness and debate within the international occupational therapy community about the political nature of human occupation and our practices. This then evolved into a central theme and driver of the movement ‘Occupational Therapists without Borders’ (OTwB) and subsequent publications (Kronenberg, Simo & Pollard 2005, Kronenberg, Simo & Pollard 2007, Pollard, Sakellariou & Kronenberg 2008, Kronenberg, Pollard & Sakellariou 2010 in press). It also contributed to the formulation of the first ever WFOT position papers that publically took an official stand on issues of global relevance that transcend what many view as its traditional professional interests: Community-Based Rehabilitation (2004), Human Rights (2006) and most recently Cultural Diversity (2010, in press).

### **Wie sieht derzeit Ihre Arbeit als Ergotherapeut aus?**

My current practice of occupational therapy consists of an interrelated mix of international guest lecturing in South Africa, Europe, North and South America, writing and publishing, and developing and implementing innovative practices (Shades of Black Works - [www.shades-of-black.co.za](http://www.shades-of-black.co.za)). But to be frank, I do not always identify who I am and what I do as occupational therapy. If I do, meaning, when it is relevant and useful to disclose this, I prefer naming it *‘occupational therapy without borders’* or *‘occupation-based practice’* (Kronenberg, Pollard & Sakellariou 2010).

The main focus of my engagements is questioning conventional discourse and practices hand in hand with exploring alternative perspectives and approaches. A political – in other words a more socially and environmentally responsive – practice of occupational therapy provides the red thread.

**Ergotherapie ohne Grenzen könnte bedeuten, den Horizont zu erweitern, weniger Krankheitsbezug, weniger biomedizinische Ansätze... zu sehen – und mehr Gesundheitsförderung im Sinne der Ottawa-Charta der Weltgesundheitsorganisation (WHO, 1986). In der Ottawa-Charta wird der Zusammenhang zwischen Gesundheit und Handeln beschrieben. Wörtlich heißt es: „Um ein umfassendes körperliches, seelisches und soziales Wohlbefinden zu erlangen, ist es notwendig, dass sowohl einzelne als auch Gruppen ihre Bedürfnisse befriedigen, ihre Wünsche und Hoffnungen wahrnehmen und verwirklichen sowie ihre Umwelt meistern bzw. verändern können. In diesem Sinne ist die Gesundheit als ein wesentlicher Bestandteil des alltäglichen Lebens zu verstehen und nicht als vorrangiges Lebensziel.“ Weiter werden in der Ottawa-Charta alle Entscheidungsträger – von den Akteuren der Gesundheitsdienste über Politiker bis hin zu Unternehmensleitern und einzelnen Menschen – zu „gesundheitsförderndem Handeln“ aufgerufen. Ist in diesem Sinne Ihr Ansatz zu verstehen? Liegt hier auch die Verbindung zwischen Ergotherapie und Politik bzw. politischem Handeln?**

Yes, 100%! Health promotion or more specifically advancing individual and collective well-being may have to become our main focus. Its principles are broader than medicine which main aim is curing diseases and illnesses. Scientific *Evidence-Based Practices* (EBP) may sit better with the latter whereas *Practice-Based Evidence* (PBE) that is generated by a *Possibilities-Based Practice* (PBP) appears to connect better with the premise of health promotion and occupational therapy. A political practice of occupational therapy acknowledges the tension (conflict) between dominant and alternative (complimentary) perspectives of and approaches to advancing people's health and well-being.

At the upcoming WFOT congress in Santiago de Chile (May 4 – 7, 2010), Elelwani and I will co-present a paper called '*Collective occupations: a vehicle for building and maintaining working relationships*'. We will review how occupational therapy has traditionally approached both the study and the use of human occupation as a medium of change primarily from individualistic perspectives. This focus will be problematized against examples of collective occupations that seem to foster relationships that work for people across the life span, who are faced with contextual challenges in the Southern hemisphere.

Our Canadian colleague Karen Hammell (2009) stated that contrary to Western egocentric ideology, research demonstrates that interdependence and a sense of connectedness is "an indispensable feature of the human condition". Scientific evidence demonstrates that the ability to contribute to others is associated with lower levels of depression, higher self-esteem and fewer health problems. This suggests that occupations that promote interdependence contribute positively to wellbeing. But current theories of occupation still offer little space for considering unlocking the potential of collective occupations. Once again, a political practice of occupational therapy is to help realize this.

**Sie zitieren eine kanadische Kollegin. Wie sehen Sie Ihren Ansatz im Vergleich zum kanadischen Modell der Ergotherapie? Dort wird menschliches Handeln in drei Tätigkeitsbereiche unterteilt: Selbstversorgung, Produktivität und Freizeit. Sie sprechen davon, dass auch Politik ein Aspekt menschlicher Betätigung ist. Wo bzw. in welchem der drei Tätigkeitsbereiche des kanadischen Modells würden sie „Politik“ ansiedeln?**

Of course, in all three and beyond! Depending on the situational context where occupational therapists engage with people, those three domains are based on the often unquestioned assumption that occupations can be justifiably divided into those three categories: self care, productivity and leisure. It has even been claimed that these three represent the purposes of occupation.

Hammell points out that a closer examination of these domains shows that they appear to be rather "simplistic, value-laden, de-contextualized and insufficiently descriptive of subjective experiences" (2009). It can be argued that what is most troubling about the prioritization and promotion of this privileged triad is that they reflect a specific minority-world doctrine of individualism that specifically excludes those activities motivated by love and concern for the wellbeing of others. And, who and what decides which occupations matter most to people in terms of advancing their health and wellbeing is not only informed by the situational context (cultural and socio-economic factors) this is often also to be politically negotiated at small 'p' and/or big 'P' Politics levels (Kronenberg & Pollard 2006).

**Im Kern des kanadischen Modells steht die spirituelle Dimension von uns Menschen. Könnte es sein, dass die „3P-Archäologie“ – ein methodisches Vorgehen, welches Sie mit Kollegen entwickelt haben – etwas mit Spiritualität zu tun hat? In anderen Worten: Stellt die 3P-Archäologie eine Möglichkeit für Ergotherapeuten dar, nicht nur physische, psychische und soziale Fähigkeiten der Klienten zu fördern, sondern auch spirituelle?**

Let's first tune in to what a model is and what a theory is to do. These are firstly simplified representations of a complex reality. Secondly, they are a tool to explain and describe phenomena, to predict outcomes and to guide our practices and research. 3P-Archaeology (3PA) is no different. The various components offer us some lenses through which to focus and reflect on particular aspects of our topics of interest. 3PA invites us to critically explore in-depth our personal and professional values (what we stand for, 'our talk') and next politically, to what extent we put these in to practice (what we stand up for, 'our walk').

I do not view spirituality as a component or a domain that is to be addressed in isolation. I believe it refers to a realm of experience that is larger than any religious practice, although the latter may reflect some people's spirituality. To me, whereas religions ('institutionalized spirituality') are sometimes (ab)used to separate people and to pitch them against each other, spirituality is (at) the heART of 'walking the talk' of being truly humane. It is based on the principle of oneness, interconnectedness of people, planet and Universe. In other words, a profound realization that we are in this thing called 'life' together, and advancing our individual well-being requires advancing our collective wellbeing. In actual fact, this connects with practicing small 'p' politics, and fully living out this potential may allow us to experience the highest state of individual and collective wellbeing.

**Abschließend noch zwei Fragen. Die erste ist eine Verständnisfrage: In Ihrem Buch "A Political Practice of Occupational Therapy" wird oft von 'Community Based Rehabilitation' gesprochen. Sind damit freie Ergotherapie-Praxen gemeint, wie sie in Deutschland oder in den Niederlanden existieren? Oder geht es um die Versorgung "Bedürftiger", wie sie in Deutschland zum Beispiel durch die Sozialbürgerhäuser geregelt wird?**

On behalf of the WFOT, I enjoyed the privilege of participating in the 2003 World Health Organization summit of reviewing 25 years of Community-Based Rehabilitation (CBR) in Helsinki/Finland. I was struck by how some stakeholders cynically described CBR as 'Confusion-Based Rehabilitation', 'Communism-Based Rehabilitation', and 'Community-Based Revolution'. It can't be emphasized enough that in order for a constructive dialogue/debate and collaborations to come about, the language/terminologies that we use to communicate our purposes must be explained and understood from the get go.

CBR refers to a strategy within general community development for rehabilitation, equalization of opportunities and social inclusion for all persons with disabilities (PWD's). It is implemented through the combined efforts of PWD's themselves, their families and communities, and the appropriate health, education, vocational and social services. The main objective of CBR is to ensure that PWD's are empowered to maximize their physical and mental abilities, have access to regular services and opportunities and become active, contributing members of their communities and their societies (Fransen 2005).

The WFOT position paper on CBR (2004) mainly came about to acknowledge that occupational therapy services are only available to a fragment of the world's population and to point out that CBR offers a way through which we can make ourselves available to people from all walks of life, particularly those who lack access due to limited resources and/or absence of health and rehab services where they live (for example, also rural areas of Canada and Australia).

Although CBR focuses predominantly on so called 'developing countries', its basic tenets such as empowerment, enablement, social justice, importance of an active and meaningful lifestyle, and respect for and an appreciation of cultural differences strongly connect with health promotion. In this sense CBR can inform and guide alternative occupational therapy practices in so called 'developed countries' such as Germany and the Netherlands. Occupational therapists who are situated within the enlarged European Union can surely encounter groups of people within their societies whose occupational (health and) wellbeing is jeopardized but

for whom no relevant occupational therapy services may exist. A political practice of occupational therapy can consider (aspects of) CBR for bringing about innovative responses to their needs.

**Die zweite Frage bezieht sich auf die Arbeit ergotherapeutischer Berufsverbände. Erfüllen sie Ihrer Meinung nach ihre politische Aufgabe – hinsichtlich des Berufsstandes und hinsichtlich der Klienten, die durch Ergotherapeuten betreut werden?**

I am not in a position to make a judgment call on this matter. I was a relatively active member of the Nederlandse Vereniging voor Ergotherapie (NVE) for about 5 years, but withdrew my membership, after moving to live in South Africa. We shared the interest of further developing and promoting occupational therapy, but whereas the main aim of the NVE was to strengthen existing traditional occupational therapy practices in the Netherlands, the mission of 'Occupational Therapy without Borders' was/is to make it available as a more relevant resource to people of all walks of life, globally and locally. The situational contexts from which we operated was literally worlds apart, and the timing for a constructive dialogue and debate seemed to have been off. For the record, I don't mean to pass any value judgment on our orientations, I only want to indicate that these were different and not quite ready to 'dance together'. If you allow me to compare, ten years ago the DVE was probably also not ready for inviting politically oriented 'without borders' perspectives and experiences of occupational therapy to be shared in a key-note at their annual congress (?)

Generally speaking, I have felt more at home within the European Network for Occupational Therapy in Higher Education (ENOTHE), spearheaded by Hanneke van Bruggen, and the World Federation of Occupational Therapists (WFOT). I think that the timing for a goodness-of-fit to occur between OTwB, ENOTHE and WFOT was perfect, given that all three 'networks' attempt to exercise and cultivate our profession's social responsibility within and across national and institutional practice settings.

I strongly believe that the most effective way of promoting occupational therapists' contributions to the world is by inviting and supporting those people who have benefited from our practices to speak on our behalf. Professional organisations tend to fall into the trap of marketing themselves, but it's not about the profession, it's about meeting people's needs, isn't it?

In order for us occupational therapists to collectively live up to our full potential may require that we go beyond monocultural expressions of occupational therapy towards an ecology of occupation-based practices...to realize this we must have the courage to 'dance politics' (Kronenberg, Pollard & Ramugondo 2010 in press). What all this refers to, conceptually and practically, will be unpacked in the key-note address on May 28th...

**Vielen Dank Herr Kronenberg, für dieses ausführliche und inspirierende Interview! Ja, die Teilnehmer erwarten ein spannender Vortrag - und wer möchte, kann auch einen Ihrer Workshops am Kongress besuchen.**

## **Begriffsklärung**

[1] *Occupational apartheid*: The segregation of groups of people through the restriction or denial of access to dignified and meaningful participation in occupations of daily life on the basis of race, colour, disability, national origin, age, gender, sexual preference, religion, political beliefs, status in society, or other characteristics. Occasioned by political forces, its systematic and pervasive social, cultural, and economic consequences jeopardize health and well-being as experienced by individuals, communities, and societies. (Kronenberg & Pollard, 2005, p67.)

[2] *Occupational justice* is an evolving concept that describes a vision of society in which all populations have the opportunities, resources, privilege and rights to participate to their potential in their desired occupations (Whiteford & Townsend 2010).

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