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UNIVERSITY OF SOUTHAMPTON

Practising Ethics

A study of Occupational Therapists' ethical development as individuals and within Communities of Practice

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ABSTRACT
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PRACTISING ETHICS
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Occupational Therapists (OTs) who recommend housing adaptations for people with disabilities, funded through public finance, must satisfy professional codes of practice and the employing local authority requirement to allocate finite resources effectively and fairly. At the same time they must also meet service user expectations. Ethical reasoning will be required to balance these demands whilst practising to a personally acceptable professional standard. This study investigates how OTs understand themselves to develop a sense of fairness and how they use their community of practice in developing professional ethical practice.

  This was a 2 part methodology. Firstly, OTs from 2 community services were invited to participate in small discussion groups. 3 group sessions, of different sizes ranging from 2-6 participants and duration of 2-3 hours, were recorded in which OTs discussed cases which posed ethical challenges with respect to fairness. All participants were female. Secondly, 4 individual interviews with volunteers from the groups were recorded to collect OT narratives of personal ethical development.

  Transcripts were analysed using a literary-critical approach focussing for transcripts of group sessions on dialogue in community of practice and ethical approaches used; focussing for interview transcripts on the process of ethical development.

  OTs were shown developing professional practice dialogically within their own community of practice groups. This finding confirms the importance for professional development of encouraging opportunities for dialogical interaction between OTs. Practical reasoning about justice as theorised by Sen (2009) better characterised OT ethical reasoning practices than biomedical-ethical approach applying universal, abstract ethical principles.

 OT narratives of ethical development fitted the Aristotelian model of growth in virtue as a whole, across both professional and personal aspects of life. Empathy was tentatively categorised as a virtue rather than a technical skill in this context. Empathy contributed to OT clinical reasoning processes as well as ethical reasoning.

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Introduction

I am an occupational therapist working as one of several occupational therapists within a local authority, making recommendations for alterations to homes of people with disabilities. Alterations are funded by Disabled Facilities Grants, statutorily established public monies available to eligible people with disabilities in order to improve accessibility of their homes. Occupational therapists contribute to establishing eligibility for this grant by recommending to the local authority the necessary and appropriate alteration to be made and authorising their suitability to meet the person's disability need (Grisbrooke and Scott 2009).

Occupational Therapy is an allied health profession interested in people's meaningful activities and occupations. Skilled in task analysis, drawing on health sciences and ergonomics, the profession's knowledge of how daily tasks may be undertaken in a built environment prepares the practitioner to make these recommendations for home adaptations (Grisbrooke and Scott 2009).

As a professional, each practitioner answers for her own judgement and actions within a framework of collective professional development and decision making. Basic standards of practice and currency are policed through Continuing Professional Development requirements by the registering authority - Health Professions Council (HPC) -and standards of good practice are developed and promoted by the professional body, the College of Occupational Therapists (COT), together with a code of professional ethics (HPC 2009, COT 2005). Thus although the occupational therapist is autonomous, she is strongly encouraged to access other occupational therapists for professional support and supervision both hierarchically in management structures and collegially in more informal peer relationships characterised as mentoring or peer supervision (COT 2009, Grisbrooke and Scott 2009) or mutual support through co-location in the same office. Problem solving with respect to recommendations for adaptations are thus often the result of consultation with another knowledgeable professional peer, or group of professional peers. Difficult cases may also be the basis for group discussions by occupational therapists which count towards

recognised Continuing Professional Development activity by virtue of reflection on practice (HPC 2009, COT 2007, COT 2009).

Some of the cases I have experienced as worrying myself and my fellow occupational therapists are not to do with difficult ergonomic issues – how to redesign the property layout to facilitate the person's valued activity, but ethical – how to operate the bureaucratic procedure of presenting the case for funding and meet duties to both funding authority and the person with a disability.

Occupational Therapists' Code of Ethics (COT 2005) requires them at the same time 'to provide services in a just and fair manner' and to 'advocate client choice'. Within housing adaptation work funded with public monies through the disabled facilities grant, we are likely to find ourselves mediating between state constructed concepts of need and service user constructions of personal need within a funding framework which holds insufficient resources to meet all demands. Rationing strategies of prioritising and targeting according to judgements of risk as well as need are pervasive in such circumstances and expected of the professionals involved by the employing authorities (Langan 1998). When occupational therapists engage with service users and create formal, professional narratives of service user need which justify recommendation for adaptations, then occupational therapists must satisfy both ethical requirements in their professional code whilst also meeting employing authority expectations of allocation of scarce resource as well as service user expectations.

The focus of this study then is how occupational therapists think about and report developing and operating concepts of fairness in practice, gaining access to the social goods for which they have responsibility within their professional practice, i.e. funding for adaptations to improve home accessibility. Their task might superficially seem simple since in western societies the favoured formulation of respect for persons has been to elevate autonomy based on a theory of rights to legal status (Taylor 1989, p11).

It does indeed sometimes seem as though the courts of law are the last resting place of a communally agreed source of authority. If such is the situation then all the

occupational therapist has to do is to demonstrate fulfilment of the individual's claim to specific rights within duties as laid down by statute, case law or a legally recognisable delegate – here the employing local authority. This view is naïve if not disingenuous. In my experience rights are not asserted in a vacuum but contested against other rights and always framed by a context of available resource (Langan 1998).

The practitioner, like the person asserting the right, is also a human agent and not a unit in a theoretical or managerial schema. The context of both practitioner and claimant is the human world of morality and sociality, not a blank screen backdrop. To act in this context is to make a moral movement, whether this is with awareness or not. For the practitioner to consider a moral or ethical position in practice and outside of training sessions is uncomfortable as it means some interaction is not going according to the taken for granted norm, something is dissonant. It is also uncomfortable as there is confusion over the legitimacy of articulating a moral or ethical position which involves the occupational therapist's private deliberations as well as the public practitioner's adherence to ethical codes 'the background from we draw on in any claim to rightness, part of which we are forced to spell out when we have to defend our responses as the right ones' (Taylor 1989, p9). It is unpleasant to be in an adversarial position when the ground from which one launches a defence is insecure.

Taylor (1989, p9) characterises our problem with confusion, discomfort and insecurity in moral discourse as part of the modern condition, a situation in which there is 'a lack of fit between what people as it were officially and consciously believe, even pride themselves on believing, on one hand, and what they need to make sense of some of their moral reactions, on the other'. To make a moral move, a framework is required to give a metaphorical space for moral orientation. Against the current influential range of reductionist views, Taylor (1989, p27), claims the nature of this framework is a primary question for individuals rather than an optional elaboration of a lifestyle project of the person's identity. As a primary issue the answer to this question underpins commitments and thus the framework defines aspirations and ethical trajectory of development. Such a framework is not simply a set of axioms neatly tucked into a neural file under 'ethics' but is always a work in progress. The

person discovers what they think and feel about moral and ethical issues as they articulate them in the context of lived experience, with a community of others who may support or challenge the person's own articulations (Taylor1989). This developing sense of moral self and appreciation of what is good in a variety of situations is made coherent by weaving it into a 'narrative of becoming' (1989, p47) and from within the metaphorical moral space, this gives a direction towards the good in the person's life which aims towards a future of potential development and becoming, a search for life's meaning or 'quest' (Taylor 1989, p47; MacIntyre 1985, p219).

From the formulation of the problem for research above, given that experience and reading has shown me that occupational therapists draw on other occupational therapists for both practical and ethical problem solving, and further that we as individual therapists are subject to the human and humane processes of [moral and ethical] becoming, the question at the core of this research is:

How occupational therapists use peers as a community of practice in articulating issues of fairness in practice and how individual occupational therapists tell their stories of moral becoming.

The study is situated within an Auto/Biographical approach and therefore adheres to the genre of writing appropriate to that approach. As a study of ethical practice and moral development it will draw heavily on the humanities, particularly philosophy and literary criticism. It will become apparent in reading the thesis that in order to make best use of the contribution of the humanities to this research, some of the passages draw on more than the usually expected range of philosophical and literary-critical material. The function of this material is to bring the long tradition of moral analysis in these disciplines to bear on this research topic since, as Taylor (2006) has demonstrated in historical terms, an instrumental approach, of which physical science methods are a good example, tends to lead to a procedural approach to ethics, obscuring other possibilities and particularly making personal moral sources invisible.

To help the reader navigate through the work, it may be helpful to state at this point that the thesis is organised in the following pattern:

Introduction to the topic of the study, its practical context and the research question

Chapter 1, Literature Review, identifies phronesis and embodied practice as critical concepts underpinning practical application of fairness in professional ethics and everyday professional activity.

Chapter 2, Developing a Method, is longer than might usually be expected since the philosophical approach to data collection and the literary critical approach chosen for data analysis require justification. In the process, critical underpinning concepts identified are discussed in relation to professional practice and data collection and analysis. These concepts are: dialogue, community of practice, virtue, self and literary critical approaches applicable to this study.

This chapter is functionally subdivided into three sections:

2a Rationales for data collection approach

2b Rationales for data analysis

2cDescription of method

Chapter 3, Findings, includes the output from one group and two individual transcriptions, treated to close reading analysis. It is recommended that they are read with reference to the original transcriptions, available in appendices at the end of the thesis.

Chapter 4, Discussion of findings and **Conclusions** is topically subdivided into six sections:

4a Discussion arising from dialogical nature of community of practice and moral milieu of occupational therapists as evidenced within the findings

4b Discussion of Bildungsroman and Virtues including truth, fidelity, practising justice, countering injustice, empathy and caring from findings.

4c Discussion of issues of individual development and role of community of practice for professional development arising from 4i and 4ii, that is stories of practice and stories of becoming

4d Implications for Occupational Therapy practice arising from discussion of findings

4e Reflection on research process

4f Reflection on researcher in research process

4g Summary of conclusions

Appendices contain transcripts of the group session and the two individual interviews analysed in the findings chapter since the reader is encouraged to refer to the transcripts as context for the findings.

Chapter 1   Literature Review

Introduction

In this chapter, theoretical approaches to distributive justice are considered alongside sociological observation of practitioners in process of exercising judgement about distribution of scarce resources. Professional ethics and personal morality are considered, particularly with respect to gendered ethical development engaged in embodied practice leading to consideration of practitioners as active hermeneuts. This review sets out the tensions between theory and observed practice, between normative, codified ethical statements and development of situated knowledge and skill.

Justice in theory

Distributing social goods and benefits across a population is a matter of social or distributive justice (Clayton and Williams 2004). Major approaches which have been used in considering distribution of health and social welfare goods such as these publically funded home adaptations, cover fairness (Rawls), entitlement (Nozick) and equality (Dworkin).

Rawls' notion of justice as fairness has two main principles: that each has an equal right to those liberties which do not impact on the liberties of others and social inequalities are to be organised so that everyone benefits and all have equal chances to obtain them. Equality in establishing principles for distribution requires a special condition, what Rawls terms a veil of ignorance or a hypothetical lack of knowledge about how choices will affect the chooser. The veil of ignorance ensures noone will weight the system to his or her advantage. This is an ideal situation reflecting a model of a social contract underpinning social relationships and will not necessarily reflect the real social world in practice (Rawls 1999).

In contrast, Nozick considers it important to take an historical view of distributive justice and ask how it is that distribution patterns for social benefits have developed over the lifespan of that individual and/or his/her forebears and thus how those benefits have been deserved. This allows for a range of entitlements to social benefits

based on previous activity or social positioning. In this system, it would be unjust to change social distribution towards a same for all direction if it disallowed people to have earned greater benefits (Nozick 1974). Such an approach allows for a health and social care system in which it is acceptable that those who have higher incomes could obtain better services.

As a third trajectory, Dworkin maintains that only a market will distribute resources equally, despite the perception that markets are as seen in the industrial west as perpetrating gross inequalities across populations. His market is a hypothetical auction of benefits and considers that luck and judgement can give extra benefit or disadvantage to participants. This observation supports him giving to some compensatory benefits to those who are born with or acquire disability and thus lack resources available to the main population in the auction. Preferences and tastes, however, are not to be subsidised in this way. Thus in this approach a market mechanism will provide a necessary distribution of social benefits but some compensation will be required to support those most disadvantaged with respect to resources (Dworkin 1981)

Justice in practice

Whichever of these theories of justice is espoused, fairly distributing health and social care benefits in practice is recognised as depending upon the social construction of need. Individuals construct their own sense of legitimate need but not in separation from society as a whole, since wider society influences both individual understandings and expectations. At the same time, structures in society itself are produced by and altered according to social constructions decided at a higher social level, such as central and local government, legitimating some needs and disallowing others. Need as defined by the state is therefore likely to differ in some respects from personally identified needs and conflict will occur (Langan 1998).

Those mediating health and social care between state and individual are thus likely to find themselves interpreting government (statutory) intention within specific situations, in other words assessing need and judging whether eligibility criteria are met for provision of services. Where resources are low this will include rationing strategies based on risk prevention rather than need (Barnes 1998). Rationing

strategies may be termed 'priority setting' or 'targeting' but often fall into the same categories: delay (waiting lists), dilution (less or lower standard) and deflection (pass across to another service). Where a culture of collective welfare provision is giving way to a culture of consumerism and individual rights, professional mediation will be contested by both state (public sector management, local authority councillors, MPs) and individual (Langan 1998).

Little research has focussed on micro rationing by health and social care professionals, perhaps because it is so pervasive that the practice is accepted as a normal part of professional decision making. Two small scale ethnographic studies (Hughes and Griffiths 1997; Allen *et al.* 2004) which did look at micro rationing in Welsh medical specialties found professionals using a discourse of deservingness to support claims to admission to services and creative ploys by staff to add extra resources for cases considered particularly deserving. Both were small scale but in-depth ethnographic studies of specific healthcare facilities and did not claim to offer an ethnography of rationing in healthcare generally. However, both studies showed the complexity and specificity of negotiations around access to resources as well as the covert exercise of ethical judgement within professional language. Allen *et al.*'s study showed risk as a decision making discriminator for allocation of scarce resources, with staff redefining need as risk to access those scarce resources for their patients. Staff were considered to be showing a sense of distributive justice within their practice, although they may not have used such a term themselves.

Principles and embodied practice
From the classical tradition of Aristotle onward, interest has naturally been directed towards acquisition of ethical behaviour, moral development - be that children's education or adult growth towards human excellence (Erben 2000).

Within the late 20th century, one such debate exemplified the choice of understanding of ethical behaviour as principle or contextualised, embodied practice. Kohlberg, writing in the 1960s, having lived through the Second World War and participated in post war philosophical reflection on how the Holocaust could have happened, was motivated to ensure that moral relativism would not offer further opportunity for atrocities of the kind. A deontological approach with strong, universalist principles,

was his preferred position. In creating a descriptive model for moral development in children and young people he drew together Piaget's work from the 1930s on child development and early work in social psychology from McDougall twenty five years prior to Piaget. From McDougal and Piaget he developed a framework for analysing interviews which focussed on the subject of making moral choices with 4 groups: 72 boys aged 10-16 who lived within Chicago, 24 'delinquents' aged 16, 24 children of 6 years old and a mixed gender group of 13 year olds from Boston.

From these studies Kohlberg derived a 3 level, six point heirarchy of moral development stages. Level 1 is pre moral and includes stages of avoiding punishment and promoting pleasure, Level 2 is role conformist with stages of emphasis on maintaining good relations with significant others and acceptance of validity of rule by authority. Level 3 is driven by self accepted moral principles including approval of democratic law or contracts and finally the highest point in which individual conscience operated the person's morality (Kohlberg 1963/2008; Gilligan 1998).

During 1970s, Gilligan, a psychologist colleague of Kohlberg's, asked why fewer of her female students when participating in her studies using this model, achieved the highest level of moral development in comparison with male students. Her observation was that the female developmental achievement tended to cluster at the middle of the developmental levels, the level concerned with maintaining good social relations. Gilligan suggested this is due to female insistence on taking the interpersonal context of situations into account when making an ethical judgement. She asked whether it was more likely that so many women failed to develop morally or whether using impartial and universal application of hierarchical principles across all situations as a marker of development was actually applying a measure appropriate to description of masculine ethical development rather than a measure of moral sophistication appropriate for both genders. Given the 1970s were a high point in the feminist movement, it is perhaps unsurprising that she reached for a feminist paradigm in order to critique Kohlberg's model (Gilligan 1977, 1993).

Gilligan criticised the patriarchal assumptions underpinning Kohlberg's conceptual framework by which he analysed the original studies and by which he validated his model. Within a feminist framework, she pointed out that the male child's

developmental stages had been taken as a norm for social development and therefore for moral development with and in this pattern of development the expected trajectory was away from dependence towards independence. Applying this to the model for moral development, Kohlberg had described developmental stages in a trajectory away from situated, contextual judgement towards acknowledgement of universal principles. However, if, as Gilligan argued, female socialisation is directed towards caring and taking responsibility for others rather than towards personal independence, it is perverse to judge their ethical attainments by a scale which rates internalisation of universally applicable, abstract principles above a judgement which values the specific interrelatedness of people and issues within a particular context (Gilligan 1977, 1993).

Her subsequent studies led her to suggest that an important feature of development were transitions her female participants made: first from Selfishness to Responsibility, then from Goodness to Truth and finally to the Morality of Non-violence. The trajectory of this development showed how a focus on relationships would still allow for a trajectory of development of complexity and richness in its attainment without necessity for increasing abstraction for situated context in order to progress in moral terms (Gilligan 1977, 1998). She demonstrated that consideration of specific interpersonal situations and a caring attitude are appropriate to the socialisation of women in western society and reflects this learned behaviour rather than an innately lesser capacity for moral development (Gilligan 1977).

Gilligan has also characterised her argument as contrasting an ethic of justice and rights with an ethic of care and response rather than simply a feminist critique of a patriarchal position. By doing so she is claiming that the position she described is a substantive and valid ethical position in its own right, not a deviation from the masculine norm and not restricted to women in its application (Gilligan 1993). Tronto (1993) considers that in order to consider care and response as an alternative position within the discipline of ethics and not just a focus for gender difference study, more work would need to be done on developing rationales for this alternative in terms acceptable within the philosophical-ethical and socio-political bodies of knowledge. She takes MacIntyre's observation that Kantian deontology has currently dominated philosophical discourse in defining the format for an acceptable moral theory in its

own terms of concern with rationally determined universalisable rules to the detriment of the Aristotelian interest in developing virtuous disposition within 'contextual metaethical theory' that is situated and embodied (Tronto 1993, p248).

Whatever the merits of the case, this debate illustrates that there is a difference between an approach to ethics which sees universalist principles as the best approach and that which values the specifics of a particular context. It also illustrates that there can be a wide gap between the neat, logical abstractions of ethics debated on paper or in academic presentations and the messy compromises of ethics as embodied practice. What works on paper or in theory will not always do so in active professional fieldwork.

When applied to professional ethics, the universal principle approach, as exemplified by Beauchamp (2003), has proved popular in medical ethics. A small number of universal principles can be used as tools to explain a wide range of situations and select a justifiable course of action. The principles are open to scrutiny, applicable across cultures and medical specialties and grounded in a wider discipline of deontological philosophy. The derivation of universal principles also fits comfortably with an impartial, quantitative, induction/deduction approach to which biomedical sciences adhere.

An alternative approach, as Tronto suggested above, falls within the philosophical category of virtue ethics. Here each situation has its own specific attributes, context and content. Ethical judgement relies on right appreciation of these in the light of past experience and personal ethical development (MacIntyre 2006). Nursing ethicists have been interested in this approach, seeing the opportunity to include caring and interpersonal relationships into ethical judgement. A detached, impartial view is necessary at times but nursing practice also values relatedness and caring within professional interventions (Botes 2000, Bowden 2000, Gastmans 2002).

Whilst many nurses would adhere to principle ethics and many medical specialists to virtue ethics, it is interesting in the light of Gilligan's critique of patriarchal assumptions underpinning influential models of moral development to consider whether biomedical science and nursing are more likely to favour principle or situated

approaches to ethics at least partially due to differences of emphasis on technological (coded masculine) and interpersonal (coded feminine) skills within the two professional groups. Since Occupational Therapy is a predominantly female profession, 10.2% male practitioners to 89.8% female being reported as active in the National Health Service for 2008 (Health and Social Care Information Centre 2009), this may be an issue for practitioners' understanding of how to apply justice and fairness in practice.

Professional ethics and personal moral philosophy

Occupational therapists are private individuals as well as carrying the roles and ethical duties of a therapist. They will be expected to conform to their professional body's and registering body's ethical norms but other aspects of their lives will contribute to their growth and development as ethical people as well as ethical therapists. Professional ethics provides some but not all of the structure and normative guidance which shapes their ethical beliefs and behaviour.

For some people of outstanding moral attainment it is possible to chart philosophical and moral influences on their development. MacIntyre has recently produced a philosophical biography of Edith Stein, phenomenologist and pupil of Husserl, who was killed in Auschwitz-Birkenau in 1942. His express purpose is to offer a narrative of her life 'as one kind of philosophical life possible in the twentieth century' (2006, pvii). The Dalai Lama, as an embodiment of impeccable morality as well as a teacher of that specific moral way, frequently uses his own experiences to illustrate and ground the Buddhist ethics he is teaching (Gyatso 1999).

For most of us, the exposition of influence and development will be less systematic and the attainment not quite so notable. But still morality, even if fragmented and fuzzy in our appreciation of it in our own lives, is important to us. As Murdoch (1992, p492) suggests, 'The idea of good or goodness remains a magnet' and even the fragmented and fuzzy nature of this moral awareness may not be a final problem since

'We see parts of things, we intuit whole things…Oblivious of philosophical problems and paucity of evidence we grasp ourselves as unities, continuous bodies and continuous minds' (Murdoch 1992, p1).

Most of us have a sense of what is good (though we may not all agree on what that is) and few people do not consider growing towards good a worthwhile project, even if actualising it is beyond us.

This is another layer of ethics with which individual therapists cohabit. Professional ethics is codified and its application debated within the community of practice and outside of that community, in management meetings and courts of law for instances. Closer to the individual is that person's own moral philosophy which is likely to overlap with professional codes of ethics but may extend beyond them or even conflict with them. This personal philosophy may be clearly explicated or a rag bag of collected bits and bobs. But in either case it is personal and so only available for examination to the extent the individual wishes to share it and is able to articulate it. Since MacIntyre (1985, pix) warns of a current incoherence in 'moral judgement' and 'moral community' at the societal level, it might be expected that this individual moral philosophy would be a muddled experience for some, a clear and rigid framework for others and show diversity from person to person - though all of us use whatever personal moral philosophy we have to hand in a pragmatic fashion for daily personal decisions.

Phronesis: professionals as hermeneuts in action

Following on from the argument that a virtue ethics approach may be of interest to occupational therapists, virtues in ethical practice, within the Aristotelian tradition, are incorporated into and subject to the application of phronesis. This is not a virtue as such but the ability to understand what is required in this particular situation and thus make a wise choice. Svanaeus after Gadamer (2003) viewing phronesis as the underpinning concept for describing ethical practice, allows the medical or health professional to show that it is more than techne, craft, which is applied in patient/professional consultations. Phronesis here is derived from the aspect of Gadamer's hermeneutic methodology for interpreting texts which proposed that the text is a provocation to dialogue between author and reader. In order for the reader to interpret the author's understanding there is necessity for a fusion of horizons between author and reader resulting in a shared understanding which will always be to some extent mismatched, though the mismatch of these horizons is fruitful as it gives possibilities for a richer mutual understanding of the text. Extrapolating this

interaction from the page to interaction of living beings, a jump Gadamer (2003) approved, it is possible to apply the necessity of fusion of horizons to health professional interaction with patients. The professionals in these interactions may be described as 'hermeneuts' of health of health and illness (Gadamer 2003, p416) since such interactions require more than applied medical knowledge (techne). It is an interpretation of the life world of the other which will allow the professional to make a wise intervention which includes medical knowledge but subordinates that knowledge to an understanding of this particular person's need in their particular situation and with their particular history and future intentions.

Conclusion

Much ethical discourse in literature on justice relies on deontologically grounded application of universal principles to all cases. However another discourse, grounded in virtue ethics and which addresses the feminist critique of the universal ethical principles, considers each case in its specifics and takes into account the interpersonal aspects of the situation. Buried under the public discourse on professional ethics will also be the therapist's own moral philosophy which may add to, conflict with or simply be different from the official and codified sets of professional ethics.

Phronesis and embodied practice are concepts which underpin ethical theory with respect to professional practice as studied in this research and will be important considerations in developing a method by which to study the ethical issue as it is practised by the therapist participants in this study:

How occupational therapists use peers as a community of practice in articulating issues of fairness in practice and how individual occupational therapists tell their stories of moral becoming.

Chapter 2 Developing a Method

Introduction

As discussed in the previous chapter, phronesis and embodied practice are key concepts in explaining observed and espoused ethical practice as opposed to describing normative application of ethical theory. The other major concept required to approach such a bottom up study is dialogue. In this chapter, concepts of dialogue are discussed as they affect Occupational Therapy practice and research data collection and analysis within this study.

Dialogue will be considered in relation to community of practice as a philosophical tradition, current professional practice and in relation to literary critical disciplines so far as they contribute to this study. Dialogical construction of a narrative self is also discussed. Conceptualising ethics as constitutive of as well as mediated by language is considered. All of these topics support an arguement for and lead to a statement of the method used for data collection and analysis.

2a Rationales for method of data collection

2ai Dialogue in community of practice

Dialogue is a tool used in philosophical study and practice since Socrates' ideas were represented by the later philosopher Plato as a drama of question, debate and persuasion (Rowe 1991). Currently, the practice is represented by works from the Society for the Furtherance of Critical Philospophy (Fitzgerald and van Hooft 2000) and Community Philosophy (Seeley and Porter 2008). A slightly different emphasis is placed on 'doing' Socratic Dialogue by these two current practices.

The former takes Socratic Dialogue to be

> 'co-operative investigation into the assumptions that underlie our everyday actions and judgements, and a collective attempt to find the answer to a fundamental question. The question is the centre of dialogue but, rather than being discussed in the light of theory, it is exemplified in a concrete

experience of one or more participants…Systematic reflection upon this experience is then the basis for the group's search for shared judgements about the question' (Fitzgerald and van Hooft 2000, p483).

Whereas Seeley and Porter require a

'community of people enquiring together … to ask questions and reflect collaboratively and a method in which, typically, a stimulus is shared by the group to generate a question that initiates discussion. The idea is that the question should be philosophical and the discussion reason based' (2008, p2).

Thus differences between these practices are not so much of core concept as of formality in rules of engagement. Differences may be accounted for by different intended participants - the application of Socratic Dialogue in the former case being to professionals in an academic setting and in the latter case to lay people in their own communities.

What is present in both cases is dialogue within a community, be it professional group or place of residence. The connection of Socratic Dialogue practice to occupational therapists reflecting on their own ethical practice is twofold. Dialogue in Socratic Dialogue is an accepted means of investigating ethical principles. Through encouragement to engage in reflective practice for professional development (COT 2009), occupational therapists undertake a comparable process, developing understanding and skill in their own ethical practice whilst interacting in dialogue within a community of other professionals.

Wenger (1998) comes from an educational rather than philosophical tradition. His notion of a 'Community of Practice' is based on the assumption that learning is a social activity in which we engage not only to learn new skills but also to develop a sense of (professional) identity and to make meaning out of our experiences. The community of practice will help resolve conflicts and contradictions the employing organisation devolves to the practitioners, offer a 'communal memory' bigger than the individuals, facilitate new members' to participate in practice, frame and reframe difficult pieces of work in order to complete them and humanise practice, giving some meaning and purpose to the drab and the monotonous. The community

will support and elaborate tacit and explicit social practices and situate them in participants specific conditions through mutual engagement (Wenger 1998).

The concept of 'Community of Practice' has currency for occupational therapy work in housing as evidenced by a recent article, Nord *et al.* (2009). Here the term was applied to the variety of professionals needing to collaborate during design of housing adaptations. The article is concerned with describing 'how communication occurred in the adaptation process'(2009, p202). Professionals collaborating in the design of adaptations come from very different backgrounds in knowledge and experience and the article linked their observed and reported communication practices to the literature of communications research. In contrast, the term 'Community of Practice' is used in this thesis to capture how members of one profession dialogically develop their own ethical practice. Because of its difference in study focus, 'Community of Practice' in this thesis is drawn primarily from philosophical practice as in the tradition of Socratic Dialogue. However the example of Nord *et al.* (2009) does offer some authority for applying the concept in studying professionals dealing with housing adaptations.

Mattingly (1991) has also identified a dialogical dimension to occupational therapy practice in general. As an anthropologist studying occupational therapy practice, she analysed her observations within a narrative framework, considering both those narratives created with patients and those developed in discussion with peers. She developed her thinking on this narrative approach, explicitly parting company with much narrative analytic ethnographic theory because her observations showed her that the actions the therapists took as well as the stories they offered were contributory to the narrative. She therefore took a consciously chosen, Aristotelian position in demonstrating that the narrative structure therapists gave to therapy practice was derived from both phronesis and dialogue. The therapist's choice of right action depended on contextual judgement whilst remaining 'utterly vulnerable' to the 'other critical actors' as well as 'fortune' (Mattingly1998, p7&156).

In approaching her analysis in this way, Mattingly (1998, p15) refers to her own analysis as 'therapeutic emplotment' in recognition of the narrative structure and prospective telos towards a new and more functional patient self narrative. To do so

she owns her debt through Aristotle to literary theory and draws on literary criticism and hermeneutics to authorise her analysis.

Mattingly also draws on MacIntyre's Aristotelian work on narrative creation of selfhood. MacIntyre (1985) claims that an unintelligible life is experienced as a meaningless life and at worst can lead to suicidal despair. This claim has clinical application in psychiatric practice (Frankl 1984), and thus empirical support. Frankl's (1984, p121) psychoanalytic training and survival of concentration camp led to his development of 'Logotherapy' based on the axiom that 'Man's search for meaning is the primary motivation in his life and not a secondary rationalization of instinctual drives'. Attempting to make sense of life is not a pathological sign or side effect of the ways volcanic energies are balanced in the individual's biopsychological self but rather one of the drivers of life itself and without it or when it fails life itself is endangered. Frankl was in part answering the question he lived within the camps of why some people fought to live whilst others gave up and died. Thus creating self narratives is a weighty matter and dialogue between therapist and patient is more ethically charged than cursory consideration of content may suggest.

Mattingly (1998) gives a powerfully illuminating example of an occupational therapist and a patient with a spinal injury who has no wish to carry on and tracks the interaction to show how she and her patient pass stories to and fro, with the therapist shaping the story to provide openings to a more positive option whilst at the same time and officially providing hands on therapy to facilitate return of hand movement. Mattingly (1998, p116) cites Bakhtin in terming these 'dialogical narratives'. She believes that the things that happen in occupational therapy and the narratives the occupational therapists tell are not independent of each other and they are dialogical in nature. She comments:

'Therapist and patient will not have the same experience, but when something significant is being created, it requires an interplay between therapist and patient. Neither can impose an experience on the other single handedly' (Mattingly 1998, pp156-7).

Unfinalizability and multiple readings of a story are incorporated into her approach both in the action and in the narrative.

Distinction between experienced and narrated self, inner and outer self is challenged in this example, using the dyad of occupational therapist and the spinally injured patient to illustrate that his is 'a self in moral suspense' with uncertainty of outcome in terms of whom he might become and the stories he and his therapist are telling together outline alternatives but do not denote a clear telos. It is the practical reasoning of the therapist which gives one of the more positive outcomes a better chance of manifestation but what that positive outcome might be is not in the control of the therapist since whether an outcome has both 'meaning' and 'significance' is necessarily determined by the patient (Mattingly 1998, p128).

Mattingly's approach to occupational therapy practice sits well with a community of practice in which occupational therapists develop narratives of intervention and change as well as narratives of self reflection on the development of virtue in an Aristotelian tradition.

Dialogue and literary-critical disciplines

Socratic Dialogues, are both an activity occurring live in the present time as described above and also a text with an ancient history as represented in the works still extant handed down through Plato. For Bakhtin, writing on these historical texts within the discipline of literary criticism, Socratic Dialogue occupies an historical position in which a specific hero figure was just emerging from the epic form. Whereas the heroes of Trojan wars are presented within a ritualised verse form conveying an 'eternal continuation, without beginning or end' which was also an idealised past, Socrates is a specific person who can be comic, who develops ideas with other characters and who can look like a fool (Bakhtin 1981, pp21-3). However, the actual author is not Socrates but Plato and so the degree to which Socrates himself and his ideas are reflected in the text is unclear. For Bakhtin the importance of the dialogues lies in the way the hero is used to present everyday experiences as provocations to dialogue. Dialogue in turn allows investigation of the taken for granted world which, through its familiar contemporary language and range of speaking voices, gives the reader a new perspective on this world. A perspective which is derived from recognisable individual experience rather than compliance with a fixed order rooted in an absolute past.

This new use of the hero requires that s/he should change and grow and change and grow others. The dialogues are the medium for this. As a hero in a literary product, Socrates may or may not represent the self of Socrates the philosopher as in life, but as a literary device, the character is enabled to take a variety of positions in relation to other characters and to himself as well – for instance Bakhtin (1981, p241) identifies his convoluted position that 'I am wiser than everyone, because I know that I know nothing'. A new view of the self emerges. The 'I' can change its position not only in relation to others but also in relation to itself. Hermans (2001) points out the metaphorically spatial nature of such multipositioned narratives in which juxtaposition and opposition of 'I' positions in conversation are spatial referents. 'I' in multipositioned narative may equally be part of an external or internal exchange, in conversation with a real or imagined other.

Within this perspective, developing ideas and skills as part of a community of practice requires an 'I' position to be flexible. Dialogue will occur 'out there' as well as 'in here', with flesh and blood members of the community of practice and with imagined or remembered others representing juxtaposing or conflicting positions to those raised in current dialogue occurring within the group.

Hermans (2002) has made a leap from a literary product to a psychological theory of self, a change of category which is not unproblematic and such issues arising from transferring arts theory to social sciences will be considered later. What Hermans does give is a coherent argument drawn from early years development studies to account for dialogue as a critical factor in development of self. Drawing on the work of child psychologists Rochat and Fogel, Hermans suggests that the earliest dialogue is in the body. A child touching its cheek will set off proprioceptive and touch neural signals in its hand but will also set off touch receptors in its cheek whereas if someone else touches its cheek, the hand proprioceptive/touch organs will not be initiated. The child thus has a very early dialogical opposition between double touch stimulation (hand to cheek – self to self) and single touch stimulation (mother touches cheek – other to self). Dialogue, then, begins from prelinguistic 'embodied dialogue' of mother and child activity with mutual responses and progresses to easier to recognise linguistic dialogue (Hermans 2002, p152).

Taking a position on the 'self'

Such a description of a dialogical self is possible when the concept of a unitary, solitary self is contested. Burkitt (2005) suggests that the current characterisation of present socio-economic conditions as liquid modernity and flexible capitalism goes a fair way to explaining both the contested self and the popularity for both academics and the generality of biography, autobiography and narrative styles and works.

When the working population is so mobile, societal structures (e.g. family) changing and the previous assumption of a relatively stable social background against which to develop a coherent life story fragmenting, each consumer or citizen (terminology depending on whether an socio-economic or socio-political sociological discourse is operating) is required to create and recreate their own narrative of who they are, what they want and their trajectory for the future. Failure to create a personal narrative or to recommence an interrupted narrative risks a subsequent slide into existential meaninglessness and despair with disengagement if not expulsion from wider late capitalist society. Ridge and Zeiband's (2006 p1047) project of drawing together narratives of people recovering from depression as a web based, self help, tool towards 'the quest for more authentic living and self' is an example of a purposeful use of a narrative approach to deal with such stigmatisation and a dangerous interruption of personal, positive, 'self'-sustaining narratives.

This universal task is not equitable in application. The winners in this post modern economy will be those who handle complex knowledge and make it available coherently to others (Jones *et al.* 2006). Thus Burkitt may well be right in suggesting that some are better placed than others to handle the complex knowledge and perform the skilled self presentation tasks in order to continue forming their own narratives and maintaining a coherent sense of themselves and their biography. If this explanation of the self, determined by socio-economic forces, is correct then the implications of meaninglessness for the many without the resources to keep up with reinventing themselves is somewhat alarming at both personal and collective levels.

Within narrative approaches in general and auto/biographical work in particular, positions at a range of points along the 'unitary' to 'socially determined' continuum are represented and the researcher may shift position as required by the task in hand.

Day Sclater (2004) gives a personal biographical account of moving from practice in family law to using narrative method as a researcher studying post divorce narratives of reconstruction. Her own position as written is to accept herself as a taken for granted unitary self organising her own mental constructs and reflecting on the change she had noticed in her change from structuring narratives given her by women for use in a legal context of divorce and then applying a more psychological model to the women's stories' narrative content in order to address policy around legal practice. In this example, Day Sclater's self is taken for granted as unitary but the selves of the women offering her their stories are more flexibly considered as content to some extent separated from an embodied self and for processing either according to law practice models or more psychologically based models. In fact all of those selves are at least twice removed from embodied selves – once in the telling of the story, twice in the reading of it and now a third time in appearing in this study. Such recursive, disappearing selves tend to make the empirical western mind a little dizzy though the emptiness and instability of the 'I' self is, in contrast, a grounding assumption of some eastern ethical outlooks (Gyatso 1999, p40).

Summary of group data collection rationale

The researcher's position on the self placed somewhere along a continuum viewing the self from, at one end, a continuous and solid entity to, at the other end, an artefact of shifting social processes, will be one determining factor contributing to the design of data collection and analytic methods. From the arguments for the foundational position of dialogue in philosophical enquiry, in narrative construction of a self and narrative interpretation of observed Occupational Therapy practice, a dialogical approach to data collection would be appropriate. In turn, recognition of dialogue as foundational will encourage the researcher's position on the continuum of views about the self away from unitary entity and towards the self as an artefact of shifting social processes. However, with a commitment to embodied practice and in recognition of individual members within the professional community of practice, the researcher would be unable to occupy the radically 'social process' end of the continuum.

As a peer OT, the researcher has a ready made position within that community of practice from which to interact dialogically with the peer group thus taking a position

alongside rather than over and above the other group members as described in the earlier practices of Socratic Dialogue. A dialogic approach will enable a flexible position to be taken in relation to the status of group members as selves both interacting in the group and as recorded, capturing the assumption of embodied separate selves interacting in a community of practice and the mobile 'I' of external and internal dialogues as experienced by the peer OTs in the group as it happens and by the documentary output of transcribed interaction script checked later for accuracy by participants.

Data collection within a peer group session for reflective practice by occupational therapists would allow participants to think and talk in dialogical interaction, about behaving fairly and justly with reference to specific cases, in a format which is part of normal professional practice. This context would minimise disruption to normal professional structures and practices within which their community of practice operates and, by retaining normal customs, structures and practice for such groups, encouraging peer group practice to occur in as usual a manner as possible.

2aii – Dialogue in individual interviews

The second aspect of data collection within this study concerns personal narratives of developing as well as using 'fairness' as a therapist. Since this is about individual stories in which the diversity of experience will be supported, data on this aspect may appropriately be collected in one to one interviews between the occupational therapist and the researcher.

Dialogue is still a key concept. Here it is Bakhtin's idea that it is necessary to have an Other's presence in order to appreciate the self in the round and conversely that the self cannot appreciate itself without an Other. As Todorov (1984, p95) puts it, 'only someone else's gaze can give me the feeling that I form a totality.' and even such an accurate re-presentation as a mirror image fails to be wholly convincing as a self. Should there be no Other present, Bakhtin asserts we will imagine how the Other sees us in order to be properly realised (Todorov 1984, p94).

Within this theoretical framework, the interviewer and interviewee are working together in dialogue to enable the interviewee to form a new and more complete appreciation of how they have developed this sense of fairness over time and create a narrative to account for the influences and factors which the interviewee considers have been important. From this perspective, the interviewer is not an optional extra who may, by undue interference, endanger the project of bringing the interviewee's narrative to light, but rather a necessity to the interviewee in creating that narrative.

Narrative construction of the self
How the proposed performative unity of interviewer and interviewee together construct that narrative follows on from the previous discussion about taking a position on the self.

That the self is constructed by narratives told by and about it is axiomatic to auto/biographical and narrative approaches (Denzin 1989, Riessman 1993). Narrative conceptualisation of the self has travelled across boundaries from philosophy to Cognitive Science as a basic framework on which to structure models of memory and self awareness. As a basis for neuroanatomy of memory, Conway (2005) proposes a similar duality of 'working self' and 'autobiographical memory base' together making up the Self-Memory System. Here, the working self is the locus of activity, constantly directed towards future goals and expensive in energy use but the operational point at which memories are made or lost. The autobiographical memory base is by contrast inert, inactive until accessed by working self but theorised as being laid down in keeping with a structure related to the narrative themes such as 'work' and 'relationships'(Conway 2005, p609).

Thus philosophical constructs move across the disciplinary boundary to underpin even hard natural science models. Interestingly, Conway, the neuroanatomist, by applying an Information Technology type structure within this universalist model of the autobiographical memory base, is happy to accept, in a taken for granted manner, autobiographical categories which are heavily influenced by culture. Separating work from relationships for instance is a taken for granted feature of western, post industrialisation culture and would not occur in many other cultures. It is also unclear whether information technology modelling for the Self-Memory System is

metaphorical or whether Conway believes that the neuroanatomical structures themselves are, in fact, the components of an organic hard drive.

Nonetheless, the concept of the narrative construction of self would seem to be held in some quarters with the strength of conviction. It is as if the frequency of its repetition as a research 'position' has granted narrative construction of the self honorary status as a taken for granted conviction among researchers of a narrative turn. There is a case to be made against it.

Strawson (2004, p429) suggests that it is widely accepted "that all normal, non-pathological human beings are naturally Narrative and also that Narrativity is crucial to the good life". He does not agree with this position, partly at least because it is not his own experience of himself as a self. He suggests instead that whilst some people naturally experience themselves in terms of a stable self extending back into the past and forward into the future mediated by the stories one tells of oneself (Diachronic), others do not have a sense that their present self is the same one as in the past and that will be in the future (Episodic).

He also suggests that Episodics and Diachronics are liable to misunderstanding and conflict since understanding begins with extrapolating from one's own experience and if this basic experience is so different then empathy is difficult. Finally, he opines that there are substantially more Diachronics than Episodics in the general population, offering the Episodics minority status against the overpowering majority view. Since Strawson appears to consider the root problem to be a conflation of a simple psychological observation about the importance of people's stories to them with a normative view that people must tell stories to be healthy, this argument does have a logical flow and direction.

Strawson's is a minority voice questioning narrativity itself, but others question what is meant by narrative in this context and the status of narratives in human sciences. Christman (2004) criticises laxity of terminology with respect to narrativity. Drawing from both philosophy and literary criticism, he argues that the term is minimal in its content when used as a criterion for personhood, requiring just thematic unity and tellability, that it does not meet criteria for narrativity as used in the originating

disciplines. He even appears to move towards Strawson in suggesting that sense making may be individually, not just socially, relative since "dream stories make perfect narrative sense to their subjects, even if they are boringly disconnected to the rest of us" (Christman 2004 p710). His conclusion is not that Narrativity is an inadequate concept for describing formation of self but that the term Narrativity requires more work on its definition to be applied in this situation. Taking concepts across disciplinary boundaries is likely to require work to apply them in the new discipline since this new context and application will be different from the original, formative context and purpose.

Implications of interviewing

Since the interviewees are female as is the interviewer, it is appropriate to consider Oakley's (1981) feminist perspective on interviewing in which it is acceptable and non-exploitative to gain information in a relationship where the interviewer also is willing to invest some identity. This is in keeping with a dialogical approach which sees a binary system, with investment from both parties, rather than two separate selves.

This will be insider interviewing of occupational therapists by an occupational therapist. Whilst insider interviewing is not always encouraged due to concerns about bias and shared blind spots, Shah (2004) supports the usefulness of such insider interviewing for the tacit knowledge of the culture already possessed by the interviewer. This is in keeping with the concept of the community of practice which can allow inclusion of the researcher as a peer within its activity which, although it is primarily directed towards the group session, will also be applicable in the individual interviews since the interviewee is directing their personal reflection towards integration of those personal experiences into mature occupational therapy practice.

Price (2002), a nurse interviewing nurses, considers that questions about deeply held values are invasive because they relate to the person's sense of self. As an insider it may be that such invasion as Price describes is more permissible since these are questions with which both interviewer and interviewee have to wrestle and therefore both respect the struggle. However it could be perceived by the interviewee as more

threatening since the interviewer could be imagined to have an answer to the predicament which the interviewee has not yet found.

Given that the topic is ethical and uncomfortable, there is also the possibility that unspoken, undue trust will be invested in the researcher as a peer occupational therapist, with the expectation that any embarrassing or damaging material will be excised from the transcript. The interviewee will have a second chance to self censor after the interview by offering the transcript for amendment before analysis.

Summary of individual interview rationales

Whilst there is a case to be made against a narrative construction of the self, a Bakhtinian view of dialogical production of self does offer an underpinning to a rationale for using individual interviews to explore how individual occupational therapists consider their own moral development with respect to fairness in their practice of occupational therapy.

A researcher who is also a therapist will have had greater opportunity than the general public to have practised taking account of safe limits to personal disclosure within group and individual personal sharing. Training in clinical interviews will give knowledge and skills in noticing discomfort and considering the implications of disclosure to the interviewee (Egan 2007) This by no means guarantees ethical practice as a therapist could learn how to be manipulative rather than how to practise ethically. Opportunity to amend the transcript is one route by which overexposure may be corrected by participants exercising self censorship after the event. There is also opportunity to give illustrative evidence of researcher practice in group and individual sessions within the reflective aspect of the thesis discussion chapter.

2b Rationales for data analysis approaches

Literary criticism draws on a longer, older tradition of analysing documentary evidence, including transcripts from interviews and group sessions, than any sciences. In order to take seriously the contribution this discipline makes to data analysis for Auto/Biographical work, some core concepts require examination and explication

before application. This section of the chapter considers a literary perspective on narrative self, ethics and language, morality in literary theory and an exemplar of literary analysis by close reading.

2bi Lessons from literary criticism
Narrative self and literary form

Not all cultures are as interested in a 'self' as current western culture. Whilst not proposing to comprehensively discuss why it might be that western culture does show such an interest, it is relevant, with respect to the acceptance of a narrative self in Auto/Biographical work, to note the dominance as a literary form of the realist novel. From its appearance in the eighteenth century and full development in the nineteenth century, the ubiquity of this form has so familiarised the reading public with its tropes that its artifices are no longer noticed. It is taken for granted by readers that words within quotation marks are pronounced by individual selves and that this is an accurate record of the occurrence. Likewise, the means by which the author may use a narrator or interspersed descriptive passages to form the readers' perceptions of the apparently recorded words is so familiar as to be invisible (Cobley 2001).

Lodge (2002) argues that the Victorian novelists had sufficient confidence in the reality of the world they depicted to use the omniscient narratorial voice to compare and contrast different character experiences and draw out from them larger social themes of the day. Not so far from auto/biographical analytic purpose perhaps, for example Terrall's (2006, p307) criterion for biographical worthiness is that the life story has significance for 'larger trends or broader issues'. Lodge (2002) even finds Dennett, philosopher of consciousness, arguing that the self is created like a novel, in social performance of language and gesture, through the stories told by and to the self. Post modern novelists challenge this convention, laying bare the tricks used to counterfeit this reality but the device has interest to the reader precisely because the convention remains so well entrenched in readers' experience.

Lodge considers that the current fashion for a first person novel is a necessary illusion in a very uncertain world where authenticity is found in a single voice giving personal testimony within the genre of personal witness. Ironically, the usage of this acceptably authentic genre for fictive purposes undermines the very authenticity on which it

relies so that 'the boundary between first person literary fiction and autobiography is becoming increasingly blurred' (Lodge 2002, pp87-8).

Whilst Lodge talks about the influence of this discourse of personal witness over the reader, predisposing to taken-for-granted acceptance of whatever is presented in that format as representing reality even when occurring in literary fiction, this comment is also pertinent to a warning from Bury. Bury (2001) perceives a growing tendency in narrative work for the researcher either to naively accept the narrative as given by the narrator without considering pressures of motivation and context or to move to the other extreme and overinterpret the material, dislocating it from its context in daily life. Atkinson and Delamont (2006) also consider that some narrative work in the human sciences is reduced merely to collecting people's stories and insisting that they stand as they are. Applying Lodge's point to Atkinson and Delamont's observation, narrative researchers are able to insist on the authenticity of these collections of anecdotes because of the strength of command over the reader of 'the discourses of personal witness' and their claim to 'authentic' access to 'consciousness' (Lodge 2002, pp87-88).

Human scientists, as much as the rest of the population, have long had the novel form as part of their common, taken for granted experience in the background to everyday life, with its devices of character, character in relation to social world, plot and narrative, mimesis, dialogue and free indirect speech, omniscient author and contending voices. This is a covert influence of literary form in daily life of people working in the sciences as well as the arts. As a taken for granted aspect of life, it could unintentionally frame and shape researcher understanding of the social world in which data is collected and analysed. With attention, the researcher has opportunity to acknowledge the novel's perceptually formative influences and use the tropes or consciously attempt to set them aside.

Material from literary disciplines overtly crossed the disciplinary boundaries from art to human sciences with the semiologists. Barthes, originally grounded in French literature but later moving into lexicography and sociology, insisted on the necessity for a science of signs and meanings derived from Saussure's work in linguistics (2000/1957). Signs and meanings are still a central concern for many branches of

human science: Harre and Gillett (1994, p121) for instance describe how they see symbols, signs and signification mediating individual responses and structuring interaction in a discursive approach to psychology.

Concurrently with semiotics, Levi-Strauss, the anthropologist, was interested in turning myth and folk tales into a scientifically analysed format in order to get at their linguistic origins by reducing them to units of narrative (Cobley 2001, p33). He appears to be part of an early to mid twentieth century concern for attempting to treat these ancient narratives in more systematic, scientific manner. Cobley (2001, p34) sets him alongside Propp who created a classification of Russian folk tales still read by anthropologists and Frye who attempted to apply aspects of Freudian and Jungian depth psychology to them.

When the arts took a turn towards systematising in science-like way, it facilitated borrowing of literary concepts about self and social relations and applying them in the human sciences. As a current example, Bakhtin is popular at present both in literary criticism and in human sciences.

Bakhtin's (1981) work was undertaken mainly between the two world wars in a strongly repressive Russian context. Literature in such a context is not received as a decorative accomplishment, enhancing wealthy lifestyle and demonstrating socio-educational status as a passport to cultural consumption, but as a potentially subversive or liberating activity, sometimes even a life and death issue. Bakhtin himself spent much time cut off from mainstream Russian literary academic life in relative poverty and dis-ease under official suspicion. Study of novels and poetry mattered in a way not easy to grasp in current western consumer society. Russia at that period was effectively a dictatorship with an ideology of collective action and perspective, both determined from the top down. In this context, his main aesthetic ideas of interest in this study – heteroglossia, dialogue and unfinalizability, have quite different resonances to contemporary applications (Holquist 1981) .

Bakhtin's (1981) approach to reflecting upon literature, mainly nineteenth century literature but also renaissance works, focuses on character development and relationship to other characters and the author. He makes the point that character in

these novels is developed, not in isolation, but as part of an inter-relationship of characters which influence that character and is under the direction of the creative author. However, the author has two relationships to the character. One relationship is that of creator but having done that work, the author may also commentate upon the character. If the author does so commentate, he/she does not retain the previous level of control in relation to that character. There is an opportunity for freedom for the characters to develop outside of authorial control because of the relationship of the characters in a social world created within a realist novel. There is yet another level of freedom when a reader different from the author takes up the novel. The different voices of characters and authorial/narratorial insertion are the heteroglossia, the process of development in this variable context is dialogue (between characters, author and character and reader/author/character) and the levels of freedom are the unfinalizability which allows character, author and reader to develop with the novel in different directions (Cobley 2001, Bernard-Donals 1994).

In the process of importing these ideas into human sciences, the ideas have lost their original social context, so their meaning and purpose has shifted. Bernard-Donals (1994) points out that Bakhtin's essay, from which the dialogic nature of social experience is taken, about 'the way in which the author's relation to the hero as it appears in literary works can be made the object of systematic study', is a work of literary theory.

When Bakhtin was cited in a recently published keynote address to a qualitative methods conference in Canada (Frank 2005), the presenter moved Bakhtin's aesthetic concerns with Gogol and Dostoevsky's works, across to experience in 'real world' contemporary social relations and back into the convention of scientific report writing within the space of one page with no apparent awareness of these changes in category and the possible changes in meaning and purpose in making them. It is as if it is considered good practice to strip Bakhtin's quotations from their context and universalise them – cutting and pasting across to whatever new context seems worthwhile to the user.

Perhaps this is to be expected in postmodern practice, another example of bricolage, but in analytic terms it is lax. If language is so important to the researcher, then the

implications of change in meaning occurring during such transfer across disciplinary boundaries should be more and not less clearly defined. Greater awareness and alertness to the use of signifiers in new situations and how that affects both signifier and signified should be the outcome of such concern for semiotics and discourses rather than naïve acceptance of dislocated and recycled ideas.

Alternatively, more attention could be paid to the literary rationales within which Bakhtin (1981) developed and used his concepts, particularly dialogue, and their application as literary-analytic tools rather than cut and pasted human science concepts. Attention to literary form and language in developing the rationales for data analysis in this research is an attempt to embody this concern. Bakhtin's (1981,1984) close reading of texts is a key technique for evidencing concepts of heteroglossia and unfinalizability but evidence provided by the reading maintains contact with the originating texts, resisting abstraction from its matrix as in a linguistic exercise. Neither is evidential reading of Dostoevsky's poetics abstracted from the body of Dostoevsky's specific works, though principles of literary excellence are drawn from them (Bakhtin 1984).

Further, Bakhtin (1986) considers the time element as displayed in a text to be significant. For the Bildungsroman, he is concerned that 'time-space' in terms of the historical man be revealed within a novel as an assimilation of that man into historical time in that space (1986 p19). By this he did not mean a display of historical knowledge as in the genre of history writing but the person's development within his own time-space arena and the active traces of that development in the present.

To clarify the issue of traces of the past in the present, Bakhtin (1986) gives the example of Goethe looking at a landscape and deducing the area having a very good local authority figure some years back from the state of the present trees – they had been planned for and well cared for as saplings – and in this he saw 'the vestige of a single human will acting in a planned way' and from the trees' age he 'saw when that will, acting in a planned way, was manifest'. The traces he considers significant are not archeological remains but that part of the present which owes its current being to past activity. It is the connectedness of past personal activity and present personal activity which is of interest. In literary work, he praises Dostoevsky's ability to

convey a nexus of relationships all in the present moment without the need to take the authorial voice back into past events – it is all present now in 'coexistence and interaction' (Bakhtin 1984, p28).

The transcripts of both individual and group sessions also reveal a nexus of relationships with past and present time, connections as recorded from the real time activity of the community of practice. The opportunity to conserve at least some aspects of that nexus is another compelling reason for treating the transcripts as whole texts and refraining from dismembering them during analysis.

Ethics in language itself – Saying and Said

In data collection, requiring interaction between group participants and interviewer with interviewee, the work of Bakhtin provides an underpinning theoretical focus. Particularly his view that the self cannot appreciate itself alone but requires an Other to realise itself as a totality as in the hero growing through dialogue and Socrates as a character in dialogue. For data analysis, wholly concerned with textual analysis of the interview and group sessions, Levinas, in his philosophical concern with ethics in and for language, takes the role of the Other into language creation itself.

Experience comes first for Levinas and then the language with a content 'animated with metaphor' as it carries both the content and where the content is going: 'a metaphor leads to other contents, which were simply absent from the limited field of perception, or is transcendent with respect to the whole order of contents' (Levinas 1964, p34). Language is never simple for Levinas. Developing on from metaphorical loading, Levinas claims that all language is amphibology, a figure of speech meaning in which sentences have two distinct meanings that can be read at the same time from the same words. It is common in comedy and as an example an unfortunate advertisement for a restaurant might read 'No food is better than our food'.

Levinas sees amphibology lying in the condition of the self. Against Being and the Phenomenon of the phenomenologists and the play of Signifiers and Signified of the structuralists, Levinas proposes an originating face to face encounter with the Other. Predating any language game:

> 'the epiphany of the Other involves a signifyingness of its own, independent of this meaning received from the world. The Other comes to us not only out of the context but also without mediation; he signifies by himself….the epiphany of a face is a visitation. Whereas a phenomenon is already, in whatever respect, a captive manifestation of its plastic and mute form, the epiphany of a face is alive. Its life consists in undoing the form in which all beings when they enter into immanence, that is when they are exposed as a theme, are already dissimulated.' (Levinas 1964, p51).

The face to face encounter rather than the thrownness into the world of phenomena is the originating event. It is a disruptive event which breaks the completeness and self sufficiency of the self and immediately involves it in an ethical challenge. As Levinas comments,

> 'the Other calls on me and signifies an order to me through his nudity, his denuding. His presence is a summons to answer. The I does not only become aware of this necessity to answer, as though it were a particular obligation or duty about which it would have to come to a decision; it is in its very position wholly a responsibility or a diacony, as it puts it in Isaiah, chapter 53…The uniqueness of the I is that noone can answer for me. To discover such an orientation is to identify the I with morality. The I before the Other is infinitely responsible.' (Levinas 1964, pp54-55).

It is the recognised proximity of another which is the epiphanic moment. Before any language comes into play, the I is required to respond – turning away is as much a communication as speech. But Levinas is also proposing that there is a moral aspect to this encounter, again even before speech. The 'command' to respond which the proximity of the other induces is at the same time a question to the 'I' or rather a drawing of the 'I' into taking responsibility in relation to the other – the reference to Isaiah 53 is to the song of the Suffering Servant of Yahweh who takes the burden of others on himself.

Levinas is still speaking metaphorically throughout his explanations. Proximity as he expresses it has a transcendent aspect 'The proximity of the one to the other is here thought outside of ontological categories' (Levinas 1974, p122). It is in this transcendent state that the fullness of what is may be but in becoming, by passing into language, into the embodied state, it can never be fully realised but as the source of this partially realised state it keeps embodying though always imperfectly – the fullness may never be captured and therefore limited. In talking about language, Levinas distinguishes this process as the amphibology of the saying and the said in any speech. The saying is the unconditioned potential and the said the limited attempt to embody what emerges from that transcendent state. Despite the impossibility of embodying what could emerge from that transcendent state, there remains in language always a 'trace' of the original 'saying' in the 'said' (Levinas 1965, p69). The saying is therefore not speech or even an echo in speech but 'the expression of answerability prior to the expression of questions and answers' (Llewelyn 2002, p127).

Pictorially, the saying's trace presence in language is likened to a thread on which there are periodic knots where the thread itself being speech and the knots the trace of saying and it is this trace which gives language that amphibology where it is at once both said with a trace of saying. Egglestone (1997) gives the example of the lyrics to the Louis Armstrong song 'Wonderful World' in which the said is encapsulated by the mundane observation of 'friends shaking hands /Saying how do you do?' whilst the saying is present as the ethical responsibility accepted towards the other in 'They're really saying/I love you' (pp147-8). This example illustrates Levinas' insistence that the said will always betray the saying. It takes the insight of artists who write lyrics (George Weiss and Bob Theile to give them their due) to see the saying within the mundane said, but it is the presence of the saying which subverts, enlivens and gives potential for new possibilities to the said. This does not mean the said is a 'bad' thing betraying the saying since without incarnation of the saying into our limited world of experience there would be no ethics possible (Egglestone 1997, p149).

Where the ethical is originally manifest in the face to face proximity, the trace of saying in the said brings the ethical into language. Part of the purpose of philosophy then, will be to foreground those moments when the saying interrupts the said which

may seem a partial mission but it would be impossible to reveal the saying within embodied, limited living. (Llewelyn 2002). Research analytical techniques accessing philosophical assistance in understanding language also aspire to foreground those interruptions but literary critical disciplines have more experience of applying Levinas' ideas in literary analysis .

In concerning himself with language and ethics, Levinas focuses on the ethical nature and meaning of literature. Egglestone (1997 p160) gives the example of his appeal to Dostoevsky (a favourite also of Bakhtin) as an exemplar in revealing our 'responsibility to the other'. It is also possible to see Levinas' (1997) own philosophical writing as examples of a genre of literature with an usually (for academic philosophy) rhetorically questioning style and which metaphorically foregrounds the knots of saying in the thread of the said. His style of writing is distinctly different from the Anglo-American emipiricalist tradition, relying for its impact on stylistic devices of allusion, repetition and switching metaphor to encompass understanding of what is at the edge of sayability, all characteristic of performative rather than academic literature (Egglestone 1997).

These characteristics make Levinas 'user friendly' for application in literary criticism. Egglestone places him in a third way of interpretive criticism between on the one hand the humanistic tradition he calls epi-reading (of the text), in which content of a literary piece or body of work is analysed for its ethical content as well as its literariness and theory based graphi-reading in which the mechanics of the text is the sole focus and particularly textual deconstruction and analysis according to a specific model or theory (1997). For this research, third way analysis of the transcripts would offer interpretive criticism at a level above the deconstructive, dismembering graphi-reading but enhancing the epi-reading of ethical content with an awareness that ethics also reside in language itself and are not simply mediated by that language.

Levinas' interest in ethics and language leaves Egglestone with a problem in that Levinas' allusive style and rhetorically based revelation of the saying in the said do not easily reduce to a clear and simply applied methodology. 'There cannot be a Levinasian ethical criticism per se, because as soon as a way of reading becomes a methodology, an orthodoxy or a totalising system, it loses its ability to interrupt, to

fracture the said.' (Egglestone 1997, p165). Levinas is therefore a moderating influence, or perhaps a bridge, between the epi and graphi camps in pointing out the need to pay attention to the text and interrupt and foreground the knots. Simply dismantling the text according to a theoretical model for deconstruction 'is to threaten to limit (criticism's) ability to interrupt' by sidestepping the level of meaning and connectedness within the work itself - or between works when a body of work is under examination (Egglestone 1997, p166).

Egglestone is not the only theorist to identify a problem for literary criticism in the conflict between 'epi' and 'graphi' approaches to analysis of texts. Ricoeur (1980 p171) identifies a 'false dichotomy' between narrative epistemologists who remain 'caught in the labyrinthine chronology of the told story' and those following structuralist, 'achronological' models who consider themselves to have achieved a 'dismissal of narrative'. His diagnosis is that a balanced appreciation of the function of time within theoretical approaches to literature is missing. In discussion with Gadamer, he elaborates on this disparity between 'some structuralists' who are concerned for the semiotic codes revealing the deep structure of the text and 'some romantic and existential hermeneuts' who 'claim that any structural analysis is already an alienation which does violence to the message of the text' when analysis should be directed to establishing 'a soul to soul relationship between author and reader'. Ricoeur's middle position, occupied between Eaglestone's 'epi and graphi' readings, is 'that understanding without explanation is blind as much as explanation without understanding is empty' (Gadamer and Ricoeur1982, p226). He considers different interpretations should not be considered in conflict so that one is right and one is wrong but rather that many interpretations offer an opportunity to move between explanation and understanding (Gadamer and Ricoeur 1982, p237). Since absolute knowledge is unavailable to philosophy, Ricouer returns to Socratic Dialogue as a paradigm of establishing an agreement without claiming absolutely to know a thing in itself. 'Perhaps I cannot incorporate the other's interpretation into my own view, but I can, by a kind of imaginative sympathy, make room for it…to recognise the limit of my own comprehension and the plausibility of the comprehension of the other' (Gadamer and Ricoeur 1982, p241). Such activity is an important duty for philosophy, mediating between 'a hermeneutic of suspicion (science) and a hermeneutic of re-enactment (history and literature)' (Gadamer and

Ricoeur 1982, p223). It is also what might be expected to be occurring in a peer group of occupational therapists reflecting together on ethically challenging cases.

Gadamer's contribution and response focuses on interpretation as a constitutive necessity for life, that there never is a 'zero point' from which to begin interpretation in purity and, further, there is never absolute clarity but opportunities to open new horizons whilst something always remains concealed. This is not a problem, just a characteristic of ordinary life that we are always trying to understand what people are saying to us and sometimes we miss the point, sometimes we see more of the oblique references and sometimes come to new insights. In a Bakhtinian sense, Gadamer (Gadamer and Ricoeur 1982, pp 221-3) sees dialogue as the functional medium for it all since 'there is no subject who states and fixes the objective content of an utterance, and then argues this fixed idea as the whole point. Instead there is an interplay between two persons, so that both expose themselves to one another with the expectation that each ties in his own way to find a common point between himself and the interlocutor'. Both parties in a dialogue are changed by that dialogue and where there is disagreement, with good will and a bit of luck, may find common ground. Application of the work of Gadamer, Ricoeur and Bakhtin offers theoretical support for the pragmatic practice of occupational therapists who empirically find ethical bearings in reflecting together on difficult cases. This also lends further support for focus of this research on dialogue as a point of change and growth in participants' ethical understanding.

Literary theory and literary criticism
Eagleton (2007, p29) is clear that literature has morality built into itself: 'Poems are moral statements, then, not because they launch stringent judgements according to some code, but because they deal in values, meanings and purposes'. This is an important claim for this study in that the transcriptions of both group sessions and individual interviews also have ethical and moral material built into them.

The material and informing theory for a study with an ethical interest is that of value and meaning. Values and meanings are subjective but not random or entirely individual. Meanings have a cultural agreement behind them, mostly taken for granted, which allows a slight sense of disorientation when an English person hears

the American air stewardess saying that 'we will be landing momentarily' indicating touch down imminent whilst general usage in England would intend it to mean touch down will be for a very short period followed by take off again.

One approach in literary theory is to see literary work as that which makes language strange to the hearer or reader by a self conscious use of language (Eagleton 2007). Struggling with putting into words an internally held and to some extent unexamined ethical life will result in study participants choosing words carefully for concepts not much discussed, listening to their own language, altering it in the telling and perhaps coming to some new insights. All this falls within literary theory.

In natural-scientific, systematic-philosophical and legal discourses, meanings are constricted to 'denote' an object, removing alternative meanings as far as possible with a pared down and thin meaning left attributed to the term. Conversely, in some forms of literature 'connotation' is encouraged, intentionally choosing to use a word with allusions and alternative meanings attached to it for a literary effect (Eagleton 2007, p110).

This is a problematic difference between literary and scientific discourses if 'connotation' is taken to be arbitrary in its impact so that the particular word's meaning can never be tied down. But in practice this is not the case. If a word were so arbitrary in its connotations it would be random in its signification to a reader and thus would not have an effect. Eagleton differentiates between connotation and stray personal associations, the latter being of personal and therapeutic interest but is not of interest to a literary critic. It is those connotations which have shared cultural meaning which are of interest in criticism and this therefore places a boundary between random personal impact and shared cultural appreciation of material which may be allusive but whose allusions are understandable within that culture (Eagleton 2007, p111).

Since literary criticism allows for connotation, it may be considered to deal in arbitrary judgements, entirely relevant only to the one person judging. Eagleton refutes this charge of an n=1 bias. Whilst interpretation will always be an art, whether it be applied to scientific or to artistic material, literary criticism is not arbitrary. Sometimes it may need to be offered in 'conjectural' or tentative terms – work in

progress. He gives the example of a disagreement over whether someone is waving or drowning. Whilst the disputants may disagree over the interpretation, and both interpretations should be put forward, the signalling person will not be doing both and more evidence is needed to show which interpretative position was correct (Eagleton 2007 p102).

In a sense, the danger lies, not in trying to unpick and dispute connotations, but in denoting in order to universalise a value. Here, a moral truth or value discovered in one passage of a work would be taken as universally valid for the rest of the work and beyond it (Eagleton 2007, p36). This is applicable to human sciences in overgeneralising a finding inappropriately stripped from its context and is more likely to occur in dismantling a text and reassembling parts according to an externally applied theory as in the various styles of thematic analyses. Within literature, a moral truth or value is seen to need its context to display its meaning and applicability. For this research, close reading of transcripts which foregrounds identified passages rather than dislocating them entirely from their textual matrix, will allow more opportunity for another reader to gauge the acceptability of interpretations for themselves.

The convention of applying literary criticism to fiction and human sciences analysis to fact is a leaky boundary. Journalism has literary affiliation but shares with narrative approaches in human sciences a concern for confirmability of truthfulness of personal narrative. Since unconfirmed journalistic narrative risks litigation, this concern may be even more acute than for ethical researchers. Fiction is not so much an untruthful form of literature as 'the kind of place in which the moral holds sway over the empirical' since it is a truism that 'Narratives usually reconfigure the world in order to make a point about it' (Eagleton 2007, p35). Since the occupational therapists in the group and individual sessions will be telling about the world as they see it, reconfiguring it to make their points, this is a helpful theoretical position to adopt.

Feeling as well as meaning is given due weight as part of value within this critical approach. Feeling is considered by the human sciences as the ultimate in subjectivity, the epitome of inward experience. I can never know how another person feels the scratch of a cat's claws only how I feel it. In this critical discipline the term feeling is not denoting these qualia of conciousness but a response to the text which must be

grounded in the constituents of the text itself and is therefore not an arbitrary n=1 event.

Doing close reading

Ellman's (1987) chapter on T.S.Elliot's *'The Waste Land'* is an exemplar of textual close reading. Within this convention it would be expected that the reader would either have by rote or a transcript of the text to hand since although it reads as an essay it constantly refers to the text. Her critical position is that previous commentators have been distracted into tracking down the connotations of the richly allusive language and picking out the shifting images that they have been interested in the parts rather than the whole, in explaining it rather than reading it. Ellman suggests that earlier writer's concentration on dismemberment was a contribution towards interpretation in the way that Freud had begun by explaining the parts of the material from the past he saw patients offering him before moving to the present time and the silences of what the patient was not saying (1987, p92). Here Ellman is using a textual analysis, relying on Freud's documentary evidence, to comment on his clinical methods and then to turn that interpretation reflexively back to her reading of the poetic work.

Ellman watches a 'disembodied 'I' which 'glides in and out of stolen texts [of *The Waste Land*] as if the speaking subject were merely the quotation of its antecedants' – a Bakhtinian influenced position considering the I to be everywhere and always in dialogue with past and present, inside and outside, neighbours and remembered voices. She considers it appropriate to a work displaying 'suicidal logic' to consider what Freud's work 'Beyond the Pleasure Principle' has to say (1987, p92). In doing so she has no problem redirecting psychiatric clinical theory to literary purposes.

Ellman (1987) draws together philosophers, e.g. Kristeva (p94), literary theorists, e.g. Eagleton (p95) and literary practitioners, e.g. Flaubert (p103), to support the points she is drawing from the text's language and allusive meanings to track the 'suicidal logic' carried by the dialogically shifting 'I' through 'the nightmare that it cannot lay to rest' (1987, p109). Ellman moves from passage to passage but keeps the whole in mind. The rats for instance, are considered in connection with their appearances in

different parts of the work their contribution to sound and semantics (rats rattle) and overall appear in imagery 'like an outbreak of verbal plague' (1987, p104).

Ellman considers each part of the poem for language and meaning but always with the whole work in mind and in the wider context of other writers referenced to amplify connections to a dynamic literary and philosophical world. These principles provide guidance for a literary critical close reading analysis of research transcripts.

2bii Lessons from moral philosophy
Ethical theory in practice
Occupational therapists are not universally trained to attribute their ethical thinking to particular ethical theory or approaches. However three main strands are represented in active practice in a taken-for-granted, unsystematised form.

Firstly, Occupational Therapists' Code of Ethics and Professional Conduct (2005), together with the statutory framework for their work in social care would mean they are familiar with a duty based concept of practice. This is a form of deontological practice where doing one's duty involves 'the self conscious acceptance of some (quite specific) constraints or rules that place limits both on the pursuit of our own interests and on our pursuit of the general good' (Davis 1993, p205). Occupational therapists would expect to comply with the rules of the Code showing a universal application of these rules and a respect for the persons to whom they apply (O'Neill 1993).

Secondly, there is much emphasis in current professional practice on identifying and applying the health or social care intervention shown to have the best treatment outcome. Central government in Department of Health promotes and disseminates evidence based practice across all health professions through structures such as the National Institute for Health and Clinical Excellence (NICE). This is a form of consequentialist thinking when consequentialism is taken to mean that for any decision the decider makes a 'prognosis' of the outcome and 'selects the option with prognoses that mean it is the best gamble' or probability of a good outcome, whatever 'good' may mean (Petit 1993, p233). This fits well with clinical reasoning which uses such resources as NICE to consider among options for intervention and choose the

one which will give the best likelihood of a positive outcome for the patient or client. Utilitarian brands of consequentialism sit well with the public nature of these interventions in complex social situations when 'the right action is that which maximises utility (however construed) summed impersonally across all those affected by that action' (Goodin 1993, p245). In a family situation, for instance, the therapist will try to ensure the family are at least not disadvantaged or at best that their needs are included in the adaptation planning.

Thirdly, there is motivation to help others which predisposes people to work in a caring profession and generally inclines the majority of the population towards living a good life, however that might be defined. This falls within virtue theory when virtue is taken to be concerned with 'what a good person would do in real life situations' (Pence 1993, p249).

Whilst these three strands do not comprehensively describe ethical theory, they are a useful discriminator since these categories can coopt some others – for instance an ethic of care could be placed within virtue category and an ethic of rights could fall within deontology when the duty is to uphold rights. These categories and the potential for conflict between them in real life practice is recognised. Carson and Lepping (2009) for instance describe how utilitarianism and deontology have been promoted in medical ethics to the detriment of virtue and propose virtue could be more used to navigate difficult cases.

Attention will be paid in textual analysis to when these categories of approach arise in the community of practice, and how the community moves between these ethical theory categories as it enacts its community practice.

Virtues

Raz (2001) claims that duties and responsibilities, not rights form our identity and are the key to a meaningful life. This is because although rights are important giving status, protection and entitlement within society, duties and responsibilities engage us and provide reasons and direction for our activity, they grow out of the important attachments we make and thus give shape to our identity as well as meaning (Raz 2001). This fits the assumption behind 'occupation' in Occupational Therapy – that

meaningful occupations and roles are conducive to psychological and physical well being.

Likewise, Sennett (2003, p64) observes that 'giving something back to society' develops self esteem as it develops character in a way that is more than a mechanical utility to society which might be expected if it were a simple matter of social processes at work: 'the self sufficient person is ultimately of no great consequence to other people, since he has no mutual connection, no necessary need of them. Exchange is the social principle which animates the character of someone who gives back to a community'. Sennett illustrates this point with his own journey from a poor social housing project in Chicago to teaching at the London School of Economics via a concert level musical performance career.

From these perspectives, in asking occupational therapists about how they personally developed a sense of the fairness they now use in their practice, the responses are likely to touch on how they consider they built their characters through significant attachments, duties and responsibilities.

The ethical framework dealing with this area is virtue ethics. This has traditionally been a pragmatic, educative area since it is the practice of virtue which is the end required and as Murdoch (1992, p9) comments: 'There is an important difference between learning about virtue and practising it, and the former can indeed be a delusive substitute which effectively prevents the latter'. However, Comte Sponville's comment (2003, p1) illustrates why Murdoch's truism leads to a practical educative approach: 'If virtue can be taught, and I believe it can be, it is not through books so much as by example'. Learning virtue includes watching and copying someone who is already seen to be acting virtuously. This is likely to form part of the stories the interviewees tell.

Identifying virtue in order to watch or copy it is not easy though, either practically or theoretically. Learning to distinguish virtue from vice is a staple of novels of moral education, falling within Bakhtin's Bildungsroman category, novels about 'the image of man in the process of becoming' (Bakhtin 1986, p19). Fielding's eighteenth century novel *Tom Jones* is a good example. The hero, Tom, is decidedly imperfect

but good hearted and as a teenager he is shown to be up to mischief such as apple scrumping and lifting a duck from the local pond but is kind to those in trouble. Tom's cousin, in contrast, is unnervingly well behaved and likely to inform upon anyone he finds misbehaving. It is no surprise that by the end of the novel Tom has grown in moral stature and gets the girl (Sophia – wisdom) whilst his cousin is unmasked as an unmitigated hypocrite who has failed in his plans for Tom's harm.

Vitrue is rewarded and vice punished. Since Fielding was a magistrate in a violent period of London's history and when punishments were harsh, it is not clear whether he saw this axiom translated into daily life or was writing utopian fiction. Since Fielding set up the first regular police force to deal with London's criminals, naivety on his part is unlikely. Interestingly, *'Tom Jones'* was not received by all contemporaries as picturing of virtuous development with Samuel Johnson considering it 'a vicious book' (Mutter 1966, p11). Participants in this study are unlikely to discuss recognising fairness (or its lack) in others and developing and applying fairness themselves as 'virtue' as this is not current usage, though the concept may remain with different expression.

Naming virtues is a flexible matter. The four cardinal virtues of Justice, Courage, Temperance and Prudence, Comte Sponville (2003) expands with fidelity, politeness, generosity, compassion, mercy, gratitude, humility, simplicity, tolerance, purity, gentleness, good faith, humour and love. The ethic of care or caring whether gendered or not has already been discussed. Aristotelian virtue takes a developmentally active approach with eudemonia as the goal (a collective ideal of happiness, blessedness and prosperity in life) to be achieved by acting under the guidance of Sophia (wisdom as per *Tom Jones*) by exercising phronesis, discerning judgement in action as already discussed (MacIntyre 1985).

Since this is a narrative of moral growth, attention will be paid to any insights which the interviewees reach within the interviews. These would be examples of how the narrative of moral growth changes in the telling and also of the Bakhtinian and Levinasian dialogical principles already discussed – that the self can only be realised in the presence on the Other. Time will be considered in the sense of noting when a

story is a slow development over time and when a crisis or notable event focuses the story and provides a lever for substantial change.

Summary of rationales for data analysis method

Auto/Biographical study necessarily takes in perspectives from the humanities as well as social sciences and when the focus of that study is concerned with moral development and ethical practice then a perspective from the humanities becomes essential since it is in those disciplines that moral theory and ethical argument are grounded. Use of humanities' concepts and methodologies is guided by fitness for purpose in terms of the usefulness of the chosen approach in describing or explaining the focus of study (Erbern 1998).

Moral and ethical development has been studied in disciplines of philosophy and literature for a very long time with the accumulated experience that suggests. Since occupational therapists are not educated in ethical theory with any degree of sophistication, it is not likely that the language of moral philosophy will emerge in any form a philosopher would recognise. However, since professional and governmental influences and psychological knowledge provide OTs with practical familiarity with the three main strands in ethical theory, a practical attribution by the OTs of their experience to some one or more of those strands might be expected. In addition, the literary category of Bildungsroman, drawn here from Bakhtin (1986) and concerned with narratives of moral becoming, will be usefully applicable when examining how individual interviewees speak of developing a sense of fairness.

For the purposes of analysis, this study treats seriously the claim of literary critics such as Bakhtin that there never is a final reading of any text just as there is no final judgement on a life and so whatever critical reading emerges will be a function of the interaction of researcher, participants and text at that time and is open to the next reader as a new opportunity for a new reading (Cobley 2001). Unfinalisability leads to radical open-endeness in any conclusions and humility in claims to generalisability.

This study also takes seriously the claim of Egglestone after Levinas (1997) that whilst a text can be deconstructed and reassembled according to a particular theory, if is treated as a whole rather than being dismembered and attention is paid to language

as well as content, it is possible to reveal the ethical content. The group transcripts are a record of a community of practice in action and analysis will pay attention to how that community operates. Maintaining the text as a whole gives a better opportunity to comment how the community manifests in relating parts of the text to the whole rather than dislocating pieces of the text and reassembling them in a different, model driven pattern.

From Eagleton (2007) comes differentiation of connoting and denoting in analysis. Connotation, which encourages allusions and ambiguity to enhance meaning, is common in literature. Denotation, stripping alternatives to pinpoint definition, is common in sciences. Where values and meanings are at stake, as is the case in studying occupational therapists' dialogues on ethical aspects of practice, connotation may be as clear a communicator in analysis as denotation.

Finally, as demonstrated, Ellman (1987) provides an exemplar of close reading for direction in textual analysis based within literary critical tradition but accessing theoretical underpinning from literary theory (Bakhtin) and clinical practice (Freud).

2c Description of method

Research question:
How occupational therapists use peers as a community of practice in articulating issues of fairness in practice and how individual occupational therapists tell their stories of moral becoming.

In order to study how occupational therapists use fairness in practice and how individual occupational therapists consider they developed a sense of fairness personally, a two part design was conceptualised to cover both occupational therapist consideration of fairness as a group and to allow for individual treatment of individual narratives of moral becoming.

The study was approved by Research Ethics Committee, School of Health Professions and Rehabilitation Sciences, and complied with research ethics procedures for the two local authorities in which data was collected.

The participants recruited were occupational therapists working for local authorities with more than two years of housing adaptation experience. All were female though this was not an inclusion criterion.

Participants were accessed through the local housing occupational therapy networks, these informal coalitions of individual occupational therapists offer mutual support and professional development in this professional specialism. The networks were approached with the permission of service managers, since although the networks are informal, most of the networking occupational therapists attend with support from or at least the knowledge of their employing authority. The participants who volunteered were employed by one unitary authority and one county authority.

Three group sessions of between one and two hours were run, one group with five occupational therapists, one with three occupational therapists and one with just two occupational therapists as two other expected participants were unable to attend on the day. Each session was held in a training room at the occupational therapists' base.

The group session was designed around the occupational therapists' professional practice of group reflection on cases of interest or difficulty. Group case discussion followed familiar professional reflective practice so that normal practice accommodated data collection. Using this format gave participants opportunity to benefit themselves through contribution to their own Continuing Professional Development as well as contributing to the research. Using a professional reflective practice approach meant there was therefore no schedule of questions, simply an introduction outlining the purpose of the group session and area of interest.

The preparatory outline of the group session given to participants is detailed in Appendix 1. It clarified that the purpose of the session would be both to offer opportunity for reflective practice as required for professional development and collection of OT experience with ethical concepts of fairness in practice. The expected outcome of the group session was for participants to have achieved a richer appreciation of their own ethical reasoning and for myself as the facilitator to have collected participants' views on using fairness in practice.

The stated plan for the group session was to begin with an introduction by the facilitator incorporating information on the study pertinent to the session and boundary setting on issues of consent, confidentiality and time constraints. A participant would then volunteer to share a case example with the facilitator and the group participants to draw out specifics and context of the case, clarify the reasoning process and comment on similarities and differences from other participants' experiences and reasoning.

The individual sessions were designed as one to one interviews with occupational therapists who had attended the group sessions. Open interviews allowed interviewees to formulate their own appreciation of their narrative of developing fairness and required a simple introduction to focus attention on the research topic and some possible prompts for elaboration of introduction in case of interviewee need for clarification. Pre interview information to the interviewees is detailed in Appendix 1 (p148). The information sheet was given to those who had expressed an interest to assist and inform their decision as to whether to take part. The 'OT Individual Interviews' sheet (p150) was given to the interviewee at the same time as the interviewer's introduction to the interview itself. The purpose of the interview as detailed within these information sheets was to understand how the interviewee developed their sense of fairness and justice and how this is used to handle the ethical dilemmas of practice.

Four individual interviews were conducted and three of the occupational therapists had participated in the groups. The fourth interviewee had been unable to attend on her group's day but had expressed a wish to be interviewed none the less.

Group and individual session transcriptions were returned to participants for correction and self censorship but no changes were requested other than spelling mistakes highlighted.

Group transcriptions were analysed using a close reading technique from literary-critical theory and practice developed with advice from English Literature staff in the Humanities Faculty at the University of Southampton, based on exemplars and

background theory for close reading of dialogical texts. Findings were to be read alongside the original texts as in a literary-critical approach. Evidence of community practice and ethical theory in use were highlighted within the close reading. After group analysis, the group with the greatest number of participants, was chosen for detailed discussion.

Individual interviews were also analysed using a close reading technique from literary-critical theory and practice. Findings were also to be read alongside the original texts. Evidence of the virtues described were highlighted and interviewee's characterisation of continuous development or crisis development was noted. After analysis, two of the four sets of findings, identified as having very different content, were chosen for detailed discussion.

Chapter 3   Findings

In order to read the findings, in keeping with a literary-critical approach, both the full transcriptions as the original texts and the findings which are close readings of the texts are available to the reader. The close readings now follow and the full texts may be found in the Appendix. It is recommended that both are to hand in the reading.

Findings, Group Session

The group from which the transcript and close reading below was taken represents the session with 5 participating occupational therapists, all women and all having more than two years of experience in housing adaptation work. For anonymity, each participant is represented by a name different to their own. The cases discussed were drawn from their professional experiences.

From the rationales for data analysis set out in the previous chapter, the transcript was treated to close reading with 2 main foci foregrounded: identifying characteristics of types of ethical reasoning used by participants and considering how dialogue is used within a functioning community of practice.

Key to 3 ethical categories familiar to occupational therapists as discussed in Chapter 2bii 'Ethical Theory in Practice':
Con = consequentialist, De = deontological, Vir =virtue

Lines	Ethic	Close Reading
1-6	Vir	Pat signals her readiness to lead off with a case by a preamble identifying the central importance of balancing fairness to individuals and wider potential service user group. Her language expresses the effort involved for the OT in satisfying her sense of fairness 'we bend over backwards' (line 1) and 'perhaps sometimes we ought just to say no' (line 3). Concern for how to 'be' a good therapist is characteristic of a virtue approach.
8-26		The case study presented by Pat is structured according to standard OT case history format but with interjection of informal, colloquial

		terms e.g. 'her poor mum has got both children' (line 11) suggesting a movement between professional objectivity and human empathy required in relating to the child and family. In a formal case presentation setting, colloquialisms would not be expected so the balance between formality and informality in the language and its encouragement by the facilitator sets a tone of expectation that the content of this session will be professional but that the issues will require expression of individual personal opinions and affect. The understatement 'so that was quite difficult' (line 19) rhetorically connects Pat with her peer OTs in the group who will recognise her formulation of the initial difficulty (lines 16-18), that the parents had a predetermined expectation of the OT, from their own experience. She uses a floor plan of the property with the group of peers to identify problems and illustrate design options (lines 19-26 and following). This is common practice among OT for discussing cases in professional, peer and line supervision.
27-33	Con	Relating back to lines 1-6, Pat counterpoints a professional position of balanced fairness with the emotional position of the parents and uses indirect reported speech to represent their position without quotation 'how unreasonable this all was' (line 30). P continued to use a floorplan of the property as an aid to redirecting their attention away from personal confrontation with her and towards the adaptation task through proposing a design option. Focussing on an outcome which will provide the most of what each stakeholder requires is characteristic of a consequentialist position.
38-55	Vir	Indirect reported speech shows the parents still angry and confrontational, energetically representing their reasons for rejecting the options raised. Emotional language signals the weight

| | | of emotional labour for OT at this point for example even sitting down is done with care (line 39).

Pat's two usages of 'with' (lines 39 and 42) refer to different people, the parents and grant officer respectively, and illustrate the necessary shifts of position and alliance within involved parties that the OT must undertake during the negotiation process.

As a virtuous therapist, in attempting to find a negotiated settlement to which all will agree she gives up some of her own ground in order for this to happen (line 53). The settlement was reached through small details each being worked out, a characteristic of virtue approaches which require embodied specifics to be taken into account. |
|---|---|---|
| 83-103 | De | Pat adds as an addendum to the case study that there was also a cultural issue affecting negotiations for design in that the family claimed to need some of the floor space apparently available for the child to be a single sex meeting parlour. This aspect is separated from the rest of the case and carefully phrased in conditional mode: 'you could argue that' (line 88). In response to interviewer intervention, Pat states clearly that particular cultural needs cannot be used to obtain a better deal than others not of that ethnic or religious group.

Appeal to a universally applied rule is characteristic of deontological approaches. |
| 162-188 | Con | In response to the interviewer's summary, that the policy that cultural need will be accommodated inside the property before building on externally is considered as an option, Pat outlined a reasonable accommodation with the grants officer who holds the funding decision, that a design for the child's needs would be costed up and offered. If the parents then wished to add to this sum for any plans of their own for the property, they could do so as long as the child's needs would still be met. However, Pat is unconvinced the present plan fulfils this proviso (line 178). |

		Calculated settlement with more winners than losers is a characteristic of consequentialist approaches.
189-198	Con	Jill recognises and has experienced 'trying to bend over backwards' (line 188), when dealing with a family agenda fixed in place before an OT was ever involved. Jill accepts the necessity of working towards a family/child needs balance in designing such adaptations on the grounds that the child is a family member and cannot be separated from family life and concerns (lines 192, 195-198).
207-218	Con	Pat responds to the interviewer commentary on statutory duties with a similar case to Jill and the same issues of balancing child/family requirements. Sara also recognises how negotiation is extended in time with the necessity of shuttling plans between stakeholders in such a case. Sara, Jill and Pat have all recognised similar experiences offering a sense of mutuality in experience between group members.
221-227	De	Cath brings in a new language of exercising 'choice' (line 221) which members will recognise as relating to language of government policies and managerial procedures around the personalisation agenda for social care in general and client centred practice approaches sponsored by the professional OT body. The idiomatic phrase 'calling the shots' may also have come via management from sporting terminology (line 226) and introduces the idea that people are responsible for their choice of action and the consequences that follow from having exercised personal judgement and made those choices. If those choices have affected the adaptation process then Cath asserts that their impact should be made clear to the person having made that choice. Although at first sight this may seem to be a consequentialist position, it is characteristic of deontology that a person is considered an end in herself and not a means to an end and also that a person takes responsibility for her actions as they affect others.

229-233	Vir	Jill reverts to the issue of the length of time taken to reach a complex agreement on the design and funding of an adaptation and adds the caution that attempting to reduce this outlay of time may lead to an unduly swift conclusion which may in turn result in mistakes (line 230).
237-251	Con	Cath responds to Jill's issue of complexity, asserting the need to consider the impact of a complex adaptation design and funding plan on other services than OT in isolation and take thought for the future as well as the present.
260-263	Vir/Con	Considering the future impact of adaptations prompts Pat to raise a concern, phrased in conditional language to address a controversial point, that extensions may increase property value for the owner and so 'there can sometimes be ulterior motives' (line 263) to requiring an extension rather than reordering the internal arrangement of the property to meet the disabled person's needs. Reflecting on motives is characteristic of virtue approaches but this passage is concerned with benefits both intended and unintended from outcomes and links to lines 273-7 in considering that some adaptations have positive and some negative impacts on property and therefore may influence family wishes beyond the disabled person's need. This is a more consequentialist concern.
264-269	De	The first mention of the word 'duty' in the session occurs in line 267, in this context carrying a primarily legalistic rather than moral meaning. However, identifying a duty is a characteristic of deontological approaches. Cath raises a concern that returning for another grant in future, other than in the case of the person's condition changing, may deprive someone else of 'initial provision' (line 269). Again, (as in line 260), a conditional mode of phrasing distances the speaker from a controversial position she has taken.
310-327	Con/Vir	Jill summarises a consequentialist position for an outcome to negotiating plans for the adaptation that an OT can accept: 'what's achievable taking in mind all the different factors rather than what

		might be perfect…given all constraints' (lines 310-314).
		Pat responds with the position the virtuous OT would like to reach: 'the greatest space being made available to accommodate that individual's needs' (lines 317-8) but criticises her own inability to accept family priorities for use of that space, other than for the disabled child, and wonders if she has taken the client's part too strongly (lines 319-20).
		Interviewer redirects Par to a consequentialist approach by suggesting aiming for an outcome the OT and the other people involved can live with, 'a negotiated settlement' (line 322). Pat picks this up enthusiastically with a double 'yes' and recognises that for her case study the negotiation is still underway with the planning department.
		Tension which was raised in this series of exchanges is released in laughter both at the ironic tone from Pat speaking of planners and recognition by peer OTs of the times they too have had planning delays and been frustrated by apparently settled plans requiring renegotiation.
349-343	De	Pat then moves to a deontological position on the same point, restating the duty to heed family need and the duty to apply the grant criteria fairly across cases. This time she is not deflected into a consequentialist position by interviewer intervention (lines 332-333).
349-367	De	Itemisation of OT duties continues with Jill identifying a duty to record unmet need in order for budgetary planning to reflect an accurate level of service user demand.
		Cath teases out that duty in OT assessment is to be clear what can or cannot be done for the service user and refers to eligibility criteria in order to identify specifically what can and cannot be done to meet an assessed need.
		The language Jill uses (in lines 349 and following) e.g 'resources', and 'assessment' of 'need', is taken from a practitioner perspective of necessarily working within financial constraints whilst Cath is

		taking language from management usage in applying policies for eligibility (lines 355 and following). The difficulty of bringing these languages and perspectives together is reflected in the clumsy double negative which is the means for Cath to respond to Jill's position: 'you shouldn't not highlight needs when you can't [meet them]' (line 365).
382-440	De	From the issue of transparency in recording unmet need discussed above, as interviewer I explore whether truthfulness is a linked concern. Pat's anecdote highlights the expectation that the OT would be truthful and trustworthy but uses irony to give an impression that it is not always a reciprocal duty respected by clients and their families. The language, tone and manner of Pat's delivery of the anecdote are humorous, containing and dispelling any serious sense of criticism, explaining away untrustworthiness as understandable given the 'huge, huge needs' (line 398). The group choose not to follow this issue further.
458-484	Vir	Following a comment by Jill that planning OT time management is difficult when the adaptation process is so complex and under other people's influence, Pat produces a case illustration which had taken up much of her time. She moves from professional language in outlining the case (line 458) to a personal, empathetic tone 'because you know she wants it to look normal and you want her to be happy because it looks normal' (line 468) and 'if I had young children I'd want the same' (line 472) and then back again into professional language 'I have to show my clinical reasoning' (line 474). This movement reflects how the OT moves from a position of objective professionalism to subjective personal engagement with the client and back to objectivity again during the adaptation process. Objectivity is required to bring professional knowledge to bear on observation of activity carried out within the built environment but subjectivity is needed to empathise with the client, imagine her lived perspective and understand what she wants to do. Objectivity is needed to plan an intervention but

		subjectivity is needed to engage with the client as a person. The OT will need a degree of objectivity in this case anecdote in order to disappoint the client whose idea for her own adaptation will not work (line 476). However, a virtuous therapist finds it hard to disappoint 'I think it's very hard to say categorically no' (line 475) and the practical cost of saying 'no' will demonstrably lie in the time taken by the therapist to explore all avenues before this point (lines 466, 475). But even then there is a sense of fidelity unsatisfied since 'as an OT I feel you desperately want to help' (line 484).
485-526	De	In this passage, an alternative perspective from that in the previous passage assumes clients to be resourceful in their own right and able to arrange things for themselves, hence reducing the time-resource pressures on OTs. It reflects a contested view of clients within the organisation which may be characterised as opposite ends of a spectrum: from personally vulnerable and presenting needs for professional satisfaction to personally empowered and choosing to access OT as one resource among many.
		Under this empowered perspective, Cath challenges Pat to consider asking her client to find out what she wants first and come back to the OT to discuss possibilities (line 485). Pat responds that she has attempted that approach without success and appears sceptical of the empowered client concept, citing impact of disability as a barrier to the client's ability to engage with such a task. However, Pat is also self critically 'guilty' (line 494) of paternalism.
		J adds to the discussion of how much time-resource to use on a client idea with a case in which a client wants equipment. Jill does not see this as essential to her activity but has spent much time researching for the client (line 517). Jill questions the fairness of spending so much time to the detriment of other cases (line 522).
		A questioning of whether what has been done in one case could be universally applied is characteristic of deontological approaches.

534-638	Mixture of De, Con and Vir	Instead of following the issue of how time may fairly be apportioned, Cath focuses on why 'we don't feel comfortable with ending it and saying no' (line 534). Sara suggests it would be 'passing the buck' (line 536), which in a virtuous therapist would compromise her sense of fidelity. But Cath wonders if it could be lack of confidence in organisational support when under challenge from an OT decision questioned (line 537).
		Moving into a consequentialist position, Cath and Pat raise concerns about complaints and litigation. The exchange (in lines 539-40) shows how an anxiety shared by the peer group of OTs does not need explicit statement to be understood but uses a kind of shorthand which displays, momentarily, the taken for granted common understandings and mutual support of a community of practice.
		Cath appeals to the organisation's 'policies, procedures and rules' to support working practices (line 550) but also acknowledges that 'professional duty' can be in conflict with the organisation and in that case as 'it's about drawing the lines about where we begin and end and where the organisation begins and ends' (line 556). But Jill, as a virtuous therapist, still feels fidelity is unsatisfied working within set boundaries 'it's professionally as well I suppose you don't want to say you weren't able to offer a solution' (line 563). Sara feels she could accept boundaries and the problem for her is that the organisation has removed some easily recognised boundaries when implementing the national policies around Fair Access to Care Services (line 569).
		Pat, as a virtuous therapist restates her previous position (lines 467-476) that she needs to prove to the client's satisfaction why something won't work before refusing. As before (line 1), Pat considers she will 'bend over backwards' to fit into her client's agenda in order to demonstrate the range of options generated for the case. Fulfilling a duty as laid out by the organisation does not satisfy the virtuous therapist. On the other hand, OT anxieties

		about complaints lead to extra work to demonstrate an unimpeachable case for setting a client idea aside. There is also a sense that more flexible policies have relocated the site of client/organisational conflict down the structural hierarchy from management who construct policies to practitioners who work within them. In order to deal with these anxieties, OTs look to the community of practice for support and validation with Pat authorising this support by extrapolating a test of reasonable intervention from common law of negligence to general practice (lines 597-600). To be called upon to justify a decision is uncomfortable for an OT even when successful (lines 603-4) and it is at this point that fairness moves from a professional to a public issue (lines 610-11). The anxiety alluded to is that the organisation may change the rules or reinterpret the rules for what is fair and reasonable at this point (lines 615-18) since in making policies very flexible, then application to individual cases seems more easily contestable and parity in fairness across cases more difficult to judge.
648-721	Con	Following on from these concerns about the organisation's response to a contested OT refusal of a client's adaptation wish, Cath relates a case illustrating another potential source of challenge to an OT decision. In this case it was another professional from the same organisation who took a very different position to the OT and so undermined Cath's own decision (lines 665-9). Cath is unclear whether the other professional disagreed with the OT decision and was unable to offer support, considered it right to dismiss Cath's position for professional reasons of her own or simply found it easier to fit in with the client's view unquestioningly (line 680). The reasoning from the other professional is unclear as she did not operate 'joined up working' (line 683) by giving the OT a report without any opportunity to discuss what reasons the OT had for making her original decision. The outcome Cath is now having to work with is challenging a

		core professional value applied to Cath's specialty in that the property is unsuitable to adapting to the space requirements for the activities to be carried out in it (lines 685). Further, in working to this outcome she may also be failing in her duty to other parts of the service which should not need to contribute (lines 719).
		In telling this case, Cath has moved between consequentialist (lines 708-711) and deontological (lines 716-721) positions as she focuses on the outcomes she is to achieve and reflects on the duties she is and isn't fulfilling. At one point her sense of virtue is challenged too: 'I have a conscience that I'm actually setting another fund holder to provide something [unnecessarily]' (lines 719). Overtly moral terms such as conscience are rare in professional OT discourse and reflects the depth at which this situation has personally engaged Cath. Neither interviewer nor the group focus on this point but return to discussion of the time it takes to prove to an individual that their idea will not work (line 726).
726-835	Mix of Vir, De and Con	Use of OT time resource as a topic recurred within this session and seems a concern to the participants. Time consumption and resources used up in proving the necessity of a refusal of a client idea may be a proxy for discussion of more contentious issues around loss of control and shift of balance of power in the OT/client interaction under the developing ideology and policies of the personalisation agenda in social care.
		Pat says 'you have to let them experience it' – that the idea will not work (line 728) and Jill responds from a virtue perspective that problem solving is an expectation of OTs and if an autonomous client takes an unwise decision then the OT cannot fulfil that expectation (line 729-732).
		In other words, OTs have expectations placed on them which do not necessarily operate in harmony, i.e. they problem solve within resource limits for the organisation but act as unbiased advisors to autonomous, decision making clients in the field.

		Previously the discussion had been couched in deontological terms applied to time spent with clients who were determined on products which would not support the particular activity under assessment (lines 504-533).
		Here the discussion has different, contrasting virtuous adherence to fulfilment of expectations made of the OT with a consequential view of a case in which the OT feels pressured to conform to a client's plan which she is not sure will meet the future needs of this person (lines 736-746). This uncertainty of role relates to uncertainty of accountability, i.e. problem solvers working within resource limits are accountable for offering the best solutions (line 729) in the fastest time (line 229) and seeing the plan carried through whilst advisors do not have responsibility for carrying things through as they do not have authority to make things happen (line 733).
		Taking what the OTs see as an excess of time over consultation and negotiation is one way of exerting sufficient influence for an advisor with limited authority to make things happen to ensure that the plan is carried through.
841-866	De	Criteria for decision making may be flexible not only because the organisation is switching to a more flexible ideology for policy making (lines 569-572) but also because the nature of some cognitive, emotional and psychological impairments is more subjective. Fear, anxiety, depression and pain are much less open to objective measurement and therefore to being judged for parity from case to case (line 849) and so are more difficult to justify when called into question (line 854).
879-897	Con	In contrast, Cath has experienced that it is more difficult for clients to understand and therefore to accept an explanation that the property is not suitable for adaptation than that the council does not have the money for the adaptation (lines 879-881). The concept of unsuitability for adaptation seems harder to grasp and the response for purposes of challenge less clear than does the idea of

		insufficient funding. Cath has found clients ignoring the term 'unsuitable property' and moving straight on to an assumed position that the council does not have the money (line 882). Since challenges are often mediated by clients' local councillors, Cath would welcome an opportunity to educate councillors about adapting properties, but none has so far come forward (line 894).
905-985	De/Vir	As the solution to an unsuitable property is to move to a more suitable property, Jill considers subjective criteria which would apply in this situation and wonders if fairness would be to give these factors equal weight with the objective, tangible, risk bearing factors.
		Cath appeals to legislation which allows some of those intangibles to be considered and might form the basis of a negotiated compromise, an approach which Jill as a virtuous therapist, has found useful as, having taken the issue up with housing and looked at the opportunities as above, Jill is able to say: 'I've tried the route you wanted, taken on board your wishes but actually there are still concerns' (line 923) which she hopes will result in negotiation for a settlement.
		This suggests that splitting the responsibility for fairness to individual client and fairness across use of housing stock as a whole between two different people does seem to release some of the burden of anxiety for the virtuous therapist trying to act in fidelity to both kinds of fairness. Jill suggests this may also help maintain the therapeutic relationship (line 954), since the client will not see the OT as having a divided concern.
		Cath recognises the usefulness of this split (line 975) but brings in the realistic perspective that 'we are all working, before we start, within some sort of framework' (line 972) and therefore never could be a purely virtuous position of working only to the client's wishes: 'you're already within some sort of boundary before you walk through the door in your role for that part of the organisation you work for' (line968).

| | | Finally, Jill and Pat support the idea of splitting responsibility to the individual and to the use of housing stock as a whole as 'that makes it more manageable because otherwise it's just' 'too much to bear' (line 982-984). |

Findings, Interview with Pam

The interview from which the transcript and close reading are taken was with a female occupational therapist, named Pam for research purposes, who has seven years experience in housing adaptation work following mature entry to Occupational Therapy training.

From the rationales for data analysis set out in the previous chapter, the transcript was treated to close reading with 2 main foci foregrounded. Firstly, identifying characteristics of types of ethical qualities considered important by the interviewee in this case showed a concentration on virtues of truth, fidelity and empathy. Secondly, evidence for narrative of moral development was considered which for this interviewee hinged on a biographical crisis with a key event which gave a point of reference, constellating past and future events.

Lines	Virtue	Close Reading
2-13	Truth	Pam begins her story with a statement of themes which will recur – of the importance of truth and truthfulness and the contrast of fact and feeling. Painting the picture (line 7) is a metaphor which recurs again (line 261) to represent both collecting factual information but also presenting it in an accurate and accessible manner: 'keep that as accurate and truthful a reflection of the situation as its possible to get' (lines 8&9).
20-26	Fidelity	The importance of clarifying information and separating fact from feeling is immediately illustrated in a difficult case. Whilst empathising with the family situation, the parents of the child requiring the adaptation chose to set professionals at cross purposes with each other. Pam minimises blame by interpreting this behaviour as an attempt to 'download the stress onto other people' (line 25) and pass on the conflict, a psychological interpretation using an IT metaphor. The point being made is that good faith, fidelity, needs reciprocal observance to be effective and so it was 'difficult to keep things

		transparent really'(line 26) in this situation.
42-44	Truth	Interviewer interprets that insisting on factual basis and content to the OT reports gave the OT a stable point from which to work when the emotionally intense interactions with parents were confusing. Pam accepts this interpretation (line 44).
44-57	Empathy	Pam's ability to empathise helps her to understand how the family's specific religious belief about disability affected their understanding of the situation and how reviewing how that belief applied to their child at a later point resulted in a volte face and sudden demands for immediate provision of the adaptation. Pam attributes this ability to empathise to the large number of other professionals also involved in the case, 'I've never seen anything like it in terms of how many people (up to 25) were involved and all committed to trying to provide the best' (lines 56-57) and the powerful feelings mobilised 'massive sympathy and empathy' (line 53).
72-80	Truth	In this unstable situation, Pam must operate within guidelines from a different department in order to access the funding required for the adaptation and so transparent and truthful presentation of the policies of that other department were part of the initial attempt to set reasonable expectations 'I made it clear right from the start that this is what the grants department would be looking at in terms of what they would provide funding for' (lines 76-77).
81-103	Fidelity	Despite the OT having been clear in setting expectations of funding availability, the father did not receive this as a clarification of expectations but as a first position for conflict and negotiation (lines 81-84). The scale of the counter move is given in spatial rather than emotional terms: 'I suppose conflict is a massive issue in it really' (line 81). The father had mobilised a different branch of social care department, the Children and Families branch, which was not the social care branch employing the OT but was still part of social care department, in order to help

| | | him exert pressure on the grants' department to extend the provision for funding of his adaptation beyond that which would be made under their usual policy. The OT was therefore defending the policy of a different department, the grants' department, against professionals from another branch of the social care department, Children and Families (lines 86).

Changes in funding policy in social care over the period of the adaptation allowed Pam to respond to the pressure exerted by Children and Families professionals by referring responsibility for any cost for this extension of provision advocated by the father, which might be over and above that allowed within grant department funding, back to Children and Families' own budget. By this means Pam tested whether Children and Families' commitment to supporting the father's claim for resources over and above those within grants department's policies had been primarily objective or had been coloured by a wish to support father's views thus avoiding conflict with father (lines 89-98).

Pam minimises any sense of criticism in this latter point by glossing the difference as being that 'people are always more aware of the limits of their own budgets than they are the limits of other people's budgets' (line 95) but does allow, in an echo of their own speech, that the other professionals may have bowed to parental pressure by agreeing that 'yes this isn't right and it isn't fair' (lines 98-99).

Here Pam has been balancing conflicting aspects of fidelity. In staying honest and truthful she has maintained good faith with the parents, who do not appear to be reciprocating, with the grants department whose policies she is supporting and with the other professionals whose behaviour is open to both positive and negative interpretations. Pam has struggled with this in order to make sense of the events and satisfy her own sense of fidelity. |
| 108- | Truth | As before (line 95), clear boundaries and truthfulness are Pam's |

139		recommended key to dealing with complex situations as in this case. Although she reiterates her empathy with the family's difficult situation and their wish to do the best for their child, Pam sees a potentially damaging impact from unfairness across cases when boundaries are breached under pressure from individuals or their advocates since 'the power of the parents to advocate isn't always dependent on how severe the disability is' (line 121) and so the disabled person's need slips from primary position as arbiter of provision.
		Having said that, in this case although Pam did remain clear on the boundary throughout, the family in seeking to breach that boundary and the other professionals supporting their position, extended the timescale for the process considerably, 'we wasted months and months of time discussing what could be grant fundable' (lines 136-137). This was despite the OT attempts to show the ultimate pointlessness of going over this ground repeatedly: 'all the time I was saying but I think this is going to come to (the funding limit) anyway so let's be clear about why we're debating this' (line 135) echoes her actual words to the family and other professionals.
		That substantial extra delay was deeply unsatisfactory to the OT. She says it 'all feels messy even now' (line 139). Truthfulness allowed Pam to recognise and work to the boundary but she did not have the authority to ensure others respected it or to avoid the implications in terms of delaying the client receiving an adaptation and herself bearing the emotional labour and cost of holding to that boundary whilst others persistently attempted to breach it: 'I had to go through the process' (line 136).
140-151		The interviewer misunderstands a point Pam has made and Pam corrects that misapprehension clearly and confidently, giving another example of holding to the facts when challenging misunderstanding in another person: 'In fact the reason they wanted to retain the dining room…' (line 146).

155-243	Fidelity	Pam restates that this case has reinforced her appreciation that clear boundaries are essential in such complex cases. 'I learned not to get entangled' (line 157) suggests the danger of losing the path and becoming immobilised if the boundaries are ignored or breached.
		Her language suggests a feeling of working in a war zone and attempting to maintain fair practice in such difficult circumstances, 'I think being bombarded you want to dig your heels in because you just feel overwhelmed with the number of things' (line 167) and like the person holding the white flag the OT finds herself 'just stuck in the middle trying to negotiate' (line 172) over an extended period of time.
		Within this setting the OT attempts to retain empathy for the family, representing their position with directly expressed imaginary speech; 'I think [what] they heard was if my child is permanently disabled I will be able to get whatever I want – whatever I perceive to be necessary to meet his need' (line 198) but balances this with a truthful appraisal that this is simply mistaken.
		The language moves from metaphors of conflict to machinery as Pam characterises her treatment by the family as a 'fulcrum' (line 203) by which they might exert leverage over the decision making process to move it in their chosen direction. However, the leverage they intended to exert was on parts of the process 'outside my remit' (line 204) which gave Pam some difficulty since there is an area of flexibility on the edge of her 'remit' which allows her to influence housing and home improvement agency activity indirectly by persuasion.
		The metaphor in this passage mixes tools and weaving since, having been considered the directly acting 'fulcrum' by the family Pam characterises her own perception of her position as, at some points, 'holding all the threads' (line 205) in a complex task so that other professionals will rely on her ability to ensure the

		pattern is woven true. This gives Pam the potential to influence others in their work but it is not the direct influence the family assume in considering her a 'fulcrum' but an indirect influence with a less predictable outcome. In the event, fidelity to the family persuades her to 'advocate' (line 205) with the grants department and home improvement agency with some appearance of success but this left the family with the impression they could use her successfully as a tool and that she would operate outside of her 'remit' for them (line 213). Interestingly, in order to exert this influence, Pam moved away from her own strategy of separating facts and feelings in using the family's 'emotional distress' (line 229) as a reported reason for treating the case differently and more favourably than others since the factual basis of the case would not change the prioritisation (line 229). Pam does not overtly consider this move to have been a mistake but recognises that 'I made a rod for my own back' (line 213) and considers on reflection that part of becoming an experienced practitioner is learning realistic limits to expectation (line 219). Finally, Pam also reflects on good faith needing reciprocity to work. In this case she found herself deviating from her usual practice of keeping the family 'fully informed' (line 241) because the basic position of the family was that of conflict and not the generally assumed position of cooperation in a shared task. Therefore the information she gave was given in the knowledge that it would be used for 'ammunition to put pressure on other people' (line 243). The thought behind this is that most reflection on fairness concerns resources and outcome whereas there is also 'being fair in managing their expectations or in the way we communicate' (line 238).
244-252		Interviewer bridges from current case to focus on personal development of sense of fairness
253-	Truth	Pam responds by minimising any claim to accuracy of her

354		personal opinion on how she developed her own sense of fairness. She concedes that parental influence is important and recalls general injunctions to respectfulness, truthfulness and kindness as being relevant to fairness (line 255) but she does not elaborate or reminisce further.
		Picking up on truthfulness and fidelity which had been featured in the case discussion, the interviewer prompts for further reflection. Pam's response is almost a restatement of the same metaphor of painting a picture to emphasise use of factual information to align communication with reality (lines 7 and 264).
		Pam grounds the primary importance of truth for her in 'my faith' (line 261 and following) and illustrates this with the discomfort of a past working area which challenged Pam's adherence to truthfulness by encouraging workers towards untruthfuless. Pam is clear that she is not talking about truth in terms of a belief, a choice or an injunction (lines 261-265) but a fully integrated feature of her life and identity which is lived rather than thought about (lines 261-266). The importance of separating factual and emotive aspects of any situation in acting fairly as with the adaptation case discussed is given a context here in that emotional pressure makes 'painting the picture' more 'difficult to portray' accurately in alignment with external reality (line 267) and that is a primary concern for Pam who is living an embodied truth rather than simply thinking about it. The interviewer suggests a characterisation of this truth as something transcendental and Pam accepts this, clarifying that it is not something imposed (line 277).
		On prompting, Pam considers that the concern with truth 'goes back' (line 279) and was one of the injunctions from her parents (line 253). However, this does not warrant elaboration in comparison with the importance of a particular turning point when Pam 'came to faith in 1994' (line 279), a spiritual epiphany

characterised in terminology of evangelical and charismatic theology in which this is the key moment for understanding a life course and hence the specific date for this essential event is recalled.

Since then there has been growth and development of living the truth as signalled by double use of 'increasingly' (line 280). This is both simple in that 'I don't even have to think about it – it's just a matter of being truthful, of encouraging other people to be truthful' (line 264) but 'dealing with other people's anxiety and aggression and manipulation' (line 285) make living truthfully more complicated and again underpins the practical insistence on separating the factual and the emotional. Living the truth means that the danger of becoming 'entangled' (line 157), when working outside the boundaries of official remit (line 213), under emotional pressure from clients to bend the truth is not simply ethical discomfort and practical confusion but loss of self.

Pam is empathetic in considering motivation of others for attempting to so entangle her: 'it's a very important thing they're dealing with and not just an abstract notion' (lines 287). She is self critical in attempting to align her outward behaviour with this virtuous standard as well as her inner feeling (line 290), understanding that feelings of resistance and compassion may influence how flexible she will be in response to her clients (line 294). But although her way of truthful living 'make[s] life a bit more difficult' (line 304), a consequentialist, end more important than means, position is not possible. She will accept the criticism of rigidity of thinking (line 305) rather than 'bend the truth (line 306).

It is the project of truthful living in alignment with her epiphanic experience of 1994 which is primary and these difficult cases are treated as aspects of the ways in which this life is developed mundanely. The theological virtues of 'truth', 'compassion' and 'mercy' are to be embodied in daily living which is guided by the

specific discipline of the project 'there's ways of thinking about it' (lines 300-301) and this is why a consequentialist, relativist approach would not be fit for purpose.

One source of help with maintaining a truthful process and sharing responsibility is professional and managerial supervision. Supervisors and managers are an acceptable source of authority for boundary setting and reduce the pressure of self doubt in justification (lines 313-316). The quality of this relationship is given a biblical nuance: 'being under somebody's authority' (line 317) which illustrates a coherence of specifically professional values and beliefs with the personal project of living truthfully, an alignment of the individual within both the community of OT practice and the community of faith practice. This is not a naïve position as there is still self questioning about the degree to which this system should relieve Pam of felt responsibility (line 318). However the support of supervision is helpful with the inescapable conflict between feelings of 'compassion and annoyance' (line 329) and contribute to the emotional labour of embodying truthful living in everyday interaction with clients: 'it's hard to find peace in it right?' (line 330).

A new metaphor for truth is introduced: 'a plumb line' (line 333) which must be allowed to fall true in order to function as the basic orientation tool for building soundly and which if used improperly will disorientate the user's interpretation of the surrounding world and prevent accurate comparison. Information which is bent 'distorts' understanding in a similar way (lines 332-337). Further, bending information in this way leads appropriation of undue authority, 'I don't want to bend the truth so I make decisions mine which aren't mine to make' (line 343), whereas there is an enlightened self interest in truth telling in that if you are seen to be clear in your reasons for your requests and

		experiences as trustworthy, you are more likely to obtain cooperation from the people who work with you (line 347). This last argument appears as part of Pam's own reflection during the interview as it is 'a thought that's popped into my head' (line 353). This phrasing suggests a newly developed line of thinking rather than a rehearsed argument indicating a narrative in progress at the time of telling.
356-414	Fidelity	In order to function in shared tasks, there is a point at which an established order in the organisation must be accepted 'you've got to trust the system and the people within it' (line 359) with the implication that distorting the information given to decision makers puts the whole system at risk of failure by eroding that trust. Happily for P, her trust in the organisation is intact, 'we're very fortunate because we've got people with integrity who work in our organisation' (line 360) and if that were to change she would still act with fidelity and truthfulness but it would make her position very difficult (line 366).
		Pam reflects that she has a practical interest in developing workable processes for professional tasks because of her belief in the usefulness of setting boundaries to demarcate individual and shared spheres of activity, responsibilities and the powers which accompany those responsibilities (lines 374-378). This links to the project of living truthfully within a community where 'we're all encouraging each other to work within these boundaries' (line 377) just as Pam is acting truthfully and 'encouraging other people to be truthful' (line 264).
		Blurred boundaries lead to confusion (line 396) and when excess of argument has led to confusion, Pam recommends a written summary of the situation to clarify and reset the boundary (402-409).

Findings, Interview with Jo

The interview from which the transcript and close reading are taken was with a female occupational therapist, named Jo for research purposes, who was within five years of retirement at the time of interview and with a long career in housing adaptation work behind her.

From the rationales for data analysis set out in the previous chapter, the transcript was treated to close reading with 2 main foci foregrounded. Firstly, identifying characteristics of types of ethical qualities considered important by the interviewee in this case showed a concentration on virtues of practising justice, countering injustice and empathy. Secondly, evidence for a narrative of moral development was considered which for this interviewee was an evolutionary biographical narrative of moral becoming, a bildungsroman.

Line	Virtue	Close Reading
4		This biographical account is immediately set within a wider social-biographical context '(my sister) was born just as my father went off to war'. This context is set as an integral contributor to her own situation through her own birth position in the family but also gives the family story a wider perspective, relating it unselfconsciously to national social history and setting an expectation that the interviewee's perspective will not be narrowly defined within personal concerns.
6-21	Practising justice	This story is also set within generations of a family. The interviewee traces a concern with practising justice back to her maternal grandparents (line 7) and sees this inheritance passed on to her own generation though her mother's consistent practice of justice towards the siblings from childhood into adulthood (lines 9-11), a practice strengthened by mother's response to specific family history as affected by impact of war (lines 5 and 7-9). Her father's war experience, as related to Jo, communicated a respect for cultural diversity (lines 14-15) and a model for

		justice in an authority figure (lines 16-18). The positive effect of justice in an authority figure was memorably illustrated to Jo as a child by an employee managed by her father (lines 20-21). But the quality of this justice was unselfconscious and self deprecating: the praise for fair dealing is given by an employee and his early achievement of rank was attributed by himself to 'dead men's shoes' (line 15). Practising justice had been modelled persuasively in Jo's family by her mother and in the armed forces as well as management, with both British and foreign nationals, by Jo's father. Jo's understanding of justice is consistently absorbed within wider social history and her style of portraying this context is spare and effective, giving very specific details in her anecdotes but focussing them tightly on the topic, with each detail working at face value but also alluding to past practices and concerns (lines 4-7, 16-18). Jo does not need to openly praise her father herself when she can provide testimony from an employee to say 'how wonderful my dad was' (line 20).
23-27	Countering injustice	Voluntary work as a schoolgirl in a post-war charitable facility for people with disabilities pointed to a contrast with her family focus on justice and raised her awareness of injustice, though not yet to a counter-strategy for dealing with it. It is interesting that she uses 'regimented' (line 26) to derogate what she saw metaphorically, perhaps to highlight a contrast with her positive view of actual regimental life as described by her father (lines 13-18).
42-85	Countering injustice	Jo is self consciously aware that justice is the grounding value for her, although due to her understanding of it evolving from her specific family and social history, she is willing to consider herself unusual and seems unworried by this possibility (lines 43-44). Family and social history again interact when she is born as her father attends university after war service, then the family

		moves to London where her sister is bullied at school. To counter this, when the parents again move out of London the parents decide to send both girls to private school (lines 46-50). Jo is careful to emphasise that this was not part of entering a financially secure middle class lifestyle but was purchased with some difficulty by her parents (lines 50-53). Scholarship at 11+ would have helped her parents but Jo has evidence that she was denied this because she and her family had come into conflict with a teacher who contributed a negative school report which was taken into account alongside satisfactory academic performance (lines 54-60). Jo's sense of guilt in failing to lighten her parent's financial worries is expressed vividly: 'so I felt terrible because I'd passed the written but hadn't passed the report from school' (lines 58-59) alongside her outrage at the apparent covert revenge of the teacher 'who seemed to have a grudge against me' (line 58) after Jo had stood up for herself. This fixed the sense that injustice was to be taken up 'passionately' (line 65) even if nothing could be done to rectify it at the time (lines 65-66).
		Jo recognises that this event shaped her life (lines 77-78), that practising justice and countering injustice as her family expected could bring her into conflict with organisations she entered (line 84) and that deference to authority in holding back from questioning decisions can be costly (lines 82-85). Even her parents failed this last test (line 83).
92-120		In response to the interviewer summary, Jo produces a new insight on a recent conflict with her employing authority through reflecting on the genesis of this value in her life (line 92).
		Jo accepts the interviewer's characterisation of Jo's analysis as socio-political and projects her reflection on past experience to the future with a plan for involvement in green politics after retirement for OT (lines 101-10) because it covers both 'the

		underdog' and 'environmental issue' (line 105), both of which are Jo's concern.
		These concerns too are integrated into the social-historical family matrix through inheriting a concern for cooperation over competition within the generations of the family (120).
134-139	Countering injustice	The characteristic of a good manager is openness to learning about the practices and values of the managed professional (line 133). In Jo's view reflecting on a long career, relatively recent shifts to a more 'autocratic system' in the organisation (line 135) tends to produce managers who do not learn from the outcomes of their decisions (lines 135-138).
148-164	Empathy	Jo has tried to ensure she is open to learning from the people she works for from early days starting a self help group, listening to their views on members of her profession (lines 148-153) and continued in contact with the people she worked with early in her career (line 155). She has taken to heart the view of a past client from this group, that the important qualities for an OT are, primarily empathy and then also fidelity and truthfulness – but empathy is the absolute necessity (lines 157-162) though all bear on practising fairly (line 163).
		The movement away from the human dimension of empathy concerns her in systems thinking as operated by current management styles (lines 173-174).
179-196	Practising Justice	Since Jo has herself been a manager (line 176), as interviewer I direct her towards her own position in relation to the management issue she has just raised. Jo felt she came into conflict with the next management layer more as the new style 'regime' (line178) reduced flexibilities of decision making and practice. Jo gives great weight to persuasion by logical argument and is very concerned when faced with apparently 'illogical decisions' (line 183). She structures a dichotomy between 'logic' (line 182) and 'power' (line 184). Her explanation is based on a socio-political analysis of power in

		operation within an organisation combined with a conviction of the corrupting influence of power which is considered a personal requisite. Jo presses the old saying into use, that 'the power goes to people's heads' (line 192), an effect Jo does not consider dependent on a previously grasping or controlling nature and which extends beyond management posts (lines 191-193).
		An example of the logical approach, which engages with others and that Jo values highly, is applied in a three step argument over lines 237 to 243. Firstly Jo states that there is a duty on the OT to offer the client informed choice, secondly as interviewer I agree to that statement of duty. Thirdly, from steps one and two it follows that the correct action will be the client all the options in order to make an informed choice.
		Jo has engaged me in the three step argument and ensured the security of my agreement before moving on to her point rather than simply 'telling' the interviewer what is right.
204-208	Countering injustice	Jo had recently made use of the community of OT practice by bringing a difficult to solve case to two peer OTs with experience of the particular problem and noted that the differing responses from Jo and from each other. Jo queried the fairness of inescapably differing formulations and solutions due to the individuality of OTs.
215-229	Empathy	Jo used empathy to counter the perceived injustice. Entering imaginatively into how the clients perceive their own situation 'they know they're going to get worse of course they do and I think he also wants to relieve her of stuff as much as he can' (line 228), Jo brought all three options for discussion with the clients.
266-293	Practising justice	As a balance to the case in which Jo argued for client centredness with informed consent to support fairness, Jo recalls a case in which the imbalance of power within a marriage led to injustice for the wife of a client. Jo considered the root of the

		problem to be that his mental capacity (within terms of the Mental Capacity Act) was impaired by his condition and so she came into conflict with medical staff who 'wouldn't say he wasn't able to make these decisions so he was sent home' (lines 272-273) leaving the wife at risk of physical and mental health problems.
		Conflict with authority figures is a feature of practising justice and countering injustice. Constructing a situation according to analysis of power relations makes adversarial engagement with those power holders a foreseeable risk.
		When Jo recognises that the case study demonstrates that client centred practice will not always lead to fair outcomes, her focus shifts to whether professionals accept a duty to take a firm position if client centredness leads to injustice (line 279 and following). In countering injustice, an OT may find herself 'at odds with the guidance' (line 307) and have to consider 'how do you fight that and at what point do you say OK I'll give in?' (line 308).
316-329	Empathy	Practising justice requires empathy for all sides involved. In this case the client saw it as unfair that he was in hospital but the wife needed time and space to make preparations for him at home.
		Jo's criticism is reserved for health workers who did not exercise empathy in order to appreciate that their necessary advice would be deeply upsetting to the wife and counterproductive in its effect.
		Jo operates a version of the golden rule to do to others as you would have them do to you: 'I think well you wouldn't treat your mother like that' (line 329).
334-344	Countering injustice	From the examples of uncomfortable conflicts with authority, the interviewer prompts Jo to reflect on the importance and cost of holding such a strong adherence to the virtue of justice. Jo returns to her story's starting point and the conscious espousing

		of her parents' values despite how much easier life would be if she did not feel compelled to counter injustice and restates her own appreciation as to how much these values contribute to her sense of self: 'I wouldn't have a pride in myself if I wasn't able to make fair decisions' (line 340).
		She does not though, claim an altruistic moral position but appeals to enlightened self interest to justify her position, reverting as in line 329 to the golden rule 'how do you want to be treated when you are vulnerable and reliant on other people?' (lines 342-343).
347-350	Empathy	This enlightened self interest explains her final words of empathy for those who find injustice in the social care organisations and her commitment to the power of reason and reasoned judgement 'to restore some faith in the system' (line 349) since her view of enlightened self interest sees it necessary to the individual to support the system in order to benefit from it, returning right back to her original setting of the person and the family within its wider social context.

Chapter 4   Discussion and Conclusions

This chapter relates the findings to the literature previously analysed in six sections:
Section a considers the findings related to stories of practice, community of practice and the moral milieu of occupational therapists.

Section b considers individual therapists' construction of a personal bildungsroman and highlighted virtues of truth, fidelity, justice, empathy and caring.

Section c considers how individual bildungsroman and practice in phronesis manifests in stories of practice and the community of practice

Section d draws out implications of the findings and discussion for practice

Section e reflects upon the study and

Section f considers the researcher within the study.

4a Discussion arising from dialogical nature of community of practice and moral milieu occupational therapists

Stories of practice

As Mattingly demonstrated (1998), occupational therapist interactions with patients (termed service users or clients in this study) and with other occupational therapists are structured as stories developed in a dialogical form with those others. The dialogical nature of those stories' development is integral to their function. This is not an enjoyable gossip and not simply thinking in a group about how to do things better in future. Rather it is an engaged and directed project which has an effect on participants during the dialogue itself as well as effecting change which will shape later practice. For instance, Mattingly cites an interaction between an occupational therapist and a spinally injured patient in which they pass possible futures for the patient back and forth between them whilst appearing to be simply chatting over a minor physical intervention.

In this group session, Pat has a driving motivation to get her initial story told. She dives straight in with her concern, she knows what she wants to discuss and has come prepared. On seeing the group transcription her immediate response was an exclamation of surprise over the amount of group space she took up (only the

researcher was able to get a word in before line 189). Pat had not recognised how much of the group space she took up immediately, being committed to the telling. The telling of the case story has both professional and informal elements. The structure is drawn from how occupational therapists present case histories to each other and health professionals where necessary. However shifts, (as in line 11), from professional language 'a younger sister has autistic tendencies' to colloquialisms 'her poor mum' signal her personal engagement with the people represented in the story, a necessary part of the occupational therapy intervention in order to facilitate a dialogical interaction with her client just as Mattingly's therapist had dropped into colloquial terms in order to facilitate the therapeutic dialogue Mattingly observed.

Pat uses a floor plan (e.g. lines 20-34) to explain the design problems and options, as well as illustrating the history of the conflict with the clients, to the other group members. Discussion over a floor plan is a normal part of supervision and informal occupational therapist reflection on practice within this specialty. It is also an example of what Ricoeur (1984) terms a 'trace', a physical entity acting simultaneously on two temporal levels: 'there is a trace only for one who can deal with the mark as a present sign of an absent thing…a present thing which stands for an absent past' (p345).

This trace entity is complex. It represents the property as it was and the contested options for change to it, both past and absent, it was a lightening rod for an emotionally charged intervention with the family (as at lines 29-38) and may still be a pointer to a possible future since Pat is unconvinced of its ability to meet the child's needs comprehensively (line 178). As a trace it also represents the family's dissatisfaction and Pat's emotional labour. Pat's language also reflects the past emotional labour and the present emotional trace.

The story as told is not authored solely by the teller. It is open to the other members to challenge and change the trajectory of the plot, reframe the events in a new perspective or provide a new language. For instance, the trajectory of the story (from line 462) is of a client's own idea not being workable as it stands and the occupational therapist having to refuse it but having discomfort from the worry that there may still be options on the internet or in the market place which would take unconscionable time to find. Another group member, Cath, changes the trajectory by asking (line 485)

whether the teller would be able to pass responsibility for the exploration to the client which would mean the teller could still meet her duty of attention to other clients' needs whilst fulfilling the felt need for further exploration. This changes the story's trajectory and reframes the client from a person in need to an active agent. Whilst this intervention did not result in an immediate change to the story's end (in lines 494-496) the person's physical ability to manage the task is in question) it shows the possibility of this dialogic interaction. This fits Mattingly's (1998) understanding, following Bakhtin, that the story formed between occupational therapist and patient is always unfinalizable and subject to multiple readings.

Community of practice

Use of understatement represents a norm for handling emotion in this professional context. The norm of professional objectivity requires that strong emotional responses evoked in the therapist are set aside in order to sustain the therapeutic engagement and reduce personal bias in professional judgement. This norm is represented in the Code of Ethics and Professional Conduct under items such as 'Professional Demeanour' in Section 4.4.1 (COT 2005). All participants in the group, as occupational therapists, are socialised into this convention and thus the understatement works. For example, the emotional remainder still present for Pat is revealed to the other occupational therapists by the inadequacy of 'that was quite difficult' (line 19) to capture the appropriate level of emotional response to the contested situation.

Pat's language also reveals a dialogical interaction within her own person as one subjective 'I' appreciates that 'her poor mum has got both children' (line 11) whilst another more objective 'I' is unconvinced of the adequacy of the family's design to meet the child's needs (line 178) and yet another practically engaged 'I' chooses to give up some of her own recommendations to reach a negotiated settlement acceptable to the client (line 53). Each of these 'I's is represented in the text with its own language and accent but all are spoken by the same person.

The first interruption of Pat by occupational therapists other than the researcher is a supportive recognition by Jill of Pat's dialogical position and the emotional labour of the conflict, within the context of Jill's own experience with a similar situation, revealing her own internal dialogue to be reassuringly similar (line 189).

In this interaction can be seen an example of the community of practice in action. '…Members build their community through mutual engagement. They interact with one another, establishing norms and relationships of mutuality that reflect these interactions' (Wenger 2000, p229) and 'they must trust each other, not just personally, but also in their ability to contribute to the enterprise of the community, so they feel comfortable addressing real problems together and speaking truthfully' (p230).

For a participant speaking her truth, not all dialogic responses will be confirmatory. Cath brings in a different language with its own 'I' position (from line 221), marking a challenge to Pat to consider a new and different position. This language comes from an overlapping discourse which is germane to occupational therapy practice in this specialty but not coterminous with it, a meta discourse which impacts on occupational therapy as one of a wide range of communities of practice. Wenger (2000) considers that boundaries are particularly important to communities of practice, as such communities facilitate working across organisational compartments and offer learning opportunities to community members since 'a boundary interaction is usually an experience of being exposed to a foreign competence' (p233). From this perspective, new discourses can be integrated into community practice without deskilling community members within their current competence. The new discourse has a better chance of absorption by changing practice appropriately rather than disrupting practice and risking raising resistance against its acceptance. The exchanges from line 221-277, 448-496, 574-581 and again at line 701 are examples of dialogical treatment of a new discourse, a managerial-ideological agenda around 'Choice', raised by a community member. The new discourse impacts on the community's language, reasoning and practice, passing between dialogical 'I's', combining into new understandings of 'Choice's' range of meanings in application and exploring how those meanings might determine practice.

The group session is also enacting philosophical dialogue in the tradition of Socratic Dialogue as commended by Seeley and Porter (2008) and discussed earlier in the outline of the methodological rationale. Whilst the group would not consider itself philosophical, it does fit the criterion of a group enquiring together into questions which the group itself has generated and which are both philosophical in content and

reason based in exploration. This grounds the practice of occupational therapists reflecting together on ethical issues and operating their own ways of practical reasoning, phronesis, into a tradition much older and wider than occupational therapy. An underground stream of moral discourse needed by but disavowed within espoused theory of occupational therapy practice.

The peer community practice session is more than a social network or mutual support group, it is a community with an enterprise in common of which this peer reflection is an integral part. The participants are not just describing practice but are 'doing' practice within this community session. Wenger (2000) considers that the aspect of community of practice which supports identity, in this case identity as occupational therapists, is critical to the learning which occurs as part of the community activity since 'our identities combine competence and experience into a way of knowing' (p239). It is more than exchange of mutually interesting ideas, the participants are shaped, their 'I' positions, reasoning and practice confirmed or adjusted, within the dialogical interaction of the group and in externally representing their own dialogical intra personal exchanges.

The community is also 'doing' philosophy, finding resolutions to ethico-moral problems of justice, fidelity and truth, within a specifically occupational therapy frame of practical reasoning. In this it overlaps with and complements Mattingly's (1998) observation of occupational therapists' storied reasoning for clinical practice. Since these reasonings are necessary for practice, it supports Wenger's (2000) recommendation that opportunities for community of practice such as this reflective group should be nurtured in order for the members of the community to flourish as practitioners.

Occupational Therapists' moral milieu

Occupational therapists in this group do not appear to adhere to a specific theoretical approach to working out ethical dilemmas. Their stories can be characterised within theoretical frameworks for deontology, consequentialism and virtue but they do not stick to one approach for one story but shift approach within one story. Occupational therapists are clearly not moral philosophers or ethical theorists.

What they appear to be doing is more in harmony with Mattingly's (1998) observation of an Aristotelian practical reasoning, phronesis, in which taking the right action means making a judgement unique to that situation. The narratives do not come first as exemplars for application but the narratives in their making shape the judgement of the teller and, in this community of practice setting at least, affect the other contributors and listeners. Even further, Mattingly (1998) claims that the narratives occupational therapists create and events in the field with patients are interrelated 'Prospective narratives are continually projected, unravelled and remade in the course of trying to live them out' (p156). This appears to be a living event not an application of a theoretical algorithm.

O'Neill (2007), a Kantian philosopher by background, has noticed this gap between theoretical algorithms and practice: 'a focus on adopting specific (ethical) norms does not always seem to be enough to guide practice' and she explains this by observing that 'Norms are always indeterminate: acts are always particular and determinate' (p393). The occupational therapists in this group take their norms seriously: 'ultimately we are working within the policies and procedures and the rules governing and laid down within that organisation. We have a professional duty' (line 545) and even look nostalgically to a past time in which the norms were clearer: 'Things don't appear to be so clear cut I mean at one time it was a clear boundary' (line 564).

Even with good will towards rules for guidance, there will still be a gap from the rule to the world. O'Neill (2007) highlights that this is an area fudged in theoretical work by talk of 'application' of the norm which makes this step seem less problematic than it is (p394). She calls on practical reasoning as the bridge from norm to world and also brings in judgement: 'Some people who adopt…admirable norms make a poor fist of enacting them. These are the people we think of as having poor judgement' (p394). O'Neill considers good judgement as being shown when a person is able to reflectively consider the appropriate norms but also have the practical nous to put that norm into successful enactment and that takes more than cognitively moving through an algorithm.

This is particularly so when, as is clearly the case for the occupational therapists, there are multiple norms in play and some conflict or are at least in tension: 'If I have to

bring in a building project on time and on budget and to the standards specified in the project document, a lot will be demanded' (O'Neill 2007, p403). It is O'Neill's contention that practical reasoning is all about managing these challenging conflicts and that particularly good judgement is shown when they are managed simultaneously and in an integrated manner rather than prioritized one at a time. That is a fairly accurate description of what the occupational therapists are reaching for within the group - how to juggle the norms so that as many as possible are satisfied to everyone's satisfaction (or at least to everyone's acceptance). Pat gives her emergency direction for when all other norms fail or become hopelessly tangled: consider whether another 'like minded professional, an OT' would do something similar (line 598). It is a test of reasonable action extrapolated from civil negligence law and therefore familiar to occupational therapists.

It is commendable in a philosopher to concede that sometimes norms will be so numerous and in such conflict that even with good judgement practical reasoning will fail through no fault of the agent. This is the risk generating the language of defence, including fear of litigation and lack of support from the organisation, as in the exchange about policies, procedures and litigation (lines 534-540). What is at stake in these difficult situations is that this time there will be no way through to agreed resolution no matter how good your judgement, practical reasoning, design skills, interprofessional networking and general communications. 'Where realities force hard choices it may simply be impossible for agents to meet all the norms they seek to respect' so that these 'unmeetable norms' may require responses ranging from apology to 'commitments to reform, to compensation, restitution and other forms of making good' (O'Neill 2007, p405). In an ideal world that would be no problem but it is not clear to the occupational therapists who would be held personally to blame in the legal and political process of accounting and therefore made responsible for a costly restitution.

O'Neill (2007) also suggests that a fully conscious practical reasoning will still leave some aspects of the world outside of the remit for activity of judgement, particularly when it has come to picking among alternatives for which a good rationale cannot be seen. Perhaps it is an over reading of her meaning but that may be an entry for a kind of tacit knowing in occupational therapists' ethical action. Polanyi (1967) describes a

tacit knowing of moral knowledge in which a 'tacit framework for our moral acts and judgements' allows for an application of this moral framework without a fully conscious thinking through of such a framework but as the distal application of a 'proximal' identification with that moral framework. This means response to a situation 'feels right' even though the ethical underpinnings are not exposed to cognitive reflection. The stories told in the group session are where things 'felt wrong', sometimes because of intensive emotional labour involved in dealing with interpersonal conflict, as in Pat's original family case (lines 8-27) but also an ethical discomfort where a moral sentiment had been disturbed as in Cath's comment 'we don't feel comfortable with ending it and saying no' (line 534).

One other subtle ingredient in the moral milieu for occupational therapists comes to them historically and is a taken for granted background rather than an overt moral resource. While much of occupational therapy history is about medical history, one strand specific to that profession links to the wider social late nineteenth and early twentieth century movement of romantic protest against the lived experiences of the working classes under industrialisation. Ruskin and Morris in particular sponsored a movement, now mostly recalled for its fine arts and crafts products but essentially in its inception a moral protest. Ruskin's deep concern for the Victorian working class in general and working their conditions in particular were presented in terms of artistic criticism, contrasting gothic architecture and pre modern craft work with the industrialised output of contemporary England:

> 'You must either make a tool of the creature, or a man of him. You cannot make both. Men were not intended to work with the accuracy of tools, to be precise and perfect in all their actions. If you will have that precision, and make their fingers measure degrees like cogwheels, and their arms strike curves like compasses, you must unhumanize them.' (Ruskin 1851-3, p258)

And the output will be cheap and tatty mass produced goods whereas the gothic allows free rein to imagination and diversity allowing a full and satisfying contribution by the workman to the product. Morris (1884-5) urged a move to work on products worth the having and which in production gave 'pleasure enough for all us to be conscious of it while we are at work'.

The spread of such values among educated people enabled ideals about the importance of productive and creative labour to support the development of the profession in its application to people who were ill or disabled. An illustrative family example comes from a great uncle who was invalided to a war hospital in Bath during the First World War having shrapnel in his shoulder from work on the guns as a Marine. Having to wear an aeroplane splint with his arm in abduction for weeks at a time, he was very pleased to be approached by what he described as a 'lady volunteer' in the hospital who enabled him to embroider the Marines' badge and seventy years later he was still proud to show the piece and tell how she had persuaded him not to unpick his work when the lion's mouth turned out misshapen by suggesting that this was a lopsided grin which gave the heraldic beast some character.

This lady volunteer would not have been a professional occupational therapist at that date in that context. Since he was a country lad, his attribution of her class as 'a lady' would have placed her in the middle, probably upper middle, class. As a volunteer, she was not a paid hospital employee but doing her bit for the war effort. However, what she was doing was significant in enacting her values with respect to creativity and occupation. The hospital had implicitly agreed that it was right to enable their patients to be given constructive occupation. As a volunteer she was drawing on her own background skills but her actions would be recognisable to a trained occupational therapist today: she saw a deficit in occupation, took the measure of the lad and his ability/disability, chose an appropriate activity (Marines did stitchery for repairs, and their badge was exceedingly important as a source of identity) and adapted it for him to be able to accomplish a finished product with which he was satisfied. She is an example of the women of her class and education who were primed with the values of the Arts and Crafts movement - about the importance of creative activity, and willing to put them into practice when the opportunity arose.

Whilst the moral values of the Arts and Crafts movement are now invisible within discourse of the profession except as an historical interest, the powerful sense of the importance of people's roles and occupations is still central and overtly recognised by the profession and hence all in that community of practice. What is also part of the moral 'feel' but more or less invisible is the remainder of the romantic ethic, a reflex suspicion of utilitarianism in its more triumphalist mode and support for cooperative

community (Veldeman 1994), a tendency to value personal creative expression and suspicion of overweening instrumental reason (Taylor 1989). This is by no means a claim that all occupational therapists subscribe to these values but that it is a background which surfaces, more like night stocks scenting a dark summer garden, when they gather together. Others with a better moral 'nose' might be able to be more specific as to the content of this complex background. The old stereotype is of occupational therapists as basket makers, potters and weavers migrating to rural cottages. As with all stereotypes this is inaccurate but stereotyping is enhancing perceived difference into grotesquery and so the very existence of such a stereotype points to the different moral flavour of this profession from others in the allied health grouping. Taylor (1989) shows how past values remain active but 'unavowed' within current moral positions and the present technology/ecology struggle is where he places this underground romantic strand for the wider society (p413).

Within the group session, this strand will not have been sufficiently highly visible to be able to point to a specific exchange and say 'That's it!'. It is more part of the atmosphere and the background values conducive to the 'mutuality' Wenger (2000) considers as necessary in formation of a community of practice. It may be another tacit dimension which makes the occupational therapist feel able to trust and contribute to the community, an invisible oil to facilitate community formation and function. In any case, it is worth drawing to attention as Taylor (1989, p351) considers that both 'avowed and unarticulated' 'moral sources' contribute to making sense of life in influencing the kind of 'narrative structures' which will be deployed in sense making. Thus the romantic remainder will likely influence moral sentiments and feelings, what occupational therapists consider significant and how they direct their attention, though probably not their processes of overt clinical reasoning.

4b Discussion arising from Bildungsroman and Virtues

Choice of interviews

Whilst four interviews were carried out, given the enforced limits of this thesis, two were chosen for presentation not because they were in any way 'better' than the others or had more in common since in this theoretical framework individuality is valued.

Rather, the two were chosen because they illustrated how two occupational therapists managed to integrate commitments to politics and religion with personal life and practice, a delicate balancing of act and interest since overt affiliations are not encouraged in professional practice to support professional impartiality. As these are stories of moral becoming, the category of bildungsroman is relevant here.

Bildungsroman

The stories of how these occupational therapists developed a sense of fairness in their own lives and which sense now connects with their practice is a story of moral becoming, a bildungsroman in the literary tradition discussed earlier and illustrated by reference to Fielding's *Tom Jones*. Because of its moral content and developmental style, bildungsroman has interest both to literary criticism and to the range of disciplines concerned with moral aspects of education.

Bakhtin's (1986) organisation of literary development encompasses a move from biography to bildungsroman, he does not see these genres as fitting the same category but rather one is built upon achievements in the other. Bakhtin (1986) himself considers *Tom Jones* might best fit in this biography genre but he also recognises it as fitting within bildungsroman according to 'other scholars' (p20) The exemplar of the biographical is Augustine's Confessions concerning his path to conversion and subsequent life within a Christian discipline. Bakhtin (1986) characterises this as a crisis and rebirth format in which the focus is entirely upon the change in the central person portrayed and the central, life changing event.

Interestingly, the first interview with Pam hinges on her epiphanic experience in 1994 in which she 'came to faith' (line 279). The earlier factors affecting development are present but given small attention in comparison with Jo's interview. Unlike a confessional biography, the present time is foregrounded in discussion of current practice and the central experience is not alluded to until after half way through the interview. When it does emerge though, it gives a context for understanding prior and following discussion which is how it acts as a hinge.

This is in no way a story falling within the genre of a 'testimony' which is a conversion narrative offered for the convincement of others. It is simply that the

subject cannot be avoided as it is of central concern to how a sense of fairness was personally developed for this occupational therapist.

Normally, occupational therapists are quiet on their religious and political views as it is considered unprofessional to take a publicly acknowledged position on either of these contentious topics which might make potential clients, colleagues and patients uncomfortable and thus interfere with practice or be mistaken for a view held by the profession's governing body. Whilst not specifically covered in the Code of Ethics, any complaint would be considered under Section Four: Personal/professional integrity (COT 2005). The same applies to J's political comments which are to be read as having been elicited as a private view and not an authorised occupational therapy position.

So whilst Pam's story does have a claim to inclusion in Bakhtin's biographical, pre-bildungsroman category, like *Tom Jones* and unlike Augustine, it does not depend entirely upon the epiphanic experience. It would be possible to remove line 279 and still understand the narrative, and it does take the historical family past and the current political and practice present into itself which gives it a claim to bildungsroman status.

Jo's story fits the family biography type of bildungsroman, where *Tom Jones* is a literary exemplar. Here the biographical life is understood very much within the context of family historical time as well as wider historical time. The presence of generations, siblings, parents, grandparents (lines 4-21), represents an understanding of becoming stretching from the unlived past to a potential future (line 101) which, along with an integration of the personal story into historical events (lines 12-27) qualifies J's story for bildungsroman status (Bakhtin 1986, p20). Ricoeur too saw great significance in the presence of generations with its overlap of contemporaneous and non-contemporaneous lived time coinciding with parents and grandparents handing on to the children stories of events before they were born. He characterises this feature as 'the grounding of lived time on (underlying) biological time' and claims it as one of the main connections between personally experienced time and historical time (Ricoeur 1984, p344). Bakhtin's (1986) concern for categorising biography and bildungsroman is the high value he places, along with Ricoeur, on

sensing and representing the personal story as integral to wider history and historical processes.

Taking Bakhtin's and Ricoeur's views on historical integration as criteria, it may seem that Jo has a more developed story of becoming than Pam but that places the stories in competition when occupational therapists value cooperation and diversity. The stories are different rather than prioritised. The content and organisational strategies are different. Pam is concerned with present time and its relation to an epiphanic constellating event. Jo takes an organising principle from the generations and shows it giving shape to her experiences and building through the present with a trajectory to a future plan.

Bildung within educational theory is contested (Nordenbro 2002). It can be seen from utilitarian, Rousseauesque and neo-humanist perspectives. In utilitarian terms, bildung is an efficient training for an aspect of economic usefulness, for example managers might go to a self help manual or a management consultant for a course on 'Seven Steps to a Successful Team' advertised to offer the participant techniques to enhance the performance of the team he/she manages. Rouesseauesque bildung would be more in tune with the human potential movement and self discovery of personal potential. The neo-humanist approach criticises the first as setting the person under social control and the second for subjectivity and hedonism. Neo-humanist bildung attempts to balance the personal development and social engagement (Nordenbro 2002).

Using these approaches as criteria, both stories are balanced and well developed in portraying the ways in which social and personal demands experienced in their lives are balanced with a commitment to social action. Neither Pam nor Jo has any difficulty reflecting upon an articulating the value-drivers of their commitments, how these came about and the barriers which need to be negotiated daily in order to honour those commitments.

Bildingsroman is developed and altered in the telling with dialogical interchange giving the possibility of new insights changing perspective evidencing Bakhtin's and Levinas' point that because the person is always and everywhere in a relational position to others, 'my' story is not solely 'my' product, or even 'my story', and is

affected, sometimes radically and sometimes superficially, by dialogue with those others. Jo comes to a new insight in dialogue with the interviewer: 'do you know – it's only now you saying that that I think that probably very much influenced why I …' (lines 86-94). Telling the bildungsroman is not presenting a finished product but the actual telling can contribute to its development.

Virtues

As Mattingly (1998) demonstrated, occupational therapy practice can be described in terms of phronesis and so it is unsurprising to be able to explain these stories of becoming in terms of Aristotelian development in virtue. This is not to claim that the interviewees would be likely to describe their development in such terms. 'Virtue' is not a term occupational therapists use and to be considered as having virtue may be descriptively correct but would make their toes curl in embarrassment. It is not that virtue itself is displeasing but rather it sounds as if such a claim, as we see regularly with media reporting on politicians' activities, offers potential detractors opportunity for a humiliating counterclaim of hypocrisy.

Virtue is not an unproblematic term. Philosophers and social psychologists have an ongoing argument as to the nature of character traits and whether these are permanent features belonging to specific persons and exercised from situation to situation over time or examples of behaviour shaped by past and present social and psychological conditions relating only to the moment (Webber 2006). Whilst the virtuous are not virtuous all the time as evidenced by tabloid reports of vicar or headmaster caught doing X,Y or Z, and vicious people may show virtue, as in the stereotypical mafiosi who loves his mother, social psychologists can point to these discrepancies as evidence that moral traits are predictively unreliable and therefore social and psychological factors impacting on the situation explain why who did what.
But actually that is a misunderstanding of virtues. Virtues and virtuous behaviour are separate things. The virtue is the inclination in the person to behave in a virtuous manner which in some situations will not be enacted as virtuous behaviour because of the social and psychological circumstances. The stronger the inclination, the more likely that the virtuous behaviour will be enacted. The other complicating factor is that individual virtues do not spring up in isolation but grow together, since some are inhibitory or contributory to others. For example, a party animal who blows her

savings on paying for a series of nights out with the girls will certainly have treated her friends but without any operation of prudence this is profligacy rather than generosity. The profligate person may be someone who would normally be generous within prudential boundaries but who right now is overwhelmed with manic symptoms and compelled to spend, spend, spend. In that case she does have the virtue of generosity but it was not enacted this time due to a psychological factor. Sadly her friends did not exercise virtuous compassion and put a limit on her spending (Webber 2006).

Phronesis therefore can operate when the person is becoming a mature individual and the virtues are developing, albeit a little inconsistently, but the person has an awareness in growing and integrating morally (whether or not that person would choose to use language like 'virtue' and 'moral'), a trajectory of development, a bildung. So this is not someone who never gets it wrong and that is part of the problem with using the term 'virtue'. By some misunderstanding, virtue has come to mean only perfection of virtue in common usage and most people know that is rare, hence the charge of hypocrisy to anyone claiming it and the glee when a journalist unmasks a badly behaved celebrity. This conflation of virtue and perfect virtue is not always and everywhere the only understanding of virtue. A canonised saint in the Roman Catholic church has met the criterion of exhibiting 'heroic' virtue but for the majority of people virtuous conduct is getting it right some to most of the time. The inclination is there and growing but the enactment is not consistent. Because of this conflation, the personal language used to describe the bildungsroman, of becoming and maturing in virtues, is not likely to be couched in Aristotelian terms, but that framework does offer a working model for how this human growth occurs. Neither interviewee made a claim to virtue but the models held up, like Jo's father, and the practices to which they were attracted, Pam in living truthfully and Jo in acting justly, are virtuous and the trajectory of their development will therefore fall within the purview of bildung.

In this Aristotelian scheme, within the occupational therapists' stories, the virtues will be developing together in a 'web' of 'habitual inclinations' (Webber 2006, p206). The interviewees were asked about developing fairness from which the expectation would be to foreground justice and in Jo's case it did so, though with countering injustice as

a strong second strand. However, with Pam it was truth which was foregrounded, though still directed towards fairness, with fidelity as a second strand. Perhaps this is an example of the Aristotelian axiom that virtues are not separate but grow together.

Truth

As Fernandez-Armesto (1997, p3) observes, truth is basic to social life 'There is no social order without trust and no trust without truth…Every act of assent implies a truth-test. Every use of language represents an attempt to reflect the real'. It is therefore to be expected that it will be an integral part of practice dialogue, both as an underpinning guarantor of that dialogue's authenticity and continuation as well as a featuring in the content of dialogue. Comte-Sponville (2003) labels a person's relation to truth 'Good Faith' to clarify that although lying is outside of truth, getting it wrong does not preclude an inclination or disposition to truth. But it has to align with other virtues to be a virtue in itself since 'An authentic bastard is still a bastard' (p196). Truth is related with fidelity in the sense of being faithful to that which is true in honest dialogue within the community of practice. Truth is related with justice when being clear with the client that their child's need would not be met comprehensively within the plan they have for home improvement.

Truth in terms of testing for truth and representing the real leads back to the philosophy of science and language studies. Fernandez-Armesto (1997) falls back on three sources of truth. Firstly the instinctive truth which ensures the continuation of the species in general and daily life in particular. For situations needing immediate response, we have survived as a species and as individuals because we have a bio/cognitive register of true/untrue which allows us to act on signals received without falling back on reflection and semiotics. On entering a client's home there is a large dog barking in the back room, the client says he's all noise and he'll be fine once you're sitting down. Does your instinct agree with this as true?

Secondly there is an authority-imposed truth. If your community of practice tells you it is not a good idea arbitrarily to mix and match makes of slings and ceiling track hoists then they probably have good reason. In the group session, Pat's emergency rule of thumb in the absence of organisational and professional norms was whether another occupational therapist would do this thing and she extrapolated that principle

from civil law, negligence (lines 597-600). Occasionally the community is wrong as in the famous example of the Australian doctor who infected himself with Helicobacter Pylori as a successful last ditch attempt to convince his peers that this organism causes stomach ulcers. Such an example is rare.

Finally a combination of reason and sense perception is sufficient to give the daily world the doubt as to its reality and treat our reason as sufficient for most practical purposes. When a client tells the occupational therapist they are terminally ill, the therapist needs to continue the assessment in a manner appropriate to a judgement of whether that statement is true or false. Sense perception (how ill does the person look right now and is this discussion distressing?) and reasoning (how likely is it in this person's circumstances and what are the implications?) will provide sufficient true/untrue judgement for the purposes of the moment. The occupational therapist may check the information and medical implications with another source afterwards but since it is not unknown to have had access to less than full information before arriving for an assessment, a true/untrue judgement still has to be made at the time.

Pam recognises that what she is doing is a representation of reality, 'let's just paint the picture' (line 7) and her intention is to 'keep [the picture] as accurate and truthful a reflection of the situation as it's possible to get' (lines 8-9). She is aware that the collection of factual information is followed by interpretation in order to use the facts but with the emotional 'pressure' the 'facts can be distorted' even 'really early on' (lines 6-7) and so 'the picture' is painted to keep as close to those originating facts as possible in order for interpretation to be clear and accessible for the clients and others using it. The truth here is in the third category, keeping close to original sense perceptions and keeping track of reasoning.

She uses truth in the second category, 'I made it clear right from the start that this is what the grants department would be looking at in terms of what they would find funding for' (lines 72-81). She is complying with the authority-truth in clarifying what the authority will do. She is also, as per Comte-Sponville (2003), linking good faith and justice in making it clear what the entitlements will be so that the client is clear what are the boundaries within which they may make claims.

This is more than an instrumental truth, useful in separating factual and emotive aspects of successful occupational therapist/client interaction. This is a concern of so long a duration that the originating injunctions to truthfulness are not readily available to conscious memory but probably began with parental values (line 254). Thus the epiphanic experience of 1994 did not originate a concern for Pam with the value of truth but changed its nature. This is not now about complying with a principle but about the much more demanding project of truthful living in alignment with that epiphanic experience working itself out and becoming embodied in Pam's mundane daily experiences (lines 258-348). This is an experience of transcendent truth but very concrete and matter of fact, not out there but right here and now. It matters to Pam that she is 'being truthful' and 'encouraging others to be truthful' (lines 263-264) and so there is real risk in becoming 'entangled' (line 157) under pressure to bend the truth, since to do so is not just uncomfortable ethically but a loss of self within the project of living truthfully.

Fidelity

Fidelity or acting faithfully is a slippery virtue with a wide range of definitions. At one end of the spectrum it is dependability and living up to the given word or the expectation raised, commitment to one's values and ideas in everyday living. This is unproblematic in that occupational therapists would make an effort to arrive at the client's home when they said they would or ensure a message was passed to the client in case of problem. The whole content of group and individual sessions evidences the occupational therapists' strength of wish to act according to professional values. The problematic area is remaining true to oneself whilst fulfilling obligations to others since fidelity covers both and they may conflict (Pilkington 2004). That conflict also characterises the bulk of the group session content.

At the other end of the spectrum Fidelity is the virtue of memory (Comte-Sponville 2003, p19). Comte-Sponville takes this view because faithfulness presupposes carrying commitments through over time which in turn brings in all the problems about whether we are the same from one moment to another and whether any commitment to the other remains in place when the other has changed over time too.

This is a more than an academic question when a therapeutic relationship is measured in years rather than weeks as sometimes happens, for instance with children who have disabilities, where adaptations require adjustment over time as people's needs change.

Jo explores the importance of fidelity to her service users through reference to a person with disabilities and experience of occupational therapists. His axiom is 'know what you can do – you know don't promise the world and then not deliver' (lines 161-162).

As with the whole Aristotelian model of virtue, Fidelity does not stand alone. It supports truth and justice as well as compassion and personal authenticity and integrity. Both Pam and Jo recognise this connection of fidelity, truth and justice with empathy – that one depends upon the others. Jo reflects, 'just be quite truthful about what you can and can't do and I think in some way that's to do with fairness because you musn't string people along and how can you make appropriate decisions if you can't to some degree put yourself in the place of that person?' (lines 162-165). And for Pam 'it can be difficult to untangle and get the truth out in order to be fair' but in order to do so she will attempt to obtain 'as accurate and truthful a reflection of the situation as it's possible to get' (lines 4-9).

Ricoueur emphasises the importance of trust and fidelity as a basis for the possibility of social interaction leading to justice in society and citizens holding and claiming rights. Without that trust in the given word lies chaos: 'I expect that each will mean what he or she says. This confidence establishes public discourse on a basis of trust…In truth, this fiduciary base is more than an interpersonal relation, it is the institutional condition for every interpersonal relation' (Ricoeur 1995/200, p6). This is a reciprocal expectation and in practice clients naturally expect it from occupational therapists, as Jo's service user tells her (lines 161-163). Sometimes occupational therapists have to deal with clients who are, at the very least, being strategic with the information they give and to whom in order to play the occupational therapist to their best perceived advantage. For example, Pam found herself being used as a tool, metaphorically a 'fulcrum' (line 203) with which the family sought leverage and the information she gave them risked being used as 'ammunition to put pressure on other people' (line 242). The result was that, in order to remain in fidelity to the family and

her professional responsibilities, Pam was aware that she was not as open with this family as was her normal practice. Throughout, she required of herself that she maintained empathy (e.g. line 110) with why the family were doing this in order not to separate herself from them. This example supports Ricouer's point that without trust and reciprocal fidelity, social exchange is damaged. It also shows how the occupational therapist deploys fidelity and again uses empathy as the bridge to understanding and acceptance of lack of reciprocity.

Reciprocity of reliance on a given word is also an issue between the occupational therapist and the organisation. The occupational therapist has to be able to trust the organisation is order to mediate between it and the client. Pam says 'you've got to trust the system and the people within it' (lines 359-360) and happily, her experience is that 'we're very fortunate because we've got people with integrity who work in our organisation' (lines 360-362), including her professional supervisor and manager who help with boundary setting and, through supervision, support forming rationales for professional judgement (lines 313-318). Jo has a more mixed experience. Having great belief in the power of reason herself (line 181), she cannot help but challenge 'illogical decisions' (line 183), having at times found herself 'at odds with the guidance' (line 307) and in extended conflict with the organisation, having to consider 'how do you fight that and at what point do you say OK I'll give in?' (line 308). However, she hasn't given up her espousal of the power of reasoned arguement since her final comment is that the fight for those who are let down continued for her 'because you work for it [the organisation and its systems] you want to restore some faith in the system' (lines 349-350).

Fidelity, truth and justice exercised with empathy are integral parts of a virtuous whole, feeding the professional practice but grown in the person and not compartmentalised from the person's wider life. It is this intimation of the impossibility of entirely compartmentalising professional from personal life which lies behind the expectation of 'Personal Integrity' in the Code of Ethics. Can someone who is unethical in their personal life be relied upon to behave virtuously in the clinical setting? The profession clearly has doubts on this and requires 'the highest standards of personal integrity' (COT 2005 section 4.1). But what actions should be counted in the judgement of personal integrity is a contested issue when politicians

are caught out in sexual misconduct and claim breach of privacy, claiming that their unfaithfulness to spouses in no way relates to the fidelity to public service since these are two different categories of fidelity and that one comes within a duty of public accountability and the other is a private matter and does not.

Practising Justice and Countering Injustice

Jo's bildungsroman foregrounds justice and the virtue of acting justly herself to counter injustice. As Taylor (1989) has shown, the structure of the modern self in late capitalist social conditions has led to a focus on autonomy, rights and therefore justice as a primary triad of moral concern. This in turn leads to the central issue of 'The Capable Subject' – who or what actually has the ability to make choices under these rights and can therefore be treated with justice or injustice. The Mental Capacity Act (2005) gives practical tests for capacity but that legal entity presupposes an underpinning moral and ethical analysis of capacity.

Ricoeur's phenomenological analysis of 'The Capable Subject' begins at the level of utterance. The identification of an agent begins with a 'Husserlian metaphor' of a 'focal point' from which the utterances 'radiate' (2000, p2). This explains why it is sometimes difficult to attribute 'assignment' of an action in judging for praise, blame or rights, since this starting point automatically puts the analysis in a dialogical form, which brings out the connectedness between these 'focal points' and the shared creation of lived experience. However it is necessary within the autonomy/rights/justice triad to 'assign' 'capacity' as 'agency' in order to further 'assign' rights and duties (2000, p3).

Ricoeur's (2000) next stage is narrative identity, making distinction between self and other but involving the agent within emplotment of their own and other's stories and thus rendering them mutable in both character and story over time (p3). These life stories are interwoven such that emplotment of one involves emplotment of the other and segment of one story becomes enmeshed in another (2000, p7). Jo shows clearly how her father's commitment to justice is a significant grounding to her own emplotted bildungsroman and consciously references the impact of the stories told her by participants in the self help group she set up (line 155) and the impact on a manager of learning from her (line 133). She cites the apparent imperviousness of

current organisational management to stories other than the expectations passed down from the next level of management and therefore miss the potential for learning from emplotment within other potential future trajectories, or even the outcomes of their own actions, as part of her current dissatisfaction with the organisation (lines 134-140). An implicit effect of an instrumental approach to management driven by centrally authorised tools of policy and target is to render those managers necessarily monologic in their actions and deaf to the local dialogue in which they are situated whether or not they consult with their staff and service users. In this situation the site of emplotment has moved from embodied persons to abstract policy in an attempt to harmonise the local situation with the meta-narrative emanating from the centre.

Ricouer's third stage is to add in the need to judge what is good and what obligations are attached, actions which are permitted or encouraged and forbidden. It is our ability to effect these judgements on our own acts and those of others which give us a sense of self esteem and self respect as we aim towards the good actions and try to avoid those we consider bad or which are forbidden. Self esteem relates to the virtues and self respect to deontological achievement: 'there is a bond of mutual implication between self esteem and the ethical evaluation of those of our actions which aim at the "good life" (in Aristotle's sense), just as there is a bond between self respect and moral evaluation of these same actions, submitted to the test of the universalization of our maxims of action (in the Kantian sense)' (2000, p4). Jo comes to the conclusion that if she could have this passion for justice, mediated by her parent's values, surgically removed, it would make life somewhat easier but she would not because 'I wouldn't have a pride in myself if I wasn't able to make fair decisions' (lines 339-340). The virtue of justice is central to her bildungsroman, to her identity and sense of self and is a touchstone for the rightness of her actions. Self esteem and self respect spring from its enactment both in her professional practice and wider life.

Ricoeur's fourth analytic level brings in the structures, organisation and context in which the agent is situated. Justice is enacted in the presence of a third 'Only the relation to the third, situated in the background of the relation to the you, gives us a basis for the institutional mediation required by the constitution of a real subject of rights – in other words of a citizen' (2000, p5). This is not a specific third person but 'chacun', anyone and everyone else (2000, p8). Llewelyn (2002), demonstrates that

Levinas has a concept of a third in the I-Thou face to face meeting in order for justice to be present in the dialogue but it is less concrete even than 'chacun', nearer a theoretical third, though not a construct, certainly not a person as such and hardly even an idea. Il in Illeite represents an ontological bond of sociality in ethical dialogue rather than a person (pp129-130) and so for the purpose here, Ricouer is more directly applicable since Jo is very concerned in concrete terms about how her clients will claim their rights as citizens. Part of her concern for justice has been enacted by ensuring she listens carefully to her clients and that decisions are made with them and not for them. Discussing a situation in which the rights of the client and carer were not harmonious, Jo used the occupational therapy community of practice as a resource, bouncing ideas around with two specialists, and took the options back to both client and carer. The specialists gave different options which raised a question of fairness in her mind, but eventually she operated empathy with both carer and client to find a negotiated settlement which she believed would fit all concerned and the final decision lay with the client, ensuring that the carer was party to the end result (lines 201-230).

Ricoeur claims that without the organisations, such as local authorities, which make up the middle level of the body politic, individuals cannot be considered full persons since without such mediating institutions and structures individuals cannot flourish in a fully human manner. The organisations themselves may change and be replaced, but the basic situatedness of the individual in a political structure 'cannot be revoked' as some hardline social contract liberalism would wish to allow. Jo and Pam know that they are important to their client's flourishing and they are the means by which their clients will exercise their rights as citizens. Some of the deep frustration comes from the organisation itself getting in the way of that essential social task – as with Jo and the new target driven management (lines 134-140) and Pam struggling with changes in funding practice across departments (lines 89-97).

Justice is used as a term to describe what is allowable and forbidden under law but here it is enacted in its moral meaning, how to exercise equity and parity in consideration of equal rights from person to person (Comte-Sponville 2003). The occupational therapists abide by the law, working within it as a source of duty and funding. If that were all there were to it there would be no discussions as in the group

and individual sessions. The moral, virtue, meaning of justice is much harder to accomplish.

The occupational therapists hold onto the principle of equality with a strong grip. This is a source of discomfort in balancing the time and attention given to one case against the claims of others awaiting attention where there is no prior claim of one over the other in order that one should receive more attention than another. It is this sense of justice which is crossed when influence is brought to bear in order to give one case more attention, more funding or a quicker response. For example, when a councillor or other local authority professional presses for an urgent response to a specific requirement, the occupational therapists are careful to ensure that they respond according to the need and risk to the client and not to the pressure exerted by positional power or pester power 'you have to be extra clear about what's fair' (group session transcript lines 611-616). Situations where occupational therapy recommendations have been overturned by others in more powerful positions without due consideration of fairness erode trust in the organisation (group session lines 620-622).

Comte-Sponville (2003, p84) considers equity to be 'applied justice, living justice, concrete justice' and this is what occupational therapists are attempting to enact. It does not mean 'same for all' as each case, each client, each person is different, so professional judgement is the key judgement. The occupational therapists are concerned to ensure that assessment is carried out appropriately since that is the process which will ensure that needs are properly identified and, hopefully, met satisfactorily. This is true equity from this professional perspective – making a good assessment and negotiating the intervention which will meet the identified needs. Thus as with the other virtues, justice does not stand in isolation but is dependent upon the presence and application of the others - particularly fidelity, empathy and truth as well as professional knowledge and skill together with knowledge of the organisation and its resources.

Sen's (2009) 'Idea of Justice' favours putting right instances of injustice over developing an ideal model of a just society and working normative propositions from that basis. His emphasis on practical reasoning takes into account the specifics of any

situation to be addressed and that will include the injustices already present. Sen (2009) starts from the present situation countering injustice rather than either waiting for a perfect system or inaugurating an utopian revolution. His formulation came to hand after the labelling of the virtues foregrounded in Jo's text as both practising justice and countering injustice but is useful in giving some authority for the distinction. Sen's formulation also captures how occupational therapists feel strongly in some cases 'it's not fair!' Jo is a particularly clear cut example. It shows how they take a contextualised view of this particular person and the other persons affected in working through the dilemma. Sen's approach to justice has a direct application to occupational therapy practice which is missing from the other major theoreticians of justice cited – Rawls, Dworkin and Nozick, because it fits with their operation of phronesis in tangled webs of lived reality. In this way Sen's (2009) approach more directly reflects OT storied experience than intellectualised application of a small number of universal principles (Beauchamp 2003). Occupational therapists can talk about universal ethical principles but what they are doing is closer to Sen's practical reasoning of justice. Perhaps another example of espoused theory and theory in practice - not a hypocritical difference but simply that the old theory was not competent to capture practising justice and countering injustice in occupational therapy practice and this approach, justice by phronesis, describes storied practice more convincingly.

Empathy

Both Pam and Jo offered examples of empathy as an important aspect of fairness. Jo (in lines 214-228), can be seen to have entered imaginatively into the client's situation in order to find a way forward. Likewise, Pam uses empathy to appreciate a family belief which she does not share but which was important to them (lines 44-56). She managed to make this empathetic leap even though the family belief was in the way of a resolution and despite the fact that when the family performed a volte face in dropping the belief, the family transferred responsibility for delay of resolution to Pam and her colleagues, taking no responsibility for their own contribution. Empathy allowed her to see this behaviour as part of trying to deal with the difficulties of caring for a child with disabilities and therefore understandable, rather than simply erratic, unreasoning conduct.

Empathy is essential to establishing a working relationship not because it is a warm and fuzzy feeling which makes people like each other. Rather it is a pre requisite to any useful intervention that the occupational therapist should establish a connection, not so much emotional as imaginative, which allows that therapist to understand enough of the world of the other to work alongside and not at odds with the client. An imaginative appreciation of the world of the other gives an ability to understand needs and project possible future options, dialogically creating possible future stories as Mattingly (1998) described in her observations of occupational therapists at work.

Setting empathy within the virtues is a tentative move. It certainly does not appear within traditional lists of virtues and would be invisible to many moral and ethical theorists. Perhaps it is a skill rather than a trait but some characters seem formed to be able to do it well and some do not. Goldstein and Michaels (1985), outlining psychological skill approaches to training for empathy, do not see it as achievable by all people and concede that 'training in empathy during adulthood must build on a set of naturally developing abilities that begin in childhood and that continue to emerge across the lifespan' (p61). A few occupational therapy students will not successfully pass their clinical placements and become practitioners because, although their academic work is acceptable, they cannot make an empathetic connection with people who come to them and therefore cannot make the necessary interventions for treatment.

Phenomenologists in particular among philosophers have wondered how we can understand another's perspective. Stein, for her doctoral thesis under Husserl, tackled 'The Problem of Empathy' (Stein 1916/1989). She sees it as a function related to memory and imagination. Because we can remember a particular lived experience and if we can recognise that lived experience in another then we can 'do'it. In a three part operation, we read the other's emotional or cognitive condition, we imaginatively identify with that and raise in ourselves an appropriate feeling or cognition (which is not the other's feeling or cognition but the one we have brought up in ourselves), this can be a surprise as it feels a bit like being in the other person's place, and then we let it go and return to our own condition (Davis 1990, Maatta 2006). We have moved the 'I' from a subject aware of the other to an object aware of itself and back again within this process and MacIntyre claims that this understanding shows her moving away

from Husserl's transcendental phenomenology and grounding herself in realism. He also finds her account incomplete and her thesis is 'setting an agenda…advancing no more than preliminary and provisional conclusions' (MacIntyre 2006, p86).

Tentative though it is, the three part procedure with automatic raising of the appropriate feeling in the person doing the empathising might account for some of the emotional remainder from these taxing situations which the occupational therapists were expressing both in the group and individually. For example, in the group session, the function of understatement e.g. 'so that was quite difficult' (line 18) was discussed earlier as a signal of the emotional remainder of the conflict with the family with whom the occupational therapist had already empathised. If empathisers are raising emotions in themselves to mirror those with whom they are empathising, then the subsequent tangle of having the empathisee turn in conflict might well leave behind an emotional trace which could not be dealt with at the time but which requires recognition and attention later.

Moving between objective and subjective positions is also necessary through the occupational therapy intervention. Closeness and empathy are required to understand the situation and engage imagination. Distance and objectivity are required for instance to discern how design options will affect the property and to consider funding issues. Shifting position in this way several times during a complex and extended interaction as described in the cases brought to group and individual sessions can be taxing. Having engaged empathy it may not be easy to put a brake on it when objectivity is required. This could go some way to explain the occupational therapists' emphasis on norms and boundaries. For example in Pam's interview clear boundaries are recommended (lines 95 and 109 following), whilst Sara was nostalgic for clear boundaries in the group session (line 569). Norms and boundaries give support to the empathiser trying to maintain distance from the emotional condition of the other for whom the empathiser has already raised the corresponding emotion in their own person.

The three part process may or may not be a full procedural explanation for empathy but both Davis (1990) and Maatta (2006) do not think the process as described can be broken down into procedural units and taught procedurally, though it is possible that

modelling on a person who can do it well could help. Perhaps this is another tacit dimension which operates through an unacknowledged skill set as well as needing good will and practice to improve in performance.

If empathy is a skill it may be related to, or even be a mild form of, the range of skills deployed in counselling settings. If so, it does not appear in this data to be under such conscious and self-reflexive control as the skills deployed in counselling, nor as tied to a specific therapeutic procedure. Returning to Nordenbro (2002), empathy is not portrayed here as an instrumental and utilitarian technique developed under socio-economic direction but rather a characteristic disposition to operate in this way in a range of circumstances and a part of the rounded self integrated as part of growth and development in life – an aspect of the bildung and qualifying as a virtue or at least qualifying to be explained as an aspect of virtuous development in trajectory towards the good life (2002). On this evidence it is not clear that the virtue/skill the occupational therapists are demonstrating is a virtue but neither is it clear whether it is simply one of the counselling skills. Perhaps there is a midway position in which it is a virtue in that its development is used by the occupational therapists to become good occupational therapists as well as good people but that some of its modes of operation could be described in psychological terms. Returning to Webber (2006), the inclination and disposition to use empathy is explained in terms of virtue and the occupational therapist choosing to use it and being happy in using it (or unhappy in its frustration) whereas psychology might explain social and psychological factors making it more or less likely to be enacted successfully.

If it is a skill and not a virtue in its own right, empathy is a pre requisite to operating some of the virtues for phronesis in professional practice. How can compassion be shown if there is no empathy? And if, as Webber (2006) suggests, 'Someone who tells the truth even in situations where the demands of compassion make it inappropriate does not fully possess the virtue of honesty' how could that be the case without prior empathetic ability to identify such a situation? (p206). Finally, it is an ability which Jo authorises by reference to a person with disabilities who has had experience with occupational therapists. When Jo asks this man what makes the difference between 'a good OT and a marvellous OT', his first response is empathetic ability 'the ability to put yourself in the place of the disabled person to see how they would feel and

function and all the rest of it – which I've never had a problem with doing for whatever reason' (lines 157-160). He recognises its importance, Jo recognises her capacity to do it but why she can do it remains a mystery to her too.

Ethic of care or virtue of caring?

As is becoming clear in this discussion, the findings do not bear out a universal principle approach to ethics as a sufficient means of describing the data nor explaining the practice as told by the occupational therapists themselves. Another possible framework is an ethic of care as discussed in Chapter 1.

This approach is derived from a feminist critique of ethical theory. Ethics theorised from contract between 'equal, independent, rational individuals' have, from this perspective, inadequate foundations since, as individuals already situated in living context, many of the most important of our relationships are already unequal in balance of power. Attempting to theorise from a basis of autonomous equality risks adding further disadvantage to those in a dependent position (Groenhout 2003, pp6-7).

In identifying this problem, Noddings (1984, p28) proposes paying less attention to instrumental algorithms for moral judgement and consideration of 'the moral impulse or moral attitude' instead. This on the grounds that the basis of morality lies in 'common human needs, feelings and cognitions' but that an objective morality by principle does not necessarily follow since these needs, feelings and cognitions have 'an irremovable subjective core' and this 'longing for goodness' requires that moral sentiments and feelings be taken into account (Noddings 1984, p27). The initiation of an ethical act is not a thought but an affective connection which, unreflectively, pulls the carer into potential readiness to respond. Only then does reflection show how to act. As Groenhout (2003) comments, 'Without emotional impetus we cannot act, without reflection and experience we cannot act well' (pp10-11).

Both Jo and Pam display evidence of the emotional impetus which propels them to try, try and try again in difficult, near impossible situations as well as the mental gymnastics they perform to find possible interactions which may help. Caring is the background to the empathy they demonstrate, the conflict they endure and the

emotional labour they undergo, the emotional remainder still present in the language of their stories.

Caring is important to these occupational therapists but it is questionable whether it is a separate approach to ethics or another virtue. Tong (1998) observed of herself and her colleagues in medical humanities that 'the language of justice was our public, professional, dress-for-moral-success language, while the language of care was our private, personal, what-really-matters-to-us-in-the-end language' (p132). This resonates for the occupational therapists. Pam was moved by family distress away from her rational rule of separating fact from feeling in order to advocate to other professionals to treat that case a little more favourably (line 225) though it resulted in 'a rod for [her] back' (line 213). Her advocacy would have been couched in a 'justice claim' rather than grounded in caring or compassion to have any credit with the other professionals.

On analysis, Tong (1998) rejects Noddings' claim to a new ethic on two points. Firstly, she considers that Noddings comes too close to suggesting that women are better at caring than men, whether that is because of genes or socialisation is no matter, and is insufficiently explicit in pointing to simple contingency in the female/care connection. Secondly, she does not think Noddings comes close enough to highlighting 'how perilous it is for women to care in a patriarchal society' (p148), submerging all the disadvantage, devaluation and damage which can accrue from taking on the labour of care in a post modern culture espousing approval of individual rights, personal success and autonomous self creation. Tong (1998) sees this as a major problem with healthcare becoming 'just another commodity to be marketed to consumers' since in business mode, what is left out of the bottom line sum is human kindness and what she wants for herself 'in my hours of greatest vulnerabilty' is 'more than skilled hands. I will also need a caring heart' (pp150-151). It is by this route that Tong comes to acknowledge caring as a virtue related to benevolence rather than an ethic in its own right.

Beckett (2007) points to the darker side of care, focussing on an imbalance of power between care and cared for in which caring for may include the carer withholding something for benign or partial reasons. She gives the example of a walking stick

withheld to encourage mobility and withheld to restrict mobility though if called to account, the actions would be explained in the same beneficent manner. As a social policy academic, Beckett (2007) sees the solution as 'placing care into the marketplace, and giving financial as well as social rewards to carers' as a way of moving 'discussions towards a greater valuing of both care and disabled people' (p377).

The problem she has identified in the walking stick example explains why virtue ethics has not been popular in an autonomy/rights/justice formulation of social explanation. Only the person initiating the behaviour can really tell why they are doing so – whether their purpose is benevolent or malicious – and even they may not always know according to depth psychologies. In a culture of assertion of rights and claims for reparation for denial of rights or harms, it is worrying if there is no external objective test of whether the carer's act was positively meant and accidentally led to harm or maliciously meant and enacted what was intended. Internal policing of one's own motivations will be insufficient.

On the other hand, the suggestion Beckett makes that carers should be offered better pay and social reward assumes a model of externalised social control and human happiness – carers will be happier if they have more access to consumer goods and greater social status. Personal care is given by an exploited workforce for reasons discussed above by Noddings and Tong. What Beckett misses out is caring as a virtue rather than a task in relation with the cared for person. She cites research findings which suggest the cared for person gives the carer something within the relationship but it is still a social control model which would consider an Aristotelian model of virtuous development irrelevant, even dangerous since kudos for good caring could be used to further exploit the vulnerability of personal care workers offering a notional clap on the back rather than safe working conditions and decent pay.

However, the occupational therapists in this study appear strongly motivated towards a virtue of caring with no mention of lack of financial reward and, if anything, complaints of the barriers to them exercising care. It may in part be that these occupational therapists do not consider themselves among an exploited workforce (except perhaps on a bad day) and it is not the task of caring but the virtue of caring

which is their concern here. Care means different things according to its use in a discourse of relationships, ethics, resource allocation, politics and disability activism and it is easy to assume a meaning without sufficiently considering the context in which it is used (Beckett 2007). Thus to take 'caring' from a virtue theory context to a resource allocation discourse leads to misunderstandings and inappropriate applications. Enriching life's meaning through developing in virtues is not at odds with demanding fair pay for a day's work – the virtue of justice is a part of both, but the discourses directed to both ends are different for practical purposes.

Caring as a virtue is benevolent and it is personal. Groenhout (2003, p15) claims 'relationships of care' give a framework for identity and a sense of meaning to life. Pam and Jo are personally engaged, caring is integral to their personal and professional motivations. Jo's version of the golden rule is 'I think well you wouldn't treat your mother like that' (line 329) and for Pam it is part of embodying the theological virtues of mercy and compassion in daily life (lines 300-301). It also has a personal cost. Part of the emotional labour is attributable to caring about the implications of the conflicts and the outcomes for the people involved. As Pam says, 'it's hard to find peace in it' (line 330).

However, since caring is tied up with their other virtuous behaviours, particularly exercising justice, empathy and truth, it is more coherently explained as part of the range of virtues growing together in their lives and in their practice than as a separate ethical framework.

4c Stories of practice and stories of becoming.
Discussion of issues arising from 4i, dialogical community of practice and 4ii, bildungsroman and virtues.

The community of practice provides a resource and a safe space for dialogue about practice based in assumed sharing of values and reciprocation of trust which, as Ricoeur (2000) observed, is the necessary prerequisite for social dialogue and a necessary basis for the structures which make up society. Whilst at the national level the College of Occupational Therapists represents the profession in formal and highly

visible ways, the community of practice is fluid, wider as well as less visible than structured meetings relating to this body. The community of practice is manifest wherever a pair or group of occupational therapists shares dialogue about practice.

What the group session data demonstrates is a specific enactment of that community, directed to reflecting on issues of fairness and within that professional story telling mutually sharing, moderating, relieving, advising and confirming the stories of the cooperating members. The important aspect of mutuality of members, as described by Wenger (2000) for all communities of practice, characterises its cooperative nature. The nearest this mutuality comes to formal professional recognition is item 4.3 in the Code of Ethics directing that references by an occupational therapist to another occupational therapist's 'integrity' or professional performance 'will be expressed with due care to protect the reputation of that person', a directive immediately qualified with duties to inform of any observed incompetence, malpractice or public interest considerations (COT 2005).

Professional mutuality has been viewed with growing suspicion since Ivan Illich (1977) wrote more than thirty years ago of "The disabling impact of professional control over medicine has reached the proportions of an epidemic" (p11). Professional mutuality as power base is more convincing in application to the old professions, law and medicine, with strong political networks and influence, large financial resources and potential for great harm to life. Occupational therapy is a little small to be pictured as a menace.

Whatever the merits of the argument, there is a disinclination to allow a profession to follow its own agenda for practice, to 'do its own thing'. Rather service management inclines towards intervention ensuring professionals follow the shifting metanarratives from central government. The alternative, considering what the profession might be able to offer locally in its own right, does not have sufficient weight against compliance with the most recent central policy directive. Jo's experience of management change of style over time from laissez faire to active conflict between strategic and operational levels of the organisation suggests that this is a fairly recent development (lines 126-196).

The enactment of community of practice in group session data shows a cooperative of members with a common professional background whose attention is directed outwards to facilitating concrete instances of practice through dialogical development and modification of the stories of practice shared. Assisting members with support, cooperative working (for example in group session lines 914-925, Jill and Cath gave an example of collaboration to find an option in the client's interest), generating ideas for options, moderating planned action and defining boundaries, advising and counselling are all germane to the dialogue which, in short, meets the common professional needs of its members for a resource in everyday activity and concerns.

The individual stories of becoming, showed how the occupational therapists themselves structured their narratives of how they developed a sense of fairness which they now used in practice individually, (Jo from a lifelong concern with justice and Pam with reference to an epiphanic experience) but still within a framework which could be explained in terms of Aristotelian virtue ethics and specifically developing abilities of phronesis, taking the right action in response to the specific details and timing of the situation (MacIntyre 2006, p162). Neither Jo not Pam used language from ethical theory and, as for reasons discussed, would likely be embarrassed to be considered as virtuous or developing virtues. However that is what they described themselves as doing, both overtly in respect to the issue of fairness, but also unconsciously when bringing out their concerns for truth, fidelity and caring. Empathy was the interesting and unexpected emergent term and, as discussed, is considered a virtue rather than a practical skill within the context of the study.

The stories of becoming showed the complex connection between development of professional self and personal self. Only theoretically can these be separated but in professional practice it is still the professional self which comes to the fore. For example, Pam would probably not extend to her own family the leeway she extended to the family who played professionals off against one another (individual interview lines 35-45). Both are part of her identity as mediated by her own narrative of becoming – a process of 'consciousness-of-self as it proceeds through lived experiences (becoming) constitutive-of-self.'(Erben 1999, p80).

The narrative of becoming has a moral dimension to it, an aspect of learning to orientate in the metaphorical space (e.g. 'orientation', 'taking a position') formed from moral questions constellating around 'Who am I?', questions about the commitments this 'I' will make and with whom or what it will identify (Taylor 1989, p27). Taylor (1989) argues that it is impossible to act as a human agent without such a framework and so such a narrative is central, not tangential to personal development and human flourishing. MacIntyre (2006) argues that the fragmentation of the person's unity in order to service current socio-economic structures and under the influence of post modern ideologies in the workplace, civic life and home life, is a strong contributor to loss of self's personal intelligibility and the dissatisfaction that has brought in its wake.

Neither Pam nor Jo had any difficulty giving shape to their narratives of becoming and in Jo's case she made a new connection during the interview which added a little to the story itself (interview line 92). Pam also adds to her narrative within dialogue with interviewer 'a thought that's just popped into my head' (interview line 353). As well as being flexible and open to change and growth, Jo and Pam's stories appear resilient to fragmentation, since they able to carry values across from personal life into professional life and from the past into the present and with evidence of a future trajectory in Jo's case. Their coherent sense of meaning and purpose and unified sense of self, together with the particular values foregrounded in the findings, give further weight to growth in virtue being an appropriate explanatory framework for their narratives of developing a sense of fairness in and for practice.

This is not a naïve self referencing virtue. Both Jo and Pam point to enlightened self interest as the rationale for behaving in virtuous ways. For Jo, it is because she works for 'the system' that she does what she can to maintain and restore service users faith in it despite some of the 'people who are just so let down' and it is because of that in turn that 'you want to know people (in the organisation) are listening and making reasonable judgements I suppose' (lines 348-350). Likewise, Pam considers truthfulness in practice as self interest in that untruthfulness leads to taking decisions 'which aren't mine to make' and there lies trouble (individual interview line 343).

How does the individual narrative of becoming link to the community of practice? All the members of the community of practice will enter into dialogue within the community with their own narrative of becoming. Within the individual interviews, Jo and Pam, as part of their stories of becoming, both told stories of practice in the same way that the group session was stocked with stories of practice as is usual for occupational therapists talking to occupational therapists about practice (Mattingly 1998).Those individual interviews, of an occupational therapist by an occupational therapist, were also part of the community of practice. Only the emphasis was different in that the interviewee occupational therapists were given permission and encouragement to bring more of their personal story in with the stories of practice than is usual in occupational therapists' in dialogue about practice.

The importance of empathy to these occupational therapists is a significant link between group and individual session findings. The stories of practice and becoming from individual interviews demonstrated those therapists using of empathy in work with clients but empathy also contributed to creating and sustaining the community of practice in the group session. Mutuality requires that the reciprocating members have a good sense of how the world looks from the other members' perspective. For example, in the group session, Cath has a different view from that voiced in the group dialogue but has an empathic appreciation of the source of this difference 'I know that in some situations that if I were both the practitioner and making those decisions I would be in conflict' (line 975). However, using a skilled response, she does not directly challenge the rightness nor wrongness of the view directly but opens up a new and more complex contextual understanding of the relationship between occupational therapist and organisation for the other members 'you're already within some sort of boundary before you walk through the door in your role for the organisation you work for….We're all working before we start within some sort of framework' (line 972). Jill and Pat immediately pick up this new perspective (lines 955-984). Skill in empathy allows the occupational therapists to present conflicting views without risking breakdown of the community function and accordingly offers more potential for mutual influence and formation of a new, integrated position, than with adversarial approaches. This is also an example of an occupational therapist exercising phronesis in action beyond the immediate client contact situation. Cath has chosen the most helpful approach in the circumstances in order to give others access to a perspective

of greater depth and complexity than the one currently voiced and in such a way that they will be likely to consider it as another possible view rather than resist and discount it as a simply adversarial response.

Contra the fragmentation of life and self identified as the post modern malaise by Taylor and MacIntyre, these occupational therapists do not tell their stories as divided beings. Rather they exercise phronesis by bringing the parts of themselves which will be useful in that specific situation to bear on the situation, for example, those aspects of the self which relate to the professional identity when the focus is on cases and those aspects which are more personal when personal stories are required. All members of the community of practice will have an individual story, but the mutuality of trust and shared values allows parts of those personal stories to be shared within the community and where there is dialogue there is alteration of the story as it is passed between members – building, modifying, confirming, contradicting – and these changes will impact upon the individual personally as well as professionally. As Taylor (1989, p35) points out, 'One is a self only among other selves'. This does not mean that each self is entirely immersed in some kind of amorphous group self – Cath's example in the previous paragraph of presenting a different view shows how one member is able to stand in their own individuality against the group view without expulsion from the group. What is does mean is that the members' identities will receive shaping from the ongoing dialogue and that shaping accesses both personal as well as professional aspects of identity since a mature unified self will continue to grow and flourish within this community of practice as well as the others to which it belongs.

4d Implications for practice

There are a number of issues raised by the findings in this study which have direct application to occupational therapy practice.

In spite of current moral and ethical uncertainties (Taylor 1989), occupational therapists are found in this study to be engaged in moral development, finding personal and professional meaning and purpose in their practice. This is good news

for retention of practitioners in the profession and commitment in the profession to a humane practice in the context of increasingly technological approaches to health. Occupational therapists in this study are able to articulate experienced coherence between personal and professional self through construction of individual bildungsroman narratives evidencing their own orientation towards the good life and acknowledging people and events contributing to this development. Bildungsroman narratives here show how occupational therapists integrate personal commitments to politics and religion within a professional culture which discourages discussion of such affiliations within professional practice. Occupational therapists in this study do not use any special language for moral development but within their narratives demonstrate tenacious motivation towards helping and doing good against public discourse suspicious of claims to altruistic conduct.

Occupational therapists' community of practice manifests in this study as a natural artefact of practitioners in dialogue and does not require special conditions and codifying language to work. However, practitioners' access to each other within individual professional supervision and occupational therapy group opportunities is a necessary prerequisite. Findings confirm Mattingly's (1998) centrality for stories of practice, that dialogue IS practice if it shapes and changes these stories and thus shapes interventions and dialogue refers here to interaction with both clients and with community of practice

Findings about the importance of empathy are interesting, suggesting that technical skill is insufficient not for reasons of customer care, making the experience of occupational therapy intervention feel nicer, but underpins the act of clinical reasoning itself. There is also a suggestion that there are tacit skills involved in being able to 'do' empathy which not every person can achieve and which may be inaccessible to technical identification.

Dealing with issues of fairness is better described in terms of occupational therapists operating phronesis, practical reasoning in justice (Sen 2009), than in terms of universalist principles underpinning much biomedical ethics. Sen's approach through practical reasoning, with links to virtue theory, both reflects individual and

community of practice views in this study on accomplishing fairness and also fits into Mattingly's (1998) storied practice again.

4e Reflection on the study

Since the aim of the study was to examine how occupational therapists developed a sense of fairness and deployed it in community of practice, the focus was clearly to be what Taylor (1989) terms 'Sources of the Self' and 'the making of [one aspect of] modern identity [in these occupational therapists]'. He warns that the self is not an object of naturalistic scientific study in the way other objects may be treated since it cannot be taken objectively, decontextualised and denoted from its interpretations, it can never be fully described nor captured. This directed methodological choice instead towards interpretive approaches of which there are many in the social science arsenal, subdivided by Denzin (1989, p337) following Guba as 'Tender minded' and Tough minded' reflecting a continuum of degree of valuing generalisability or individuality. The guiding principle for Auto/Biographical approaches is that the method is suited to its purpose (Erben 1998). In this case the material was directed towards a humanistic understanding of professionals' articulation of their own application of their own values. For this, a method was derived from a literary-philosophical approach, the rationales for which are presented in Chapter 2, 'Developing a Method'.

Taking a literary-philosophical approach leaves the issue of what Seale (2003) terms scientific 'legitimation'. He draws together dependability, confirmability, transferability, trustworthiness and authenticity as measures relating to the usual measures of naturalistic science but reframed and renamed for application to qualitative work.

Dependability relates to reliability. In work of this kind, reliability in the sense that another person could set up the study and replicate the results is a meaningless concept since the study never can be replicated with such a fully contextualised focus of study. Likewise with confirmability, a criterion renamed from objectivity. As Taylor (1989) points out, the self cannot be studied in objectivity since it is subjective

in itself. A study of such a contextualised and subjective phenomenon as this research limits how far such a study is transferable. The study says something about the phenomenon but, since it is difficult to imagine replicating the circumstances of the study, the findings cannot claim to represent a predictor of other contexts. From Seale's (2003) list above, that leaves authenticity and trustworthiness.

Authenticity relates to deepening understanding, representing a range of voice, to be educative in its process and empowered in action (Seale 2003). This applies to the findings as follows:

- deepening understanding by drawing attention to features of the group session and interviews significant to an understanding of how occupational therapists develop and operate a sense of fairness;
- representing a range of voices within the community of practice and drawing attention to other voices embedded in the language of that dialogue;
- educating in the group session through reflection on ethical practice and award of Continuing Professional Development credit for engaging in the session, educational in the interviews as evidenced by new insights achieved by interviewees, educational for readers of the project text as a provocation to dialogue;
- empowering action is implicit in that participants in the group session and readers of the research findings may use these ethical concepts to shape their own practice.

Trustworthiness is not clearly designated in a standard criterion format but relates to the openness with which it is possible to see how the account is constructed, a variety of truth test. This is one of the strengths of this literary-philosophical approach since it preserves the original text along with the critical reading findings and encourages, rather than simply allows, the reader to judge for him or herself the trustworthiness of the account and its findings.

Kohler-Reissman (1993) acknowledges the inadequacy of naturalistic scientific criteria of evaluation and the qualitative derivatives discussed above for the more literary styles of narrative work. She nods to a minority opinion that if it is a literary

product then there are no truth tests but only the measure of reader satisfaction in terms of being 'moved' (p64). This appears to be a misunderstanding of literary criteria of excellence. Reader satisfaction is not the sole criterion within the literary discipline. However, literary criticism itself has been through a period of intense theorisation which has left the critical close reading skills a little in the shade. Eagleton (2007, pp1-2), a theoretical Marxist critic, has recently observed that 'hardly any of the students of literature I encountered these days practised what I myself had been trained to regard as literary criticism. Like thatching or clog dancing, literary criticism seems to be something of a dying art.' He goes on to show that theorising is not a replacement for close reading. Close reading was a skill which the theorists assumed as prerequisite and should be the basis upon which critical analysis works. As Eagleton (2007, pp1-2) notes, 'The question is not how tenaciously you cling to the text but what you are in search of when you do so'. For this study, close reading has been the literary critical skill applied whilst philosophy of self, virtue ethics and community of practice are theories directing the focus of search.

Eagleton (2007) also makes a clear distinction between analysing texts and creative production of texts, the jobs of literary critics and literary artist respectively. There is a suggestion of conflation of these two tasks in Kohler-Reissman's brief approach to literary narrative work whereas the criteria for evaluation of literary critical products and literary products is different within the literary disciplines. Woodley's (2004) intention of presenting her findings in poetic form assumes that what she produces is poetry – perhaps it is, but she is implicitly using the evaluative criterion of whether it satisfies the reader 'I hoped that poetry would be an appropriate form to help my data to sing' (p49). What would be clearer with a literary critical appreciation of it would be whether it is any good as poetry, which presumably would contribute to or detract from its ability to 'sing'. Following a mechanical process faultlessly in producing a product within a literary genre does not necessarily produce a good literary product any more than following the precise format of a romantic novel makes Mills and Boon novels as good as a *Jane Eyre*.

Although writing a doctoral thesis is writing within a literary genre and is therefore a literary product of sorts, the methodology for this study attempts to honour the literary critical disciplines in its critical reading of the data rather than make claims as a

literary product. It therefore has some duty to acknowledge a justified truth test over and above reader satisfaction.

Trustworthiness and authenticity have already been considered. Kohler-Reissman (1993) adds coherence, correspondence and persuasiveness as well as appropriateness to its pragmatic usage:

- This analytic method is coherent with the theoretical background to the study drawn in large part from philosophy and literary criticism. One of the key ideas underpinning this research is the unfinalizability of any account - there is never a last word where meanings are concerned. Thus the importance of having both original text and the analysis available is to enable this dialogue to continue and to enable transparency of the analytic process for the reader who is therefore able to judge whether there is coherence between the original data and the findings.

- Correspondance is related to auditing by member checks. Transcriptions of the data were returned to participants although very minimal alteration was later required, mainly spelling. Kohler-Reissman considers later member checking of the analysis may not be so helpful since the unfinalizability principle means the members are not checking for accuracy but developing the story (as for instance Pat from the group session was shocked, on seeing the transcription, at the amount of group time she took, leading her to reflect on the meaning of that drive to use the group).

- Persuasiveness: 'Is the interpretation reasonable and convincing?' (Kohler-Reissman 1993, p65). All assertions made in the findings are grounded in the evidence directly from the data and, in the discussion, linked to relevant theoretical and research literature. The aspect of rhetorical persuasiveness, whether the arguments are convincing, is for the reader to judge.

- Finally, there is a criterion related to the intended use of the study which adds to or detracts from its truthfulness. In the data collection phase, this study has already been useful to the participants as evidenced by the new insights achieved, the opportunity for consideration and reconsideration of problem cases and the sharing of skills, knowledge and pressures. How much the dialogue affected the practice of each participant is another study in its own

right and, since not all meanings can be articulated and some knowledge is tacit rather than explicit or propositional, it will be impossible ever to achieve capture of all the implications of the dialogues in the data collection phase. Future pragmatic use is orientated to the recommendations for practice and dissemination of findings both in the Auto/Biographical academic community and the professional community of practice.

4f Reflection on my role as researcher in study

One motivation for this study was that the professional ethical literature did not capture practice of ethics as I observed and 'did' it in my own specialty. Hearing Polanyi's views (Mitchell 2005) was illuminating with respect to this perception of dissonance. Polanyi, a Hungarian physicist who fled Nazi occupied Europe, developed a critique of scientific rational scepticism which together with moral perfectionism, stripped of religious connection and turned outward to the improvement of society or the species, was in his account responsible for the totalitarian regimes of the twentieth century. Influenced by existentialism's foundational basis in the choice of the individual agent and an acceptance of science as producing context free factual information, Polanyi shows the modern person as disarmed and disempowered against pressure for radical transformations of society by whatever political means could bring it about (Mitchell 2005). However, Polanyi observed that not all countries were dominated by a totalitarian regime during that century. His explanation for a degree of immunity to totalitarianism in Britain was that here we speak the language of natural science and try not to talk at all about religion or politics. He observed a dichotomy between British espoused theory (pro science, pro choice) and our pragmatic theory in use, giving an invisible but effective limit on how far we will go to putting theory into practice. We are not necessarily coherent in applying our stated positions. In this way we can be tolerant of extreme views and ignore the quality of moral discourse, secure in the knowledge that extreme views are most unlikely to be implemented (Mitchell 2005). This explanation of disconnection between practice and theory, together with a default social position of suspicion of philosophy resonated with my own experience.

Globalisation leaves western scientific rationalism faced with moral discourses other than that with which it has historically developed and scientific rationalism's claims to objectivity through freedom from partial values leave it ill prepared for any dialogue with the new moralities. Polanyi's (1967) suggestion was to develop an epistemology which gave a common grounding to both humanities and sciences to allow a critical approach to moral discourse and recognition of the values implicit in rational scientific discourse. The grounding for this is on the basis that all knowing comes first from the body and many things we know in the embodied state long before they come to propositional explication and some things will never be known other than in the body – tacitly. Ideal detachment is set aside in favour of an appreciation that 'all knowing includes the participation of the knower' and all knowing assumes a framework of trust to be able to operate at all (Mitchell 2005 p83). This gives a first step to dialogue between rational scientific discourse and the new moralities.

Polanyi's (1967, Mitchell 2005) is a formulation of the concern which focussed my attention on how we 'do' morality as occupational therapists. The discourse in my own professional area is fairly thin. Firstly, our professional ethics discourse tends to be led by concern for legal duty directed towards litigation proofing and discussion on morality is not encouraged in case we might be proselytising. Then rational scientific accounts direct the techniques of practice. Finally, socio political formulations of rights convince therapists but tend to be phrased in accusatory form, framing occupational therapists as belonging to an oppressive system in adversarial relationship to people with disabilities. Not highly motivating, and even demotivating for those valuing altruistic behaviour. These influences resulted in a professional ethical discourse which bore little relation to my own experience as a therapist and the issues my colleagues raised with me. This a-morality seemed to me to connect with that wider social issue which Polanyi defined. Perhaps it might be another example of talking a discourse and doing something else. I do not mean this in terms of hypocrisy but in terms of the discourse being inadequate to articulate the practice. Of course some of the practice may not be amenable to articulation if, as Polanyi suggests, knowledge may be tacit as well as explict.

Situating the identified focus of study within the large historical context, it may also be a very small piece of the Polanyi issue in which rational science and moral discourse, particularly that attached to religious institutions and therefore high profile, have difficulty in talking politely to each other and where fundamentalists political, religious, secular, are concerned there is no discussion without risk of further alienation. Stephen Jay Gould (2001), who has had to cope with vociferous American Christian fundamentalism, seemed to me to epitomise the tendency to withdraw from the effort at dialogue when he coined the concept of Non Overlapping Magisteria, NOMA, to draw a boundary between that which comes within the purview of religion and that which comes within the purview of science. Moral practice within a profession which espouses scientific evidence for its basis is uncomfortably astride that fault line.

The topic, how occupational therapists develop a sense of fairness and articulate it in a community of practice, was not hard to define – it is what occupational therapists have been talking to me about for some time. It is also what I have been considering in my own practice as an occupational therapist. The choice of method was influenced by the cogitations above. The method would need to be competent to deal with moral issues and also be acceptable to a scientific academic community. Auto/Biographical studies are a good place to position a bridge between humanities and social sciences since, depending on the focus of study, methods drawn from either side of the conventional divide can be acceptable.

Finlay (2002) recommends 'ensuring an adequate balance between purposeful, as opposed to defensive or self indulgent, personal analysis' (p542). This reflection is therefore bringing out the things I have learned through the process, how I have affected others and how they have affected me, how my structuring concepts have been changed in dialogue.

 In the data collection phase, the issues of being an insider have already been discussed. Whilst the group session participants were willing to allow me to set the ground rules and facilitate boundary holding, peer status in discussion of a common practice issue ensured that participants were able to take their own direction if they were more interested in a different direction or did not wish to answer a question. For

example, following my question (line 527) directed to the topic which had been in play, apportioning time, Cath chooses to change direction to pick up another related strand of the discussion (line 534). I had also been directly addressing a question to Pat on time apportionment and on asking 'is it fair to spend this length of time on one case?' (line 444) she whips back with 'You tell me – I don't know!' to general group laughter (line 446). In the second case my question was possibly too directive and this is a rebuff, but at the time it felt to me more like an in joke we were sharing about management focus on throughput, an issue which need not be put into words and may not even have been consciously articulated in thought. The first example felt more like Cath having a different line of thinking and wanting to pursue it. Whatever the correct interpretation, both examples give evidence that the group participants were comfortable with taking direction of the group away from me as the facilitator to pursue other lines of development. However, having done so they did not expropriate the group to their own ends but kept the dialogue in play.

The content of the group sessions was not unexpected as they were congruent with my own experiences as an occupational therapist in this area. Indeed, the whole of the group data collection phase, while not surprising to me, was personally energising and professionally validating as the shared collected experiences and approach to conceptualisation seemed familiar and resonant. During the group sessions I had been fully engaged with the exchanges and content of the sessions, and reading back the transcripts I was reminded of the sophistication of the ethical reasoning carried out in these group sessions.

In the individual interviews the participants were familiar with the context and the skills used since this was similar to a supervision session. The interviews flowed with both participants fully engaged. The most satisfying aspect at the time was when new insights arose – as in Jo's overt recognition of a new insight (line 92) and this felt purposeful for both interviewer and interviewee, offering some return for the interviewees' investment of time.

What struck me in particular in these individual interviews was how privileged I felt to be hearing and sharing these stories of moral becoming. These colleagues and fellow occupational therapists seemed to underplay their moral achievements whilst

remaining open to critical reflection from self and others. It made me wonder how much of what I do well that I too discount whilst valuing critical reflection. This in turn made me reflect on the extent to which my own conceptual and ethical development as an occupational therapist has come from dialogue with other occupational therapists. The result of that reflection was a personal rather than simply a conceptual recognition of how vital it is for occupational therapists to be able to carry on doing this dialogical practice through both formal and informal opportunities to engage in our community of practice.

In the analysis phase, English Literature academics from the School of Humanities, University of Southampton, were helpful in giving pointers to potential sources for literary moral/philosophical background theory and exemplars of close reading within a Bakhtinian dialogical frame. Reengaging with and practising close reading, a skill which lay unused since my first degree, was challenging and needed revisiting and a 'brush up'. As with all skills and application of knowledge, practice improves performance. Further practice and perhaps critical evaluation of the close reading product from a literary practitioner, rather than 'member checking', or asking another social science researcher to authenticate findings, would have led to a more accomplished result to the findings. Access to a literary practitioner was not available at point of analysis but is an idea for future consideration in developing this method. Since the reader has been recommended to read the findings with the original text of transcription to hand, there is some transparency for the quality of close reading to be judged.

Reflecting back on the process and outcome, my perspective on the study focus has been altered through engagement with the study. Although I can now use terminology taken from virtue ethics theory with a degree of comfort, the language is alien to the occupational therapists, as to the general public, for reasons already discussed. I did try to integrate some virtue and ethical language into the sessions, particularly the group session, but although the occupational therapists willingly discussed the ethical issues they did not on the whole take up the ethical language. Perhaps I was clumsy in introducing it and maybe it would take more than one exposure to familiarise and make current a new discourse but I am presently unconvinced that the language of virtue and ethics will readily take hold in occupational therapists' language. Since, in

the findings of this study, ethical practice does appear to be developed in the community of practice and occupational therapists are able to produce a coherent narrative of becoming then insisting on language from ethical discourses may be superfluous.

4g Summary of Conclusions

With respect to the research method in this study, developing a humanities approach to an Auto/Biographical study concerned with an issue grounded in the humanities, personal and professional ethics, appears to have been useful, appropriate and illuminative, generating new insights into professional practice.

With respect to Occupational Therapy practice, the findings showed OTs deriving personal and professional meaning and purpose through engagement in developing a coherent sense of moral development across personal and professional aspects of life and exercising developing skills in phronesis applied to issues of fairness.

Sen's (2009) practical reasoning in justice better characterises OTs approach to dealing with issues of fairness as found in this study than does application of universal principles advocated in much mainstream biomedical ethical theorising (Beauchamp 2003).

Allowing OTs formal (e.g. OT individual professional mentoring or group reflection on cases) and informal (e.g. discussion among OTs sharing an office) opportunities to act as a community of practice appears to be important for dialogical development of professionally applied phronesis. It is therefore recommended that dialogue between individual practitioners and groups of OTs be promoted to service managers as contributing to Continuing Professional Development.

Empathy, whether described as a virtue or a skill, appears in this study to underpin and inform clinical reasoning rather than operate as 'oil' to social interaction and enhance customer care experiences. As exercised within clinical reasoning, some aspects of this complex of personal attribute and skill may be inaccessible to technical

identification and instrumental manipulation. Further study might usefully explore how empathy contributes to clinical reasoning.

This study concerned itself with the individual bildungsroman and how that was used to describe a particular aspect of moral becoming, fairness, as applied to professional practice. Further study could usefully consider the reciprocal influence of dialogue in the community of practice on individual moral development – how does dialogue in the community shape the bildungsroman?

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APPENDIX 1

Information to group session participants and individual interview participants.

Coordinator Jani Grisbrooke

Purpose of session:
1) To offer occupational therapists working with housing adaptations opportunity to reflect on using tacit ethical judgements in recommending 'necessary and appropriate' adaptations
2) To collect OT experience of using ethical concepts of fairness in practice

Outcomes: By the end of the session
1) Participants will have considered their own practice in the light of peer OT opinion and may have developed a new or richer appreciation of their own ethical reasoning and
2) Facilitator will have collected OT views on using ethical concepts of fairness in practice

Question for the session
Whether we act fairly can bother us a lot. But what do occupational therapists understand by concepts of justice and fairness? How do we explain our application of these concepts in telling service user narratives of need, such as constructing reports and recommendations, to meet funding criteria for obtaining housing adaptations?

The problem: The Code of Ethics and Professional Conduct for Occupational Therapists states that "Occupational Therapists shall provide services to all clients in a fair and just manner" (College of Occupational Therapists 2005, para 3.2). The core professional value is simply stated but practice is complex. Most Occupational Therapists working with housing adaptations for people with disabilities are employed by local authority social care. Funding for the adaptations comes through local authority housing departments, often an entirely separate entity where social care may be situated within a county council and housing within a borough council. The Occupational Therapists are likely to be working within social care criteria but to obtain funding, will be formulating a recommendation judged by housing criteria. The legislation to obtain funding, the Housing Grants, Construction and Regeneration Act 1996, requires the welfare authority (which the occupational therapist represents) to recommend an adaptation which is 'necessary and appropriate' for meeting the needs of the disabled person to access facilities such as bathrooms, living and bedrooms in the home. This is a criterion of eligibility for funding of the adaptation.

Not all authorities can meet any demands for adaptations which might arise over the year. For instance, in 2003-4, 47% of local authorities had insufficient funding in their budgets to cover adaptations meeting the 'necessary and appropriate' criterion of eligibility (Department of Communities and Local Government 2005, para 3.23). In order to deal with this short fall, services reasonably target those at greatest risk of harm first but that can mean long waits for those with an eligible need but not at such risk (DCLG 2006, para 4.9). In these cases, the occupational therapist will be

formulating a recommendation for a 'necessary and appropriate' adaptation and also justifying a level of risk in waiting for the adaptation which will affect the length of time the person waits for the adaptation. How then do occupational therapists make these justifications stretch to fulfil the professional ethics directive in para 3.1 to act 'to all clients in a fair and just manner' whilst at the same time fulfil code para 2.1 to "advocate client choice and partnership working in the therapeutic process" and "promote the privacy, dignity and safety of all clients with whom they have contact"? (COT 2005)

Activity This is how it is planned the session will run:

Introductory presentation by facilitator outlining how this recorded session fits with collection of data for project on this topic:
- Study background, purpose, question and method (using copies of 'Study Outline')
- Consent sheets and right to withdrawl
- Confidentiality parameters in group session
- Time constraints and purpose of group session

Ask for volunteer to give example case
- Participant gives case
- Facilitator prompts to draw out specifics of circumstances and process followed by OT to achieve sense of fairness until story teller and facilitator agree case is told with a reasonable degree of clarity and context

Open to wider group for commentary on
- Similarity of case with their own experience
- Whether they would have reasoned in same line or differently
- Where there are differences between participants' reasoning, what makes the difference
- What aspects of fairness and justice the case illuminates (facilitator collects this on flip chart)

Repeat

References
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Group Session Information Sheet to prospective participants

You are invited to participate in a research study looking at how occupational therapists explain their concepts of fairness in housing adaptation work.

What is the purpose of this study?
Fairness is an important value to occupational therapists both professionally and personally. It is not easy to balance the demands of fairness to the service users, the authority's policies and your own professional position. Especially in times of resource constraints with tight prioritisation and growing waiting lists, how you word recommendations and formulate the story of service user need can influence whether or when the person receives an adaptation. This is a real worry to practising occupational therapists in this area.

It would be helpful to the profession to understand how actual occupational therapists manage these difficult dilemmas. Such information would be helpful to the profession in giving support and advice to occupational therapists entering such posts and occupational therapists trying to cope with this ethical reasoning.

Why have I been chosen?
You are among the occupational therapists in this local area who work in this area. I am hoping to find 6-8 people for a discussion group.

Do I have to take part?
It is up to you to decide whether or not to take part. If you decide to take part you will have this information sheet to keep and be asked to sign a consent form at the time of group session. Even if you decide to take part, you are still free to withdraw at any time and without giving a reason

What will happen to me if I take part?
If you decide to take part, I will be pleased to arrange a time and place of mutual convenience with you for the group. It is likely to take about 2-3 hours, will be taped to ensure accurate capture of the issues you raise and the tape will be kept in a secure area until destroyed after the currently required time of storage – 15 years.
After the session I will contact participants by email to see whether you are willing to participate in an interview which follows up on the group session by asking how people came to develop the views on fairness which they now hold. As with the group session, you will be free to opt out of this second interview at any time and without giving a reason.
 I will be happy to give you any further information on the project which will help you to determine whether you want to take part.

What do I have to do?
Let me know you are interested and participate in the first group session as described above. It may be that you will still be interested to participate in the interview afterwards.

What are the possible benefits of taking part?
This interview will offer you a time of reflection on your own professional development with regard to ethical practice and thus falls within the remit of

continuing professional development. All participants will also receive a resume of the output from the project.

Will my taking part in this study be kept confidential?
All information which is collected about you during the course of the research will be kept strictly confidential. Any information about you will have your name and address removed so that you cannot be recognised from it.

What will happen to results of this research?
I am hoping that findings from this project will be disseminated through COTSS-H events and journal articles. You will not be identified in any publication.

Who has reviewed this study?
This study is reviewed by the School of Health Professions and Rehabilitation Sciences Research Ethics Committee

Should you wish to participate, please let me know on by reply to this email

Thank you for reading this information sheet
Jani Grisbrooke
Lecturer in Occupational Therapy/ Specialist Housing OT

You are invited to participate in the second part of a research study looking at how occupational therapists explain their concepts of fairness in housing adaptation work.

What is the purpose of this study?
Fairness is an important value to occupational therapists both professionally and personally. It is not easy to balance the demands of fairness to the service users, the authority's policies and your own professional position. Especially in times of resource constraints with tight prioritisation and growing waiting lists, how you word recommendations and formulate the story of service user need can influence whether or when the person receives an adaptation. This is a real worry to practising occupational therapists in this area.

It would be helpful to the profession to understand how actual occupational therapists manage these difficult dilemmas. Such information would be helpful to the profession in giving support and advice to occupational therapists entering such posts and occupational therapists trying to cope with this ethical reasoning.

Why have I been chosen?
You are among the occupational therapists in this local area who work in this field and who came to the group session to discuss fairness applied to casework

Do I have to take part?
It is up to you to decide whether or not to take part. If you decide to take part you will have this information sheet to keep and be asked to sign a consent form at the time of interview. Even if you decide to take part, you are still free to withdraw at any time and without giving a reason

What will happen to me if I take part?
If you decide to take part, I will be pleased to arrange a time and place of mutual convenience with you for an interview. The interview is likely to take about an hour, will be taped to ensure accurate capture of the issues you raise and the tape will be kept in a secure area until destroyed after the currently required time of storage – 15 years..
I will be happy to give you any further information on the project which will help you to determine whether you want to take part.

What do I have to do?
Let me know you are interested and participate in the interview as described above by email.

What are the possible benefits of taking part?
This interview will offer you a time of reflection on your developing post. All participants will also receive a resume of the output from the project.

Will my taking part in this study be kept confidential?
All information which is collected about you during the course of the research will be kept strictly confidential. Any information about you will have your name and address removed so that you cannot be recognised from it.

What will happen to results of this research?
I am hoping that findings from this project will be disseminated through COTSS-H events and journal articles. You will not be identified in any publication.

Who has reviewed this study?
This study is reviewed by the School of Health Professions and Rehabilitation Sciences Research Ethics Committee (Ethics number SO7/08-01)

Should you wish to participate, please let me know on:
Tel
or
Email address

Thank you for reading this information sheet
Jani Grisbrooke
Lecturer in Occupational Therapy

OT Individual Interviews about developing a sense of fairness

During this interview we will be discussing how you developed the sense of fairness and justice you use in your practice now. I have some questions on this sheet but we do not need to follow this pattern and can develop any thoughts or memories which occur to you and which have a bearing on how you developed a sense of fairness.

Tell me about a time when you know you acted fairly in a difficult case.
Possible prompts:
What made this case uncomfortable?
Do you often find cases in which fairness is an issue or is it rare?
Have you dealt with such a case in the last month?
Do you remember a case from some time back?
Are there particular structures which guide your decisions?
Besides yourself, service user and perhaps family, who else influences reaching a fair compromise or negotiated settlement?

What and who do you think has influenced your present sense of fairness?
Prompts:
Were there any important incidents about fairness in your life which you can remember – may even be in childhood?
What important people in your life influenced that sense?
Is there a difference between fairness in professional life and personal life?
Is there an OT role model you've followed? Supervisor, mentor, colleague, manager?
Do you or did you in the past have other OTs in your working area with whom you would confer about dilemmas (peer supervision, informal discussion)?
If you were to or are mentoring a junior OT, how would you go about passing on a sense of fairness in practice?

APPENDIX 2

Transcription of Group Session.

1   **Pat** We were just saying how often we bend over backwards to meet a clients needs
2   because that's part of our profession is that we're trying to help improve situations
3   and sometimes that's very frustrating – perhaps sometimes we ought to just say 'No'
4   but it's a case of getting that balance between fairness so that the client gets the good
5   and equity between the members of the City so that everybody is treated in the same
6   way and sometimes that's difficult.
7   Can you think of a particular case that illustrates that?
8   **Pat** I've got one – it sort of hightlights that – this is a case with a child I'd known in a
9   previous property which we adapted – a child with severe physical disabilities and
10   learning difficulties who's cared for at home by both parents also has a younger sister
11   who has autistic tendencies – her poor mum has got both children and the younger
12   sibling is very active so quite different from the child I'm talking about who's nearing
13   transitional age – going into adulthood. They purchased a property 2 years ago – so
14   it's taken a long time to get to this stage. It's a 4 bedroom property on the 1st floor.
15   There are 2 older children as well living in this house – so 4 children including the
16   child with physical disabilities and parents. Wanting to accommodate – the parents
17   had very clear ideas of how they wanted the property adapted. So when I turned up
18   they were absolutely clear as to they wanted an extension on the back. So that was
19   quite difficult. So in effect, what you have on the ground floor – this doesn't show
20   you completely clearly *(pointing to rooms on floor plan of property)* – you've got a
21   porch coming in, a hallway, you've got a lounge area here which actually that leads
22   into a dining area, so a sort of an arch way with double doors between this and a
23   kitchen, a utility a decent size utility and toilet but the fateful thing for the family is
24   *(dropping voice slightly for dramatic effect)* that we have an integral garage – so my
25   view was that we could use this garage for ground floor facilities or we could look at
26   through floor lifts and using some of the quite spacious accommodation upstairs.
27   What family wish is to have this, an extension out here. So when I'm talking about
28   fairness, this is obviously a classic to me – to be fair upon all the people in the city is
29   that we would put a DFG towards adapting within the 4 walls of the property. Very
30   angry, very confrontational parents at how unreasonable this all was. So I actually
31   came up with a proposal and a design that within the space of the property – knocking
32   through the utility, toilet and the garage area, we could accommodate this child's
33   needs. In fact the original design was it was cheaper to keep the original shower room
34   area into this area. The plans that show, that have gone before which I haven't
35   brought with me. So this area originally was going to be the toileting and the shower
36   area where all the access to water and to drainage was and then this was going to be
37   the child's bedroom with accommodating 2 beds and there would have been space to
38   have done that. Very angry parents, not happy that their needs had been taken into
39   account so I sat down very carefully with them. They said that because they'd got
40   older children, if the child was at this end of the house the noise of them coming in
41   late at night, that was totally unreasonable because they would wake this younger
42   person up and very accommodatingly, with the grant officers, we looked at this and
43   said 'OK, well what if' and they wanted him to have access to the back of the
44   property so he could have ramped access and get out into the garden but actually this
45   *(access)* could be given round the side. So very accommodatingly the council said
46   'Yeah, OK, we will put more into this and reverse – what about having the facilities at
47   the front so then his bedroom is not quite on the banging front door and the bedroom
48   facilities and then he can get access. And that seemed fairly fair, you know how we
49   can accommodate, so we turn round, it will be more costly – but this still does not
50   actually meet what the family want. So it's very difficult and the family are very

51   unhappy and its taken an awful long time to get this far but and they're pushing to get
52   planning permission to adapt and what we're actually going for which I don't
53   particularly like – it's going to be very tight in space – it will just about accommodate
54   his needs – but they changes it yet again so they're very fed up it's all taken longer
55   but every time the goal posts get changed this is back to one room again this was
56   originally going to be the shower – not a separate room but just a wet area in the
57   corner – a toilet that he wouldn't access because he doesn't have any – he's doubly
58   incontinent so the family could use this ground floor loo. But in fact that's going to be
59   incorporated into one with difficulty. So this will be his bedroom as opposed to a
60   decent size. So that was an example of how perhaps we can try and accommodate –
61   we're looking at across the City trying to be equitable o the taxpayers across the City
62   and we'll still looked ways we could accommodate some of the issues the family had.
63   I mean I think they were fighting against just the injustice of not getting what they
64   wanted and in fact I think they were a bit shocked when we said 'Well look we can
65   redesign it to accommodate those arguments you had' and you know sometimes it's
66   just difficult and I don't know if that's the sort of thing that that's
67   **I** Very common I do believe from the anecdotes that I'm getting – at least that kind of
68   situation. So we've got here parents who've already quite proactively come to a
69   conclusion about what will best suit their needs.
70   **Pat** Yes, very much so
71   **I** Coming for public funding
72   **Pat** Yep
73   **I** and the task that you hold is to go out and look at the child's needs, which is a
74   different agenda.
75   **Pat** Yeah
76   **I** and so as you were looking at the plan of the property you had in mind what the
77   usual policy is within the City – so precedent, custom and policy about how it is
78   decided that funding shall be made available. So first of all one looks at the property
79   internally
80   **Pat** Yep
81   **I** to see what reorganisation can be done to accommodate the needs and so that's
82   coming from the organisation, that is a rule that you're taking from the organisation.
83   **Pat** Can I just add in there that another issue that was put into this – again it's a
84   question of fairness **-** is the family happened to be of asian origin and were also
85   arguing and pushing for the fact that the women will wish to meet in a separate room
86   to the men and actually they had already earmarked that garage facility to be the
87   women's meeting room and the men would have the lounge. There's already a dining
88   room so you could argue that those 2 could have been separated although it wouldn't
89   have been big enough to have met the child's needs. So there was also that just to
90   make it
91   **I** more complicated
92   **Pat** Yeah
93   **I** So you'd also got the rule from the organisation that we accommodate diversity
94   where we can
95   **Pat** but we're not necessarily as flexible as perhaps people would wish
96   **I** and there is also the issue that does this mean that people with a particular cultural
97   need actually get a better deal than somebody of a different culture and ethni…
98   **Pat** *(jumps in)* As an OT I would say we try and give fairness and that actually you
99   cannot start using that
100   **I** *(quietly)* Yes

101 **Pat** and the women could meet in an upstairs bedroom because they were able bodied
102 and it could be argued that you could either separate those 2 rooms or if that wasn't
103 acceptable then you could argue they were all able bodied and an upstairs facility.
104 **I** So the characters in this 'plot' as it were – you have the family to start off with –
105 mum and dad, were any others involved?
106 **Pat** In?
107 **I** In actually approaching you about changing the plans and reorganising the
108 **Pat** No we've also had an awful lot of other people who've – the respite carers etc.
109 We've all met on site with the younger daughters needs as well … there are knock on
110 effects on services because this is not going ahead or this is taking so long is what I
111 really mean
112 **I** So the child is having to go into respite
113 **Pat** Yes
114 **I** for as long as it takes to do this adaptation.
115 **Pat** He's at home but he's demanding, he's needing more respite because of the
116 difficulty. He's been carried upstairs every night and every morning by the family and
117 the mother is really struggling. This has taken almost 2 years to get to this stage –
118 we're awaiting planning permission. So there have been knock on effects from other
119 services
120 **I** and because it isn't yet done and she's having to carry him up and down stairs
121 therefore he's having to go into respite on a regular basis
122 **Pat** Yes
123 **I** and that has a cost implication to another part of the organisation, not the grant part
124 of the organisation
125 **Pat** Sure
126 **I** So another character enters the story – who else comes into it?
127 **Pat** The paediatric OT – it's really interesting. I normally work very closely. But
128 because of the complexity of this, we hadn't come to a conclusion, to a plan I could
129 take and discuss and interestingly a complaint letter ended up coming
130 **I** from the paediatric OT?
131 **Pat** Yes because they thought they could manipulate her to change the plans. So
132 normally I would have involved her right from the onset but because of all the hoo
133 haa I hadn't
134 **I** It was getting so cumbersome
135 **Pat** Yeah
136 **I** that you tried
137 **Pat** to say 'this is what we're going towards'
138 **I** So that's very problematic as well – how many characters do you invite in because if
139 you have a lot of them then it takes longer to make the decision and already there
140 were complaints about the length of time this decision had taken
141 **Pat** Yeah
142 **I** but by not doing what you would normally do and inviting that character in
143 therefore you got a complaint coming in from left field
144 **Pat** Also to help swing the argument in their favour is what they were trying to do
145 **I** So that's a political process that's going on in the background
146 **Pat** Yes
147 **I** that the family carry on with their own agenda
148 **Pat** Very much so
149 **I** Were there any councillors or MPs got involved in this?

150   **Pat** There haven't been interestingly – a lot of threats that they'll dump the child on
151   the door of social services and they can look after him in the long term but I think
152   those are really threats. I mean I think it's sad, very sad.
153   **I** So the family is working through the services at the moment and hasn't gone outside
154   to the media or
155   **Pat** No interestingly they haven't which is what you would have expected at this stage
156   **I** So what you've come to is what you believe to be a compromise on the plans at least
157   which takes into account the issues they've raised but within the context of the rules
158   from the organisation you've been given that look at this hierarchy of how we use
159   internal part of the house before external *(build ons)* and how we look at cultural need
160   and if cultural need can be accommodated within the internal structure of the house
161   then it is done so rather than building on.
162   **Pat** but I feel grants have been fairly reasonable because in effect what we've done is
163   costed up a more expensive scheme
164   **I** Yes
165   **Pat** costed that up and are going to put that towards what the family's wishes are. So
166   they will be accommodated but obviously the family's wishes are going to be
167   considerably more expensive
168   **I** so the family will have to pay for the extra that they want
169   **Pat** Yeah
170   **I** the final compromise is that the planned structure that you've come to that will meet
171   the child's needs is what's being taken forward as far as the grant is concerned
172   **Pat** Yes
173   **I** but the grant which is costed up for that will be given to them for them to spend –
174   not quite as they wish cos I guess there are some
175   **Pat** it still has to accommodate the child's needs so it's still got to be accessible so
176   I've still had to do a lot of negotiation about layout, what they wanted was I felt was
177   unreasonable and I wouldn't agree it so we've had to make compromises in looking at
178   space and circulation – but it still I don't think meets the child's needs – it's not in the
179   best interest of the child as would be the original plan – my perspective but that's not
180   the family's view
181   **I** and that's interesting cos it raises another point about who is the client - is it the
182   child or is it the family? And can you separate the one from the other? But we won't
183   go on to that one for a moment anyway because I wanted to open it up to the group to
184   say – is that similar to something you've had in the past? Is that different to anything
185   you've experienced? Or do you have cases you can think of that are quite like that?
186   **Pat** I've had similar ones where you've had to – I feel you know we have to
187   accommodate the wishes I think in this day and age as more than ever before – trying
188   to bend over backwards to accommodate people's wishes in as many ways as we can
189   **Jill** I've had similar where I've been out to look at the adaptation and the family have
190   very pre set ideas about what they wanted in terms of what changes they are happy to
191   accept to the accommodation and were very fixed on those ideas and it is right to
192   listen to their views because the child is still a part of that family
193   **Pat** Yes
194   **Jill** and they live within that family and that family lives in that house – but it's
195   listening to their views but then also look to the evidence that that will be compatible
196   with the child's needs – and that's what's difficult so it means a lot of looking into the
197   background, what other factors involved to make sure that's still meets the child's
198   needs

199 **I** So that's what brings out the complexity is trying to take into account the number of
200 characters there are in this story
201 **J&P** Yes
202 **I** and take account of where they all are and how they are all affected by this.
203 **Jill** Yeah
204 **I** Which is interesting because the statute has in mind the person who is applying
205 which in this case would be the child? Effectively the parents are applying for the
206 child and so it's quite straight forward in the statute but not in reality is it?
207 **Pat** Not in reality Yes. Well I've had a case where it was through floor lift versus
208 stairlift and people are very familiar with a stairlift and it often comes into mind that
209 that would be the solution and a throughfloor lift is disruptive of the property and a
210 big piece of work and it changes whether you can sell the property. But that's actually
211 what might be most suitable for the child so that's where family might have different
212 views
213 **I** Yes and was it following the process as described how you went through that
214 negotiation?
215 **Sara** Backward and forwards *(laughs)* with plans and constant changes – very
216 longwinded
217 **Pat** Very, very longwinded
218 **Sara** Yes
219 **Pat** And very frustrating for the family. They would argue that the whole reason
220 nothing happened in 2 years is all our fault
221 **Cath** But they've exercised their choice haven't they?
222 **Pat** Very much so and it's their choice that has made everything take that much
223 longer
224 **Cath** Well I do think it fair to point that out to people and remind everybody who's
225 involved, the other professionals, that there is a point where we can only do so much
226 and if you have somebody calling the shots elsewhere then we shouldn't be backward
227 in doing that
228 **I** Yes
229 **Jill** and there's a lot of pressure to come to decisions quickly but these sort of
230 decisions are very complex and if you go too quickly you make mistakes. It may be
231 different in other areas – if you're issuing a piece of equipment there's sort of a check
232 list you can follow and it's done, you just do it. But this is much more complex and
233 can't be achieved in the same sort of timescale and then
234 **Pat** Well you could have surveyors, where it's structurally can you knock out nibs -
235 so you have to wait for structural surveys to come back and planning applications –
236 you know everything takes so long
237 **Cath** and also the implications on future service provision as well because you could
238 do something now which they say meets the child's needs *(other professionals)* you
239 may disagree with that but are you actually setting up another part of the service for
240 future use of those facilities? For instance I've got an example of someone asking for
241 a bath to be put into what would potentially be a wet floor shower area. Now I'm told
242 the parent is going to purchase the bath and put the bath in this wet room – the
243 surveyors drawn the bed in position in the bedroom and I think well that's fine but
244 what happens when the child can no longer use a bath – you know, someone's going
245 to come in and assess for a hoist and we're not going to be able to get near the bath or
246 the bed to transfer them! And is there funding for that? I mean ultimately should we
247 put a shower in there anyway and then if the tenant chooses to put a bath in over the
248 top then that's still there. So there's those issues that you have to think about for the

249 future don't you? You can't forsee everything but I do feel that if you're going to do
250 something now which will make it difficult to long term provide hoisting or washing
251 facilities that in building something is the time to think about the longest provision
252 **I** So there's a difference between doing something which is reversible and something
253 which is irreversible
254 **Cath** Mmm
255 **I** that if you are making adaptation that you can then change that's one thing but if
256 you're putting in something that you can't change – as with an extension- then that's
257 another thing entirely it does alter the home in a way that putting in something that
258 can be reversed such as a stairlift does not and so a different level of decision making
259 has to go into that
260 **Pat** Can I be without being facetious can I say that if we're putting on an extension
261 we're increasing the value of the property
262 **I** Yes
263 **Pat** So there can sometimes be ulterior motives
264 **Cath** and you can also say that someone's eligible to reapply for a grant or come back
265 for public monies but I would then say your issue of fairness comes into it because
266 actually your person has – not *(necessarily)* had an opportunity because obviously
267 needs change but we do have a duty to make the best of that facility at the time we're
268 doing it and perhaps then if they do come back and say 'Oh I want it changed again'
269 then somebody else is not perhaps going to get that initial provision so..
270 **I** and there is no opportunity to have a difference made in the case where the home's
271 price is going to be devalued by the adaptation versus the one that's going to increase
272 in value
273 **Pat** and as J was saying in the instance of a through floor lift you might argue that
274 might devalue – I don't think it would as you can remove them easily but from
275 somebody's perspective **J** it would certainly make it more difficult to sell
276 **General assent**
277 **Cath** or for a new tenant to remove it
278 **I** So that is another fairness that cannot be accommodated because we don't have
279 control over that but there's quite a bit of opportunity for making it look as if you as
280 the OT hold the decision in your hand and actually the story as you've told it is of a
281 complex of people, any one of whom can actually delay or put a brake on that
282 decision
283 **Pat** Yes
284 **Jill** and it's not just OT type decisions so the building and technical decisions which
285 are outside of our.. if we have an awareness and some sort of understanding but we're
286 not the experts in that area so that's another…
287 **I** Yes, necessary and appropriate versus reasonable and practicable – they're suppose
288 to work together and on the whole they do but in some cases there's a conflict
289 between what is necessary and appropriate and what is actually reasonable and
290 practicable within the situation
291 **P&J** murmur of assent
292 **I** and in a sense is that what you were saying with the parent's final plan *(P's case)*
293 that it was not as necessary and appropriate as the original plan had been?
294 **Pat** In allowing sufficient space, yeah because the other half is to provide him with
295 more facilities to enable him to be more independent – well of course by doing this
296 we're cutting well he could have an armchair in here and his own TV perhaps where
297 in this version it's much tighter in space, so maybe at a basic level but not…
298 **I** MmmMmm *(encouraging noise)*

299 **Sara** So in this one he would be gaining?
300 **Pat** Yes but it's not the family's wishes because they want to use that space for other
301 purposes
302 **Jill** So the only reason this one *(plan)* is being followed rather than that one is the
303 family's preferences?
304 **Pat** Yes
305 **I** So there's a kind of pay off between the absolute good of the original person – that
306 child – against the good of the family
307 **Pat** the family's wishes yes
308 **I** because you cannot in reality separate the child's good from the family's good
309 **Pat** Yeah it's difficult
310 **Jill** what's achievable taking in mind all the different factors rather than what might
311 be perfect
312 **I** and that's a fairness issue as well isn't it? That our perfect practitioner scenario isn't
313 necessarily the best one given the circumstances
314 **Jill** given all constraints
315 **I** which is intersecting isn't it if fairness will sometimes take precedence over our
316 clinical reasoning?
317 **Pat** Yes I feel as an OT that I'd like to see the greatest space being made available to
318 accommodate that individual's needs but I find it harder to take on board the family's
319 wish that, you know, their needs, because of wanting so much space as a family unit
320 so I've homed, perhaps too unfairly, into the client's needs
321 **I** but it's a 'fair' you can live with at the end because the family is going to live with it
322 and all these other complex characters are going to live with it. It is a negotiated
323 settlement
324 **Pat** Yes Yes We still haven't had planning permission agreed – we're 2 years down
325 the line and if the planners say no, we might be back to square one!! *(voice tone*
326 *raised for ironic effect & general laughter in recognition of the experience)*
327 **I** So you've had a 2 year process – that's how bad it is! *(laughter)*
328 **Pat** Might be a year and a half *(calculates time)* no we're nearly 2 years aren't we
329 **I** and what you started out with was it was a good example of fairness to the
330 individual
331 **Pat** The individual being the client
332 **I** Yeah versus fairness to the greater number
333 **Pat** The family's needs but within that there are cultural issues with this one as they
334 would argue their family's needs
335 **I** There's also the even greater whole which is the other cases that are coming along
336 and you were talking about tax payers at one point
337 **Pat** Well yes because what I'd like to think is that we're being fair to all the City
338 taxpayers – that we're looking and part of our responsibility as OTs is to look fairly so
339 within the grant system you know you can't give everyone a nice socking great
340 extension out of that – we have to look within the 4 walls of the property – to spread
341 that funding fairly around the City so hopefully my assessment will be akin to what
342 S's assessment might be or somebody's in the south of the city might be and that
343 we're all applying – well it's not just the eligibility principles
344 **I** Yes, principles and rules
345 **Pat** Yes
346 **I** because this is a circle you cannot square entirely – the individual versus the context
347 of the individual and the greater whole is never going to work out entirely – there's
348 always going to be give and take

349 **Jill** and maybe we have to be aware of the money, the resources that are available and
350 sharing them equally but also we have to do the assessment for what that person needs
351 and if it is more than is available it's important as well that we make that known
352 because if there's a greater need than is supported by whatever budget we have, that
353 will never change unless we bring that to the forefront and say 'what is there is not
354 meeting the needs of the people of City and so
355 **Cath** something about transparency there – that when you've done your assessment it
356 is clear what can and cannot be done
357 **Jill** Yeah I'm trying to say that we still have to state what is needed even if we have to
358 make a compromise on that because the budget isn't available – saying what's needed
359 so that that information is known so that as budgets change …
360 **Cath** that's applying eligibility isn't it?
361 **Jill** Yes
362 **Cath** You assess the need regardless and then you have an eligibility criterion that
363 you apply to that
364 **Jill** Yes
365 **Cath** so some of those needs you can meet and some you can't so you shouldn't not
366 highlight needs when you can't
367 **general assent**
368 **Cath** that's the only way that planners – whoever- can identify that there are unmet
369 needs
370 **Jill** Yes
371 **Cath** in the City
372 **I** Ethically speaking, a better word than transparency for that would be truthfulness –
373 that you're being truthful bout what you can and cannot do given the eligibility
374 criteria
375 **Cath** Yes
376 **I** and what you can and cannot meet
377 **Cath** Yeah
378 **I** and you're not hiding from the client or from the organisation the actual situation as
379 you see it
380 **general assent**
381 **I** so truthfulness
382 **Jill** because that is as OTs what we can do
383 **I** The other one that goes alongside that is Fidelity – that what we're talking about that
384 the eligibility criteria, you're doing your best, that's what you've been talking about,
385 not to apply it in one way to one and another way to somebody else but to be
386 consistent in your application *(background murmurs of assent)* so fidelity is also that
387 your client will appreciate this truthfulness, will trust you to be telling them things as
388 they are. It doesn't necessarily mean that they are going to be truthful in return – it's
389 not necessarily reciprocal and that was your concern in this case – that you were being
390 truthful in what you could do but you had the sense that there was a hidden agenda
391 and they weren't necessarily being truthful in response and their agenda was not as
392 stated but what was stated was according to another agenda altogether.
393 **Pat** Mmm. When I went round the house I was never shown into this garage – when I
394 said 'anything in there – could we have a little look?' it was 'Oh no, no it's locked'
395 *general laughter*
396 **I** So we are in fact believing there is a duty on us to be truthful and trustworthy but
397 our experience is that that's not always reciprocal

398   **Pat** Yeah, yeah. Family with huge need, huge, huge need there wanting to manipulate
399   the system slightly
400   **I** Yes, Yeah and part of that was they'd already been self directed and decided what
401   they wanted and what they were looking at was not a solution but how to get to what
402   they had already decided.
403   **Pat** Yes
404   **I** so there's a prejudgement sometimes on other people's part whereas the system is
405   set up on the assumption of everybody having a blank slate
406   **Pat** Makes it easier anyway, let's put it that way
407   **I** Yes
408   **Sara** They just wanted you to come along and rubber stamp it
409   **Pat** Very, very much so
410   **I** so there's a problem in definition of role there – rubber stamping is what they see
411   your role as
412   **Pat** Yes
413   **I** but your duty is not to rubber stamp but to start from scratch
414   **Pat** Apply fairness
415   **I** Yeah. That's brought out a lot of the elements which make it difficult for us: the
416   complexity of the characters involved, the narrative as it develops because at different
417   stages you could have told that story differently. The first time off, the
418   recommendation that you made would have been quite straightforward I guess
419   **Pat** Yes *(consideringly)*
420   **I** then you took it to them and they said 'no'
421   **Pat** and also because the family would chop and change about..I spent a lot of time
422   chalking out and with books in the lounge showing the practicality of the chairs that
423   they wouldn't turn in that amount of space and taken an awful long time just to get to
424   an acceptable a manageable.. and because of the tightness of it all and me being
425   anxious that this has all got to work, it's not my ideal but to try and accommodate
426   their wishes into a system that will, I hope, work yeah that's taken an awful lot more
427   time and effort
428   **I** I think you (Jill) mentioned earlier that if you take time, you are more likely to come
429   to a better decision
430   **Pat** The amount of time! And one wants to try desperately to sort of get a system that
431   does work and that the family are happy – they've got to live with it! But it's a lot of
432   negotiation to get to what you think will be physically acceptable and will work with
433   the equipment that the child needs.
434   **I** So there's 2 aspects of time that you're talking about that are problematic. One was
435   the family saying 'this is taking too long'
436   **Pat** O gosh yes
437   **I** and not taking responsibility as you mentioned for the fact that they were
438   lengthening the process considerably because they construed it as you getting in the
439   way of them getting where they wanted to be
440   **Pat** Totally
441   **I** rather than them engaging in a negotiation – so therefore you were blocking for too
442   long. The other time thing is that the time you were spending on this case meant that
443   you couldn't be spending it on other cases *(background murmurs of assent)* and that
444   has an organisational impact and also a fairness implication – is it fair to spend this
445   length of time on one case?
446   **Pat** You tell me – I don't know!! *General laughter* but that's how it works!
447   **I** Does that ring a bell with anybody else?

448   **Pat** quite often with accommodating people's wishes and needs because they
449   particularly don't want something and you try and look at ways of changing it
450   **J** It's sometimes difficult to predict when that time *(extra time for negotiation)* will be
451   needed because everything's sorted as far as you're concerned and then something
452   will come back from the grants officers or .. so you have to revisit the whole thing and
453   it's difficult to plan how the time's going to be used sometimes. When its needed, you
454   just have to get on and do it.
455   **I** and sometimes I guess your heart must sink when sometimes you think it's all tidied
456   up and something happens and you've got to go back into it again. It must be
457   tempting to take a short cut at that point.
458   **P** One I had last week was a classic – a lady who was wheelchair dependent and who
459   really doesn't want to accept her disability – has 2 young children, single mum and
460   looking a shower room adaptation and she had in mind I'm sure that it would look
461   less disabled if we had the screens going the whole length of it which is 1900mm, a
462   screen which would fold back and then she thought 'you'll never get one which will
463   do this' which she could then reach – didn't want a self propelling wheelchair because
464   it looks disabled, didn't want a fold down *(seat)* cos it looks disabled. She's going to
465   get herself a computer chair on wheels or something. But she wanted to provide that
466   and she wanted to choose what it would look like and I spent ages phoning around –
467   'could you get someone who could do that?' and because you know what she wants
468   you try and bend over backwards, because you know she wants it to look normal and
469   you want her to be happy because it looks normal and she doesn't want grab rails
470   although I've got them costed in. She's going to put a dado rail and she will negotiate
471   that with the builders because it looks normal and you desperately want to meet that
472   because if I had young children I'd want the same and sometimes you get torn by
473   trying to accommodate and doing things which ultimately you think 'it won't work'
474   but I have to show my clinical reasoning why it won't work. I think it's very difficult
475   to say categorically 'No' because what was your reasoning? Have you looked at all
476   the other options before you can adamantly say 'no' – I did and I said no because I
477   had looked at everything and it just wasn't practically going to work and with funding
478   for this on a DFG it's got to work.
479   **I** So it's moving from a situation where you can say 'no because it's going to have
480   those consequences into a situation where it's rare to be able to say be able to say 'no'
481   as such – all you can say is 'if you do that then this will be the consequence, if you do
482   the other then this will be the consequence, place the good consequence alongside the
483   bad consequence and hand it back to the person.
484   **Pat** Yeah and as an OT I feel you desperately want to help
485   **Cath** In that situation though, how would you feel about asking the person to find out
486   about it? As opposed to you doing the running around?
487   **Pat** That would be too much of a struggle with a disability
488   **Cath** Well if people are so very well informed to tell us what they should have and
489   shouldn't have, a lot of people have access to the internet now and they are the ones
490   who like to feel they are calling the shots which is fine and rather than you taking it
491   all on board yourself say 'OK, find out about it yourself and we'll sit down and talk
492   about it and work it through'
493   **Pat** I did with a kitchen adaptation and they never did. We rearranged the whole
494   kitchen. But no I agree – perhaps one takes off and I'm guilty of that – but actually
495   that individual would struggle with that because they wouldn't have access. They
496   struggle with making phone calls

497   **Cath** Well could you have set it up with a manufacturer to say get the rep out, well all
498   sit down and talk about it? Cos they're very inventive with what they will and won't
499   do. It's about trying to put some of that ownership back on people who feel that us as
500   a providing organisation should be doing everything for them.
501   **Pat** Like you thinking about your corner bathboard.
502   **Jill** yes we were thinking about when you're being fair how far you go down
503   acknowledging somebody's wishes rather than needs which can be very time
504   consuming. You want people to achieve the task they are not able to do. This was a
505   lady who was – a corner bath – she had been using an adjustable stool in the bath and
506   sliding over onto it and moving her legs over. She wanted some equipment – she
507   couldn't step over the side of the bath – she wanted to sit in the bath. So we tried a
508   swivel bather which met her needs to get her legs over, sit in the bath - but she liked
509   to wash with a bucket of water and scoop the water over her and she had the bucket in
510   the bath and the swivel bather being slightly higher than the flush level of the bath
511   meant she had to reach down further to get the water. So she said it was absolutely no
512   good. Although it was perfect to get in and out of the bath and much better than sitting
513   on a padded seat in the bath – but she didn't want to so she said it was too far to reach
514   down to the bucket. So we could raise that up as well and that really would have met
515   her need. She's have been able to sit, scoop the water, have a wash but she doesn't
516   want that cos she's adamant she wants a board – she wants me to make, provide, find
517   like a bathboard for a corner bath. There's not one made. I have trawled every thing.
518   It's not fair to ask the technicians to make it because there's all sorts of health and
519   safety. The only thing I could think of doing is asking REMAP to make it. I did
520   wonder if they would make it because it is achievable by other means
521   **Cath** Yes they would
522   **Jill** But it's how much time, whether you go down that route – because whether that is
523   then fair to someone else – whether that would compromise something
524   **I** So it is back to how do you use your time is part of the fairness of it which if you
525   use a lot of your time like that, somebody else isn't getting it
526   **Jill** Yes, yes
527   **I** but to put it in ethical language what you've been talking about just now is
528   autonomy and in moving towards the person having autonomy are you having to do a
529   lot more work in the background or is it that with autonomy comes responsibility so
530   that the person themselves has to take on some of the leg work? But as you said, can
531   everybody do that?
532   **Pat** Perhaps sometimes one ought to do that more. Maybe they can make direct
533   contact with REMAP themselves without you being involved.
534   **Cath** I'm interested what it is that we don't feel comfortable with us ending it and
535   saying 'no'
536   **Sara** Feels like passing the buck?
537   **Cath** Is that because we're OTs or is that that we don't fully trust the organisation that
538   we work for that they will actually stand beside us and say that's OK
539   **Pat** I feel that if a complaint came through
540   **Cath** Yes exactly
541   **Pat** and particularly with manual handling cases and with the current case law that's
542   gone through, I feel one has to be so careful that one has to be seen to have give that
543   client choice and if you are going to say 'no' that you will have to see your clinical
544   reasoning and all your evidence as to how you – now perhaps on manual handling
545   that's slightly more – well it isn't I mean it's the same
546   **Cath** it's about litigation

547 **Pat** Yes, yes that is exactly it – passing it – 'I'm afraid of litigation therefore I have to
548 be justified'
549 **Cath** but that is also about that we do work within a large organisation and that
550 ultimately we are working within the policies & procedures & the rules governing and
551 laid down within that organisation. We have a professional duty
552 **Pat** Yes, yes
553 **Cath** and then at the same time our professional duty sometimes as we've discussed
554 can be in conflict with the organisation we work within
555 **Pat** Yeah
556 **Cath** it's about drawing the lines about where we begin and end and where the
557 organisation begins and ends
558 **Jill** Totally
559 **Cath** and should we be – like in your case – over something straightforward like a
560 bathboard. Arguably we're supposed to be saying 'no – our duty ended at the point
561 the swivel bather met
562 **Jill** I feel quite fair, quite justified in saying I have something that will meet your
563 needs and I can't identify any reason why anything different is needed apart from
564 choice. But it's professionally as well I suppose you don't want to say you weren't
565 able to offer a solution
566 **Cath** Yeah
567 **Jill** You want to be able to offer a solution to finish the case
568 **Cath** But you have offered a solution
569 **Jill** I have, yes
570 **Sara** Things don't appear to be so clear cut I mean one time it was clear boundaries –
571 you can only have one access, now with FACS it's more if you've got the reasoning
572 then you can do that – in some ways that makes it harder saying no because you ask
573 am I being fair
574 **Pat** so you have to justify it more
575 **Cath** but I still think that goes back to the organisation that we work for and if a
576 complaint came in and were challenged, would we feel comfortable in standing up
577 and saying 'no I believe I've done the right thing?'
578 **Pat** I think that as long as I could show my clinical reasoning then that's fine
579 **Cath** Yes that's right
580 **Pat** I bend over backwards more to try and give the client an element of choice and
581 having to prove why it's not going to work and having to prove to them that it's not
582 going to work and then coming to that decision. Yes and one is scared that if one says
583 no there'll be a come back on it and I feel I have to be able to demonstrate that I have
584 given them the options to explore in the same sort of way
585 **I** so with the autonomy comes more work *(murmured assent from 2 voices)* so I
586 think what we're getting at here is that even when you have laid out your clinical
587 reasoning there is still a time factor because what we said was that when do you stop
588 looking for the new product? When do you stop looking for the new negotiated
589 settlement? Is there a clear demarcation to the end of the process? And so where the
590 organisation would like you to use your time fairly by seeing quite a few cases, you
591 could actually see a few cases in greater depth and the thing I'm hearing is that when
592 you decide to cut this case off because it seems reasonable to stop looking now, if a
593 complaint comes in the organisation will shift its position from 'it is fair that you will
594 use your time to see a good number of people and stop looking now' to 'well you
595 should have continued to look for this particular case'. So that's the lack of trust in the
596 organisation – that it will not switch its priorities

597	**Pat** My view is that whenever I'm looking at a case and I'm thinking how do I fit
598	with, what would a like minded professional, an OT, so if I was going to be deemed
599	negligent I would like to think that another OT would think that what I've done is
600	reasonable
601	**I** That is what happens in court but the more common thing is that a complaint comes
602	in either from the person or from a councillor or an MP and then the organisation
603	comes back to you and so its not what another OT would have done but it is how do
604	we deal with the complaint?
605	**Pat** Yeah
606	**Jill** My case is actually one where the categorisation was of substantial needs and that
607	then came back and there was then a complaint because the client went to a councillor
608	and that came back to the organisation and I was – about how uncomfortable that felt
609	to be called back in to justify really what your decision had been.
610	**I** Yes
611	**J** and that was fine because I explained why I had made that decision and that was
612	what stuck but when you have other people coming from outside the organisation like
613	councillors or other professionals from different areas within the organisation – that
614	this was for a level access shower and its needed urgently and has to be straight away,
615	putting that pressure on you – that feels very uncomfortable. But that's when you
616	have to be extra clear about what's fair
617	**I** but to be fair to you as well. What you said was that felt all right because in the end,
618	having justified it the organisation accepted what you had done. Where you have had
619	OTs
620	**Pat** there've been instances where they've made decisions and because someone's
621	complained enough they've actually got what they wanted and you just think
622	**Sara** and not trusting you to follow the guidelines and the carpet gets pulled from
623	under you
624	**general assent**
625	**Cath** and why spend hours and hours going over and above when we could
626	satisfactorily offer (?) something
627	**I** and it also comes back to what you were saying that it used to be easier because
628	there were rules that were accepted and you could demonstrate whether you had met
629	them or not whereas by going for the autonomy and this is an individual decision
630	there are always opportunities for challenge.
631	**Jill** because if you have choice, then the comparisons you're having to make between
632	situations can be very difficult to compare – because you're giving people choice
633	you're having very different scenarios which you have got to treat fairly but it's very
634	difficult to compare them because you're comparing very different things
635	**I** apples and oranges
636	**general assent**
637	**I** so from that perspective there is something about trust, the trustworthiness of the
638	organisation – that having put you into this post your decision making should be of a
639	quality that they would be happy with but occasionally that appears not to be the case
640	and that's when it feels really bad
641	**Unidentified voice assenting**
642	**I** but the more common thing as you say is that in focussing on autonomy each case
643	is unique in its own right and therefore how do you make consistent application if
644	each case is so unique? How do you have equity, parity across cases? Have you got
645	any examples of where that was a difficulty? That by using custom and precedent you

646   had anticipated moving through a case and suddenly and external new character came
647   in and changed that scenario?
648   **Cath** I had a case, a situation which backfired spectacularly on me. We had a person
649   living in what the housing landlord considered to be an inappropriate property for
650   adaption for a child again and the mother was adamant that the adaptation would be
651   carried out where she was living and we were trying to get them to consider other
652   options, to move to somewhere that would be more suitable for adaption and she'd
653   been to her councillor, the charity organisations concerned with the child's condition,
654   various disability advisory bodies and I think the OT who was involved, who has now
655   left, before she left spoke to the children and families team to ask if a social worker
656   could become involved to support the mum in what was going on. So the social
657   worker picked up the case and rang me and I explained and I said I really feel it would
658   be better fro all concerned if she did consider moving – we found an ideal property for
659   her and the child and we could have adapted it fine but it wasn't in her chosen area to
660   live where her support networks are and near enough the school and what I wanted
661   the social worker to do was to look into whether education and transport services and
662   whether they could look at covering a different area like paying/issuing monies and
663   giving her some support so that the obstacles she came up with whether we could
664   overcome them. Not for that particular property cos that had already gone now but in
665   future to give mum a less blinkered view of the area she was in. So she said 'OK I'll
666   go and talk to her' and she came back and said 'Oh well I think she should stay where
667   she is and you should do the adaptations where they are' and I thought 'Right'. She
668   couldn't see any of the things I'd suggested – it was just to support mum and that was
669   it. So we were then back into the position of inappropriate property, costly
670   adaptations. The position now is that we have said we will consider the adaptions on
671   the property. It's a totally inappropriate property but similar to the situation that you
672   just described – it's not going to be ideal for the child in the long term and so I have a
673   great problem with that as a professional but I have now suggested to the social
674   worker that as she supported the situation and that she does have a duty perhaps to
675   cough up some money towards the cost of the work. I haven't heard back from her
676   yet!
677   **I** so the idea that if you contribute to the decision you also contribute to the
678   investment in that decision
679   **Cath** well there is somewhat of a duty now that they have to do that. But I don't know
680   whether it was just easier for her to agree with mum and say 'yes' – whether they
681   can't actually look at increasing the social network and facilitating any other options
682   to what they already had I don't know but to categorically come back and say she
683   should stay where she is is not what I would consider joined up working really
684   **I** but will it be better if she does cough up some investment towards
685   **Cath** No because it's still an inappropriate property. We could end up spending a lot
686   of money on the work and in the long term they could turn round and say this is not a
687   suitable property now and we need to move
688   **I** so there are some things which when they are challenged hit a sense of unfairness in
689   that they are basic to our professional judgement and one of the things we look at is
690   how people use space in their daily lives so that if a property is unsuitable what we
691   mean is that whatever we do to it, that space is not going to fit what we want to use it
692   for in your daily life – your occupations
693   **Pat** Not as you deteriorate – it won't meet your long term needs
694   **I** Yes I'm sure you can think of cases where maybe you can change the inside of a
695   house but the site of it is going to mean they're stuck in the house and therefore that's

696   going to be problematic. So there are a lot of issues which have no end point – like
697   when do you stop looking for the perfect solution? But there are some things which
698   are clear to our professional judgement like whether this space is suitable for what
699   you want to do within it and that was one of your problems with the negotiated
700   settlement on the child's property

701   **Pat** Yes that it had to still accommodate his needs even though it was tighter

702   **I** Yes and if somebody is going against that then there is no way that we can feel
703   that's been a fair outcome no matter what. So whether the social worker invests into
704   this scheme or not won't make any difference because it's gone against the
705   professional judgement that is your basic training and rationale for being here in the
706   1st place which says that space is not going to be useful for the occupations you want
707   to do within it.

708   **Cath** For a limited period it will be but this is also the same case about the parents
709   wishing to install a bath. We would naturally put a shower in but not having thought
710   through the implications of having a bath in relation to where the bed is and bedroom,
711   hoisting in the future and those sort of things. That's around choice again isn't it?

712   **I** Choice is a slippery concept and autonomy is a slippery concept. One of the ideas
713   that's come up with the Mental Capacity Act is that you can take a duff decision – in
714   law you have that right, and that doesn't feel very good

715   **Pat** Not when you're spending a lot of money on a duff decision

716   **Cath** and setting up another service which is in effect what we could be doing there –
717   I could be setting up the people who fund hoists to a very costly requirement as
718   opposed to if we had rearranged it sensibly at the beginning when you could get away
719   with a straight track. I have a conscience that I'm actually setting another fund holder
720   to provide something that if it had been thought about differently could have been
721   avoided.

722   **I** so there is something that we wrestle with about autonomy. Is that I wonder part of
723   the nature of autonomy or that we have been trained in another set up – we have been
724   trained more for the rules and the principles than this new way of approaching it? Is it
725   the concept of autonomy itself that is difficult to work with or is it

726   **Pat** I think its good but I think its time consuming because sometimes past experience
727   can tell one that that won't work and you have to prove to the individual – so you
728   have to let them experience it before they can reach that decision.

729   **Jill** As a professional we have the mind set that we have to provide a solution to the
730   problem but if people have got autonomy as you say they might choose to take an
731   unwise decision and that feels uncomfortable to us because it goes against what we're
732   expecting to do. It the same in the move to people now having money to buy their
733   own equipment and so our role might be as advisors to help them make an informed
734   decision.

735   **Pat** But their choice

736   **Jill** They may choose something totally unsuitable so that has a very different feeling
737   and part of the satisfaction of our job is that you can work with people to meet a need
738   and address the problems but are we not necessarily going to get that feedback if the
739   emphasis is all on the person making that decision they may make decisions that

740   **Pat** If it doesn't work are they then able to come back and get something else?

741   **Sara** That's like the case I was thinking of where the lady's got a very tiny bathroom
742   and I think she wants me in as the rubber stamping bit cos she's got her decision
743   already she wants the bath out and the shower put in. She's got a 3 bed bungalow so
744   she's got 2 other rooms that she could actually use but she won't – one suggestion is
745   actually taking a bit off one of the next door rooms to put the shower in there but she

746 won't have that – she's decided what she wants and wanted me to fit in with her. I
747 mean long term if her condition deteriorates there won't be room for a shower chair to
748 go in there and the GP has written back and said 'well no she should be fine' but if
749 she's not…where do we go from there?
750 **I** So there's 2 principles there and I think it's coming up from what you're saying as
751 well, there's 2 principles: one is fidelity and we have a strong sense of fidelity – I
752 think that's what you were saying about wanting to come up with the right solution in
753 the end. So you can see a better solution for this lady and your sense of fidelity tells
754 you that it would be as well to go with a foreseeable outcome rather than risk an
755 outcome that is doubtful and if that's not done then that sense of fidelity is breached -
756 if someone comes up with a duff decision that we can see how to avoid then the sense
757 of fidelity is breached and that doesn't feel nice. And the other is about justice which
758 is about is this the right thing to do for all concerned? So can somebody come back to
759 claim a second go if they've made a duff decision?
760 **general assent**
761 **Pat** Is that a cost effective way of managing a budget?
762 **I** Yes or if the house is actually not suitable fro adaptation for the purposes they're
763 intending it, is it right to go ahead with it because the person wants to do that? So
764 that's justice but the other is fidelity. Fidelity I think is closer to our hearts, its about
765 what we think we are whereas justice is about what we think we do but it's still part of
766 2 different aspects and that's why it grabs us so quickly I think is that it gets to us
767 through these 2 different ethical routes I think and it does have a strong purchase on
768 us doesn't it – is this the right thing to do or is it not? So what did you do in the end?
769 **Sara** Well its going through
770 **I** So she's getting the bath is she
771 **Sara** Yeah – planning stage still and I'm just hoping that the doctor today is saying
772 that he supports her – and while we're there would we put in full length screen rather
773 than a shower curtain which is another issue but anyway she's adamant that's what
774 she wants
775 **Jill** so in a way you've explained to that person your reasoning and got someone
776 else's opinion – the GP's opinion, so you've been transparent about the concerns you
777 have and your recommendations and the fact that she has a choice – so does that make
778 you feel more comfortable that the GP or someone else
779 **Sara** well I've said all I can say now - the GP has said she's unlikely to deteriorate in
780 the near future to need a showerchair
781 **Pat** so what responsibility is it to plan it so that if she does?
782 **Jill** well within all reason – you can't cover every possible scenario can you – you've
783 got to go with what is the most reasonable plan
784 **Cath** we're setting ourselves up aren't we if we don't find adequate space for
785 whatever might happen
786 **I** and that's you're being truthful to the person concerned about the pros and cons of
787 doing it this way. If she is insistent that you do it this way you know that there is a
788 risk and you can only be truthful to the organisation as well and say 'this is what I
789 think but this is what the woman expects' Does the organisation accept that you have
790 gone as far as you can and that's it or is the concern you have that the organisation
791 will then come back and say that was not a good decision as if you held responsibility
792 for what happened in that woman's house?
793 **Jill** That' why I was wondering about the GP – you've taken evidence in a way.
794 **Sara** The GP says she should be able to manage at the moment
795 **Cath** but if she doesn't manage, isn't that a waste of money?

796   **Sara** but would I go back in and say 'well we're not doing it if you won't have it my
797   way!' *(laughs)* I'd need backing to say flatly 'no' because I think it would come back
798   if the GP supported it
799   **Pat** but if you have a supervisor, does that not come under supervision? If you have
800   your supervisor's support on that decision, if it comes back, I don't know, to a certain
801   extent then there's continuity throughout the city
802   **I** but you're looking for authority to say 'no'.
803   **Sara** Yes
804   **Pat** Yes
805   **I** and that comes back to our problem is that we don't know when we are allowed to
806   say 'no' now
807   **Pat** Yes
808   **I** or we don't trust the organisation to support 'no' as an answer
809   **Pat** but therefore we need to seek professional supervision and then hopefully that
810   will be matched across the city and then when another similar scenario comes up in
811   another locality that ah
812   **I** so investment again - that what you are seeking is that the organisation through your
813   supervisor another part of the organisation has invested in that decision
814   **Pat** Yes
815   **I** it's not seen as your decision purely
816   **Pat** yes you don't have to hold that.. and that will back you up
817   **I** so that comes back to autonomy again, that goes back to fidelity again, that goes
818   back to justice across different cases. It also goes back to our duty as seen by
819   ourselves, seen by the person, seen by the organisation might have different spins.
820   You can't say that they are entirely compatible all the time and that is hard – to move
821   around between those different areas.
822   **Sara** I've got one more about having a 2nd reception room plus having to build on a
823   bathroom as well but that's because the gentleman is very tall and the stairs aren't
824   wide enough for his legs – so that's been quite a difficult one – the practicalities of
825   putting it all in, problems with light and things. But that was one where a through
826   floor lift is a possibility and they wouldn't consider it at all. Quite a large 3 bed house
827   and we were building on this shower thing to meet their wishes really
828   **I** did it end up negotiated differently to this one which is that the cost of the
829   negotiated settlement was worked up and then the family put in the extra so if they're
830   going to have an extension for a shower room as opposed to a through floor lift - was
831   that what happened?
832   **Sara** We didn't in the end because what happened upstairs is that it was actually quite
833   tight space and we'd have had to do quite expensive adaptations up there anyway with
834   a bathroom so I think it was felt in the end that if you've got all that up there plus the
835   access problems – a lot of tooing and froing with plans
836   **I** but going back still to that principle that what the organisation looks at funding is
837   that which meets the person's need at the lowest cost – do people accept that as a
838   principle? I know that people want a particular thing, that's what we've talked about -
839   a prejudgement, sometimes being a difficulty, but have you found that people see that
840   as a reasonable principle to use?
841   **Sara** Yes I think that if you put it to them that that's a much cheaper option and if you
842   want anything else you would have to pay the difference – people seem to take that on
843   board though they might not always like it. People would sooner do that – doesn't
844   stop them moaning though

845   **Jill** sometimes I think people accept it in principle but they think in their case it's
846   slightly different because
847   **Sara** Yes
848   **Jill** things like bath lifts and level access showers I think there were quite a few
849   people who felt they couldn't use a bath lift because of their anxiety and that's very
850   difficult to quantify, especially if people haven't got a diagnosis of they're on
851   medication or have a mental health problem but they feel that they are too anxious to
852   use the bath lift and that's very difficult to be fair about because it's very difficult to
853   quantify
854   **I** subjective
855   **Jill** yes subjective and how a person performs or behaves when you're doing the
856   assessment – so how much do you base your recommendation on those subjective
857   feelings
858   **Pat** fear – fear of sleeping on the ground floor versus the 2nd reception I've had a
859   couple where we've had the stairlift because they are too fearful of being on the
860   ground floor, a clinical mental health problem – but it is quite subjective
861   **I** can you go through what you can do to address that?
862   **Pat** having alarms downstairs or having a referral to look at their anxiety but often it
863   might be specifically related to the bath lift and showering
864   **Jill** cos other people might say well actually I don't like the bath lift and is that going
865   to be addressed by having some rehab carers to work with you for a little while until
866   you feel more comfortable using it?
867   **I** so that's bringing in another issue – the more concrete and visible is the marker you
868   are using, like you can't get your legs over the side of the bath, the easier it is for
869   people to understand where you're coming from and to accept or argue against that
870   this is so in their case. (*Murmurs of assent).* If somebody can easily zip in and out of a
871   bath, it is difficult, unless you're in denial, to say that that's not happening whereas a
872   lot of what we're talking about are these more internal qualitative experiential things
873   like anxiety like behaviour, sleep patterns that are difficult to track, to have concrete
874   markers for but actually do make a big difference to whether somebody is going to
875   accept something or not. So that is quite problematic, especially when you have the
876   autonomy idea brought in – because those qualitative factors will then be even more
877   important if we're talking of coming from the person's perspective then their internal
878   feeling about the world will be more highly valued than if you come from an
879   objective can do/can't do it, external rule orientated decision making style.
880   **Cath** I try not to say very often the reason why we say no and ask someone to
881   consider moving is not because of the cost of the work but because their property is
882   not suitable for long term which is an incredibly difficult concept for people to grasp.
883   They say 'oh well it's because you don't have enough money'. Well we'd probably
884   do pretty much most things if it meant the property would be enhanced and we could
885   use it and it would work for the person. The philosophy is that we would rather spend
886   a bit more on something that meant it's a more accessible property for us as a landlord
887   and for that person whilst they're in it than spend an extortionate amount of money on
888   a property that would only partially make it right. Interestingly, nobody has yet come
889   back to me and challenged me on 'what do you mean it's not a suitable property? It
890   gets swept over very quickly and it's all down to money where 'you can't make me
891   move' which is true – we can't make people move either but the concept as we were
892   saying is more difficult to grasp for people. If we just say 'yeah we don't have the
893   money so you can't have it done' that's good because I can go to my councillor and
894   they can complain – do you know what I mean? But the concept of actually this isn't

895   a very good property and I'd like a councillor to walk round a property with me so I
896   could say 'look – this is what we're putting our money into and long term it's not
897   going to work. For them to be educated in that but that hasn't happened – so it's a
898   similar but different concept
899   **I** so a new way of working requires a new language to work in but some of these
900   things we're talking about, we haven't got a way of expressing it in the way that
901   we've got some standard assessments for some of the other things – even how you use
902   space in homes which may sound quite difficult we do have some standard
903   assessments that we can use about how people do their occupations within a particular
904   environment. But some of these concepts about autonomy and the qualitative
905   experience is much more difficult it's almost on the psychosocial side isn't it?
906   **Jill** People often say they don't want to move because they've lived in that property
907   for 50 years and for them that might be just as valid as not being able to lift your legs
908   over the bath side so if you're being fair you should give that equal weight as having
909   something more tangible.. So to be fair you should consider those things but then as
910   you said its difficult if you're also considering the quality of the housing stock or
911   adaptation when that property is suitable for someone else - it's a completely different
912   position to have to take into account isn't it and for that person, if you're going to be
913   fair you have to acknowledge that in the same way you would other
914   **I** and how do you do that?
915   **Cath** Jill and I have discussed a case where that applies. Jill carried out the
916   assessment and put a proposal to me and I came back to Jill.
917   **Jill** Yes
918   **Cath** There's legislation under which we work, which I can say well I can go so far
919   but not necessarily the whole way which would meet the bit about having lived there
920   for years and that's the most important part for that person – so it's about compromise
921   **Jill** and that was very helpful in that case because I had already raised those concerns
922   when I went out to see them but having another professional makes it easier for me to
923   go back and say I've tried the route you wanted, taken on board your wishes but
924   actually there is still concerns about if you are actually going to do this – I'm hoping
925   that will make them more flexible about thinking about what we're going to do in the
926   property. So it is a compromise but I've got backup to go back
927   **I** is it also just looking at it from the ethical side that we manage a conflict in this way
928   by dividing responsibility for what aspect of fairness is looked at by whom? So if you
929   (Jill) are looking at the aspect of fairness for the individual and somebody else is
930   looking at fairness and how the housing stock is managed across the city then neither
931   of you has to take that squaring of the circle that might not be possible of being fair to
932   both at the same time. One will feed into the other but nobody has to manage that split
933   entirely.
934   **Jill and Pat** Yes, yeah
935   **Jill** hopefully acknowledge that person's preferences but also hopefully do a bit of
936   negotiation
937   **I** It may be one of the things we do. On the moving and handling side we have a panel
938   that looks at the spending of the budget versus the individual professional who looks
939   at the needs of that individual person and so one is looking at it at the individual level
940   and the other is looking at it across the whole group
941   **Pat** within the budget
942   **I** within the budget. But its not a perfect split because one of the things we've been
943   wrestling with as we've been talking now is about exactly what you said originally
944   that there is a justice to the individual and a justice to the whole and so that always is

945 in mind and even when we talk about the individual versus the whole in that first case
946 we looked at the individual versus the greater number– which was actually the family
947 and then the other greater numbers up to the tax payers and you could say there is
948 another number of people which is the people on your caseload at the minute and on
949 your waiting list
950 **Pat** yes who take- are at a loss
951 **I** so it's the individual versus quite a collection of other greater parts and so we never
952 wholly split off one from the other. But it's quite an interesting concept that we might
953 manage one of these ethical splits by advocating for the individual and allow the
954 managers to advocate for the wider number.
955 **Jill** yes and that might make it manageable because you can then keep that therapeutic
956 relationship with that person
957 **approving noises from Pat**
958 **I** yes and you don't split your sense of fidelity either – your fidelity then lines with
959 that person who is your case at that time rather than the greater whole. But that can
960 also lead to huge conflict between the practitioner and the organisation if your fidelity
961 is invested solely in that individual and the organisation doesn't give what you believe
962 to be right for that person. You'll see the organisation as getting in the way
963 **Pat** working against you
964 **I** working against you – that's a better way of putting it
965 **Cath** its having an awareness though isn't it that we all work within an organisation.
966 If they brought you in as a private practitioner then you can say what you like and that
967 relationship is totally different to the relationship you have as working for the
968 organisation and going in there. So you're already within some sort of boundary
969 before you walk through the door in your role for the part of the organisation you
970 work for. So you have to apply that and take on board that if you are asking for
971 funding or something from some other section, that they are also going to have their
972 rules and regulations aren't they? We're all working before we start within some sort
973 of framework
974 **I** Its never pure
975 **Cath** No and I know that in some situations now that if I were both the practitioner
976 and making those decisions I would be in conflict. So Jill can go in purely as a
977 practitioner, identify the need, do the eligibility and all of that then when I'm looking
978 at it I'm clear of that and I'm putting on a different perspective to it and that's how I
979 think we can work together on it to a realistic workable outcome. I may not but I'm
980 saying that in some cases I've seen I would be in conflict
981 **Jill** and being fair is very difficult because you're being fair to so many different areas
982 – the client the organisation – so that makes sense then that splitting that makes it
983 more manageable because otherwise it's just
984 **Pat** too much to bear
985 **group assent**
986 **I** but that's what makes it uncomfortable that sometimes one cannot fulfil one's sense
987 of duty to a particular part of that and so one comes to a compromise and that's why
988 it's never a pure thing – always a negotiated settlement and it's whether we can live
989 with the settlement we've negotiated
990 **group assent**
991 **I** and how much uncertainty we can tolerate in that. I have to say I knew we'd be
992 talking about duty and justice I thought we'd be talking about autonomy but the way
993 that fidelity has come up as such a strong theme has been a surprise. The sense that
994 we take up an expectation that we will produce a solution that all can live with but

995   that that is then challenged by these difficult cases where there is no negotiated
996   settlement which will suit everybody. So that in a sense we are setting ourselves up to
997   feel bad about it *(laughter)* It also shows how sophisticated are the ways in which
998   we've managed these splits between all these different actors in our situations, the
999   complexity of the situations themselves, the rules we work within, the change from a
1000   rule based to an autonomy, preferences situation – that is very stretching so it's no
1001   wonder we all feel a bit tired! *(laughter)* So fairness for us covers quite a lot. It does
1002   cover autonomy and the investment that we and others give, it does cover the
1003   resources and time we can offer to one case, the duty we feel we owe our clients as
1004   opposed to all the other actors and the organisation itself. And it's also about how we
1005   survive ethically when we have a sense of fidelity which will never rest – which
1006   would, given its head, go on until we had come up with a perfect solution.

APPENDIX 3

Transcription of interview with Pam.

1 **I** Tell me about a time when you felt a case was difficult
2 **Pam** I think that the issue of fairness within the DFG work because so much money is
3 involved and because its pivotal as to how much money is available and feelings can
4 be running high – sometimes I think it can be difficult to untangle and to get the truth
5 out in order to be fair cos its almost like I see that as the starting point really, to get
6 the facts out and I think that with all the pressure the facts can be distorted really early
7 on and that's my way of doing it – well let's just paint the picture and see and get the
8 information and try and keep that as accurate and truthful a reflection of the situation
9 as its possible to get
10 **I** so true and accurate reflection is where you're aiming
11 **Pam** Yeah
12 **I** to be honest in the situation
13 **Pam** Yeah so to find out what the facts are in the situation. For instance a case I've
14 been involved in of a little boy who's had a cerebral bleed – it was quite an unusual
15 case because he had a perfectly active life and then he had a cerebral bleed and then
16 he lost all movement and speech so therefore the emotions of the family and their
17 motivation and stress made it harder really to negotiate my way through it and I
18 suppose the starting point of that was complicated because there was slow progress
19 being made and also the process was so long because at every point along the way the
20 family were challenging the decisions that were being made. So that made it quite
21 difficult and I felt I had a lot of empathy for the family and wanted to do the best that
22 I could but I also wanted not to muddy the waters and keep it factual as to what had
23 happened – getting people's reports say and that was difficult and again the waters
24 were muddied a bit by – as the whole process progressed, the family would involve
25 different agencies and almost download the stress onto other people and kind of get
26 them fighting against each other and that was difficult to keep things transparent
27 really.
28 **I** So there was an uncertain prognosis for the child. That made it difficult because you
29 couldn't say 'this is how it's going to be in the long term
30 **Pam** No yes
31 **I** and there was a family who were reaching out to a whole variety of other
32 professionals and bringing them into the picture also made that picture unstable
33 because of them coming in and out
34 **Pam** Yep
35 **I** and you had empathy with that family and their distress and at the same time you
36 were trying to hold that situation together when the family were making it unstable
37 and there was friction, which you felt the family were contributing to, among the
38 professionals involved.
39 **Pam** Yeah
40 **I** so is there any emotional fairness in that as well as a practical fairness because what
41 you were saying was that you had to keep factual – and is that how you keep honest?
42 The factual basis of your reports was the one firm basis in a very shifting scene and an
43 emotionally unstable situation.
44 **Pam** Yeah that sounds good and the family's position changed. Initially they were
45 adamant that they didn't want any adaptation because they believed – they had a
46 religious faith, and believed that the child was special and that he'd got a purpose for
47 his life and that he would not need any of this because he was going to be completely
48 fully functioning again. And that added in the long term to the distress of the child
49 and it brought delays into the process and then when in the end the family came to be
50 reconciled with the idea that they would need big adaptations to the house they

51	wanted it to happen immediately and it was just something else I suppose which just
52	added to the emotional tress of the whole situation. And I think that all professionals
53	involved had a massive sympathy and empathy with the family and the child –
54	evidenced by the fact that at meetings there would be 20 or 25 professionals would
55	turn up health, education, social care from the area where he was living and the area
56	he was having rehab in - I've never seen anything like it in terms of how many
57	people were involved and all committed to trying to provide the best.
58	**I** so you're dealing with a family who believes the position the child is in is temporary
59	– that the child's abilities will reach the usual developmental level, just a little later
60	but it will. Whereas you were aware that this child was not going to develop to that
61	level and so part of the delay was the family reaching that conclusion as well
62	**Pam** yeah
63	**I** that they were not interested in the adaptation until such time as they realised this is
64	how they were going to have to deal with it long term. At that point they needed
65	everything done immediately
66	**Pam** Yeah
67	**I** whereas it had been their contribution which had been spinning out the process
68	initially
69	**Pam** Yeah
70	**I** So that was difficult to remain fair in the sense that they had contributed to that
71	delay but then wanted to blame you or somebody else?
72	**Pam** They were frustrated with the system. Going back, at the beginning we had what
73	is a common source of conflict, which is an expectation that if you have a disabled
74	person living in the home, that any second reception room should be used as a
75	bedroom and even though I understood completely – this family's situation was more
76	difficult than most, I made it clear right from the start that this is what the grants
77	department would be looking at in terms of what they would provide funding for in
78	building outside the house and ultimately that decision would be made by the OT in
79	collaboration with the grants dept for the bedroom, the funding would be based on
80	keeping the dining room as a bedroom for this child and then building an external
81	bathroom. And all the way through the father was very unhappy about this and again
82	it did muddy the waters but I felt I had been clear and I felt that was fair but it did
83	create a lot of conflict and I felt a bit powerless I suppose but I just had to keep
84	repeating that that's what we had to work within. And I suppose conflict is a massive
85	issue in it really and how you negotiate that and how that impacts on how fair you're
86	being – because Children and Families (service) were putting pressure on me to say
87	he needed a bigger extension, living room and I kept coming back and saying yes but
88	our funding is available through disabled facilities grant and that is what our hands are
89	tied at but in the end because there's been a change in the system whereby in the past
90	the top ups would have come through our management but in this transition period I
91	was able to go back to Child and Families service and say OK if you want to advocate
92	for that all the funding is DFG and if you want to provide additional funding then
93	that's got to come out of your budget and I think that's often a source of conflict
94	where professionals are bringing in and putting pressure on other professionals to put
95	in money out of their budgets and I think boundaries are really important because then
96	when people are clear then people are always more aware of the limits of their own
97	budgets than they are the limits of other people's budgets. When the family's putting
98	on pressure, it's very easy for them to pas it on to me and say yes this isn't right it
99	isn't fair
100	**I** And you do something about it

101 **Pam** yeah
102 **I** we do not own this problem – you do
103 **Pam** yeah, yeah and because this case was happening when the change in procedure
104 was very new, that was very difficult and I think it added to the family's confusion
105 **I** Did the rules change during the process itself?
106 **Pam** Yes, yes and I think this case was part of what highlighted that something did
107 need to change – you know at service manager level, so in a way that was a good
108 thing but being in the middle of it, handling the conflict – I suppose my perspective is
109 that we haven't got a lot of leeway, we are tied by legislation and I just think its best
110 to be clear from the outset and with this particular family they have got an enormous
111 they have pushed for every agency and I'm sure I'd have done the same in that
112 situation and their response – with the school their child yes but other children don't
113 get this you must realise that your child is getting more than every other child and the
114 family's response 'ah well that's not my problem – our child's my problem and you'll
115 have to sort it out'. I think that with that approach they've actually got a lot more from
116 other services and part of me feels empathy with their doing that and I do understand
117 it and in a way as a parent you have to push as much as you can but in reflecting on it
118 now, I suppose the legislation does help us to be fair cos we have got limited
119 resources and actually its good to keep the boundaries in place because there is a
120 limited amount of money. In this particular case I thought the needs were very high
121 but the power of the parent to advocate isn't always dependent on how severe the
122 disability is – it can be cultural or intellectual or just in society or who they know and
123 personally I find it frustrating when people who are prepared to complaint or be
124 aggressive or to push further than most people would. I don't like it when as an
125 organisation we give into that pressure because it's not fair
126 **I** and that's part of what you were looking at – the difference between advocating for
127 an individual and being fair to a whole population and keeping your mind on both.
128 You were looking to the rules that the organisation set under statute in order to guide
129 us in the decisions that are made and that sounds as if it was really important and that
130 part of the problem in this case is that those rules shifted over the lengthy process of
131 one of these adaptations
132 **Pam** I don't think in this case… the principle that you've got to use the existing
133 bedroom and then the bathroom on top of that and the family fought that for a very
134 long time and that added to all the time. And all the time I was saying but I think this
135 is going to come up to the £25k limit anyway so lets be clear about why we're
136 debating this. I had to go through the process but the outcome was we wasted months
137 and months of time discussing what could be grant fundable and what – because the
138 family ultimately decided they would pay the difference and looked to Children and
139 Families for the additional funding. So it all feels messy even now
140 **I** so it was a tricky case because its was such complex needs, also because there were
141 special cultural needs and that was another aspect of fairness that you were looking to
142 the rules of the organisation to say what is fair in this case as opposed to what is fair
143 for the entire population and so diversity is seen to be dealt with tactfully and
144 diplomatically but at the same time within the limits of the money within which the
145 budgets are set.
146 **P** In fact the reason they wanted to retain the dining room was just that they wanted to
147 retain a dining room – it wasn't particularly their culture
148 **I** right – it was a family room
149 **Pam** It was a family room and they wanted to continue and they wanted their child to
150 have more space so that was never presented as a cultural need..

151 **I** right – sorry I misunderstood that because sometimes when it's 2 rooms
152 **Pam** yeah
153 **I** so this was about retaining family space and eventually they put some money
154 towards that
155 **Pam** I think the eventual extension cost about £80k so it was over 3 times what the
156 £25k limit and then I don't know where the funding came from in the end. I learned
157 not to get entangled in that but to keep clear about what my role was which was to
158 make the recommendation and to be clear about what is grant aidable and what isn't
159 and because it was clear that the family had the resources to fund the extension, that
160 made it easier I suppose, to stick to my recommendation. Having said that, I knew that
161 what I'd recommended would go up to the limit of the grant anyway
162 **I** do you mean in comparison with a family that wouldn't have that extra?
163 **Pam** Yeah
164 **I** that would be a much harsher decision to have to make.
165 **Pam** Yeah, yeah but there's a top up loan which because of their financial situation
166 they didn't want to have their finances assessed and therefore they weren't eligible for
167 that and again I suppose the stress – I suppose it's being fair in being bombarded
168 because sometimes I think being bombarded you want to dig your heels in because
169 you just feel overwhelmed with the number of things so the family were trying to get
170 a bottom figure of how much the grant would be and the home improvement agency
171 wouldn't cost it out until we'd agreed what it was and the family wouldn't agree to it
172 in principle till they knew so again just stuck in the middle trying to negotiate
173 **I** did I hear aright that what you learned from this was to limit your intervention to
174 what you genuinely could control, to the recommendation you as an OT are making
175 **Pam** Well over the course of this case again I think the role of OT in children's cases
176 changed. In the past our department would pay the top up and we were funding it and
177 needed to look at the whole picture and it was during the case it reached a hiatus and
178 it was resolved at higher management that Children and families social workers were
179 going to have to get more
180 **I** Taking responsibility?
181 **Pam** yeah instead of just putting pressure saying we need this – but that must have
182 been very confusing for the family the fact that they had myself as adult services, SS
183 Children and families, the home improvement agency who they had an awful lot of
184 conflict with, grants officer who was providing the funding all the health in terms of
185 general and neuro teams, the massive rehab teams where he was being rehabilitated
186 **I** so if it was a novel there'd be an awful lot of walk on parts?
187 **Pam** Yeah,yeah
188 **I** You also said something about clarity of expectation was important and that came
189 out a bit in the group session – fidelity- being faithful to the expectations that you
190 raise and that seemed to be important within the story that you were telling because
191 you yourself had to shift what you were able to do during that it made it difficult to
192 remain faithful to the expectations that you had put forward at the start but you tried
193 hard to do that
194 **Pam** Yes initially I think the way I handled it was to start the ball rolling by saying
195 we can always cancel it – I think in my experience people hear what they want to
196 hear. They don't hear all the detail of what you're trying to tell them. I think they
197 heard was if my child is permanently disabled I will be able to get whatever I want –
198 whatever I perceive to be necessary to meet his need which just isn't true.
199 **I** and that was something you had to challenge throughout – that their expectation in
200 that way wasn't going to be met in reality. So you tried to remain consistent in the

201   message that you were giving to them and it was the family who were moving around.
202   **Pam** both in terms of how much funding, what could be provided and the timing of it.
203   And again I thin they saw me as a fulcrum – that I could make things happen that
204   were outside my remit and we're often in a difficult position because we do want to
205   advocate and we often do hold all the threads to actually advocate on behalf of the
206   client to get things moving, to highlight the need. It went through to the grants
207   officers as an urgent request but then it went to – they referred it on – to the home
208   improvement agency but they had no means of prioritising at the time that they would
209   take those recommendations in date order and I advocated for the client with the home
210   improvement agency to no avail so then I went to the head of the grants dept and he
211   supported me asking the home improvement agency putting this case to the top of
212   their list and that hadn't happened before so in a way I was in a position to be able to
213   ..but in a way I made a rod for my own back because then it was always Oh I can sort
214   things out and get things moving
215   **I** and that again is an aspect of fidelity of being able to fulfil what you say so again
216   the learning seems to be about putting forward a limited amount of what you can do
217   which you know you can fulfil rather than allowing them to walk off with the idea
218   that you can just make this whole thing happen smoothly because you know you can't
219   **Pam** yeah and I suppose the longer you're in the job the more you realise that!
220   (*laughs*)
221   **I** and maybe the more comfortable you become with that concept
222   **Pam** Yeah that's a good point actually. And they don't know at the outset. Because
223   often in children's cases they're from birth and the problem has kind of evolved really
224   or emerged whereas in this case it was right in their faces and they were struggling to
225   cope and I felt it was an exceptional case and I did advocate for them to the various
226   agencies saying because of the stress and because of the unusual nature of it I believe
227   it to be an unusually high priority so I felt by giving each of the agencies all the
228   details – got the client permission to do that, but to get more details I think I gave
229   more details of their emotional distress because I felt that was relevant and that people
230   would need to know bout it or they wouldn't - cos I would constantly prioritise this
231   case
232   **I** and I suppose you also have to decide how much time you were going to give to this
233   case and special advocacy for this case as opposed to the other cases on your waiting
234   list that's a problem of fairness as well isn't it?
235   **P** yes it is. Because the focus of our clients is on how much grant, how big an
236   extension they can get, that tends to be our focus in our perception of how fair we're
237   being but there are lots more – not just being fair to other people but like you say
238   being fair in managing their expectations or in the way we communicate. And I think
239   that because they were difficult to communicate with it may be there were occasions I
240   would avoid communicating with them – my preferred way of working is to keep
241   people fully informed all the time but actually that's very difficult to do in this case
242   because every bit of information they were given they would divide it and use it as
243   more ammunition to put pressure on other people in there
244   **I** so again being fair doesn't necessarily mean treating everybody the same. So we've
245   got a really good illustration there of how complex this whole issue of fairness is but
246   you clearly have a sense of fairness and there were times during this process when
247   that sense was challenged but you always made it back to an equilibrium in which you
248   felt you were being fair. Now that doesn't arrive fully formed – where do you think
249   you got that sense of fairness from? How did it arise? Is it something that goes way
250   way back to childhood ? is it something taught during the course you were on? Is it

251   something – you've talked about the experience you've had on the cases and how
252   you've learned from these case. Where does that sense of fairness come from?
253   **Pam** I think guessing off the top of my head, a lot of it is the attitude your parents
254   have about fairness – just trying to think about the messages I was given as a child
255   about treating people with respect, being truthful, being kind to people – that they are
256   parts of being fair aren't they.
257   **I** where we've talked about fidelity, was there anything about keeping your word?
258   **Pam** going back a bit I used to work in a different job in the private sector where you
259   were put under a lot of pressure to be untruthful and it was like an accepted norm and
260   I was very uncomfortable with that – it's hard to remember now but I really riled
261   against it. But I was just thinking that my faith – truth is something I find it
262   impossible – not in a legalistic way – but I just can't really do it. So in a way that
263   makes it easier because I don't even have to think about it – its just a matter of being
264   truthful, of encouraging other people to be truthful about painting the picture and then
265   communicating. So in a way that's quite straight forwards cos you don't have to
266   worry about the truth. Although I spose when things get emotive then its much more
267   difficult to portray that because it isn't black and white because its about people's
268   emotions and the pressure they're putting you under and actually how can you tell?
269   **I** so there's an aspect of interpretation in truth but am I right in saying that for you at
270   this point in your life and maybe for some considerable time, truthfulness has been
271   one of the core values that you've responded to?
272   **Pam** Yeah
273   **I** it's not simply a way of behaving its actually part of a way of life and there's
274   something transcendental about that as well?
275   **Pam** Yeah, yeah
276   **I** it is something living not something um
277   **Pam** not something imposed on me no
278   **I** and is that something recent or something which is throughout your life?
279   **Pam** I suppose that goes back, increasingly since I came to faith in 1994 so
280   increasingly
281   **I** Yes nearly 15 years now that's been important
282   **Pam** Yes
283   **I** so actually it's your faith which structures the way that you would see fairness and
284   that forms the way that you would act fairly?
285   **Pam** Yes. Obviously the um, in one way its very simple but in another way, dealing
286   with other people's anxiety and aggression and sometimes manipulation and again I
287   can understand why people resort to those means because it's a very important thing
288   they're dealing with and not just an abstract notion to them. To them, they will use
289   anything to get from me what they want and I completely understand that and I'm not
290   saying I behave in a fair way all the time – that would be my aim to do that but I
291   know that sometimes my attitude is wrong and even if it doesn't come over in the way
292   I speak I know my attitude isn't what it might be and it's very difficult – to say I act in
293   fairness all the time because I think sometimes I might be inclined if someone is
294   pushing me perhaps I'm more likely to dig my heels in? If I feel more compassion for
295   someone I'm more likely to be more flexible – who knows if I feel compassion and
296   I'm being put under pressure?
297   **I** but in a sense the commitment to a faith has raised the stakes such that if you
298   challenge your own sense of fairness in how you've behaved you will know about it –
299   it will affect you – it's something you have to struggle with

Pam Yeah, yeah really just truth is important and compassion is important and mercy is important but also having – there's ways of thinking about it. You know, we have to achieve that end and other people achieve that end and therefore if we tell it in an untruthful way or we've exaggerated it then isn't that OK? But I can't do that and I think sometimes that makes life a bit more difficult and some people might say I'm a bit rigid in my thinking but I can't make myself do that. And I will advocate up to the point – but I can't bend the truth

I So the process has to be truthful, not just that the end in itself is important

Pam yeah

I and that's what you've tried to do within this case

Pam Yeah, yeah

I who do you go to to check out if you are acting fairly or not? If you feel unsure whether you're doing the right thing or not?

Pam I would go to my senior OT or my manager and they will think generally the same things but would do it in a slightly different way I guess. Sometimes, if I take things to my manager, as far as I see it she could override what I'm doing so I don't have to justify. If I'm told no you've got to do this or you've got to do that actually that's the whole point of being supervised and being under somebody's authority. So I don't know if that's a bit of a cop out? *(laughs)*

I but it comes back to what you were saying earlier about the importance of the organisational rules. That because they are there and they're part of the organisation they are to be worked with as opposed to undermining them.

Pam Yeah

I So you will honestly attempt to work within the structures like the 2 room rule or if your manager says handle it a different way you will try to handle it that way

Pam Yeah

I that wouldn't disturb you then because you are acting under authority

P Yeah cos a lot of these cases – I don't know if I'm a bit soft but I do find them quite distressing because people – most of the time you have great compassion for their situations. Sometimes I feel compassion and annoyance with people trying to bully or manipulate me. So it's hard to find peace in it right?

I Yes

Pam and I suppose that's the beauty of the truth really because you stick with what's true and always have that as a plumb line whereas if you start bending that, what've you got to look at? So I feel if I come and discuss cases in the grants department I can just give them the facts and my interpretation and how I've reached the conclusion that I have whereas if similar information is bent a bit it sort of distorts the whole picture.

I so the aim is to reflect reality as you have interpreted it honestly and take a way forward from that within the structures that the organisation gives you and within the supervision that you're given so that professional supervision is important within this process

Pam Yes and I believe that if you do advocate vigorously on behalf of your client then people will listen and be flexible but I don't want and bend the truth so I make decisions mine which aren't mine to make. And my experience has been I don't advocate strongly for every client but there are ones that I do – I believe there are exceptional cases and I think that hopefully people see this is an exceptional case and they'll be more likely to be responsive to that and for you to be able to be effective in negotiating a fair outcome.

349   **I** so in a sense you're saying that the consequentialist position which is you tell this
350   story in a slanted manner to be able to get that person the goods doesn't work long
351   term because you can fool somebody once but next time you come back with a story
352   they will remember what you did the last time
353   **Pam** Yeah that's just a thought that's popped into my head – but I just couldn't do
354   that. It sounds a bit self righteous and I don't mean it to. It's just..
355   **I** that's where your values are
356   **Pam** Yeah and I just think I wouldn't be able to do my job because if you're not
357   talking about fact – most things are factual and you can report people's responses to
358   them and not just the feelings about them but actually but actually what pivots is key
359   bits of information and if those are distorted I think that's unfair. Because you've got
360   to trust the system and the people within it and I think we're very fortunate because
361   we've got people with integrity who work in our organisation, who've got
362   compassion, who can make those decisions
363   **I** So trust and integrity – trust in the people who work in the organisation and in the
364   integrity of the system is important
365   **Pam** well I think it's fortunate – it makes the job a lot easier to do because if that
366   weren't the case it would be much more difficult. I wouldn't change the way I work
367   but it would make my life a lot more difficult
368   **I** and I think you said earlier that it makes it more difficult when people with power
369   come down and ask you to change things – and I can see how that would impact on
370   what you're saying here that you need to trust the integrity of the people around you
371   so that if somebody comes from outside and orders you to change this that and the
372   other, where is that integrity?
373   **Pam** Yes because actually it is undermining our attempts at being fair and I guess
374   why I'm interested in processes cos I think everybody knows and we've all got those
375   boundaries in place – we can all encourage each other to stick with them and then it is
376   fairer and I think it is so important when there is so much need and so few resources
377   and I just think then everyone's clear and we're all encouraging each other to work
378   within those boundaries. Apart from – the ombudsman – you were talking earlier
379   about litigation and actually that is to do with fairness isn't it? Because it's fair
380   practice and I think that's a good point really because we should be administering
381   funds in a fair way shouldn't we? And we can advocate and try to come up with a
382   rationale but I don't think we can just chuck it out the window and say oh yea lets just
383   set it aside and then we can do that
384   **I** so is it based on idea that people are at heart reasonable and that if we come up with
385   a good system that we can all be reasonable within that system?
386   **Pam** it's what?
387   **I** you were talking about how important the process is
388   **Pam** Yeah
389   **I** so is it a view of who we are as professionals and people who use the system is it
390   that we are all reasonable at heart and so if we have a good system we can all act
391   fairly and responsibly within it?
392   **Pam** Yeah because then .. I think it's less stressful and fairer for the client, for all the
393   agencies working in it if the processes and boundaries are clear and our power to act
394   within that are clear and I think it's just a basic human need and a basic way of
395   respecting people is communicating to them, giving them a clear idea of what's going
396   to happen, when , what we can do, what we can't do and often we confuse things by
397   blurring those boundaries.

398 **I** which comes back to the example you gave that what you've learned over that
399 particular case is to limit what you say you can do so that people consistently get the
400 same message and understand what you can do for them and are not disappointed
401 when you cannot do something
402 **Pam** sometimes even if you say something a hundred times and its been discussed,
403 debated, pulled apart and put back together again its always good to summarise it all,
404 put it in writing – even though in this case its not something I would normally do it
405 reaches a crisis point and I spent a long time laying down what had happened, what
406 had been said, how we can move forward and just bringing clarity and I think in the
407 future I will do that more because when its in writing people have to accept it – they
408 can challenge individual points but the fact that this is what's been said – it's been
409 said clearly and its about communication again and putting the boundary
410 **I** and making that which is very fluid into something more concrete and stable
411 **Pam** and families under stress sometimes think that by bombarding they can change
412 something and as you say if it's fluid they can somehow bend it or change it and
413 actually they're not hearing by constantly coming back with the same queries, the
414 same things trying to get you to change your mind a bit
415 **I** OK I think I'm going to draw it together now because you've talked about
416 particular cases to reflect on your own practice and what you draw out of that
417 practice. We've talked about how your faith has informed your personal sense of
418 fairness, truthfulness is really important to you and you have tried for fidelity within
419 the ethical arena – you have tried to be clear to all about what you can and can't do.
420 The challenges that have come have been from people trying to make you step outside
421 of that and so you have attempted in various ways to stay within the boundaries that
422 have been set – even though those boundaries/rules shifted and you had to shift with
423 them. And so to bring it together, it does seem to me that fairness that you have
424 comprehended brings together things from your personal life, things which have been
425 developing over some years in your personal life and things which have been
426 developing in the supervisory aspect and the professional development aspect. So it's
427 2 way, not simply about peer supervision not simply about how I feel – it's more
428 complex, interrelated than that – its fascinating! Is there anything you want to
429 comment on?
430 **Pam** I suppose I think that I've kind of dumped a lot of messiness in front of me
431 really *(laughs)* and I suppose that reflects how difficult it is to stay objective and try
432 and maintain fairness and not let your feelings get in the way and I was talking to a
433 colleague (also involved in case) the other day and we said perhaps we'd gone above
434 what we should have done with this case
435 **I** but you had to do it!
436 **Pam** yeah who knows? *(laughter)*
437 **I** thank you very much for that

APPENDIX 4
Transcription of Interview with Jo

1	**I** So the general question I wanted to ask is how do you think you developed a sense
2	of fairness?
3	**Jo** I think my early sense was developed by my parents. I have one sister who's 3
4	years 8 months older than me and she was born just as my father went off to war and
5	when he came back she was almost 3 so my mother and she had developed a very
6	close bond and mother came from a family where there were 5 children and I think
7	their parents always tried to be fair to them and I think maybe because of that strong
8	bond my mother was particularly very careful that I shouldn't loose out and she
9	always – both of them really – always did things fairly. Even when we were adults if
10	she gave my sister a fiver for petrol and in later years if my sister didn't have very
11	much money and they paid for something for her then they had to do the same – either
12	financially or in kind - for me. So I was brought up with this real sense of fairness and
13	I think also my father when he was in the war he had troops – he was in Africa,
14	Nigeria, India and Kashmir – he always spoke very highly of all the different
15	nationalities, troops, and because of the war – he said it was dead men's shoes – he
16	became a major very young and so he had troops under him and from all the things he
17	talked about I just got this sense again of fairness in all his dealings. And I remember
18	as a child going to where he worked in a factory – he was in a particular dairies
19	company and he was processing manager there and I remember going there and one
20	particular occasion I remember this man speaking to me and saying how wonderful
21	my dad was and how he treated everybody <u>fairly</u>! and that really stuck in my mind as
22	well. It's been quite a sort of talked about issue in our family. And the other
23	reasonably early experience I had was where in my school holidays I used to go to a
24	Cheshire Home – that was before the Independent Living Movement was even
25	thought about and I was struck then by the unfairness of it all and the way the people
26	there were regimented really and the levels of frustration were enormous and I just
27	remember thinking 'It's not fair!' *laughter from both* at the time. So quite a lot of
28	early influences
29	**I** So actually it goes back even beyond your parents – your grandparents you say on
30	your mother's side gave her the idea that her parents passed on the concept of fairness
31	to her *Mmm* which was implemented with her own children
32	**Jo** Yes much more than say on my father's side of the family – I don't think that
33	concept was there but somehow my dad had it whether that was influenced by my
34	mother I don't know
35	**I** but also you're suggesting that his war experiences
36	**Jo** Yeah
37	**I** made fairness an issue that he was aware of
38	**Jo** yes I think so. So it was instilled in me very early – well I suppose it developed
39	from there but I suppose it was always there
40	**I** It means that it s a grounding issue for you,
41	**Jo** Yes
42	**I** it means that it is a value that is of immediate impact *Mmm* and always has been
43	**Jo** and I don't know how common that is – whether that is something that a lot of
44	people experience or that few people experience *Mmm* Oh the other thing that
45	happened to me – I was born in Wales when my father was at university there and I
46	was 2 when they went to London and my sister went to the primary school there and
47	had a terrible time there – she was bullied and all the rest of it. So when they moved
48	down here I was 5 and my parents were determined to send us to private school – they
49	had a company house so they didn't have to pay mortgage or anything and they sent
50	us to a private school and even though we were I would say not at all well off – we

51	just had one set of school clothes and one set of play clothes and if we went anywhere
52	at the weekend we had to wear our school clothes – when we went to church or
53	whatever – and when I was 11 I was expected to pass the 11+ and I didn't and when
54	my father enquired it was because of the report from the school. Now my parents had
55	had a run in with the class teacher who was a pretty unpleasant woman looking back –
56	she enjoyed making children cry as far as I can remember and there was a particular
57	issue which was raised which she did her best to make me cry and I didn't and she
58	seemed to have this grudge against me after that. So I felt terrible because I'd passed
59	the written but I hadn't passed the report from the school and that was proved because
60	I did the exam to get into xxxx school and got into the top stream which – there were
61	only about 2 of us who weren't scholarship children and that meant though that my
62	parents had to pay until I reached 6th form when I'd passed enough O levels for them
63	to say you can have a free place in 6th form but I felt it was <u>so</u> unjust *Mmm Mmm* you
64	know because of that woman my parents had to pay and they could ill afford to *Mmm*
65	*Mmm* and I felt so passionately 'it's not fair' but at the time I couldn't do anything
66	about it. *Mmm* and as it turned out neither could they but it was very unfair.
67	**I** So that was the first experience of an authority figure affecting *Mmm Mmm* very
68	substantially the possibilities for future life
69	**Jo** Yeah and it had a financial implication for my parents which was terrible – I could
70	have gone to the local comprehensive but I don't think that was thought very highly
71	of at the time *Mmm Mmm* and so that's what my parents chose to do.
72	**I** and so you had to go through all those years of school feeling that that injustice was
73	there
74	**Jo** and it was compounded a little bit by the fact that in the first school you could do
75	these art exams and I <u>loved</u> art and then at this school if you got into the top stream
76	you weren't allowed to do art and its only I suppose in later life that I wished I'd been
77	allowed to do that because it might have affected what I did – I mean not that I regret
78	that I did what I did but my path might have been different *Mmm Mmm*
79	**I** but it suggested to you that a social or a sociological or even a political-sociological
80	model of how the world works *Mmm* actually was quite reasonable because it related
81	to your own experience
82	**J** Ah but also because there were the 2 instances - there was my first school teacher
83	and the decision that nobody ever questioned – even my parents dared questioned
84	much even though they knew I was very much that way inclined so it also worked
85	against me – it worked for me at home and against me in the institutions I was in.
86	**I** it linked up with the Cheshire Home experience *Mmm Mmm* – it being unfair that
87	regimented was the word I think you used
88	**Jo** they were
89	**I** you yourself had had this experience of being herded *Mmm* in this direction through
90	authority that you couldn't influence *Mmm* and that was unfair so your view of
91	authority was that if you're not careful, it will produce unfairnesses
92	**Jo** and do you know – it's only now you saying that that I think that probably very
93	much influenced why I fell out with …Council *both laugh* you know what they were
94	doing was not fair!
95	**I** Yes!
96	**Jo** You know what they were expecting me to do and not to do it wasn't right for the
97	clients it wasn't fair
98	**I** so its given you a powerful sense of the need for social justice *Mmm* and the
99	importance of social justice *Mmm* and the need for people within the system to
100	actually stand up for that

101 **Jo** Yes absolutely and what I'm saying even now is that when I've retired to … I want
102 to get involved in green politics
103 **I** excellent!
104 **Jo** and you know that to me it's the only party that makes sense particularly to the
105 underdog *Mmm* as well as environmental issues. So its quite interesting to see how its
106 all followed through hasn't it?
107 **I** so there's quite a bit there about how political activity is there in local authorities but
108 not labelled as such
109 **Jo** Ahh!
110 **I** something about that the way you had to stand up for social justice when you felt
111 that the clients weren't being treated fairly was in this sense a political act *Mmm* just
112 as going for the green politics later *Mmm* will be a political act.
113 **Jo** I think that's probably right but the other thing I would say as well – the values
114 that my parents had, neither my sister nor I – I mean I'm more materialistic than my
115 sister who isn't at all – you know as long as she's got a roof over her head that's about
116 all she worries about – but it has made us – you know you hear of families squabbling
117 when the parents die – it's made us do everything very happily and completely fairly
118 because there's no desire at all for one to do better than the other one
119 **I** the competition is not there
120 **Jo** No not at all which was something to do with the way we were brought up. *Mmm*
121 we were never made to compete or feel we were competing
122 **I** but lets take this aspect of political and social justice – how it showed itself within
123 your clinical career because its been quite a long clinical career now *both laugh* were
124 there points at which you knew your values were being tested out - points along the
125 way, not just this last part - have there always been points along the way?
126 **Jo** I suppose there always were but not as significantly as recently and that's partly
127 because certainly for the first third to a half of my career we just did what we thought
128 – nobody was really interested in what we did. The first manager who was interested
129 in OT was remarkable to me umm
130 **I** was that 1980's or 90's?
131 **Jo** 80s
132 **I** Yeah 1980s
133 **Jo** Yeah and at the time I really appreciated that and that he was very open to learning
134 from us. Subsequent managers weren't in the same way – though one's had so many
135 along the way – and generally speaking it changed to become a more autocratic
136 system and I think the problem is with higher managers – some who don't know the
137 first thing about OT but nevertheless make the decisions and are not interested in the
138 impact so to me they can't have a very acute sense of fairness or they wouldn't be
139 doing what they are doing – whether that gets crushed the higher you get I don't
140 know.
141 **I** So its actually related to a development on the managerial side over a decade
142 perhaps a decade and a half of – 'autocratic' I think was the word you used – but a
143 sense in being managed by people that as time went on that there was more and more
144 of an agenda that they were given and were having to carry out rather than facilitating
145 you *Mmm* as a professional to 'do' the profession that you were employed for.
146 **Jo** Yes I would say that was the case because its a very, very long time – I'd say since
147 the 70s – that I've had an OT managing me *Mmm Mmm* would it have been different?
148 I suspect it would – I remember my first OT job? No it wasn't my first – somewhere
149 along the line – I started up this self help group for young disabled people and it
150 thrived for a number of years actually it was self sufficient and what have you and I

151 remember being absolutely horrified at the perception of OTs from some of those
152 people – now this is quite interesting - who didn't appear to have the same ethos if
153 that's the word as myself and now I think about it you know I mean we all had
154 reasonably similar training I'm sure and perhaps it was that family background I had
155 that actually made me different *Mmm Mmm* I don't know. One of those people who
156 was in that group and that I'm still in touch with – when I was going for the job here I
157 contacted him and said what in your eyes makes the difference between a good OT
158 and a marvellous OT and he said 2 things. He said one is the ability to put yourself in
159 the place of the disabled person to see how they would feel and function and all the
160 rest of it – which I've never had a problem doing for whatever reason. And the other
161 thing was just coincidentally to know what you can do – you know don't promise the
162 world and then not deliver *Mmm Mmm* just be quite truthful about what you can and
163 can't do and I think that in some way that's to do with fairness because you mustn't
164 string people along and how can you make appropriate decisions if you can't to some
165 degree put yourself in the place of that person? So that was quite interesting really.
166 **I** So for fairness, justice to occur, using ethical language, empathy and fidelity are the
167 two prerequisites. Empathy - being able to stand in the other person's shoes, and
168 fidelity – giving expectations that you then fulfil.
169 **Jo** And that's what I feel that the management who are requiring you to do these
170 things lack on both those...*Yes*... on both those and they're making decisions for you
171 that you can't make yourself - because you're not allowed to - without those two vital
172 ingredients *Yes* I think
173 **I** So systems thinking removes the humanity
174 **Jo** Absolutely, absolutely
175 **I** That's interesting! The other thing I was going to ask – did the struggles with
176 management and fairness intensify the higher <u>you</u> got in the hierarchy? As a
177 practitioner yes it came up from time to time but actually it was as a manger yourself
178 that it was really troublesome?
179 **Jo** It became so – it wasn't to start with. I think as the regime became more – well less
180 and less flexible shall we say – more and more prescriptive – that's when I had more
181 trouble. *Mmm Mmm* I can't understand why, if you put a reasoned argument together
182 people don't take any notice or want to take any notice or .. it's something to do with
183 logic. I can't understand why people make illogical decisions – although when you
184 enter their agendas – which isn't always to do with the organisation – its to do
185 sometimes with personal power and what have you that it all starts to go awry really
186 *Mmm*
187 **I** So if you make a case that within your own value framework holds water, it seems
188 unjust when it doesn't hold water when you've presented it to the manager who can
189 implement it.
190 **Jo** Yes. Whether that would be different if those people were OTs or – I suspect it
191 might – but I've seen it in other organisation – I've seen it happen to people who've
192 been very reasonable - if someone becomes a union steward or whatever – the power
193 goes to people's heads – and you get the impression – you know they've got restraints
194 on them, you know they've got tasks to do but half the time it seems they say things
195 because they've got the power to do that, not because it makes any sense to do that at
196 all.
197 **I** So there's an arbitrariness to some of the things that come out in those
198 circumstances
199 **Jo** Yes I think it depends on how similarly they think to yourself but we were
200 discussing that I have a particular case at work that I was taking over from a worker

201 who was moving to another area and she had already discussed this case amongst us
202 all because there were some quite contentious issues and I took over and went in as if
203 from scratch. I thought I know what's been said but I'll go in with fresh eyes but it's
204 an area I'm not particularly confident in. I came back with my ideas and I talked to an
205 ex-moving and handling OT and a moving and handling OT and they both had
206 completely different answers from the one I had and I thought at the time it just
207 depends which OT you get doesn't it? Very often. What the outcome's going to be.
208 You know because we all think differently and how fair is that? It really just depends.
209 The ex M&H OT said someone with MS who still uses a wheelchair but just transfers
210 on his feet – but is very independent – he would rather try, fall and be picked up than
211 avoid the transfers. Now she'd say the sooner you get him in the hoist the better.
212 Whilst he can do more – maybe attach a sling – he'll feel better about it. The other
213 one said compromise – track hoist over the bed something else in the bathroom and I
214 was thinking I know its expensive but I think it will maintain him on his feet a bit
215 longer – a mini lift – so three approaches. So I then went to see him and said look I've
216 talked about this, three different approaches, which one do you want to go for?
217 They're very aware of the risks. He's already fallen on his wife and fractured an arm
218 which is taking a long time to get better – she's a little tiny person but he's just
219 desperate not to be in a hoist yet and if he does he'll lose the strength he has got in his
220 legs so I just put it all to them but they of course don't know all these pieces of
221 equipment. So we're in process at the moment of trying all these bits of equipment in
222 the meantime its compacted by him having very severe extensor spasm in the legs as
223 well. But anyway that's my approach. I wouldn't want to go in especially with a
224 couple who are very intelligent and to say you've got to have this or that – I want to
225 involve them in the decision making – for me that's the way to do it and I think the
226 one would have gone in and said 'you've got to have a hoist' and I don't know about
227 the other one (OT) but anyway because of where they (clients) are psychologically –
228 they know they're going to get worse of course they do and I think also he wants to
229 relieve her of stuff as much as he can
230 **I** but you're saying that in a circumstance like that which is borderline, then whoever
231 is doing the assessment – the degree to which they can tolerate the person taking risks
232 for themselves – will affect the decision. But what you're saying is that its difficult to
233 know what's fair because if you're saying that everybody has got to make the same
234 decision and that's fair, that doesn't allow for creativity and flexibility and that's what
235 you were talking about before. But if you're saying well everyone comes up with a
236 different decision, that's not fair either because that's a bit arbitrary! Difficult isn't it?
237 **Jo** It is although to me, I couldn't work in any other way. We are supposed to give
238 people informed choice aren't we?
239 **I** We are.
240 **Jo** So I just think you've got to put it to them fair and square what the alternatives are
241 and what the risks are with each of them and how long each of them are likely to last
242 or what the consequences will be when they stop being useful and let them make the
243 decision. But who knows if that is the best thing? Maybe it would have been better
244 just to say 'have a track hoist' I don't know
245 **I** And so there's uncertainty in fairness as well
246 **Jo** Yes I think there is – is she right? If you persuaded him at this stage that it was the
247 only thing – I can't see he would accept it happily at this stage – but if you did say
248 that would it save him further grief later? Don't know.
249 **I** but am I right in saying for you in this the characteristic of what makes it fair is
250 whether the person themselves made the decision in the end?

251   **Jo** I suppose so because its also we are supposed to be client centred, assisting people
252   to self assess and all the rest of it aren't we?
253   **I** Yes that's true
254   **Jo** So Um – what was your question? *Both laugh*
255   **I** it was about the characteristics of what makes it fair – is it everybody does the same
256   or is it that in introducing flexibility and creativity the answers won't always be the
257   same and is that fair? In that circumstance, because I think you're coming down on
258   the side of the creativity being the important one, what's the characteristic that tells us
259   what's fair because it's not the outcome being exactly the same each time it's
260   something about the quality of the process and I wondered if that goes back to the
261   client centredness and I wondered if it was that this person wanted to make a risky
262   decision and you were willing to let him take these risk having a firm sense he
263   understood the implications of that.
264   **J** Yes I think he does understand the implications and I still think that is probably the
265   fairest way to go about it or I wouldn't be doing it *Mmm Mmm* You do get situations –
266   another one from before I left here – where man in nursing home cared for by his wife
267   for 20 years she went into hospital so he went into nursing home – he decided he
268   wanted to come home – she previously had tried to commit suicide because she
269   wasn't coping – he apparently – we looked at Mental Capacity Act – I felt he wasn't
270   able to assess what the implications of going home would be on his wife and family –
271   now according to the children he was always a selfish so and so who didn't really – he
272   was the important one – the doctors wouldn't say he wasn't able to make these
273   decisions so he was sent home – carers' needs have to be taken into account - he had
274   persuaded her to say she'd have him home. Now in a funny way she missed him –
275   very panicky about not coping – they arranged for 5 carers visits a day – 2 in the
276   middle of the day – but he wouldn't let them – he seemed to want his wife to do it in
277   the middle of the day – now when I left he'd been home about a month – everybody
278   was amazed it had lasted that long – she was on her knees, getting very breathless and
279   do on and I don't know what happened after that – but you've got these dilemmas,
280   you know what's fair to one isn't necessarily fair to another – and the nursing home
281   he was in was just around the corner so she could visit – and if he was in another one
282   it would probably be miles away but he would still expect her to visit and she wasn't
283   fit either
284   **I** So even saying that client centredness is the characteristic of a fair resolution
285   doesn't always hold water because this wasn't fair to her
286   **Jo** I didn't think so
287   **I** Even though it was fair to him *Mmm* that's problematic
288   **Jo** But the care manager involved said she had to go with it
289   **I** because there was no reason, no rationale not to
290   **Jo** Well there was one daughter who was realistic – this is going to kill her mother –
291   you know – the others – well they were obviously used to being under father's thumb
292   – what dad wants goes – I just hope he didn't – it would have been awful if she'd
293   taken her life! *Mmm Mmm*
294   **I** That's perhaps a problem with the way we now value individual clients' rights
295   because rights can be in conflict with other rights and so the rights of the carer would
296   only have been upheld if she had stood firm and said no I will not have him home but
297   you're understanding was that he had persuaded her against this and that given their
298   background that does seem quite likely
299   **Jo** Mmm Mmm so its not always straightforward is it?

300 **I** but also I have a sense – I don't know how many years you've been practising – that
301 you are still having to wrestle – not on a daily basis but on a regular basis with some
302 of these dilemmas *Mmm Mmm* that they don't go away – that a sense of fairness
303 doesn't give you an answer for every situation – that in some ways it makes it more
304 difficult for you because it disallows the easy answer. Where perhaps you feel the
305 managers have gone is to say this is the boundary and tough that's it *Yes!* It (J's sense
306 of fairness) disallows that cop out.
307 **Jo** Yes it puts you at risk in a way of being at odds with the guidance and what you're
308 being required to do – how do you fight that and at what point to do you say OK I'll
309 give in? *Laughs*
310 **I** Yes
311 **Jo** and the tussles I've had with cases I thought weren't fair – I went to someone this
312 morning – a moving and handling. The chap had Parkinson's the wife had various
313 things wrong. He was taken into hospital on 19th December because of mobility
314 deteriorating – at that point he wasn't walking. 12 weeks later he was discharged – to
315 him he didn't have any physio – now he's not walking – he just kept saying 'it's not
316 fair! They kept me in 12 weeks and didn't do anything!'
317 **I** So that's his perception – it's not necessarily how you saw it
318 **Jo** and its not necessarily the truth – the wife – I got there before the carers and we
319 were going to look at how she was transferring him – and she was so upset that the
320 carers had said 'you've got to move these bits of furniture – she was upset because
321 she was saying 'I need to get there – that's where I keep…' and then they said 'well
322 you've got to move' and she said 'we're not moving from here – we've been here 50
323 years!' and people just say these things without … if I'd been a carer I wouldn't have
324 said that at least until the OT had been and seen what could be done – I could see why
325 they'd said it – tiny rooms – but so insensitive!
326 **I** Which comes back to the empathy again
327 **Jo** Yes but even if it came to that, you've got to get them to come to that conclusion
328 really *Mmm Mmm* rather than - yes - I think the way some people are treated – I think
329 well you wouldn't treat your mother like that
330 **I** So justice has been a valuable impetus in your working life *Mmm* it has kept you
331 going back and back and back. And sometimes when its uncomfortable, is that
332 something you value or you wish you could do away with? If you could have it
333 surgically removed would you do so *laughs*?
334 **Jo** No! *laughter* It would make it easier for me! *Yes* but it's something I feel quite
335 proud of in a way. I think we had something the other day in training about 'people
336 you admire' well my parents for number one *Yes* lots of other people but those are
337 closest to me *Yes* but a pride in the values they instilled into me really. If I could have
338 it surgically removed it would make life easier for me but I don't think – I was going
339 to say something that sounded really arrogant then! – I wouldn't have a pride in
340 myself if I wasn't able to make fair decisions **I** It is something which gives you
341 standards
342 **Jo** Yes absolutely *Mmm Mmm* and again how do you want to be treated when you're
343 vulnerable and reliant on other people?
344 **I** So there's an inter-reliance and interdependency as well – that if people aren't
345 willing to be this passionate for social justice then other people will not get the benefit
346 of that – it isn't just a case by case thing – there's like ripples in a pond.
347 **Jo** Hmm For me with my individual cases it is a case by case thing but you see some
348 people who are just so let down by the system and because you work for it you want

349   to restore some faith in the system don't you so you want to know people are listening
350   and making reasonable judgements I suppose
351   **I** Thank you very much for that and I'll turn it off at that point