

Alternative Futures of Occupational Therapy and Therapists*

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Abstract

Alternatives Futures of Occupational Therapy are explored. These scenarios include: (1) business as usual where the future is known – traditional bureaucracies and traditional caseloads; (2) social justice based focused on rights; (3) transformative breadth and depth based, creating a new discourse via the triple bottom line; and, (4) focused on biomedical discourses, using new technologies to enable others.

Key words: occupational therapy, alternative futures, futures theory, professions

Introduction

In this article, I explore the alternative futures of Occupational Therapy (OT) and Occupational Therapists. This exploration is very much from the view of an outsider and thus I focus on the overall directions of OT, not particular details. The tools I use are drawn from the emerging discipline, or, more appropriately, discourse of futures studies (Inayatullah, 2005; Sardar, 1997; Bell, 1997). The data analysed is from texts on OT futures (for example, see Kang, 2003; Kronenberg, Algado & Pollard, 2005; Watson & Swartz, 2004) and from interviews with select OT professionals.¹

Of course OT futures exist in a broader future – for example, outsourcing of services of almost every type to India, dramatic changes in health particularly via advances in genomics and robotics, the possibility of new pandemics, an aging population, new conflicts, everywhere, and new images and indicators of the future. Certainly a disruptive future appears to be on the cards. Business-as-

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usual in a world undergoing foundational shifts is perhaps more accurately termed as business-was-usual (Sutton, pers. com. 2006).

To begin with, I outline basic theories and concepts of futures thinking and then use this framework to map out the futures of OT.

Theoretical Framework

First is the theoretical framework. There are four approaches to research, particularly research on the future (see the appendix for a detailed description of these approaches; and Inayatullah, 2004), the empirical, the interpretive, the critical, and action learning.

1. **The empirical** – In this approach, the issue is: What are the trends of future OT demand. We focus on new competition from other market players, future illnesses and competition from technology. The crucial question is: What does the data tell us – is the future stable, with increasing demand for OT, or is the future unstable, with potential changes in the foundational rules that govern how OTs define themselves.
2. **The interpretive** – In the interpretive, less important is the external data, more significant are the meanings that actors personally and collectively give to the data. What do trends mean for the individual OT, and for the profession as a whole? As well, what are the different images of OTs' future – how do OTs see their future? The future thus moves from an empirical data drive space to an interpretive meaning creating space.
3. **The critical** – In this approach, borrowed from poststructuralism, what is important is: What is not said when we forecast the future? What are the problematic categories – indeed, is OT the appropriate category? Should it be health worker instead? Is the category "Occupation" in itself limiting – how is work itself changing in the future? What is the appropriate unit to see the future – and should the future only be forward time or can we learn from the past, even the ancient past? That is, each profession has its own biases – what it can't see. This is more that what we know we don't know but indeed, what we don't know we don't know.
4. **Action learning** – This is an iterative process of integrating empirical, interpretive and critical and doing something about it – changing the world through action and reflection. Research then is cyclical, each approach informing the other (in futures studies, Tony Stevenson and Rob Burke have invented the term, anticipatory action learning) (see Morgan & Ramirez, 1984; Ramos & Inayatullah, 2006).

Now what are some basic concepts of futures studies?

Foundational Concepts of Futures Studies

There are five foundational concepts of futures studies: (1) the notion of a second hand future; (2) alternative futures, (3) the disowned self and future, (4) external alignment and (5) internal alignment. This next section uses these concepts to question the futures of Occupational therapy and therapists.

1. Used futures

Have OTs purchased a used future? Is the official OT future derived from other fields, imitating them. For example, have OTs borrowed from the caring professions, and thus tied themselves to a Christian past? As an illustrative case study, foresight work at the Endeavour Foundation in Australia rejected the view of the Organization as carer of those with intellectual disability. Professionals argued that the carer image evoked an older time in history – a used future (see Young , 2006a). This future took away the dignity of those with intellectual disability, and assumed a strong subject-object distinction, instead of seeing how the "carer" too was disabled in certain ways or could experience disability in certain circumstances. The carer image essentialized both the disabled and the professional, creating a vicious cycle of dependency.

A second example comes from a project involving mayors from Asia-Pacific cities. Asian mayors generally saw their future as following that of western cities – larger, more cars, more roads, more formal relations between cities, more global – while many western mayors reported that this trajectory had reached a dead end. Instead, the move toward urban villages, more community, and more focus on livability (instead of on speed) was a possible new future (Inayatullah, 2004).

The question then is: In what ways have OTs adopted a used future? Is the Anglo-American cultural and even, if you permit, epistemological base for OTs silencing other civilizational perspectives (Kang , 2006)?

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

However, could it be that the organization of knowledge that creates the library is the problem – should we in fact rethink the floors of the library, challenging the division into science, social science, humanities, arts and other fields (women's studies, ethnic studies)? How might the floors in an alternative library be arranged to be more sensible to the field of Occupational Therapy? Is the ordering of knowledge that makes OTs sensible and intelligible to each other both the legitimator of the future and the chain that recreates the used future?

2. Alternative futures

What this discussion opens up is that there are alternative futures. One can take this personally, borrowing from Eckhart Tolle (<http://www.eckhartolle.com/home.php>) and others, that at any moment one has multiple choices, or from the new physics in that at any moment there are an infinite number of universes; or more humbly from futures studies, that there are alternative futures for each profession or category.

Does OT have a fixed view of its future, or are there alternatives? The challenge, as Ashis Nandy has pointed out, is to keep open the options of dissent (Nandy, 1987, 1996). Dissent can be seen as a problem for the creation of more efficiency, or as crucial information about one's future – the voice of dissent helps us choose a different evolutionary possibility. This can be an external group – OTs working with robotics or

OTs that are foundationally spiritually focused – or a voice inside one's self – an alternative future within.

As we know the best companies over time have been those with a vision for the future and an acceptance of ideas from the margin – these are the ideas that often create the alternative future (Colling & Porras, 1994).

Who are these Bedouins, if you will, in the world of Occupational Therapy? I use Bedouin here in the Khaldunian sense (borrowing from Ibn Khaldun, the macrohistorian) (see Galtung & Inayatullah, 1997; Inayatullah, 2002) – those outside of realpolitic and epistemological power who see a different future, and live in a different type of time. Which OTs are the Bedouins riding on their camels, ready to challenge the official view of OT futures? Or is it, as I suspect, that OT futures are less rigid, still fluid; that there is space for creation. That is, the distinction between those in power and those outside may not be as rigid.

3. The disowned self and the disowned future

The third foundational concept of futures thinking is the notion of the disowned self and disowned future. This concept borrows heavily from the work of Hal and Sidra Stone (<http://delos-inc.com/>; <http://www.enotalone.com/authors.php?aid=14>). They argue that while we have primary selves – a pusher self (high achiever, productive), a pleaser self (being nice to others) for example, we also have disowned selves – selves that we pushed away as we have grown up (a lazy self, a tired self, a child self). When we see these selves in others we are often irritated, upset – we over-react – because they present to us what we have disowned. As well, each future disowns its opposite. The political right, for example, focuses on security, disowning freedom; economic growth, disowning distribution. The political left focuses on structure and blame, disowning innovation and agency. The empiricist focuses on data, the bottom line and disowns meaning and imagination. Finally, the visionary focuses on the image, the metaphor, disowning the real world.

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

At the Endeavour Foundation mentioned above (Young ,2006b), a play was apparent between these selves. Focused for years on caring, the professional self had been pushed back, and thus bankruptcy loomed.² The response has been the professionalization of the organization. When participants engaged in creative visualization, they saw the future as being shiny, housed in a modern building – they no longer wished to be seen as "shabby". In the past, thus, their modern entrepreneurial side had been pushed away, workers believing they were entitled to funding – a cargo cult type of mentality. However, the story is not so simple. In the past few years of professionalization, what has been pushed away has been the social justice self, in favour of the politics of a globalizing and inequitable world. It appears that integrating carer, professional and social justice aspects of self are important next steps.

What then are the owned and disowned selves of OT? As OT becomes more and more an accredited formal profession, what is lost, which self is disowned? Who are OTs jealous of? Which group/s do OTs ridicule? (A workshop participant at the WFOT meeting commented that the primary self of the OT is that of carer – the fairy godmother. What is pushed away is the wolf – the self with bite! This could be financial bite, or it could be the self that demands that the injured take responsibility for their health.) Who is professionally jealous of OTs?

4. External alignment

The fourth foundational concept is that of external alignment. This means aligning the Vision with Scenarios – the big picture changes (in the nature of work, the nature of health, new technologies, aging society) with Strategic thinking (where are the opportunities, is it better to find a niche in the health landscape or go with mass issues or with elite diseases and their care, for example), with implementation. (Figure 1)

The first step is coming up with a shared collective vision. The second is the big picture work. Chris Kang offers these big picture scenarios:

- (a) *Occupational reactive* – reacting instead of being proactive; reductionist and bureaucratic because that is where the money is.
- (b) *Occupational smart* – savvy, uses new technologies without being used by them; makes strategic decisions, i.e. maps the future and changes accordingly.

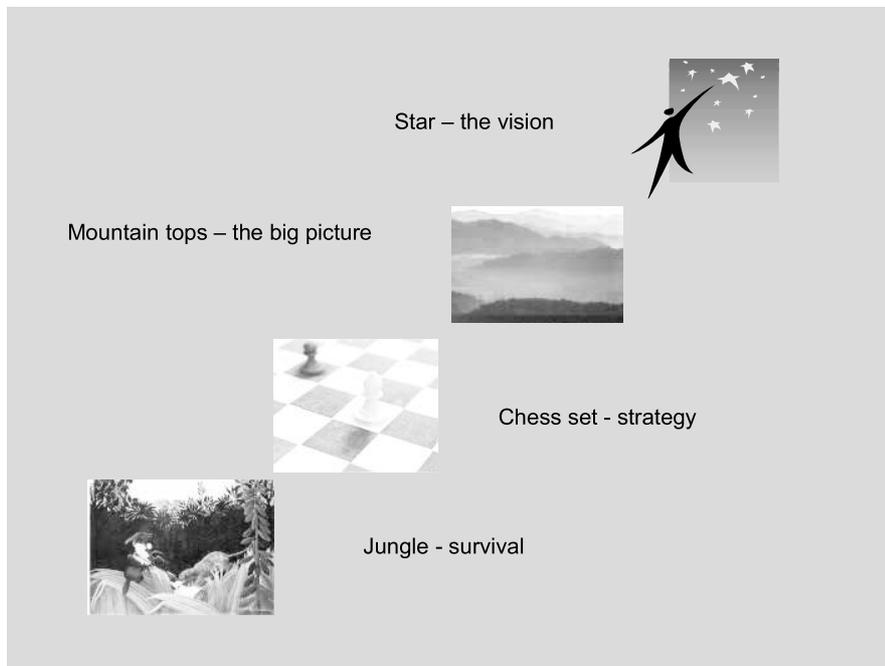


Figure 1. Landscape of the future

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

Another occupational therapist – Jeanette Isaacs-Young (2006) – offers the future of OT as:

(d) *Life-transition coach* – enabling every transition, be it to disability, aging, loss of work, or the opposite, from survival to thrival.

At a conceptual level lower is strategy. Last is implementation.

5. Internal alignment

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

How do OTs construct the future – is it random or?

Merely focusing on external strategy without engaging in inner meaning is fraught with difficulties. The Prime Minister of Australia, among other political leaders, has certainly understood the inner collective, focusing on the "children overboard" imaginaire when fear of the other was dominant and then interest rates to tap into fear that Australian prosperity was threatened. His capacity to understand the collective unconscious has translated into election victories for his political party.

Telling a different story about OT is as important, if not more so, as developing smarter strategies for achieving preferred futures. Strategy related to the official discourse, while stories often emerge from the unconscious.

Defining questions thus are: What are the potential identities of OTs? Which one do OTs currently use in their practice? Which one are they likely to use in the future?

These questions can be used as part of a reflective process to explore alternative futures.

Articulating Alternative Futures

To develop alternative futures, three methods are used: the futures triangle, emerging issues analysis, and scenarios (Inayatullah, 2005).

First is the futures triangle (Figure 2). The triangle focuses on three dimensions – the pull of the future, the image; the push of the present – quantitative critical drivers; and the weight of the past, barriers to change. Our question is: what are the dominant and alternative images of OT? Each alternative is considered (Figure 3) in turn.

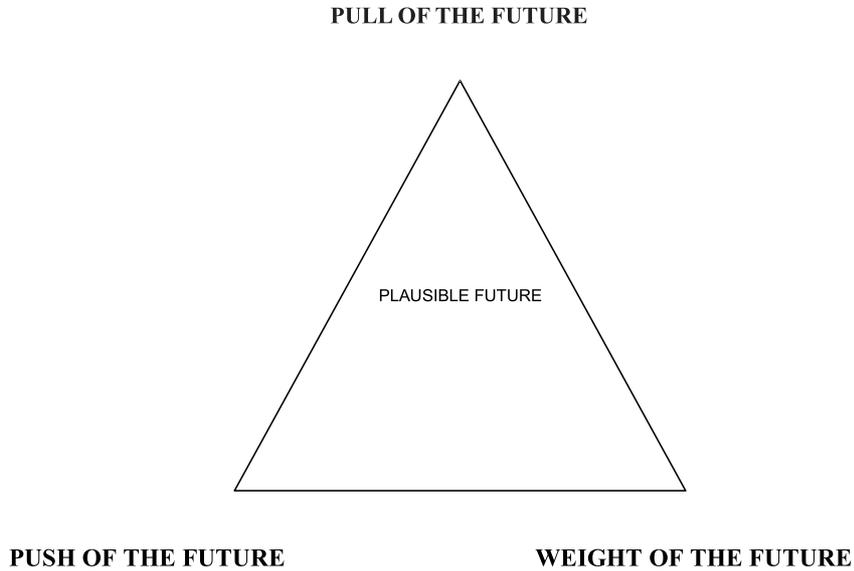


Figure 2. The futures triangle

In the first image, (developed from used futures), the OT remains *care based* – this is the physio-nurse. The OT helps others, listens to others, shows compassion, and uses evidence plus intuition. The OT is not directly part of the medical establishment nor in the community, but at the intersection of many institutional frameworks and discourses. What is pushing this is greater need for caring as society ages and becomes more technologically dependent. The weight is the dignity of the cared, and the dependency relationship this creates, as well that caring is not valued in a globalized market society.

Second, the OT becomes *social activist justice based*. What underlies this image are the values that (1) a good world can be created; (2) humans have agency; and (3) deep inclusion, that is, merely shifting policy is not enough, rather, structural changes are needed.

What is the weight to this future, the barrier? Certainly there are bureaucratic and funding issues. Getting funds for structural change is difficult. Moreover, the academic world itself is under threat from globalization qua privatization, meaning funding from the public sector is less available (except generally for security issues) (Inayatullah, 2006a). Public funding for occupational issues is possible when global competition is used as a catch cry – but this is far different from social justice and social activist issues. Moreover, as an identity, it begs the question: Social activism for what? The preferred future still needs to be defined.

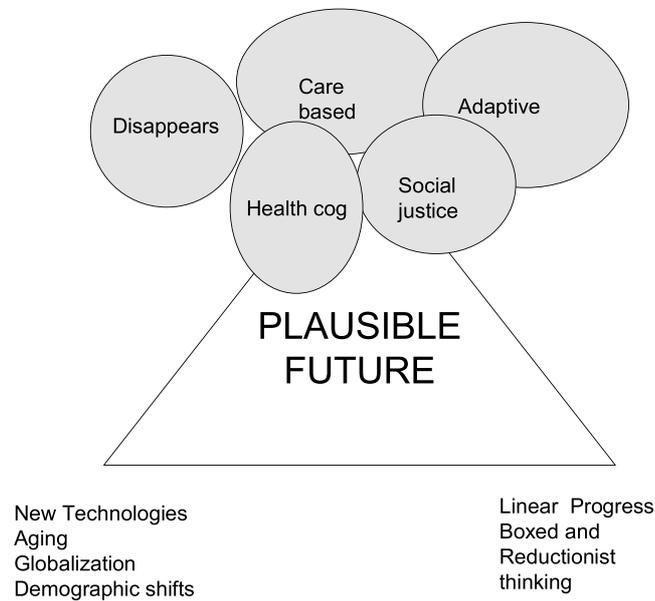


Figure 3. Possible futures of OT

The third image, developed from the concept of a disowned self and disowned future is: *OT disappears*. The trends supporting this include the internet and of course its future form (far more interactive, tailored, faster). This could mean the health bot, helping us make safety, health, and wiser decisions through our life (Inayatullah, 2001). Can a good bot take on the role of the OT? Genomics as well challenges current definitions of OT, and other professions can easily expand and take on many of the functions of the OT.

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

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

The trends supporting this future include the continued bureaucratization of health, surveillance as the solution to every health crisis. The British government's

plans (Womack, 2006) for the surveillance of all children, including information on whether they eat five portions of fruit and vegetables, is an example of this. The goals are fine, but the bureaucratic grid continues to tighten.

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

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

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

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

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

Emerging Issues: Disturbing the Triangle

Most futures researchers use trend analysis to determine which issues are about to become public, or common place. However, prior to becoming a trend, is it possible to identify a nascent issue, an emerging issue? According to James Dator (1980), emerging issues are those with a low probability of occurring but which, if they emerge, will have a dramatic impact on society (Figure 4). However, since these issues are often undeveloped – there is low visibility – Dator argues that one indicator of knowing that an issue is really an emerging issue, instead of a trend or problem, is that it should appear ridiculous (within our current framework). Issues should thus be disturbing, provocative, forcing one to change how one thinks, especially in challenging assumptions about the nature of the future, and thus ultimately the present.

Emerging Issues Analysis

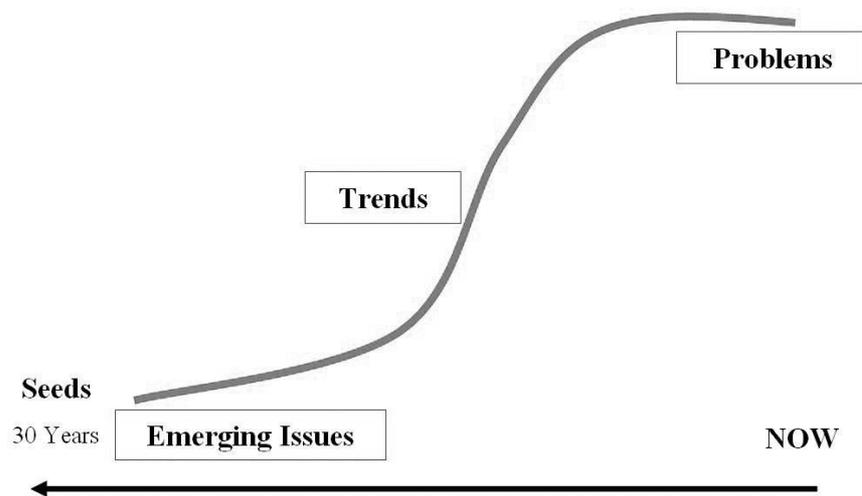


Figure 4. Emerging issues analysis

What are some emerging trends and issues that could challenge or disturb these images for OT? These issues can be about the changing content of illness and health and can challenge the identity (culture and structure) of the field. Based on environmental scanning, I identify ten emerging issues below.

1. Health bots and new diagnostics (smart toilet) – Sensory telemetry – google in the real world – digital air (Pearson, 2006);
2. Changing nature of work, from full employment to 10% working; 30% part time; 30% causal and 30% not working, or other variations (Inayatullah, 2006b; Rifkin, 1995);
3. Outsourcing – via globalization and technology, i.e. robotics, outsourcing as well of the aged, outsourcing of everything ("Outsourcing", 2006);
4. City design and health, that is, social and environmental determinants of a healthy city – smart and green buildings – creating new social planning and niche cities –the healthy green city, even the orgasm city (Ewing et al., 2003);
5. Depression as a growing disease, and a precursor of new psychic diseases (WHO, 2007);
6. Digital divide and other divides (diet, obesity) (see <http://www.digitaldivide.org/dd/index.html>);
7. Meditation, spirituality, brain-mind revolution – more and more evidence base for alternative health (Bambling, 2006);
8. Global shifts in hegemony. Rise of India – economy, culture, politics and

because of the demographic dividend – and the continued rise of China; as well as changing world demographics (Rajadhyaksha, 2006);

9. Collapse of capitalism and creation of a new world political-economy (see Batra www.ravibatra.com; Maheshvarananda, 2003); and
10. Global warming leading to an ice age (http://www.worldproutassembly.org/archives/2005/04/the_coming_ice.html).

Certainly, one conclusion that can be drawn from these issues is that the future will be disruptive, business-as-usual is business-was-usual. Those with a stable fixed image of reality will find themselves more and more in personal disarray. In research on metaphors of the future of participants from different countries clear differences emerged (Wildman & Inayatullah, 1996): the American one was the unbounded ocean, endless opportunity. For others, this was horrifying, overwhelming – too much choice, or often the appearance of choice. For Muslim groups, it was praying together toward Mecca; that is, fixed time, fixed space, fixed direction, fixed community – this made the world sensible and stable. The emerging issues and trends mentioned above – and the many others not mentioned – will not make it easy for the traditionals and modernists. The adaptive, at inner and outer levels, appear to have easier times in store for them.

Scenarios

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

1. FLUID: Global tech and culture:

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

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

A headline in this future could be

Eric Sprague wants to inject himself with jellyfish proteins, a process that has made rats glow in the dark. "I just want to be glowing green. I've looked into being a human subject without much success thus far." (Larmer & Ness, 2002)

An OT advises the potential patient on the risks of the procedure as well as on ways to create coherent selves in a fluid world.

2. ECO: Gaia Tech – Sustainability plus new technologies:

- Cultural creatives are the main driver (Ray & Anderson, 2000; see also www.culturalcreatives.org)
- Integrated health, deepening of society
- A move to a more gender partnership society
- The rise of world governance system, even hints of a world government system with interlocking houses (Barnaby, 1998; Galtung, 1994) (of citizens, organizations – NGOs, professional associations, corporations, nations)
- Dramatic regionalization with the rise of the new Asian currency.

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

A headline in this future could be:

Schools in Maleny, Queensland³ area have found that children are more productive – higher test scores – and are happier (more confidence, social capacity) than in other regions of Queensland. They attribute this to 10 years of regular meditation starting from primary school. The Premier congratulated these schools, and a policy group is investigating whether all schools should practice meditation. This fits well into the Smart and Shanti⁴ state policy program.

OTs help develop best practice case studies where meditation and productivity have been integrated.

3. FORTRESS – Globalization recedes:

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

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

A headline here is:

Corporations, governments and think tanks band together to keep western way of life prosperous. Right wing leaders speak about the glorious past.

OTs work with individuals and organizations to make the transition from an era of linear progress to a closed society. They work to reduce paranoia. They help those injured.

Table 1
Scenarios and the OT

Scenario	FLUID	ECO	FORTRESS
	Global Technology and Global Culture – Technology saves the day	Sustainability plus new green technologies – global governance	Trade only between the like-minded. Multipolar fear driven world.
OT Implications	OTs repair those damaged from globalization. They use new technologies. Provide advice on safety. Help create coherent identities.	OTs work with communities to create smart and shanti programs. They enable. They develop base practice manuals.	OTs use new technologies to help those injured from conflict. They care. They reduce paranoia.

Now what does this mean for OT?

In the global technology and culture scenario, this means the smart and savvy OT working with the new technologies, including repairing the social damage caused by virtualization and geneticization. It also means working with the casualties from the dramatic movement of capital, labour and culture – those who do not wish for movement but for stability, for local community. In terms of archetypes, it means bringing in the classical feminine (Eisler, 1996) to the male drive for hyper progress. Working with the new technologies is crucial.

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

The Fortress scenario means returning to the caring image – Fortress will coincide with strong evocations of the religious. OT may be forced into other professional associations or become a routinized part of the highly vertical medical establishment. Table 1 summarises these consequences.

Microscenarios

I now focus more directly on OT scenarios. I use what is called the double axis method here. This method is focused on identifying foundational and critical uncertainties, and using these to articulate scenarios.

On the first (vertical) axis is the approach OTs use in their work – the dominant discourse. Will they become more biomedical and reductionist in their approach or

more causal focused, searching to enable changes in social structure? This is the issue of symptoms or causes – **depth**.

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

This creates four futures, illustrated in Figure 5.

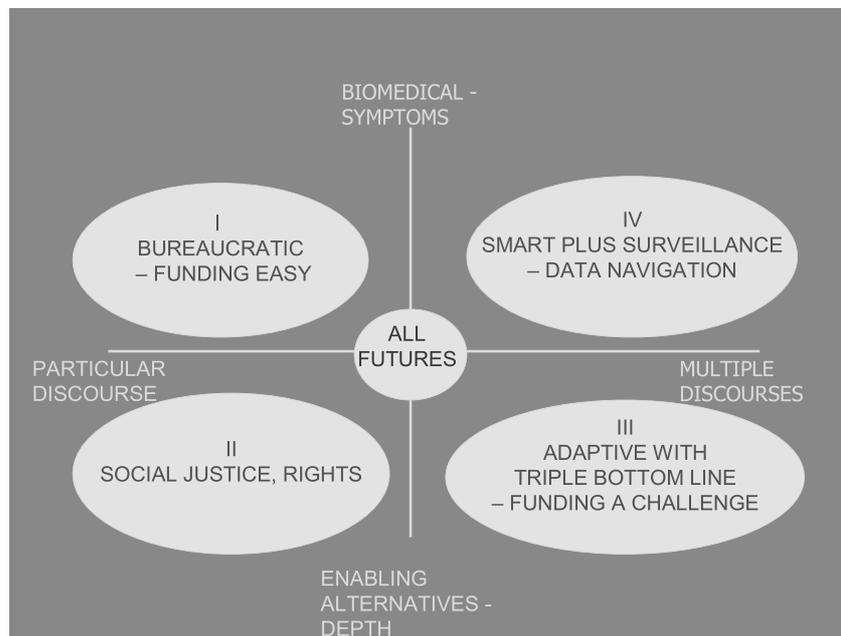


Figure 5. Four OT scenarios

1. The first, the business as usual scenario resonates for many OTs in that the future is known – traditional case load under traditional bureaucracies. It is within the medical model. Professionalization continues. They are shallow and narrow but funding continues, and indeed, increases. But is this enough?
2. In scenario 2, OTs are focused on particular issues and they resolve them from a social justice discourse. They are focused on rights. They have depth but are singularly focused.
3. In scenario 3, OTs are creative and adaptive, they create new discourses. They develop a triple bottom line for the profession and they anticipate new diseases. They have both breadth and depth.
4. In scenario 4, OTs have breadth, but are shallow, focusing on biomedical advances. They enable through the new technologies. They do not wear their hearts on their sleeves but figure out how to prosper in the emerging technological knowledge economies.

Conclusion

Certainly, in common with all scenarios, those generated here show parts of the future, but they also hide certain futures. The preferred future may be at the centre of all quadrants. If this is the case, then the organizational capacity to deal with difference, competing interests, competing models of funding, and competing models of health, must be robust.

The context must be of a learning (learning to learn, double loop reflection) organization, at outer and inner levels – a deep mythology and guiding metaphors are needed so as to navigate multiple worlds.

What is being suggested here is that the inner dimension – the collective unconscious story – is as important as the external strategy.

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

Is the OT profession able to do this? Are individual OTs? I certainly hope so, as the world certainly needs therapy.

APPENDIX

Types of Futures Studies

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

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

In the **critical**, futures studies aims not at prediction or at comparison but seeks to make the units of analysis problematic, to undefine the future. We are concerned not with population forecasts but with how the category of population has become val-

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

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

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

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Notes

1. I am thankful for comments from Clare Hocking, Nancy Wright, Chris Kang, Jennifer Pascoe, Liz Townsend, Gail Whiteford, Carolyn Webster, and Jeanette Isaacs-young.
2. This, of course, is only factor. Changing external conditions, organizational politics, the role of other stakeholders (families of persons with disability) and globalization are other factors.
3. In South-east Queensland, known for its focus on cooperatives.
4. Shanti here refers to inner peace, that is, not just IQ but SQ – spiritual intelligence as well.

References

- Bambling, Matthew. (2006). Mind, body and heart: Psychotherapy and the relationship between mental and physical health. *Psychotherapy in Australia*, 12(2), 54-61.
- Barnaby, Frank. (1998). *The Gaia peace atlas*. London: Pan Books.
- Bell, Wendell. (1997). *Foundations of futures studies: Human science for a new era*. New Brunswick, NJ: Transaction Publishers.
- Colling, James C., & Jerry I. Porras. (1994). *Built to last: Successful habits of visionary Companies*. New York: HarperBusiness.
- Dator, James. (1980). *Emerging issues analysis in the Hawaii judiciary*. Honolulu: Hawaii Judiciary.
- Eisler, Riane. (1996). *Sacred pleasure*. San Francisco: HarperCollins.
- Ewing, R., T. Schmid, R. Killingsworth, A. Zlot, & S. Raudenbush. (2003). Relationship between urban sprawl and physical activity, obesity and morbidity. *The Science of Health Promotion*, 18(1), 47-57.
- Galtung, Johan & Sohail Inayatullah (Eds.). (1997). *Macrohistory and macrohistorians*. Westport, CT: Praeger.
- Galtung, Johan. (1994). Global governance for, and by, global democracy. Prepared for The Commission on Global Governance, Geneva, Switzerland.
- Inayatullah, Sohail. (2001). Eco-bots in your future: The future of the middle-man. *Journal of Futures Studies*, 5(4), 127-132.
- Inayatullah, Sohail. (2002). *Understanding Sarkar: The Indian episteme, macrohistory and transformative knowledge*. Leiden: Brill.
- Inayatullah, Sohail. (2004). Cities create their futures. *Journal of Futures Studies*, 8(3), 77-81.
- Inayatullah, Sohail. (2004). *The causal layered analysis reader*. Tamsui, Taipei: Tamkang University.
- Inayatullah, Sohail. (2005). *Questioning the future: Tools and methods for organizational and societal transformation*. Tamsui, Taipei: Tamkang University.
- Inayatullah, Sohail. (2006a). Images and trends in tension: The alternative futures of the university. In Maria Kelo (Ed.), *The future of the university: Translating Lisbon into practice*. (pp. 85-104). Bonn: Lemmens.
- Inayatullah, Sohail. (2006b). Eliminating future shock: The changing world of work and the organization. *Foresight*, 8(5), 3-14.
- Kang, Chris. (2003). A psychospiritual integration frame of reference for occupational therapy. *Australian Occupational Therapy Journal*, 50(2), 92-103.

- Kronenberg, Frank., Salvador S. Algado, & Nick Pollard. (2005). *Occupational therapy without borders*. London: Elsevier.
- Larmer, Brook, & John Ness. (2002, September 16-23). Mad science. *Newsweek*.
- Maheshvarananda, Dada. (2003). *After Capitalism: Prout's vision for a new world*. Washington, DC: Proutist Universal.
- Morgan, G., & R. Ramirez. (1984). Action learning: A holographic metaphor for guiding social change. *Human Relations*, 37(1).
- Nandy, Ashis. (1987). *Tradition, tyranny, and Utopias*. Delhi: Oxford University Press.
- Nandy, Ashis. (1996). Bearing witness to the Future. *Futures*, 28(6/7), 636-639.
- Outsourcing: Better bank on it. (2006, May 15-22). *Newsweek*.
- Pearson, Ian. (2006). The role of future ICT in city development. *Foresight*, 8(3), 3-16.
- Rajadhyaksha, Niranjana. (2006). *The rise of India: Its transformation from poverty to prosperity*. New York: Wiley.
- Ramos, Jose, & Sohail Inayatullah (Eds.). (2006). Futures studies and action research. *Futures* (Special Issue), 38(6).
- Ray, Paul & Sherry Anderson. (2000). *The cultural creatives: How 50 million people are changing the world*. New York: Harmony Books.
- Rifken, Jeremy. (1995). *The end of work*. New York: Tarcher/Putnam.
- Sardar, Zia (Ed.). (1999). *Rescuing all of our futures*. Twickenham: Adamantine.
- Watson, Ruth, & Leslie Swartz. (2004). *Transformation through occupation*. London: Whurr.
- WHO (World Health Organisation). (2007, January). Depression. Retrieved from http://www.who.int/mental_health/management/definition/en/
- Wildman, Paul, & Sohail Inayatullah. (1996). Ways of knowing. Civilization, communication and the pedagogies of the future. *Futures*, 28(8), 723-740.
- Womack, Sarah. (2006, June 15). Big Brother keeps an eye on children. *The Age*.
- Young, Gretchen. (2006a), Endeavour future scenarios workshop. *Endeavour future*. Report on Workshop Outcomes. Brisbane: Endeavour Foundation. Available from gretchenyoung@optusnet.com.au Endeavour Foundation is at: <http://www.endeavour.com.au/>
- Young, Gretchen. (2006b, June 15). Workshop 3. *Endeavour future*. Retrieved from: gretchenyoung@optusnet.com.au Endeavour Foundation is at: <http://www.endeavour.com.au/>