# Editorial – November 2016

We are pleased to open this special issue of IJOT on the topic of multiculturalism. Most of the theoretical models that underpin the professional occupational therapy literature around the world and in Israel originate from Western countries (particularly the United States, Canada, Britain and Australia). These models reflect perceptions, values and beliefs that characterize the dominant culture in these countries, and are not necessarily appropriate for other countries or cultural groups.

Every culture includes a unique legacy of social norms, ethical values, traditional customs, religious beliefs. political systems, as well as different products and particular technologies. Western society in the modern and the post-modern eras places the person in the center and views nature as a resource managed by him/her and his/ her needs. It celebrates values such as individualism, achievement, freedom, liberalism and independence, and influences and is influenced by the development of science and technology. This led to the emergence of theoretical perspectives such as client-centeredness, and of models, evaluation tools and intervention approaches that view the environment as an element that can be modified, and promote human occupation as the ultimate goal of professional intervention.



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However, it is important to recognize that Western countries represent only a minority of the world's population (~20%). Yet, we invite each and every person to ask herself/himself if s/he doesn't feel that Western culture is the dominant hegemony that dictates behavioral norms, while all other cultures represent a collection of minorities.

These "minority groups", (which actually constitute the absolute majority of 80% of the world's population) are constantly being compared to the ideologies of the dominant culture, and judged on how well they align within the framework defined by that culture. These minority groups are often qualified by adjectives such as primitive, isolated and traditional.

Professor Michael Iwama, an occupational therapist of Japanese descent living and conducting research in Canada, wrote about the perceptual gaps between the Western and East Asian cultures characteristic of Japan. He developed a theoretical model called the Kawa (river) Model (Iwama, 2005) that represents a significant milestone in that it is the first theoretical model in occupational therapy not based on Western culture. Furthermore, his writings have raised pointed questions about the cultural relevance of our profession.

Indeed, over the last two decades the critical discourse regarding culture, multiculturalism and related concepts such as cultural sensitivity and competence has been increasing in the occupational therapy literature. This discourse criticizes the use of culture as the primary lens for analyzing and understanding health disparities and inequality between majority and minority groups, and overlooks the effect of the socio-political context on occupations and behaviors, and in fact creates and shapes these gaps. Critical approaches emphasize that cultures are dynamic and

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changing and simultaneously influence and are influenced by social and political processes. These processes include legislatorial discrimination, inequality in the distribution of health and welfare resources, stigmatization of the "other" and the "different", and reflect the interest of the hegemonic group to maintain its supremacy. Moreover, it makes no difference whether the "other" is an immigrant, a refugee, from a different race, or nationality, has different religious customs or assumes one of the varied gender and sexual identities.

We argue that, in fact, efforts that were and are being made to promote the cultural competency of service providers, focus only on providing information about specific cultural groups considered to be a minority, and are therefore inadequate. This knowledge is based on a comparison to the dominant culture as the prevailing norm and on examining the aspects of this norm with which the "ethnic" minority groups find it difficult to conform. Moreover, currently, the research evidence on the effectiveness of these efforts is meager, and there is a growing recognition that this approach may even perpetuate stereotypes, health disparities and inequality, particularly among groups that experience discrimination and marginalization.

This special issue continues the discourse on these subjects. It does not intend to provide the readers with information on the customs and practices of any particular cultural group, thereby

replacing the old stereotypes with a series of new ones. Rather, we wish to promote the discourse on the concept of multiculturalism and initiate a respectful approach towards viewing and appreciating the different cultures in Israel, some of which do not have the benefit of a platform in the occupational therapy literature and whose voices are not adequately heard.

This issue includes two theoretical articles. The article that opens this issue deals with the topic of multiculturalism in the specific context of therapeutic intervention in occupational therapy. Sivan Regev and Anat Mann present a socio-culturalorganizational model for understanding the multicultural complexity of therapeutic intervention. The final article in English (or perhaps the first if we look at the journal from left to right), discusses the need to adopt critical approaches to issues related to culture, diversity and inequality. Alison J. Gerlach presents the concept of "cultural safety" as an alternative lens for viewing the concept of cultural competence, which focuses on the socio-political and historical context needed to understand the experiences and occupations of people on topics relating to health and health provision.

In the same spirit, the research article "Self-Concept and Participation of People with Various Disabilities from Different Cultures in Israel" gives voice to men and women with disabilities who describe their participation in life activities and the barriers they face,

while considering the social and political environment of Jews (the dominant culture), Arabs, and immigrants from the former Soviet Union. Dalia Sachs, Rana Odeh-Jarais and Naomi Schreuer inform our readers on how listening to these voices enables occupational therapists to learn from the people themselves and how our profession can address the issues that are most important for them.

In addition, the issue includes two more articles that present the adaptation process of an evaluation and treatment method for minority groups. In one, Naheel Shorbaji Jbaren, Shlomit Rotenberg-Shpigelman and Adina Maeir present a study in which a cognitive-functional evaluation - the Kettle Test, originally developed for the hegemonic population, was adapted for the Arab population. The adaptation and analysis processes are described. In the second article. Yafit Gilboa presents a case study in which a preventive developmental intervention program was adapted for the specific needs of children from the Orthodox-Jewish community. In a similar vein, the Point of View column describes the complex process involved in translating and adapting occupational therapy materials and tools into Arabic Kareem Nasser and Alexandra Danial-Saad discuss the lack and minimal use of professional tools and materials in Arabic, and discuss the challenges that relate to language and the manner in which the political-social reality of the Arab minority in Israel shapes

and perpetuates this situation. In the technology and internet column, Hagit Levi, a young occupational therapist, presents an application that she developed for the language accessibility of clients who do not speak Hebrew, during occupational therapy intervention.

We hope that this issue will be of interest to you and expand the discourse on the research and clinical efforts on topics relating to multiculturalism and cultural competency in our profession, as well as to raise awareness of the social-political contexts of multiculturalism.

Pleasant reading,

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