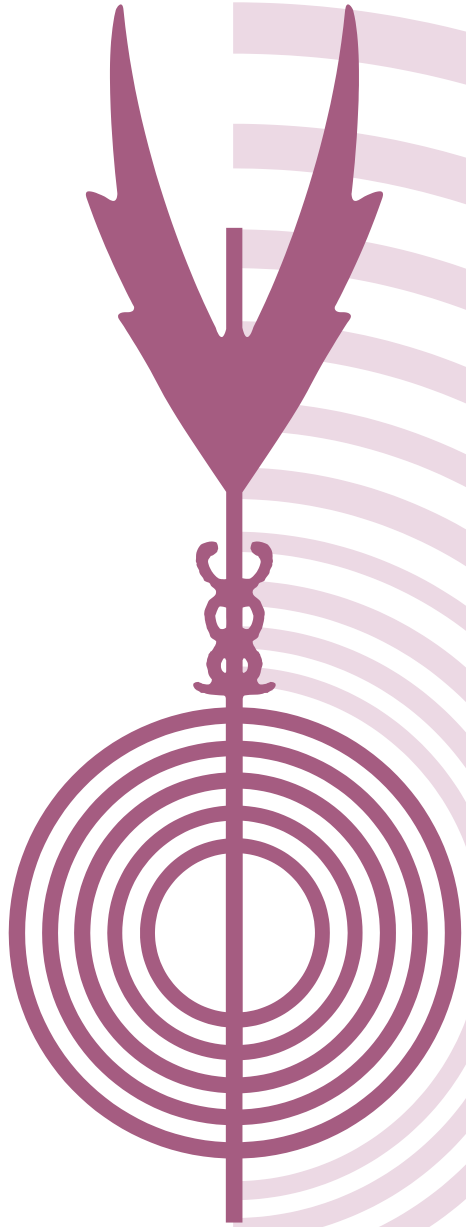
GUIDING PRINCIPLES ON DIVERSITY AND CULTURE



WORLD FEDERATION OF OCCUPATIONAL THERAPISTS

WFOT

Diversity matters:

Guiding Principles on Diversity and Culture

If we seek to understand people, we have to put ourselves, as far as we can, in that particular and cultural background… One has to recognise that countries and people differ in their approach to life and ways of living and thinking. In order to understand them, we have to understand their way of life and approach. If we wish to convince them, we have to use their language as far as we can - not language in the narrow sense of the word, but the language of the mind.

(Jawaharlal Nehru)

Foreword

'On behalf of the World Federation of Occupational Therapists (WFOT), I congratulate and thank Astrid Kinébanian and Marjan Stomph for writing these 'Guiding Principles on Diversity and Culture.'

This informative document supports occupational therapists, occupational therapy organisations, occupational therapy educational programmes, and occupational therapy researchers in their consideration, and understanding of incorporating the principles of diversity and culture into their daily practice and business.

The contribution of so many occupational therapists from around the world makes this document relevant to global and local environments. I encourage all occupational therapists to acknowledge that diversity does matter, and to embrace these guiding principles. Through their use, the profession will be at the forefront in demonstrating a more inclusive approach to health services as well as to occupational therapy. The publication will also serve as a resource to others in their striving to address acceptance and inclusion in their lives.

The World Federation of Occupational Therapists is committed to supporting occupational therapists to work towards achieving an occupationally just society. WFOT documents such as the WFOT Position Statement on Human Rights, and the WFOT Position Paper on Community Based Rehabilitation, are examples of resources available to occupational therapists that meet this objective. The WFOT endorses the writing of this publication as a significant addition to other major resources that enables occupational therapists to be leaders in reaching out to address issues in society and diversity globally and locally'.

Professor E. S. Brintnell
President
World Federation of Occupational Therapists

28 August 2009

Foreword

'Since my birth, I'm living with a disability which limits me strongly in my everyday life activities. During my whole childhood I used to be a regular consumer of OT services. I always heard about OT's capacity to consider person, or client, as a whole, through a holistic comprehension of human being. But in fact, at that time (the seventies) the holistic view was more often a segmented view of a problem, the OT knowing clearly what was the best for the client. Thanks to Rogers and Canadian OT, the introduction of a client centered practice forced interventions to be more focused on needs and attempts of consumers. With the eco-systemic revolution of thinking, environment became one of the key elements for the comprehension of human functioning. But human being cannot be resumed as interaction between a body and an environment, even if ICF seems to do it. Other dimensions such as identity, culture and life history are relevant for a through holistic view of the client. Integrating culture as one of fundament elements within the interaction with the client is a great step forward for OT's interventions. With cultural background OTs develop skills for better understanding of the human diversity. Underlining the singularity of each of us instead of focusing on differences and disabilities will help developing mutual respect and understanding. Now OTs have the opportunity to develop a real holistic perception of their client's need. As consumer of OT services I congratulate the WFOT for this really important document'.

Pierre Margot-Cattin
Consumer of OT services
Expert in disability questions
Professor, University of Applied Sciences, Western Switzerland

September 2009

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Prologue

Different perspectives: what is the whole truth?

There was once a little mountain village. The villagers were told an elephant would be put on show. For months everybody was excited about it. People did not have a clue what an elephant was. One moonless night the elephant arrived. No one could see a thing. The elephant was placed in a large tent and nobody was allowed to go in. But a group of young boys could not stand the tension any longer. They crept under the tent and tried to discover what an elephant was.

One of them got hold of a paw and declared that the elephant was like a tremendous pillar. Another felt the tusks and described the elephant as a sharp object. A third grasped the animal's ear and thought it was a fan. A fourth stroked over the elephant's back and claimed it was a couch. A fifth felt the elephant's body and said: No it is like a wall, a sixth felt the tail and thought it was a rope, and the last grabbed the trunk and said it was a snake…

When they returned to the village they all gave their own interpretation of what they thought an elephant was. Confusion was rife and some of the villagers even started to fight among themselves.

One wise elder - who had seen an elephant in his youth - came along and said: "Couldn't it be that nobody is wrong, that each of the youngsters can only give part of the truth about what an elephant really looks like. None of them told an untruth, they just didn't know how all the information fits together."

(After Peseschkian 1979).

1. THE MAKING OF THE DOCUMENT

This little story by Peseschkian, a psychiatrist and psychotherapist from Iran, who uses oriental stories to help people see their problems in life from different perspectives, reveals clearly how people interpret experiences in different ways. The moment these perspectives are passed on to others as the truth, they start to subconsciously colour the content of our ethical thinking processes, opinions and views of others as they engage in their daily occupations. This indicates that it takes a lot of wisdom to understand that a diversity of experiences and opinions can enrich us and contribute to a more 'complete' world view.

In the last decade culture and diversity have been discussed a lot from different angles in occupational therapy literature. The first time the issue of culture and diversity was examined was in 1990, at the World Federation of Occupational Therapists **(**WFOT) Congress in Melbourne, Australia. Since then the discourse on culture and diversity has continued (see Appendix 2: Further reading). The concepts of culture and diversity were revisited and prominently on the agenda at the WFOT congress in 2006 in Sydney, Australia. At the WFOT council meeting in 2006, it was strongly argued that the development of guiding principles/recommendations on culture and diversity by the WFOT would promote and stimulate the much needed ongoing discourse in the member associations. The Council agreed to start such a project and the WFOT Board commissioned Astrid Kinébanian and Marjan Stomph from the Netherlands to take on this task.

It was decided to produce a set of guiding principles that could be used to assist the WFOT member organisations and occupational therapy educational programmes in addressing the concepts of culture and diversity in each local context. The document would encourage discussion and consideration of ways to appreciate and value diversity and differences in the life styles of people that occupational therapists serve all over the world. Such consideration and discussion facilitates acknowledgement and acceptance that cultural diversity is an area that enriches us professionally and personally. It enables the profession to contribute to a more respectful and inclusive world.

1.1 The mission

In developing this document the WFOT is endeavouring to provide a resource for occupational therapy practice, education and research considering the diversity of cultures and contexts (including the socio-economic context) of all people with occupational needs in order to contribute to the development of an inclusive society.

1.2 The aim

The aim of this document is to encourage occupational therapists worldwide to discuss, appreciate and incorporate culture and diversity into their daily practice, education and research to meet the occupational needs of all persons throughout the world.

1.3 How the document was developed

From the beginning an international feedback group of 51 persons (49 occupational therapists from all over the world, and two consumers) considered experts on the subject, was formed to gather additional information (see Appendix 4). The feedback obtained from this group of dedicated occupational therapists was vital and contributed greatly to the substantive quality of the product.

For the development of this document, methods based on quality assurance methodology (WHO 2003, Onion et al 1996, Grol et al 2004) and project management (Binder J., (2007) were used. First the authors undertook an extensive literature review (see Appendixes 1 and 2). They then constructed a draft of the contents of the document and sent it to the feedback group for comments. When consensus had been reached on the structure of the document, the authors wrote the initial draft based on these comments. Five rounds of discussion with the feedback group followed (by email) and a meeting was held with those members of the feedback group who attended the European Congress in Hamburg in May 2008. The President and Executive Director of the WFOT were present at this meeting.

A second draft was then produced and this was again sent to the feedback group, in June 2008. Finally, in July/August 2008, the first version of the document was composed and sent for comments to the WFOT Council Meeting in Ljubljana, Slovenia, in September 2008.

The management team of the WFOT and the Council were in general pleased with the document and provided some helpful feedback. Together with the comments from the feedback group on the second draft, a revised version of the document was written in the fall of 2008. The penultimate version was then sent out for feedback at the beginning of 2009, and this resulted in composition of the final version in July 2009.

The document is written in English, the official language of the WFOT, but the final version will be translated into other languages by the WFOT. In addition, an article about the document will be written for the WFOT Bulletin of May 2010. A presentation about the development and implementation of the guidelines will be given at the WFOT Congress in Chile in 2010. The document will also provide the basis for the development of a Position Paper by WFOT on diversity and culture, which will be produced in the fall of 2009.

1.4 The structure of the document

Section 2 starts with a brief introduction to the concepts of diversity, culture and ethical thinking. It goes on to describe how the document can be used in occupational therapy practice, education and research, occupational therapy organisations and the WFOT. The four guiding principles, the core of this document, are described in section 3. The principles are:

1. Diversity matters: the facts
2. Human rights and inclusiveness* matters: occupation, participation and cultural safety*
3. Language matters: the power of words
4. Competency matters: Competence on diversity and culture

The background section, section 4, includes a brief discussion of these guiding principles. For further information, please examine the reference list (see Appendix 1), the additional reading list and website list (see Appendix 2) which provide a wealth of information on the subject. The terms marked with an asterisk are explained in the glossary (see Appendix 3). For the sake of clarity it was decided only to include references in section 4 (the background section). Whenever possible, literature written by occupational therapists was chosen. However, when explaining terms and constructs such as diversity, culture, inclusiveness etc. the majority of authors refer to knowledge developed in scientific disciplines such as cultural anthropology, social and political sciences. Some of these sources were also used in these guiding principles. Documents of the WHO, the UN and related sites were used when factual details and statistics were highlighted.

To obtain a real grasp of the issue of diversity and culture, it is highly recommended to explore the original sources of information (occupational therapy and non occupational therapy) as indicated in the reference list and the list for further reading.

People using occupational therapy services have been referred to as person*, citizen* or people in order to avoid any suggestion of stereotyping.

1.5 How the document can be used

The conditions and contexts in which occupational therapists practise vary greatly around the world. It is therefore important that the recommendations given in this booklet are seen in the context of the reader's own situation and that of interventions and approaches used in local occupational therapy practice. If occupational therapy is still in its infancy within a country it is of course impossible to serve everybody that needs occupational therapy immediately. But social responsiveness can be based on investigating the most pressing occupational needs as identified by the local people.

However, political and/or socio-economic situations in a country might produce barriers that limit realization of the full potential of what occupational therapists can offer to address these needs. Globalization* can also introduce values and modes of behaviour that clash with local traditions/ways of being, doing and becoming and as such are counter productive to the occupational needs of people in a local context. For example: nowadays soft drinks produced by international companies can be bought on every street corner around the world; as a result, local production of soft drinks declines and people lose their occupation and income. On the other hand, world-wide companies do provide employment opportunities, if not always for the local people.

2. INTRODUCTION TO THE GUIDING PRINCIPLES ON DIVERSITY AND CULTURE

Every occupational therapist knows that culture and diversity are relevant concepts that need to be integrated into their daily practice. However, translating this common belief into guiding principles, suggesting a uniformity of practice, seems to imply a contradiction, as each situation and context is culturally unique. The complexity of culture and diversity means that a universal approach is neither available nor desirable.

When occupational therapists define certain well-known terms such as culture, they inevitably put an occupational therapy 'spin' on them. Is this approach correct, is it even acceptable? It was decided to take a broader view and define terms in a manner reflecting their point of origin (e.g. sociology, anthropology) before adopting an occupational therapy perspective.

This document stresses the uniqueness of every situation rather than striving for uniformity. Occupational therapists strongly believe that being engaged in occupation can structure, shape and transform people's lives. Equally, people's attitudes, values, perceptions and life choices are strongly shaped by their culture.

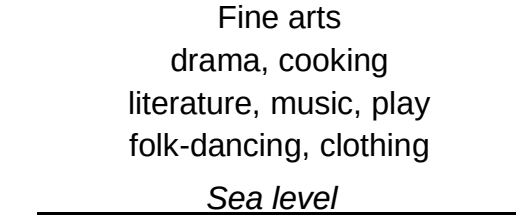
2.1 The concept of culture

The concept of culture used in this booklet is mainly based on the anthropologist Helman's book Culture and Health (2007). Helman starts his explanation of the term culture by citing Tylor, who, as early as 1871, defined culture as: 'That complex whole which includes knowledge, belief, morals, law, customs and any other capabilities and habits acquired by man as a member of society'. Helman adds to this definition the ideational aspect of culture: 'Culture comprises systems of shared ideas, systems of concepts and rules and meanings that underlie and are expressed in the ways that human beings live' (Keesing and Stathern 1998 in Helman 2007 p.2). Purtillo and Haddad (2002 cited in G. O'Toole 2008 p.186) follow this tradition of describing culture as a very broad concept. They describe culture as a concept embracing all aspects of life including customs, beliefs, technological achievements, language and the history of a group of similar people. Hasselkus (2002), an occupational therapist, uses a narrower description and defines culture as 'the patterns, values, beliefs, symbols, perceptions and learnt behaviours shared by members of a group and passed on from one generation to another' (p.42). In this definition, a specific behaviour of a particular group is seen as significant for the group's culture. This behaviour might or might not be shared by the majority of the population in the society that the group lives in. However, culture is not static, it evolves and changes. So assumptions about a specific group (e.g. everybody in the Netherlands walks on wooden shoes) might not apply in an individual case.

Iwama (2004) states that 'culture is a 'slippery construct, taking on a variety of definitions and meanings depending on how it has been socially and historically situated and by whom' (p.1). Lim and Iwama (2006) look beyond the narrow definition of culture along the lines of ethnicity and race and

conclude that ethnically diverse individuals socialized within a certain society may subscribe to an agreed set of values and principles despite racial differences. They state that using a narrow definition of culture can give rise to the danger of racial assumptions and stereotypes*.

Much of culture, shared ideas, frames of reference, rules and meaning, is not visible: either to those who have been raised in the culture or to those who have not. It is like an iceberg (McClain 1998, see below).



Iceberg analogy after L. McCain, Howard University, U.S. 1998 (Stomph, jonckheere 2006)

Aspects such as food, music, dancing, art and architecture can be seen at the top of the iceberg: these are aspects people are often very proud of and are displayed publicly. However what is concealed below the surface are the issues that are self-evident to insiders but not to outsiders, such as values, prejudices and beliefs, relationships between men and women, ideas about health and healing, disability and mental illness.

Hall (in Helman 2007 p. 2-3) talks about different levels of culture. A level with visible aspects of culture to be seen by outsiders, basically a ‘façade’ to the world ‘at large’, another deeper level known only by members of the group. And ‘below this level lies a series of implicit assumptions, beliefs and rules which constitute that group’s “cultural grammar”.’ ‘The latter is the deepest level of culture, in which the rules are known to all the insiders, obeyed by all but seldom if ever stated’ (p. 2-3). For example, in almost every society there are clear norms about sexuality, which are not openly discussed, which make it difficult for victims of incest and rape to be open about what has been done to them.

This metaphor of an iceberg can also on an individual and socio-cultural level expose our own personal hidden attitudes, prejudices, values and beliefs. Sometimes this is self-evident but at times not always so obvious to a person unless they have reached self-awareness or consciousness by reflecting on their actions from an intercultural perspective.

Helman states that most complex societies are not homogeneous, and often consist of ‘a patchwork of different subcultures, with many different views of the world coexisting - sometimes uneasily - within the same territory’ (p. 3). However, due to globalization and migration, people nowadays live in a context in which several cultural frameworks operate at the same time. Increasingly, original cultures (indigenous people) are also asserting their

rights and displaying their cultures, which were previously hidden. 'Culture is an increasingly fluid concept, which in most societies is undergoing a constant process of change and adaption' (Helman 2007 p. 3).

It is clear that the 'deeper' cultural aspects are not easily perceived by outsiders nor automatically revealed. The construct of culture in this document is seen as a dynamic concept that changes and is subject to many different influences. In any community it will alter over time and it is therefore necessary to examine cultural dimensions within their context and within a certain time frame.

2.2 The concept of diversity

The term diversity refers to the pluriformity in which humankind presents itself, such as ethnicity*, culture, socio-economic position, caste*, gender*, class, sexual identity*, age and religious beliefs. In all societies people are categorized in groups such as: men and women, adults and children, young and old, rich and poor, urban and rural, healthy and ill, able and disabled*, 'normal' and disturbed, etc. Each individual is of course a member of many groups and as people identify themselves with a certain group, they develop a positive self image about themselves belonging to and being accepted by that group. To maintain their self image and culture, people may set themselves apart from other groups that they feel may dilute their cultural values, beliefs and traditions. This can lead to narrow ways of thinking, in terms of 'us' and 'them'. When one group categorizes another group in a rigid way, it creates stereotypes, expecting people from that group to behave in a certain way, whereas in reality they seldom do (Calhoun et al 2005, Jones et al 1998, Gudykunst & Moody 2002, Jones 1998).

It is important that occupational therapists are able to deal with and acknowledge the value of diversity and culture; this requires knowledge, skills, mutual respect, and negotiation (political and otherwise) to achieve effective outcomes attuned to the needs of those asking for occupational therapy services (see section 4.2.3 for further discussion on diversity).

2.3 The need for a more in-depth discussion of culture and diversity in occupational therapy

One member of the feedback group gave a clear description of why occupational therapists have to consider culture and diversity in more depth:

The essential feature of dealing with diversity is not to see people as 'different' in the sense of not similar but to comprehend and accept diversity as something that enriches us personally and collectively when we recognize the things that unite us, our sameness, our common humanity. We create differences by the labels that we designate with almost thoughtless efficiency, but the people that we serve are human beings first and always, no matter who they are, where they come from, what they look like or how they behave. The cultural identity of another person can never be assumed. Rather they are people with a particular worldview, socio-economic status etc. whom it is our privilege to get to know, and together with them to work towards overcoming

the things that they experience as undermining their health and occupational well being.

We pride ourselves as occupational therapists on the speed with which we can recognize problems and give them the labels that we use to identify an age group, illness profile, impairment characteristics, outstanding individual features etc., but these learnt and spontaneous responses, while useful in the therapeutic process, also serve to mask the real person before us. Our professional education has taught us to describe people as we see and experience them and not as they really are, or as they would introduce themselves. Furthermore our assessments are possibly accompanied by a number of assumptions, biases and stereotypes about the person. If and when we are able to recognize and are willing to try and deal with the barriers to the perceived otherness in the people we meet and treat, we will begin to appreciate what it is to respect and celebrate them for who and what they are, and not what we would like them to become. (Ruth Watson)

Regardless of differences all people have many similarities - everyone wants to feel special; to be loved; to feel they can make a difference somewhere somehow, to feel they have a place - somewhere they belong and feel safe. Occupational therapy strives to create a place like this for everybody - regardless of the differences.

This document underlines how important it is for all occupational therapists to become aware of their own values* and norms* and to reflect upon and challenge the underpinning values, norms, theories and models of occupational therapy practice in order to create an inclusive and diversified occupational therapy practice, education and research that acknowledges the needs and values of the service users (Lim 2008).

The first step in developing such a practice is to establish a constant dialogue* on the extent to which different lifestyles and the diverse ways occupations are performed, inform and guide what the content of occupational therapy practice needs to be in a local/regional situation.

Another important step is to develop occupational therapy educational programmes which will be a more welcoming place for ‘occupational therapists to be’ from diverse cultures, so the student population will represent the local demographic profile (Hocking et al 2006).

These guiding principles on culture and diversity are designed to provide both stimulus and tools for greater discourse.*

2.4 The relation with ethical thinking

It is important to make a distinction between ethical thinking and moral thinking. Ethical thinking is concerned with core values: general ones such as human dignity, justice and social welfare (Raz 1996) and professional ones. Professional ethics encompass the values a profession believes in. The goals of a profession usually represent those values. In occupational therapy it is the value attributed to participation in daily occupation in order to achieve a ‘good and healthy’ life (Dige 2009). Occupational therapists strongly believe

that creating coherence between the person's occupations and environment will facilitate participation in, for them, meaningful and valuable activities which will enrich their lives (Duncan & Watson 2004, Swartz 2004, Townsend and Polatajko 2007).

The WFOT definition of occupational therapy expresses this well:
'Occupational therapy is a profession concerned with promoting health and well being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by enabling people to do things that will enhance their ability to participate and/or by modifying the environment to better support participation.'
(http://www.wfot.com/information.asp)

Professional ethical thinking is concerned with the values underlying the goals of a profession. Moral thinking, on the other hand, is about the morally justifiable means of achieving these goals. To clearly separate these types of reasoning is not easy, especially in occupational therapy, since participation in occupation is both the means and the goal of occupational therapy.

It is also worth noting that in the above definition the focus is more on the individual than on the community. To define occupational therapy in that way might be a cultural bias.

In relation to diversity, Wells (2005) writes about the need for an 'ethic on diversity'. She describes how individual cultural beliefs and values affect how occupational therapists approach, speak to, and measure outcomes for their clients. In terms of morals, any particular action, as an individual or a professional, will be based on the individual's sense of right and wrong as learned during socialization in a specific culture. Professional actions will be taken on the basis of moral perspectives that frame the professional responsibilities, as written down in the national codes of ethics.

These codes of ethics state that occupational therapists have the responsibility to consider the cultural diversity, lifestyles and perspectives of the people they serve. They also state that personnel in an occupational therapy practice will not discriminate against 'clients' or colleagues. Moral standards of behaviour, what people believe to be right or wrong, have a personal and social component as well as cultural and time contexts. What is morally right or wrong depends on the individual's identity and on personal and social historical events. Race, gender and culture are central to that identity. Wells (2005) makes it very clear that ethical decisions resulting in moral actions are greatly influenced by the cultural framework in which people practice.

It is hoped these guiding principles will be helpful in revealing the ethical and moral reasoning in occupational therapy practice. In combination with the Code of Ethics (www.wfot.org) they can be used to explore and discuss how occupational therapists address diversity and culture in their practice.

These guiding principles on culture and diversity intend to go beyond the level of care for individual persons and communities, as they also include responsibility at the level of occupational therapy practice, occupational therapy organizations, occupational therapy educational programmes and the WFOT. Ethical responsibility consists of striving for an inclusive society in which moral reasoning is based on recognizing diversity as the norm rather than the exception. However, the challenge in this discussion about ethics and culture will be to find a balance between universality and particularity. For example, aspects of diversity are very important in community-based approaches (Coleridge 2000). Community Based Rehabilitation (CBR) approaches are more and more based on human rights and empowerment. But these concepts are interpreted differently depending on the local context and circumstances (Fransen 2005). So a balance needs to be achieved between changing unacceptable and unethical beliefs and behaviours (sex with virgins as a means to cure HIV) and adapting programmes and terminology to local contexts (health education rather than condemnation alone).

3. GUIDING PRINCIPLES

These guiding principles discuss how to incorporate diversity and culture in the daily practices of occupational therapists, occupational therapy organisations, occupational therapy educational programmes, occupational therapy research, and the WFOT. Of course occupational therapists usually work in teams together with other professionals. These guiding principles may also be of value to the whole multi-professional team. It is strongly recommended to reflect on all statements in terms of their applicability within the local context of occupational therapy practice and education, including the team the occupational therapist is a part of. The 'ideal' situation cannot be reached overnight. Working in an inclusive way is a lifelong search, sometimes a struggle, requiring constant development of competencies and reflections. These guiding principles are designed to support this process.

The background to these statements is discussed in section 4. It is recommended that sections 3 and 4 are read in relation to each other. Each section ends with some reflective questions that can be used to promote discussion.

3.1 Diversity matters: the facts

All societies consist of diverse populations. Occupational therapy is prepared to serve anybody with occupational needs. This means:

- *Occupational therapists, occupational therapy departments and occupational therapy practice:*
  - Are knowledgeable about the demographic profile* of the population in the area.
  - Are knowledgeable about the occupational needs* and health disparities* in the area.
  - Determine and monitor whether those who provide occupational therapy services are representative of the population in the area.
  - Monitor the effectiveness of their services in addressing the needs of people from different ethnic groups*, cultural and or social backgrounds.
- *Occupational therapy educational programmes:*
  - Educate students about the demographic data* of consumers of occupational therapy services and in relation to the population of the country.
  - Inform students about the occupational needs and health disparities in their country.
  - Increase students' awareness of diversity and cultural differences between themselves and those they serve.

- Equip students with the necessary skills to work with people from a variety of backgrounds.
- Determine and monitor whether students who attend occupational therapy educational programmes represent the demographic profile of the area.

o *Occupational therapy researchers*

- Determine and monitor whether those who participate in occupational therapy research are representative of those who get occupational therapy services and/or the population in the area.
- Monitor the effectiveness of the occupational therapy services in addressing the needs of people from different groups.
- Take into account the fact that different researchers, using identical questions, may produce different data depending on their personal attributes (age, gender, ethnicity, sexual preference and so on).

o *Occupational therapy organizations and the World Federation of Occupational Therapists:*

- Collect, compile and disseminate demographic data about persons receiving occupational therapy services and the occupational therapy workforce in relation to the population worldwide.
- Know and have information about the occupational needs and health disparities nationally and worldwide.

3.1.1 Reflective questions:

Before you discuss these reflective questions it is advisable to carefully consider when and where you will do so. Preparation for such discussion is important in order to be able to acknowledge everybody's contribution.

For occupational therapists in practice:

Discuss:

- How the population in the local area is demographically constructed.
- The occupational needs and health disparities of citizens in the area.
- Whether people in the occupational therapy service are representative of all the people in the area.

For the occupational therapy organizations and occupational therapy educational programmes:

Discuss:

- How the occupational therapy workforce in the country and in the occupational therapy educational programme reflect the population in the country.
- The occupational needs and health disparities of citizens in the country.
- How to inform the World Federation of Occupational Therapy about:
  - the demographic data of the persons the occupational therapy services reach.
  - the demographic data of the occupational therapy workforce in relation to the population worldwide.
  - the occupational needs and health disparities of your area to get a global picture worldwide.

For researchers:

Discuss:

- How do participants in your research represent those who receive occupational therapy services and/or the population in the area?
- Although it might be thought to be common knowledge, it is open to question whether research really takes into account the fact that different researchers, using identical questions, may produce different data depending on their personal attributes (age, gender, ethnicity, sexual preference and so on).
- Whether the methods of research adopted fully capture the experience and narrative of the diversity in the population.
- The fact that not all research methods are appropriate and/or understood in a similar way in all cultures or take account of population diversity.

3.2 Human rights and inclusiveness matter: occupation, participation and cultural safety

The WFOT Statement on Human Rights (2006) clearly states that people have the right to participate in occupations. And by participating in occupation they are included and valued as members of the community and society. The WFOT Statement acknowledges and accepts the profession's responsibility to identify and address occupational injustices and limit the impact of such injustice. It also acknowledges the challenge of raising collective awareness of the broader view of occupation and participation in society as a right.

Inclusiveness is one of the basic assumptions of occupational therapy. An atmosphere of cultural safety is a prerequisite for inclusiveness.

This means:

- *Occupational therapists, occupational therapy departments and practices:*
  - Act on the demographic data about inclusion and exclusion of citizens or groups of citizens with occupational needs and health disparities in the area.
  - Recognize and act upon specific competences of people with different cultural backgrounds.
  - Ensure their services are adapted to the occupational needs and health disparities of all persons in their area to establish a culturally safe context.
  - Ensure that information about occupational therapy services is available in languages of all persons living in the area.
  - Act on the differences in languages by using interpreters (family or professionals).
  - Are aware of the contextual issues restricting people's access to full healthcare, or to achieving occupational health.
  - Advocate the right of all persons to have their occupational needs met.
  - Are well informed about research on occupational needs of diverse groups.
  - Are pro-active in encouraging employers to use the results of research.
  - Share knowledge with other professionals on these issues.
  - Are creative and innovative in developing services in collaboration with those who require them, using locally available material in order to fulfil their occupational needs.
  - Ensure services and protocols are sufficiently flexible to perceive and address the occupational diversity of people in a specific context.

- *Associations and occupational therapy education:*
  - Have policies and a code of ethics that express inclusiveness at all levels (i.e. a policy to establish an atmosphere in which every individual can discuss their own culture and cultural

biases*; a policy against discrimination*; to address the needs of the diverse groups in the workforce and educational institutions).

- Know:
  - the facts about the various groups within the country that experience inclusion and exclusion when seeking and receiving occupational therapy services.
  - the facts about those groups within the population of the country that do not receive occupational therapy services at all.
- Have information available for the various groups in the country.
- Ensure that the workforce of the occupational therapy profession is representative of the population in the area/country.
- Promote the right of all persons to fulfil their occupational needs, working with relevant government and other organizations.
- Enable occupational therapy practice to fulfil new and emerging health and occupational needs of the population.
- Work together with other professional associations, and organizations to advocate participation and inclusion in society for all.
- Act in the local context as an advocate for people with occupational needs.
- Include the occupational needs and/or health disparities in the area/country in professional development and research.
- Provide the necessary educational opportunities for members and students, to develop the competence required to work inclusively.

o *Occupational therapy researchers:*

- Act on the research agenda on the demographic data about inclusion and exclusion of citizens or groups of citizens with occupational needs and health disparities in the area
- Ensure that research plans and procedures take account of inclusion of representatives of all persons living in the area
- Carry out research on groups - especially non-majority groups - in close collaboration with them
- Carry out research on issues around exclusion of certain groups/persons.
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- *World Federation of Occupational Therapists:*
  - Disseminates high standards in maintaining inclusive policies in occupational therapy all over the world, thus serving as a partner in promoting the implementation of the Human Rights Declaration.
  - Ensures that all member associations comply with an inclusive policy in terms of human rights.
  - Advocates participation and inclusion in society for all at the appropriate forums.
  - Is well informed about the demographic data of people receiving occupational therapy services and the occupational therapy workforce in relation to the population worldwide to ensure inclusion* and avoid exclusion*.
  - Is well informed about the occupational needs and health disparities worldwide and how they have improved over time.
  - Disseminates information on inclusion and exclusion through the active distribution of the guiding principles on diversity to member associations and monitors the results of such actions.
  - Actively promotes the use of these guiding principles among occupational therapy education and monitors the process.
  - Promotes the evaluation of basic occupational therapy assumptions and their applicability internationally.

3.2.1 Reflective questions

When reflecting on these questions, if you identify gaps or omissions please also consider the causes and possible solutions. Carefully consider when and where you intend to start the discussion about the question.

For occupational therapy departments and practices:

- How and to what extent does the service meet diverse needs in your area?
- Is there a policy to make sure all occupational therapy services are attuned and available to all citizens in the area? In addition: what is your policy towards the use of occupational therapy services by legal and/or illegal immigrants?
- Does the department have a policy on cultural safety?
- Are the policies constantly discussed and kept alive in the team?
- How are you striving to diminish health disparities in your services?

For associations, occupational therapy education and WFOT:

- How do the policies and codes of ethics of the associations and occupational therapy education in your area reflect inclusiveness?
- Are the members of the association and occupational therapy education (students) informed about the policy of the WFOT on occupational therapy and inclusiveness (i.e. position paper on Community Based Rehabilitation and Human Rights, discussion about occupational deprivation*, occupational justice* etc.)?
- Are the association and the WFOT informed about the occupational needs of persons locally and worldwide?
- Is the workforce representative of the population of the country/area?
- Is there a policy in the association, occupational therapy education, occupational therapy research that takes account of the needs of diverse groups in the workforce and among students and researchers?
- Are these issues on the regular agenda of the occupational therapy associations and WFOT?

Discuss:

- How the WFOT actively disseminates high standards for inclusive policies in occupational therapy worldwide
- How the WFOT ensures that member associations have an inclusive policy attuned to Human Rights.

For researchers:

- Does the researcher ensure that the research plans and procedures account for the possibility to include representatives of all persons living in the area?
- Does research carried out on minority groups include active collaboration with these groups?
- Do the research priorities and areas reflect what is important to all diverse groups? (Who decides what the research priorities are?)
- Is research being carried out on issues around exclusion of certain groups/persons?

3.3 Language matters: the power of words

The profession and professionals have knowledge about the power of language, and the importance of words and nonverbal communication.

- *Occupational therapists, occupational therapy departments and occupational therapy practice:*
  - Are knowledgeable about how people express themselves and talk about their experiences, which are unique and reveal much about the way they value that experience.
  - Address people seeking occupational therapy services as individuals rather than labelling them with the name of their impairment or any other aspect of diversity.
  - Understand how everyday language can be used to connect, rather than using professional language, which often creates a communication gap.
  - Have policies that reflect respect, and reflect an inclusive way of using language and the importance of taking time to appreciate the different ways people express their concerns.
  - Have policies that include awareness of culturally sensitive ways to develop rapport and a therapeutic relationship.
  - Disseminate information about occupational therapy services taking account of the languages prevalent in the area by means of translation and the use of interpreters.
  - Have policies that reflect the need to use everyday language as opposed to the professional language when communicating with recipients of occupational therapy services.

- *Occupational therapy researchers:*
  - Use inclusive language in all documents used with participants.
  - Take into account the fact that research techniques may presume the ability to read and write, or familiarity with culture-bound approaches (e.g. multiple choice).
  - Consider the fact that knowledge has to be evaluated critically when being exported or imported from another cultural context.

- *Occupational therapy organisations, occupational therapy educational programmes and the World Federation of Occupational Therapists:*
  - Use inclusive language in all public documents
  - Involve consumer or related organizations in the dialogue about inclusive language as used in the occupational therapy world.
  - Make documents available in a variety of languages.
  - Disseminate knowledge about the power of verbal and non-verbal language (professional and nonprofessional) and nonverbal communication.

- Disseminate knowledge about how to reflect on 'exporting' knowledge from one country to another country with a different culture and social structure.

3.3.1 Reflective questions

When reflecting on these questions, if you identify gaps or omissions please also consider the causes and possible solutions.

For occupational therapy departments and practice:

- Do you use appropriate language when talking with persons and their carers/family receiving occupational therapy services? And what do you consider adequate/appropriate in your practice?
- Are assessment and intervention processes transparent in order to promote inclusiveness and client involvement or are they dominated by professional jargon and language?
- Do you use inclusive or exclusive language in documents (e.g. assessments)?
- Are documents translated into different languages?
- Do you use interpreters and/or translators when different languages are involved?
- Is sufficient time available to enable those using occupational therapy services to fully describe their situation and needs?

For occupational therapy organisations, occupational therapy educational programmes and the World Federation of Occupational Therapists:

- How do you ensure that inclusive language is used in public documents?
- How do you ensure that the issue of the power of language and non-verbal communication is constantly discussed?

For researchers:

Do you take into account:

- The fact that the language of research is often unintelligible to recipients of occupational therapy services?
- The fact that research techniques can presume the ability to read and write, or familiarity with culture-bound approaches (e.g. multiple choice)?
- The need to critically evaluate knowledge in terms of 'cultural safety' before it is exported to or imported into a different cultural context?

3.4 Competence* matters: attitude, knowledge and skills

Much has been written about dealing with diversity. Cultural self-awareness,* an open non-judgmental attitude, willingness to embrace diversity, understanding, acknowledgement and knowledge of aspects of diversity and skills applying this knowledge - including being able to strategically negotiate in conflict and co-operative situations - are indispensable key points in dealing with diversity.

This means:

- *For individual occupational therapists, teams in occupational therapy departments and practices, occupational therapy organisations and occupational therapy educational programmes:*
  - ***Cultural competence includes attitude:***
    - Awareness and sensitivity to one's own culture.
    - Awareness and willingness to explore one's own biases and values.
    - Respect for and sensitivity to diversity, including cultural safety*.
    - Ability to allow people to perform occupations according to their own cultural norms rather than the norms of the occupational therapist (cultural safety).
    - Developing an understanding of the need for life-long learning and ongoing development on diversity.
  - ***Cultural competence includes knowledge:***
    - Health data on the population and on health disparities and inequalities.
    - The use of healthcare by different populations.
    - The ethics of healthcare for all consumers (i.e. justice, autonomy, power and dominance).
    - Socio-economic and political factors influencing the development of diverse groups.
    - The influence of institutional* and individual racism* on the use of the healthcare system by diverse groups.
    - Cultures, language, communication styles, values, beliefs (e.g. about health, illness, well-being, caring, concepts of spirituality), customs (e.g. family obligations), etc.
    - Knowledge of the daily life of others and particularly those aspects relating to health and well-being, caring and physical contact.
    - How people behave and think differently when well or when unwell.
    - Culturally sensitive* intervention strategies including cultural safety*
    - Values underpinning occupational therapy.

- Awareness that research techniques can presume the ability to read and write, and familiarity with culturally bound approaches (e.g. multiple choices).
- Different researchers, using identical questions / questionnaires, may produce different data depending on personal attributes (age, gender, ethnicity and so on).
- People behave differently in different contexts (at home, at work, in hospital, in the family context, individually).

- ***Cultural competence includes skills:***
  - Ability to use and interpret a variety of appropriate communication techniques - verbal and nonverbal - to facilitate interaction.
  - Ability to help understand the person and the community, maintain, or resolve their own socio-cultural identity.
  - Ability to work with interpreters (family and professionals).
  - Ability to use culturally sensitive intervention strategies to ensure cultural safety.
  - Ability to avoid using a standard approach to all persons and communities from a distinct group.
  - Ability to act as an advocate to decrease disparity.
  - Ability to handle conflicts.
  - Ability to empathize and respect individuals' and communities' interpretation of events and what these events mean to them.

3.4.1 Reflective questions

Before you discuss these reflective questions it is advisable to carefully consider when and where you will do so. Preparation for such discussion is important in order to be able to acknowledge everybody's contribution.

For occupational therapists working in practice, in occupational therapy organisations, in occupational therapy educational programmes and occupational therapy research:

Discuss:

- How diverse are your friends?
- What do you know of your own background?
- What did you learn when you were young about:
  - how to behave when you are ill?
  - how to behave in relation to sick people or people with disabilities?
  - how to behave in contact with others: men, women, people with a different ethnicity, older people, younger people, people from a different social class* (income level), homosexuals* and heterosexuals*, with a different religious belief, from a different caste*?
- Does the behaviour you learned when you were young still influence your practice (occupational therapy practice, education, research)?
- Can you describe this influence?
- How do you handle assumptions about other people (consumers of occupational therapy services, colleagues, students)?
- How do you discuss these assumptions in your work with colleagues?
- How do you use the knowledge mentioned above in your daily work in treatment, planning and policymaking?
- Are the skills mentioned above available in your team?
- Do you share and learn from one another regarding cultural competence?

3.4.2 Further reflective questions

These questions are based on O'Toole (2008 p. 167 adapted from Devito 2007).

Explore your prejudice:

- Are you willing to have a close friend from any other culture, different socio-economic class or religious group?
- Are you willing to have a long-term romantic relationship with someone from another socio-cultural background, or political party, or religious group?
- Are you willing to choose to talk to someone who "lives on the street" (is homeless) when you are out shopping?
- Are you willing to allow people who are obviously different to have value and credibility?

What are your honest answers to these questions?

- Are you able to answer with a definite yes? If not, are you able to determine the source of your biases?
- What can you do to overcome any unconscious tendency to stereotypical judgments?

4. BACKGROUND TO THE GUIDING PRINCIPLES

This section briefly discusses in more depth each guiding principle. For more information see the reference list (Appendix 1) and further Reading (Appendix 2).

4.1 The facts

This section discusses the importance of facts on diversity, some facts on the world population and on the professional population. The value of facts and figures is not to be underestimated as they give a clear understanding of the reality of diversity. At the end of the section a few examples and reflective questions are included for discussion with colleagues and students.

4.1.1 Importance of facts and figures

There are specific differences in access to healthcare, health outcomes, and health disparities (www.who.int, www.euro-who.int, www.searo.who.int, Black & Wells 2007). Health disparities are differences in health that occur by gender, race, ethnicity, educational level, income level, social class*, able-bodied*, not-able-bodied*, geographic location* and sexual orientation* (Black & Wells 2007; Lorenzo 2004; Fourie, Galvaan & Beeton 2004; General Assembly of the UN 1993).

Disparities are often the result of deficiencies in the socio-economic system that are reflected in healthcare and educational systems. Discrimination, bias, stereotyping and lack of clarity in clinical communication and decision-making are all regularly incorporated into legislation and produce a regulatory climate that often forms the basis of political choices.

Poverty* may result in poor nutrition, bad living conditions, low levels of education, dangerous housing and or working environments, and in physical and/or psychological violence (Helman 2007). These disparities cause people to have poorer health. Poverty is the underlying cause of reduced life expectancy, handicap, disability and starvation. Poverty is a major contributor to mental illness, stress, suicide, family disintegration and substance abuse (WHO, 1995).

To eliminate these disparities they must be identified, and inequalities in services and systems must be corrected (Black & Wells 2007). Of course these problems cannot only be addressed by occupational therapists. A multi-sector approach is necessary to make any progress in solving these persistent problems. Multi-sector pressure on the political system is likely to be more effective because it will be more difficult to deny the inequalities.

Facts may be important when identifying diversity issues. However, in many contexts there are no facts available, because of a lack of research. Nevertheless, it remains important to question whether everyone has access to occupational therapy services or only certain groups.

4.1.2 Some facts and figures

- The world population was approximately 6.7 billion in February 2008.
- The citizens of the world live in different contexts in different countries.
- In February 2008 there were 195 countries, of which 192 are members of the UN and subscribe to the Human Rights Declaration (www.un.org). But of course it can be seen in the daily news and daily practice how difficult it is to live up to the Human Rights Declaration.
- There is extensive diversity due to socio-economic differences and differences in political climate.
- There is a variety of ideas on diversity (e.g. based on gender, age, religion, education, illness, impairment) that can only be understood in the context of specific societies and cultures.
- The context people live in is never static as there are always changes due to socio-economic changes, political changes, wars, migration, epidemics like HIV/Aids, natural disasters etc.
- 191 million citizens were counted as migrants in 2005 (www.un.org).
- As many as 10% of the world population is registered as having a disability = 600 million people www.who.int.
- Mental illness affects every fourth citizen in Europe (Tuning educational structures in Europe, Occupational therapy p. 157 www.tuning.unideusto.org).
- Occupational therapy is only available in about 60 of the 195 countries of the world (February 2008 www.wfot.org).
- In many countries the ratio of occupational therapists to the population is low, meaning that the occupational needs of many people cannot be met.
- In several countries occupational therapy is only available to those who can afford it.

4.1.3 Professional population

In many countries the occupational therapy workforce consists mainly of women (MacWhannell & Blair 1998, Cracknell 1989, Miller 1992, Kenens & Hingstman 2003). Occupational therapy educational programmes are part of the higher education framework, which might explain why students attending these programmes are mainly from a middle class background. From the perspective of ethnicity and culture it is clear that worldwide the workforce is predominantly white and from a western background (Wells & Black 2000, Dyck 1998, Kinébanian & Stomph 1992). However, this might change quickly with the growth of occupational therapy in several countries in Asia (information given by Kit Sinclair, former president of the WFOT, in June 2009).*

* The BScOT education programme provided by the Capital University and China Rehabilitation Research Center was approved by WFOT in 2006. Another OT education programme was started in Kun Ming, Yunnan Province, in the Southwest of China, and will have its first graduates in July 2009. There are two OT education programmes in Thailand, two in Indonesia, one in Hong Kong, one in Singapore, one in Sri Lanka, several in Taiwan, many in Japan, many in India, about fifteen in the Philippines. The ratio of male to female

To change this imbalance in the occupational therapy workforce will require a commitment by the national and international associations and educational programmes to encourage recruitment from a wider spectrum of occupational therapists from different social classes, and from diverse and ethnic backgrounds. Efforts should be made to increase awareness of occupational therapy with, for example, emphasis on degree level study, job security and career opportunities in occupational therapy. Associations and occupational therapy education can try to actively increase the diversity of their new recruits and maintain diversity within the occupational profession (Greenwood et al 2005, Taylor 2007, Hocking et al 2006, Beagan 2007).

Although in the last decade practices and theories in occupational therapy have been increasingly based on universal human rights and theories and practice that include other perspectives such as participation and inclusive societies (Watson & Schwartz 2004, Whiteford & Wright-St Clair 2004, Ramugondo 2004, Galvaan 2004, Iwama 2005, Kronenberg, Simo Algado & Pollard 2005), western norms and values are still dominant in occupational therapy. As long as the majority of occupational therapists come from the USA, Canada, Australia and Europe western views of the profession are apt to prevail. Though some changes are occurring worldwide there is still a need for more diversity in the occupational therapy workforce (Taylor 2007, Hocking et al 2006).

4.1.4 Examples of disparities

First example
Worldwide 470 million of the citizens with disabilities are of working age. Across the world, unemployment rates are much higher among people with disabilities than among the general population. There is also a sizable gap between employment trends and working conditions for people with disabilities or mental illness and those without a disability or mental illness (www.who.int 2008).

Second example
Countries vary in the different provision they make for access to healthcare. While some governments provide their citizens with public health insurance, others have private health insurance plans, and many countries do not have any specific insurance coverage at all (www.who.int 2008).

Third example
Many migrants from Turkey came to live and work in Germany, 2.4 million in 2004 (Statistisches Bundesamt Deutschland www.destatis.de). Nevertheless there are still many healthcare institutions having hardly any facilities for citizens from these areas specifically attuned to their needs and way of living. Although it seems to get easier for migrants to use health services as time passes, it still remains difficult (Goldberg & Sauer 2003, 2004).

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students tends to be higher in Asia but there are currently no statistics available. In Hong Kong there are now 1200 therapists and 40 graduates each year. There are also masters and doctoral programmes in Hong Kong and in Taiwan and Chiang Mei in Thailand. All of these programmes consist of local students.

Fourth example
In the USA it is believed that half the adult population may lack the skills (mainly reading skills) to function within the healthcare system.
(www.xculture.org).

4.1.5 Reflective questions:

Can you reflect on the relation between the facts in the first example and the information in the Position Statement of the WFOT (2006) on occupation?

- How do you deal with problems of people in need of help but with no arrangements to pay for services?
- What are your experiences with attuning occupational therapy care to the different lifestyles of people seeking your service?
- How do the association and educational programmes in your country encourage the recruitment of a wider spectrum of occupational therapists from different classes, and from diverse and ethnic backgrounds?
- What active steps can your professional association, educational organizations or your own department take in recruiting a diverse spectrum of new occupational therapists?

4.2 Human rights and inclusiveness

This section discusses human rights in relation to occupation and participation. The function of basic agreements like the Declaration of Human Rights are clarified from the perspective of occupational therapy.

4.2.1 Human rights declaration

In the 50 years since the human rights declaration of 1948 many adjustments have been made (see www.un.org), for example the Standard Rules on the Equalization of Opportunities for Persons with Disabilities (General Assembly of the United Nations 1993). The basis of the 1948 declaration - although often hotly debated - still applies and serves as a point of reference in societies (www.achrweb.org, www.acdhrs.org, www.echr.coe.int).

Worldwide promises are made in basic agreements about access to and quality of healthcare: *'The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition' (*WHO 2006). This fundamental right is based on the Human Rights Declaration: *'Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status'* (Article 2, www.un.org 2008). Several articles of the declaration stress the right to earn a living and a standard of living to guarantee health and well-being.

4.2.2 Human rights, occupation and participation

In its Position Statement on Human Rights (2006) the WFOT states the position on human rights in relation to human occupation and participation. The right to participate in occupations at different levels in society is stressed.

When seeking to attain adequate care and the right to occupation and participation for everybody, it is important to recognize that striving for inclusiveness does not mean it has already been attained; on the contrary it is an ongoing process. Looking at the reality, in many contexts occupational therapy serves a select group of people (Kronenberg & Fransen 2006). Other groups, for example street children, are not within the scope of occupational therapy (Kronenberg, Simo Agado & Pollard 2005). Very often occupational therapy does not actively strive for the right to occupation and participation of all persons in society, despite the fact that the Position Statement on Human Rights (WFOT 2006) sets out strategies and challenges to achieve a new role for occupational therapy: a more active, outreaching role to work on participation of persons in society and address and limit the impact of occupational injustice.

It is debatable whether, for example, the Human Rights Declaration has had any influence since the first version in 1948. As long as declarations, position statements etc. remain paper documents they have little or no effect. Occupational therapists have to find ways not only to strive for inclusiveness but to make it work. The Position Statement of 2006 on occupation and

participation of the WFOT positions human rights at the centre of attention of occupational therapy. The next step is to make the Position Statement a living and vivid document in the member organizations: living and vivid in the sense that occupational therapists live up to the statements on the work floor, in practice, education, research and in their member organizations.

4.2.3 The multi-layered components of diversity

These components include cultural, social, psychological, biological, financial, political, religious, spiritual and occupational elements of societies. Each component has a dynamic relationship with the other components, which creates multifaceted interrelating layers within a dynamic system.

Diversity is a complex construct and relates to the pluralism in societies. Diversity manifests itself through the dynamic interplay between the cultural, social, psychological, biological, financial, spiritual and occupational elements of a specific society (Mens-Verhulst 2007). Diversity adds to the richness of life and is necessary to survive (Streeton 2001).

Occupational therapy has a long tradition of acknowledging that every person is unique in the way they combine the dynamic interplay between cultural, social, psychological, biological, financial, political and spiritual elements in their personal occupational performance and participation in society. But at the same time the social group to which a person belongs very much affects their occupational performance (Townsend 1993, Kielhofner 2007, Kronenberg & Fransen 2006, Stomph & Dejonckheere 2006, CAOT 2007).

4.2.4 How do occupational therapists handle/approach diversity?

In the late 1980s and early 1990s, the discourse on culture and diversity in occupational therapy was mainly concerned with becoming aware of the issue and focused on learning more about other cultures (e.g. Dillard et al 1992). Later on, emphasis was placed on becoming aware of the personal norms and values of the therapist and the profession. It became clear that occupational therapy was very much based on white middle class norms and values (Wells & Black 2000, Black & Wells 2007, Beagan 2007, Iwama 2007, 2005, 2004, 2003, Lim & Iwama 2006, Thibeault 2006, Watson 2006, Awaad 2003, Chiang & Carlson 2003, Black 2002, Kinébanian & Stomph1992). Recently, the focus has been on the disparities between social groups and about the obligation of occupational therapy to deal with these disparities and inequities (Kronenberg & Pollard 2006, Kronenberg, Simo Algado & Pollard 2005, Whiteford 2007, 2005, 2004, Townsend 2003, Townsend & Whiteford 2005, Townsend & Willcock 2003, Braveman 2006, Fujimoto, Iwama 2005, Whiteford & Wright St. Clair 2004, Jensen & Thomas 2004, Hansen & Hinojosa 2004, Wood et al 2005, Blanche1996, Townsend and Polatajko 2007).

The discourse about the underpinning white middle class norms and values has led to a critical evaluation of occupational therapy theory and models. Core values in occupational therapy such as independence, autonomy, occupational balance, individual will and choice may have different levels of importance within respective societies (Lim & Iwama 2006, Townsend and

Polatajko). The discourse on diversity makes clear that there is a need for further research about what individuals and members of certain socio-cultural groups think about the meaning of their occupations in terms of individual satisfaction and in terms of their contribution to and participation in society (Whiteford & Wright ST Clair 2004, Beagan 2007, Thibeault 2006, Watson 2006, Iwama 2007, 2006, 2005, 2004,2003, Wells & Black 2000, Black & Wells 2007, Townsend 2003, Townsend and Polatajko 2007, Wright St. Clair & Hocking et al 2006, Wright St. Clair et al 2004, Jackson 1995, 2000, Kinébanian & Stomph 1992).

4.2.5 How inclusive is occupational therapy?

The Codes of Ethics of the WFOT and of many countries state that occupational therapists have a duty to consider the diverse ways people live within their culture. This indicates that occupational therapy is indeed striving for an inclusive society. However, it is debatable whether the profession is in practice living up to the principles described in these Codes of Ethics. Does everybody in the world have equal access to occupational therapy (see section 4.1 The facts)? Does the profession embrace diversity when the emphasis of the profession is still on individual independence?

Occupational therapy services have been established for groups of people who because of social problems (poverty, unemployment, homelessness etc.) experience occupational alienation* and/or deprivation* (Watson & Swartz 2004, Whiteford & Wright-St Clair 2004, Kronenberg, Simo Algado, Pollard 2005, Townsend & Whiteford 2005). The revised Minimum Standards for the Education of Occupational Therapists emphasizes the need to teach students about the local context in which they will be working, and this context is very much shaped by culture (Hocking & Ness 2002). It is debatable whether everything that has been written in occupational therapy about culture and diversity covers the health and welfare needs of the diverse local contexts. Research in which occupational therapy itself is evaluated to establish the extent to which it lives up to the Codes of Ethics or whether occupational therapists consciously or unconsciously discriminate and marginalize, or not, is lacking and needed.

It could be said that despite the awareness in the profession that diversity and culture matters, much knowledge still needs to be developed about the relationship between culture and the meaning of occupation for groups and/or individuals whose heritage is different from the therapist's, and about the power of dominant white western culture over the way occupational therapy is performed all over the world (Blanche & Henny-Kohler 2000, Iwama 2007, WFOT 2006). In order to study this relationship between culture and occupation in more depth the political nature of this relationship needs to be considered (Kronenberg & Pollard 2005, Kronenberg & Pollard 2006). Has the increased awareness of culture within the profession indeed led to more inclusiveness in terms of socio-economic relevance and access for people who have occupational needs to occupational therapy services?

In order to become a more inclusive profession for all, the global and national occupational therapy associations could be more proactive in terms of targeting and recruiting a diverse spectrum of occupational therapists. With this wider spectrum of individuals entering the profession and subsequently progressing through it, the opportunities for broader levels of understanding and appreciation of socio-cultural differences and challenges can be examined and discussed within the profession (Greenwood et al 2005, Taylor 2007, Hocking et al 2006).

The section on ethical thinking (see 2.4) illustrates the importance of having greater diversity within the profession. Professional values, ideals and principles are shaped by those that have power and influence within the profession and by the societal values in which the profession is rooted. A more diverse occupational therapy community where discourse is encouraged promotes examination of the appropriateness and relevance of prevailing concepts, values and principles as well as discussion and revision where appropriate.

4.2.6 Reflective questions

- Have you ever read:
  - the Declaration of Human Rights?
  - the WHO Constitution?
  - the Position Statement on Human Rights of the WFOT?
- Can you describe how your occupational therapy practice, association, occupational therapy education, occupational therapy research, lives up to the goals set in these documents?
- If the answer is *no*, can you say why?
  If the answer is *yes*, can you say how the service has been adapted to the occupational needs and health disparities of persons in the area?
- Can you explain how information about the service is made understandable to all persons in the area?
- Do you know if the occupational therapy association and occupational therapy education in your area have a policy that expresses the will to include everybody?
- Is the workforce of the profession representative for the population?
- If the answer is *yes*, look back to section 4.1 on The facts and answer the questions about the workforce again: does it reflect the population in your country?
- Do you have an idea why the facts are as they are?
- Do the association and the occupational therapy education in your area have a programme (and/or a policy) to address the needs of diverse groups in the workforce and among students and researchers?
- How does inclusiveness manifest itself in your daily practice, education, association, research practice?
- How do you deal with issues such as occupational deprivation, occupational alienation and participation?
- How do you interpret and discuss the term independence in relation to culture and participation in society?

4.3 The power of language and non-verbal communication

This section discusses the fact that language can have the effect of including or excluding individuals and groups. The way concepts such as diversity are constructed through language have real implications for people and their opportunities in life. This section also includes an examination of how occupational therapy has allowed these multidimensional differences to influence professional and personal norms and values.

4.3.1 The power of language (English)

Knowledge mediates the acquisition of language and vice versa. Categories and concepts are created and maintained in the language, and this immediately creates issues of power. English has become the dominant language all over the world. This includes the occupational therapy community, where any discourse in the profession is performed in English, although nowadays there are also networks working in other languages (such as Spanish in South America and Swahili in Eastern-Africa). The dominance of English diminishes the diversity with which people express themselves linguistically and puts people who are not native speakers of English at a disadvantage. The fact that these guiding principles have been written in English is a good example of how dominant English has become in the occupational therapy world. When knowledge is developed and grounded in a certain country it is necessary to reflect on whether that knowledge can be used in a different culture and language domain before the content of that knowledge is translated and/or 'imported' into another country (Blanche and Henny-Kohler 2000). Exporting such knowledge without critically evaluating whether it addresses the needs of the 'receiving' country might cause problems.

Occupational therapy literature published in languages other than English is hardly known or acknowledged by the majority of occupational therapists and has little influence on the development of the body of knowledge of occupational therapy. As one member of the feedback group said: 'the "southern world" seems rather silent but has a lot to say.' At the other hand it is very practical that there is a language (English) that is understood by many persons throughout the world. That such a language exists certainly helped to develop occupational therapy worldwide.

So it is important to be aware of the place of language in developing and maintaining concepts, ideas and knowledge and how these concepts may or may not reflect the world views and understanding of other language groups. Translating the exact meaning of these concepts into another language is a difficult process of applying one conceptual framework to another varying framework. It is of course well known that in many countries where English is the second language the word 'occupation' has the connotation of occupation of a country by an enemy! Similarly the term 'therapy' is closely linked to the medical model, which is becoming problematic now the profession is increasingly moving towards a unique synthesis of knowledge from occupational science together with the social and medical sciences (Tuning/Enothe 2008).

4.3.2 Communication, prejudice and stereo-typing

People in socio-cultural groups express themselves distinctly by using words and non-verbal communication that belong to the particular group, for example the language of young people, or of vocationally trained persons as opposed to academically trained persons. These differences in speech and non-verbal communication are used as indicators to 'place' a person in a certain socio-cultural class, place of birth etc. Black and Wells (2007) explain that 'each person has a unique way of speaking that reflects his or her gender, class, geographic location, race and ethnicity' (p.213).

The words and non-verbal communication used often encompass bias and prejudice resulting in exclusion of persons who are different. For example, not making eye contact while talking is considered very impolite in the Western world, but in other cultures it is impolite and rude to make eye contact while talking. O'Toole (2008) warns of the dangers of prejudice: 'Biases, prejudices and resulting stereotyping judgments can greatly affect communication and may result in conflicts, misunderstanding and breaking off the communication. Stereotypical attitudes very often develop because of lack of information and might result in an incorrect judgement' (p.167).

Judgements based on stereotyping often occur unconsciously, but stereotyping certainly influences the communication with the occupational therapist and might result in unwanted and sometimes harmful discriminatory attitudes, effects and practices (Lim 2008). (See the example above of making eye contact: 'He does not look at me when he is talking, so he is impolite and I will not hire him for the job'!)

In terms of diversity people often speak of 'them' and 'us'. 'They' are the outsiders and as long as people speak in terms of 'them' and 'us', it is almost impossible to become an insider if you belong to the 'out' group (Worchel 2005).

Healthcare professionals have a tendency to label their clients by their disease, 'that ADHD kid', or 'that old arthritic', or 'that borderline that just came in', instead of the child with ADHD, the person with arthritis, the woman with a borderline syndrome. The disability movement has strongly opposed the use of diminishing and oppressive language, and healthcare workers are gradually becoming more careful in their choice of words. It may seem a subtle variation, but for the persons involved it makes a lot of difference in terms of self-esteem and inclusion (Albrecht 2001, www.independentliving.org).

4.3.3 Having a voice and professional jargon

Black and Wells (2007) describe clearly how important it is for people to feel they have a 'voice', and are heard in matters concerning their own lives. People who are excluded and oppressed feel that they are silenced, that they do not have access to the dominant discourse (Black & Wells 2007, Kronenberg, Simo Algado & Pollard 2005, Kronenberg & Pollard 2005, 2006, Townsend & Whiteford 2005, Townsend 2003, Velde 2000, Wilding & Whiteford 2007, Williamson 2000).

The professional jargon of occupational therapy is often used, consciously or unconsciously, but seldom facilitates clear meaning and thus understanding (Lim & Iwama 2006) (demonstrated by the many meanings of 'occupation' which rarely include the core meaning from an occupational therapy perspective). In contrast it enlarges the gap between the professional and the person, it emphasizes that the occupational therapist is in power and part of the dominant group, that the person is just the 'client', disempowered, silenced (Black & Wells 2007). Of course, having professional status is powerful in itself and that is not eliminated by simply adjusting words and language; nevertheless, it is a start to the process of addressing parity.

In order to contribute to an inclusive society occupational therapists can become aware of the way they use language, for example by understanding that there is power embodied in the language, the words and the linguistic styles used by the dominant group. The use of professional jargon in communication with the people they assist needs to be critically evaluated in order to avoid excluding these people and to encourage the use of the mainstream dialogue to discuss their lives. Intercultural communication skills need to be developed to be able to interact with all the people with whom an occupational therapist relates during a working day (Lim 2008). For occupational therapy organizations, occupational therapy educational programmes and occupational therapy departments the use of inclusive language and involvement of relevant consumers' organizations to develop that language are indispensable to contribute to an inclusive society. It is also important to ensure that the potential exclusiveness of our professional culture and practice does not limit the inclusiveness of our clinical practice.

4.3.4 Reflective questions

- Is the power of language and non-verbal communication used by occupational therapists constantly discussed in the team? How is it discussed?
- How inclusive are the assessment and treatment processes that occupational therapists engage in? Do these processes help or hinder greater client participation and involvement in their own care and treatment?
- Are occupational therapy department documents (e.g. assessments) exclusive or inclusive?
- Are consumer organizations involved in developing public documents about occupational therapy?

4.4 Competence on diversity and culture

This section discusses the concept of cultural competence and briefly sets out the main points necessary to develop competence working with diversity.

4.4.1 An ongoing journey to become competent to deal with diversity

Cultural competence involves 'an awareness of, sensitivity to, and knowledge of the meaning of culture, including willingness to learn about cultural issues, including one's own bias' (Dillard 1992). Developing cultural competence is a process of personal growth that is ongoing. 'Cultural competence is a journey rather than an end' (Black & Wells 2007 p.31). The journey will be lifelong, as cultures change over time and nowadays change rapidly. Therefore we can never say: we are culturally competent. Cultural competence implies 'learning about one's own culture and that of others (knowing), engaging in multicultural experiences (doing), and developing an understanding of others who are different from oneself (becoming)' (Suarez-Balcazar & Rodakowski 2007 p. 14).

There are levels of mastery of competence at different stages of development, for example in education. Cultural competence consists of different layers in which attitude, knowledge and skills are crucial (Black & Wells 2007, Stomph & Dejonckheere 2006).

4.4.2 Layers of cultural competence

Attitude is central to developing cultural competence. Bateson (1989), a well known anthropologist, argues that the willingness to learn about diversity is vital. 'An encounter with other cultures can lead to openness only if you can suspend the assumption of superiority, not seeing new worlds to conquer, but new worlds to respect'.

The first step is developing awareness and sensitivity to one's own culture and the awareness and willingness to explore one's own biases and values. An encounter with aspects of other cultures and diversity facilitates such a development. The second step is acquiring insight into one's own culture. Without this insight all observations are unconsciously coloured by one's own background. Insight at a conscious level makes it possible to develop respect for and sensitivity to diversity (Black & Wells 2007, Dillard 1992, Lim 2008, Stomph & Dejonckheere 2006, Bateson 1989).
This awareness is the basis for the development of a professional attitude. Once there is insight into one's own background and that of others, one becomes able to allow people to safely perform occupations according to their cultural norms (cultural safety) and not according to the norms of the occupational therapist giving assistance (Black & Wells 2007, Dillard 1992, Kinébanian & Stomph 1992, O'Toole 2008, Yuen & Yau 1999).

Of course *knowledge* is also indispensable. Knowledge:

- as referred to in the section on facts about health data of the population and health disparities and inequalities, and the use of healthcare by different populations

- about the ethics of healthcare, and the socio-economic and political factors influencing the development of diverse groups (see the section on Human Rights and the introduction)
- of the influence of institutional and individual discrimination and racism on the use of the healthcare system by diverse groups (Lim 2008)
- on how to eliminate the barriers caused by racism and discrimination based on other aspects (Jackson 1995, 2000, Black 2002, Black 2005, Black & Wells 2007, Beagan 2007, Kirsch et al 2006, Humphry 1995, Cooper et al 2006)
- of cultural information, language, communication styles, values, beliefs (e.g. about health, illness, wellbeing, caring, physical contact, concepts of spirituality), customs (i.e. family obligations) etc. (Mattingly & Garro 2000, Wright St Clair et al 2004, Wright-St Clair & Hocking 2005, Ramugondo 2004, Kingsley & Molineux 2000, Fitzgerald et al 2004, McGruder 2003, Helman 2007, Ingstadt & Whyte Eds. 1995)
- of the daily life of others and particularly those aspects relating to health and well-being, caring and how people behave and think differently when well and when unwell (Helman 2007, Bourke Taylor & Hudson 2005, Odawara & Etsuko 2005, Fitzgerald 1997)
- of culturally sensitive intervention strategies for cultural safety (Nelson 2007, Gray McPherson 2005, Hocking et al 2007, Hopton & Stoneley 2006, Munoz 2007, Gibbs & Barnitt 1999)
- of the values underpinning occupational therapy and the different visions on diversity and culture (Iwama 2003, Bonder 2007, Chiang &Carlson 2003, Bonder et al 2004, Dickie 2004, Whiteford & Willcock 2000)
- of how to reflect proactively on models and approaches coming from other countries
- of how to investigate whether these foreign approaches fit into the socio-cultural context (Lim & Iwama 2006, Iwama 2006)
- of research: research techniques can presume the ability to read and write, and familiarity with culture-bound approaches (e.g. multiple choice) (Bernhard 2002, Helman 2007).

Assessments and instruments are usually developed within a particular culture and presume the importance of certain concepts (e.g. independence). The very choice to use a particular scientific method may be based on the culture of the researcher rather than on the culture of the participants. It is important to be aware that people behave differently in different contexts (at home, at work, in hospital, in the family context, individually) (Bernhard 2002, Helman 2007, Black & Wells 2007, Mattingly & Lawlor 2000).

Of course cultural competence includes *skills.* These are mainly communication skills. The ability to use and interpret a variety of communication techniques, verbal and non-verbal, to facilitate interaction. This is necessary to be able to help the person to understand, maintain or resolve his/her own socio-cultural identity. Culturally safe and sensitive intervention strategies are needed to avoid a standard approach to all persons from a distinct group. For example, the

ability to handle conflicts, misunderstanding and discrimination; negotiation skills to recruit community resources; skills to share opinions about the service provided in a respectful way; skills to acknowledge the value and richness of diversity; skills to work with interpreters; and, last but not least, the skill to be an advocate for groups or persons to eliminate barriers or decrease disparity and increase social participation (Black & Wells 2007, Wells & Black 2000).

It is clear that it takes a great deal of effort to become culturally competent. Occupational therapists educated recently will already have gained much of the knowledge and many of the skills during their education and will have developed a reflective attitude, in the same way as experienced occupational therapists developed a reflective attitude, skills and knowledge on the work floor during their years of practice. The trick is to activate this attitude, knowledge and skills and to make them explicit by continuously reflecting on them in practice and education and to share this knowledge, skills and attitude with others (Black & Wells 2000, 2007, Trentham et al 2007, Cheung, Shah & Muncer 2002, Forwell, Whiteford & Dyck 2000, Whiteford & Wright-St Clair 2002, Yuen & Yau 1999, Dyck& Forwell 1997).

4.4.3 Reflective questions

- What in your opinion are the three main barriers to culturally competent occupational therapy?
- Can you describe some of the benefits of providing culturally competent care?
- How can barriers in your area/country be diminished or even eliminated for different groups?
- How can benefits of successful culturally competent care be shared with others?

5. RECOMMENDATIONS

This document is meant to enhance the discussion on diversity and culture within the occupational therapy community worldwide. In order to stimulate this discussion we recommend that:

- The WFOT encourage and support the national occupational therapy associations to put diversity and culture high on the agenda, for example on conferences, journals, workforce issues etc.
- The national associations discuss the issue with the educational programmes in terms of recruiting students and personnel policy.
- The national associations organize a national debate around the Guiding Principles and Position Statement on Diversity and Culture.
- The national associations examine the Codes of Ethics of the occupational therapy organizations and the daily ethical practice of occupational therapists in the light of their cultural biases with the help of this document.

6. EPILOGUE

The globalization* and migration* streams all over the world require reflection upon the underpinning values of occupational therapy, which until a decade ago were mainly derived from white middle class norms and values. This means that individualism*, independence* and autonomy* are highly valued in western societies, whereas collectivism*, interdependence* and communalism* might be valued more highly in other cultures. However, it seems that the influence of these western norms and values is diminishing due to rapidly changing international relationships. The increased interest of occupational therapists in culture and diversity in the past 10 years corresponds with the paradigm shift occupational therapy is undergoing today, a paradigm shift towards a more occupation-based, community-based and client-centred approach facilitating participation and inclusion. This paradigm shift has been based on the universal plea for a more inclusive society in which all persons can benefit from the same opportunities and possibilities for participation. These community-based approaches in occupational therapy are certainly upcoming practices in non-western countries from which occupational therapists worldwide can learn a lot (Watson & Swartz 2004, Blanche & Henny-Kohler 2000, Whiteford & Mc Allister 2006, Fransen 2005).

It is hoped that these guiding principles mark the beginning of a continuing dialogue on the underpinning norms and values of occupational therapy, to promote critical evaluation of current practices, education and research in terms of culture, diversity and inclusion*, and enhance cross-cultural learning. Critical evaluation can be done anywhere and by anyone in the world. It is acknowledged of course that there are many ways to deal with a specific situation and no one way is necessarily better than another. Working in transcultural* situations (and which situation is not transcultural nowadays?) requires committed occupational therapists who give time to listen actively, acknowledge and value differences in lifestyles, and who are willing to explain over and over again what might be self-evident to the occupational therapist but not to the people they serve. It requires occupational therapists who are aware of the political dimension* of appreciating diversity, who can negotiate and especially who can work together with individuals, groups, families and other disciplines, in situations of daily life involving both conflict and co-operation. In addition, it is important that occupational therapists share their knowledge and experience about this topic with each other and that they are willing to learn from each other. The national organization and educational institutions are seen as important mediators in these processes. This includes connecting with and understanding their own socio-cultural and political and ideological background in their local context and the particular cultural variations that apply to the people they serve (Pollard, Sakellariou and Kronenberg 2008). It is acknowledged that this requires commitment on the part of the occupational therapist, but it does not have to be achieved overnight, rather occupational therapists around the world can strive to start an ongoing discourse around these guiding principles.
What performing occupations means for a person in terms of participation and inclusion is of course embedded in the culture of that person. Those diverse meanings attributed to the millions of occupations humankind performs every day contribute to the ‘richness’ and colourfulness of the world. Finding out how the diverse ways in which persons give meaning to and perform

occupations in relation to their culture can be a challenging and enriching experience for the persons occupational therapists serve as well as for the occupational therapists themselves. This is all the more reason to become knowledgeable about the diverse cultures that surround the occupational therapy professional.

6.1 Reflections of the authors

Developing these guidelines the authors were very aware of their own limited socio-cultural background: both female, white, western, middle-class, occupational therapists of the same age, socialized in the Netherlands after the Second World War. They attended the same occupational therapy educational programme, they worked together for more than 25 years, and published and were involved in several projects on diversity and culture together. In spite of the similarities there were many differences that broadened their vision: differences as regards aspects of diversity such as migration of a past generation, handicap, and transition of social class.

Throughout the project, feedback from occupational therapists from around the world helped the authors greatly to reflect critically on their own biographical details, to avoid biases as much as possible.

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APPENDICES

1 REFERENCES

- Awaad, T. (2003). Culture, cultural competency and occupational therapy: a review of the literature. *British Journal of Occupational Therapy, 66*(8), 356-362.
- Awaad, T. (2003). Culture, cultural competency and psychosocial occupational therapy: A Middle Eastern perspective. *British Journal of Occupational Therapy, 66*(9), 409-413.
- Albrecht, G.L., Seelman, K.D., Bury, M. (Eds) (2001). *Handbook of Disability Studies.* Thousand Oaks: Sage Publications Ltd.
- Bateson, M.C. 91989) *Composing a life.* New York: Grove Press.
- Beagan, B. (2007). Experiences of social class: Learning from occupational therapy students. *Canadian Journal of Occupational Therapy, 72(2), 125-133.*
- Bernhard, H.R. (2002). *Research methods in anthropology: Qualitative and quantitative approaches* (2nd ed.). Walnut Creek, CA: Altamira
- Binder J. (2007) *Global Project management. Communication, Collaboration and Management Across Borders*, Aldershot: Gower Publishing Limited
- Black, R.M., & Wells, S.A. (2007).Culture and occupation: A model of empowerment in occupational therapy. Bethesda, MD: AOTA Press.
- Black, R.M. (2002). Occupational therapy's dance with diversity. *American Journal of Occupational Therapy, 56,* 140-148.
- Black, R.M. (2005). Intersections of care: An analysis of culturally competent care, client centered care, and the feminist ethic of care. *Work, 24*, 409-422.
- Blanche , E. (1996). Alma: Coping: with culture, poverty and disability. *American Journal of Occupational Therapy, 50,* 265-276.
- Blanche , E. & Henny-Kohler, E. (2000). The philosophy of occupational therapy, occupational science, and ideology: A proposed relationship. *Occupational Therapy International, 7*(2), 99-110.
- Braveman, B. (2006). AOTA's Statement on health disparities. Bethesda, MD: AOTA Press. Previously published in the *American Journal Occupational Therapy 2006; 60, p 679.*

- Bonder, B.R., Martin, L. & Miracle, A.W. (2004). Culture emergent in occupation. *American Journal of Occupational Therapy, 58*(2), 159-168.
- Bonder, B.R. (2007). An occupational perspective on cultural evolution. *Journal of Occupational Science, 14*, 16-20.
- Bourke-Taylor, H. & Hudson, D. (2005). Cultural differences: The experience of establishing an occupational therapy service in a developing community. *Australian Occupational Therapy Journal, 52*(3), 188-198.
- Canadian Association of Occupational Therapists (2007). *Joint Position Statement on Diversity.* http://www.caot.ca/default.asp?pageid=2120
- Calhoun, C., Rojek, C., & Turner, B.S. (2005). *The Sage handbook of sociology.* London: Sage.
- Cheung, Y., Shah, S., & Muncer, S. (2002). An exploratory investigation of undergraduate students' perceptions of cultural awareness. *British Journal of Occupational Therapy, 65*(12), 543-550.
- Chiang, M., & Carlson, G. (2003). Occupational therapy in multicultural contexts: Issues and strategies**.** *British Journal of Occupational Therapy, 66*(12), 559-567.
- Coleridge, P. (2000). *Disability and Culture. Selected Readings in CBR. Series 1.* Bangalore, India: National Printing Press.
- Cooper, L.A., Beach, M.C., Johnson, R.L., & Inui, T.S. (2006). Delving below the surface. Understanding how race and ethnicity influence relationships in health care. *Journal of General Internal Medicine, 21*, 21-27.
- Cracknell, E. (1989). Conflicts for the female Therapist: some reflections. *British Journal of Occupational Therapy, 52*(10), 386-388.
- Dickie, V.A. (2004). Culture is tricky: A commentary on culture emergent in occupational therapy. *American Journal of Occupational Therapy, 58*(2), 169-173.
- Dige, M. (2009). Occupational therapy, professional development, and ethics. *Scandinavian Journal of Occupational Therapy,* 16, 88-98
- Dillard, P.A., Andonian, L., Flores, O., Lai, L., MacRae, A., & Shakir, M. (1992). Culturally competent occupational therapy in a diversely populated mental health setting. *American Journal of Occupational Therapy, 46*(8), 721-726.

- Duncan, M., & Watson, R. (2004). Transformation through occupation towards a prototype. Chapter 20. In Watson, R., & Swartz, L. (Eds), *Transformation through Occupation* (pp. 301-319). London, Philadelphia: Whurr Publishers.
- Dyck, I., & Forwell, S. (1997). Occupational therapy students first year fieldwork experiences: Discovering the complexity of culture. *Canadian Journal of Occupational Therapy, 64,* 185-197.
- Fitzgerald, M., Mullavey-O-Bryne, C., & Clemson, L. (1997). Cultural issues from practice. *Australian Occupational Therapy Journal, 44* , 1-21.
- Fitzgerald, M.H. (2004). *A dialogue on occupational therapy, culture, and families. American Journal of Occupational Therapy, 58*(5), 489-498.
- Forwell, S., Whiteford, G., & Dyck, I. (2000). Cultural competence in New Zealand and Canada: Occupational therapy students' reflections on class and fieldwork curriculum. *Canadian Journal of Occupational Therapy, 68,* 90-103.
- Fourie, M, Galvaan, R., & Beeton, H. (2004). The impact of poverty: Potential lost. Chapter 5. In Watson, R., & Swartz, L. (Eds), *Transformation through Occupation* (pp. 69-85). London, Philadelphia: Whurr Publishers.
- Fransen, H. (2005). Challenges for Occupational therapy in community-based rehabilitation: Occupation in a community approach to handicap in development. In Kronenberg, F., Algado, S.A., & Pollard, N. (Eds.), *Occupational therapy without borders - learning from the spirit of survivors.* (pp. 166-182). Edinburgh: Elsevier.
- Fujimoto, H., & Iwama, M. (2005). Muffled cries and occupational injustices in Japanese society. In Kronenberg, F., Algado, S.A., & Pollard, N. (Eds.), *Occupational therapy without borders - learning from the spirit of survivors.* (pp. 351-360). Edinburgh: Elsevier.
- Galvaan, R., (2004). Engaging with youth at risk. Chapter 13 In Watson, R., & Swartz, L. (Eds), *Transformation through Occupation* (pp. 69-85). London, Philadelphia: Whurr Publishers.
- General Assembly of the United Nations (1993). *Standard rules on the equalization of opportunities for persons with disabilities.* http://www.un.org/disabilities

- Gibbs, K.E., & Barnitt, R. (1999). Occupational therapy and the self-care needs of Hindu elders. *British Journal of Occupational Therapy, 62*, 100-106.

- Goldberg, A., & Sauer, M. (2003). *Konstanz und Wandel in Lebenssituation türkischstammiger Migranten. [The Variables in the living conditions of migrants originally from Turkey].* Duisberg-Essen: Zentrum für Türkeistudien Universität Duisburg-Essen.

- Goldberg, A., & Sauer, M. (2004): *Die Lebenssituation von Frauen und Männern türkischer Herkunft in Nordrhein-Westfalen. [The living condition of women and men originally from Turkey in Nordrhein-Westfalen]*. Duisberg-Essen: Zentrum für Türkeistudien Universität Duisburg-Essen.

- Gray, M., & McPherson, K. (2005). Cultural safety and professional practice in occupational therapy: A New Zealand perspective. *Australian Occupational Therapy Journal, 52*(1), 34–42.

- **G**reenwood**,** N., Lim, K.H., & Bithell**,** C. (2005). Perceptions of occupational therapy compared with physiotherapy and nursing amongst minority ethnic and white UK students. *British Journal of Occupational Therapy,* 68 (2), 75-84.

- Grol, R., Wensing, M., Eccles, M. (2004). *Improving patient care: The Implementation of Change in Clinical Practice*. Elsevier.

- Gudykunst, W.B., & Moody, B. (Eds.). (2002). *Handbook of international and intercultural communication* (2nd ed.). Thousand Oaks, CA: Sage.

- Hansen, R.H., & Hinojosa, J. (2004). AOTA's position paper: Occupational therapy's commitment to nondiscrimination and inclusion. Bethesda, MD: AOTA Press. Previously published in *American Journal Occupational Therapy Association. 58,* p.668.

- Hasselkus, B.R. (2002). *The meaning of everyday occupation.* Thorofare: Slack Inc.

- Helman, C.G. (2007). *Culture health and illness* (5th ed.). New York: Oxford University Press.

- Hocking, C., & Ness, N.E. (2002). *Revised minimum standards for the education of occupational therapists*. World Federation of Occupational Therapists.

- Hocking, C., Emery, I., & Kingi, J. (2006). Indigenous people participating in occupational therapy as clients and therapists. Poster presentation at

the World Federation of Occupational Therapists 14th Congress. WFOT, Sydney, Australia.

- Hopton, K. & Stoneley, H. (2006). Cultural awareness in occupational therapy: The Chinese example. *British Journal of Occupational Therapy, 69*(8), 386-389.
- Humphry, R. (1995). Families who live in chronic poverty: Meeting the challenge of family-centered services. *American Journal of Occupational Therapy, 49*(7), 687-693.
- Ingstad, B., & Whyte, S.R. (Eds.). (1995). *Disability and culture.* California, Berkeley and Los Angeles: University of California Press.
- Iwama, M. K. (2004). Revisiting culture in occupational therapy: A meaningful endeavour. *Occupational Therapy Journal of Research, 24*(1), Winter pp. 2-4.
- Iwama, M. K. (2004). Meaning and Inclusion: Revisiting culture in occupational therapy. (Guest Editorial). *Australian Occupational Therapy Journal*, 51, 1-2.
- Iwama, M. (2007). Culture and occupational therapy: Meeting the challenge of relevance in a global world. *Occupational Therapy International, (14)*4, 183-187.
- Iwama, M. (2006). *The Kawa Model; Culturally Relevant Occupational Therapy,* Churchill Livingstone-Elsevier Press, Edinburgh, p. 242.
- Iwama, M. (2006). The Kawa (River) Model: Client centred rehabilitation in cultural context. In Davis S. (Ed), *Rehabilitation; The use of theories and models in practice*, Oxford, Elsevier p84-93.
- Iwama, M.K. (2003). The issue is…: Toward culturally relevant epistemologies in occupational therapy. *American Journal of Occupational Therapy, 57,* 582-589.
- Iwama, M.K. (2005). Situated meaning: An issue of culture, inclusion, and occupational therapy. In Kronenberg, F., Algado, S.A., & Pollard, N. (Eds.), *Occupational therapy without borders - learning from the spirit of survivors.* (pp. 127-139). Edinburgh: Elsevier.
- Iwama, M.K. (2004). Revisiting culture in occupational therapy: A meaningful endeavour. *OTJR Occupation, Participation and Health, 24,* 2-4.

- Jackson, J. (1995). Sexual orientation: Its relevance to occupational science and the practice of occupational therapy. *American Journal of Occupational Therapy, 49,* 669-679.

- Jackson, J. (2000). Understanding the Experience of Noninclusive Ocupational Therapy Clinics: Lesbians' Perspectives. *American Journal of Occupational Therapy,* 54, 26-35.

- Jensen, H., & Thomas, Y. (2004). Sustainable practice in resource poor environments. Chapter 16 In Whiteford, G., & Wright-St Clair, V. (Eds.), *Occupation and practice in context.* Sydney: Elsevier Churchill and Livingstone.

- Jones, D., Blair, S. E. E., Hartery, T. & Jones, R. K. (Eds.). (1998). *Sociology and occupational therapy. An integrated approach.* Edinburgh: Churchill Livingstone.

- Jones, D., (1998). Deviance. Chapter 9. In Jones, D., Blair, S. E. E., Hartery, T. & Jones, R. K. (Eds.). *Sociology and occupational therapy. An integrated approach.* (pp. 93-105). Edinburgh: Churchill Livingstone.

- Kenens, R.J., L.Hingstman, *Cijfers uit de registratie van ergotherapeuten.(Statistical information of Occupational Therapists) Peiling 2002.* Nivel, Utrecht 2003.

- Kielhofner, G. *Model of Human Occupation theory and application. Fourth ed.* Lippincott, Williams & Wilkins, Baltimore 2007.

- Kinébanian, A. & Stomph, M. (1992). Cross-cultural occupational therapy: A critical reflection. *American Journal of Occupational Therapy, 46*(8), 751-758.

- Kingsley, P., & Molineux, M. (2000). True to our philosophy? Sexual orientation and occupation. *British Journal of Occupational Therapy, 63,* 205-211.

- Kirsh, B, Trentham, B. & Cole, S. (2006). Diversity in occupational therapy: Experiences of consumers who identify themselves as minority group members. *Australian Occupational Therapy Journal. 53*(4), 302-313.

- Kronenberg, F., Algado, S.A., & Pollard, N. (Eds.). (2005). *Occupational therapy without borders - learning from the spirit of survivors.* Edinburgh: Elsevier.

- Kronenberg, F. & Pollard, N. (2005). Overcoming occupational apartheid: Preliminary exploration of the political nature of occupational therapy. Chapter 6. In Kronenberg, F., Algado, S.A., & Pollard, N. (Eds.),

Occupational therapy without borders - learning from the spirit of survivors. (pp. 58-87). Edinburgh: Elsevier.

- Kronenberg, F. & Fransen, H. (2006). Ergotherapie in Community Based Rehabilitation: over de grenzen van handelingsmogelijkheden. [OT in CBR: Borders of Occupation]. Chapter 4. In Kinebanian, A., & Le Granse-Jacobs, M. (Eds.) *Grondslagen van de ergotherapie. [Foundations for OT].* (pp.153-187). Maarssen: Reed/Elsevier.
- Kronenberg, F. & Pollard, N. (2006). Plenary Presentation, 2006: Political dimensions of occupation and the roles of occupational therapy. *American Journal of Occupational Therapy, 60*(6), 617-625.
- Lim, K.H. (2008). Working in a transcultural context. Chapter 14 In Creek, J., & Lougher, L. (Eds.). Occupational therapy and mental health. (4th ed., pp. 251-276. Edinburgh: Churchill Livingstone.
- Lim, K.H. & Iwama, M. (2006). The Kawa 'River' Model: Local to global utility, Presentation at the World Federation of Occupational Therapists 14th Congress, WFOT, Sydney, Australia.
- Lim K.H., & Iwama M.K. Chapter 10 Emerging models – an Asian perspective. The Kawa (River) Model In: Duncan E.A.S. ed. Foundations for Practice Fourth Edition. London: Elsevier Churchill Livingstone 2006.
- Lorenzo, T. (2004). Equalizing opportunities for occupational engagement: Disabled women's stories. Chapter 6. In Watson, R., & Swartz, L. (Eds), *Transformation through Occupation* (pp. 85-103). London, Philadelphia: Whurr Publishers.
- MacWhannell, D. & Blair, S.E.E. (1998). Sex, gender and feminism. In: Jones, D., Blair, S. E. E., Hartery, T., & Jones, R. K. (Eds.). *Sociology and occupational therapy. An integrated approach.* Edinburgh: Churchill Livingstone.
- Mc Clain, L. (1998). *Multicultural competence across the campus.* Presentation at the World Federation of Occupational Therapists 12th Congress, WFOT, Montreal, Canada.
- Mattingly, C. & Garro, L.C. (2000). *Narrative and the cultural construction of illness and healing.* Berkeley: University of California Press.
- Mattingly, C. & Lawlor, M. (2000). Learning from stories: Narrative interviewing in cross-cultural research. *Scandinavian Journal of Occupational Therapy, 7*, 4-14.

- McGruder, J. (2003). Culture, race, ethnicity and other forms of human diversity in occupational therapy. In Crepeau, E.B., Cohn, E.S., & Schell, B.A.B. (Eds.). *Willard and Spackman's Occupational Therapy*. (10th ed., pp. 81-95). Baltimore: Lippincott Williams and Wilkins.
- Mens-Verhulst, J. (2007). *Het vals plat van het diversiteitsdenken. [The dilemmas of the multilayered ness of diversity]*. Lecture on Symposium of Social Studies on Diversity. University of Amsterdam, Amsterdam, The Netherlands.
- Miller, R.J. Interwoven threads: occupational therapy, feminism and holistic health. *American Journal of Occupational Therapy,* 46 (1992) p.1013-1019.
- Munoz, J.P. (2007). Culturally responsive caring in occupational therapy. *Occupational Therapy International, 14*(4), 256-280.
- Nelson, A. (2007). Seeing white: A critical exploration of occupational therapy with Indigenous Australian people. *Occupational Therapy International, 14*(4), 237-255.
- Odawara, E. (2005). Cultural competency in occupational therapy: Beyond a cross-cultural view of practice. *American Journal of Occupational Therapy, 59*(3), 325-334.
- Onion CWR, Dutton CE, Walley T, Turnbull CJ, Dunne WT, & Buchan IE. (1996). Local clinical guidelines: description and evaluation of a participative method for their development and implementation. *Family Practice*; 13, 28-34.
- O'Toole, G. (2008). *Communication: Core interpersonal skills for health professionals*. Sydney: Elsevier
- Peseskian, N. (1979). *Der Kaufman und der Papagei. [The merchantman and a parrot].* Frankfurt am Main: Fischer Taschenbuch.
- Pollard, N., Sakellariou D. & Kronenberg, F. (2008). *A Political Practice of Occupational Therapy.* London: Churchill and Livingstone.
- Ramugondo, E. (2004). Play and playfulness: children with HIV/Aids. Chapter 12. In Watson, R., & Swartz, L. (Eds), *Transformation through Occupation* (pp.171-186). London, Philadelphia: Whurr Publishers.
- Raz, J. (1996). Duties of well-being. In Raz, J. (Ed.). *Ethics in the public domain: Essays in the morality of law and politics.* Oxford: University Press

- Stomph, M. & Jonckheere, F. (2006). Cliëntgericht werken en diversiteit in theorie en praktijk [Client-centredness and diversity in theory and practice]. Chapter 7. In Kinebanian, A., & Le Granse-Jacobs, M. (Eds.) *Grondslagen van de ergotherapie. [Foundations for OT].* (pp.265-302). Maarssen: Reed/Elsevier.

- Streeton, P. (2001). *Globalisation: Threat of Opportunity?* Copenhagen: Copenhagen Business School Press.

- Suarez-Balcazar, Y. & Rodakowski, J. (2007). Becoming a culturally competent occupational therapy practitioner. In OT. Practice, September 24, 14-18.

- Swartz, L. (2004). Rethinking professional ethics. Chapter 19. In Watson, R., & Swartz, L. (Eds), *Transformation through Occupation* (pp. 289-301). London, Philadelphia: Whurr Publishers.

- Taylor, C. (2007). The Casson Memorial Lecture 2007: Diversity amongst occupational therapists - rhetoric or reality? *British Journal of Occupational Therapy, 70*(7), 276-284.

- Thibeault, R. (2006). Globalisation, universities and the future of occupational therapy: Dispatches for the majority world**.** *Australian Occupational Therapy Journal, 53*(3), 159-165.

- Townsend, E. (1993). 1993 Muriel Driver Lecture: Occupational therapy's social vision. *Canadian Journal of Occupational Therapy, 60*(4), 174-184.

- Townsend, E. (2003). Occupational justice: everyday ethical, moral and civic issues for an inclusive world. Key-note address at the 9th Annual Meeting of the European Network of Occupational Therapy in Higher Education, ENOTHE, Prague, Czech Republic.

- Townsend, E.A. & Polatajko, H. J. (2007). *Enabling Occupation II: Advancing an Occupational Therapy Vision for Health, Well-being & Justice through Occupation*. Ottawa, ON: CAOT Publications ACE.

- Townsend E. & Whiteford, G. (2005). A participatory occupational justice framework: Population-based processes of practice. In Kronenberg, F., Algado, S.A. & Pollard, N. (Eds.), *Occupational therapy without borders - learning from the spirit of survivors.* (pp. 110-127). Edinburgh: Elsevier.

- Townsend E. & Willcock, A. (2003). Occupational justice. In Christiansen, C., & Townsend, E. (Eds.). *Introduction to occupation: The art and science of living.* (pp. 243-273). New Jersey: Prentice Hall.

- Trentham, B., Cameron, D., Cockburn, L. & Iwama, M. (2006). Diversity and Inclusion within an Occupational Therapy Curriculum. *Australian Journal of Occupational Therapy.* 8(6) 78-86 (10-15).
- Tuning/ European Network of Occupational Therapy in Higher Education (2008). Tuning. Project on tuning occupational therapy competences in Europe. www.tuning.unideusto.org
- Velde, B.P. (2000). The experience of being an occupational therapist with a disability. *American Journal of Occupational Therapy, 54*, 183-188.
- Watson, R., & Swartz, L. (Eds.). (2004). *Transformation through Occupation.* London, Philadelphia: Whurr Publishers.
- Watson, R.M. (2006). Being before doing: the cultural identity (essence) of occupational therapy. *Australian Occupational Therapy Journal, 53*(3), 151-158.
- Wells, S.A. & Black, R.M. (2000). *Cultural competency for health professionals.* Bethesda: The American Occupational Therapy Association.
- Wells, S.A. (2005). An ethic of diversity. In Purtilo, E.B., Jensen, G.M., & Royeen, C.B. (Eds.). *Educating for moral action: A sourcebook in health and rehabilitation ethics.* (pp. 31-41,). Philadelphia: F.A. Davis.
- Wilding, C. & Whiteford, G.E. (2007). Language, identity and representation: Occupation and occupational therapy in acute settings. *Australian Occupational Therapy Journal; 55*, 180-187.
- Whiteford, G.E. (2005). Understanding the occupational deprivation of refugees: a case study from Kosovo. *Canadian Journal of Occupational Therapy, 72*(2), 78-88.
- Whiteford, G.E. (2004). Occupational Issues of Refugees. In Molineux, M. (Ed.). *Occupation for Occupational Therapist.* (pp. 183-199). Oxford: Blackwell Publishing.
- Whiteford, G. E., & Willcock, A.A. (2000). Cultural relativism: Occupation and independence reconsidered. *Canadian Journal of Occupational Therapy, 67*, 324-336.
- Whiteford, G., & Wright-St Clair, V. (2004). *Occupation and practice in context*. Sydney: Elsevier Churchill and Livingstone.

- Whiteford, G, (2007). The Koru unfurls: The emergence of diversity in occupational therapy thought and action. *New Zealand Journal of Occupational Therapy, 54*(1), 21-25.
- Whiteford, G. E. & McAllister, L. (2007) Politics and complexity in intercultural fieldwork: The Vietnam experience. *Australian Occupational Therapy Journa,. 5,4 Supplement 1:S74-S83, December.*
- Whiteford G. & Wright-St Clair, V. (2002). Being prepared for diversity in practice: Occupational therapy students' perceptions of valuable intercultural learning experiences**.** *British Journal of Occupational Therapy, 65*(3), 129-137.
- Williamson, P. (2000). Football and tin cans: A model of identity formation based on sexual orientation expressed through engagement in occupations. *British Journal of Occupational Therapy, 63,* 432-439.
- Wood, W., Hooper, B., & Womack, J. (2005). Reflections on occupational justice as a subtext of occupation-centred education. In Kronenberg, F., Algado, S.A., & Pollard, N. (Eds.), *Occupational therapy without borders - learning from the spirit of survivors.* (pp. 378-390). Edinburgh: Elsevier.
- Worchel, S. (2005). Culture's role in conflict and conflict management: Some suggestions, many questions. *International Journal of Intercultural Relations, 29*, 739-757.
- World Federation for Occupational Therapists. (2006). Position Statement on Human Rights. http://www.wfot.org/office_files/Human%20Rights%20Position%20Statement%20Final%20NLH%281%29.pdf
- World Federation for Occupational Therapists. (Revised 2005). Code of Ethics. http://www.wfot.org/office_files/WFOTCode%20of%20Ethics%202005.pdf
- World Federation for Occupational Therapists. (April 2007). Strategic Plan 2007-2012 www.wfot.org
- World Health Organization. (2006). *Constitution of the World Health Organization* (45th edition). http://www.who.int/governance/eb/who_constitution_en.pdf
- World Health Organisation. (1995). *The world health report 1995 - bridging the gaps.* Geneva: World Health Organisation

- World Health Organisation (2003)*Guidelines for WHO Guidelines*. Geneva: WHO. http://www.gradeworkinggroup.org/publications/WHO_EIP_GPE_EQC_2003_1.pdf
- Wright-St Clair, V. & Hocking, C. (2005). Older New Zealand women doing the work of Christmas: A recipe for identity formation. *Sociological Review, 53*(2), 332-350.
- Wright-St Clair, V., Bunrayong, W., Vittayakorn, S., Rattakorn, P. & Hocking, C. (2004). Offerings: Food traditions of older Thai women at Songkran. *Journal of Occupational Science, 11*(3), 115-124
- Yeun, H.K. & Yau, M. K. (1999) Cross-cultural awareness and occupational therapy education. *Occupational Therapy International, 6* (1), 24-34.

Websites:

www.achrweb.org Asian Centre for Human Rights

www.acdhrs.org African Centre for Democracy and Human Rights Studies

www.echr.coe.int European Court for Human Rights; Cour Europeene des droits de L'Homme

http://www.euro.who.int World Health Organization Regional office for Europe

www.independentliving.org Independent Living Institute

www.searo.who.int World Health Organization Regional office for South-East Asia

www.destatis.de Statisches Bundesamt (2007)

www.un.org 2008 General Assembly of the United Nations (1948) Universal Declaration of Human Rights (article 1), (article 2), (article 23, 25).

www.who.int World Health Organization

www.wfot.org World Federation for Occupational Therapists

https://implicit.harvard.edu/implicit/research

2 FURTHER READING

- Abelenda, J., G.Kielhofner, Y.Suarez-Balcazar, K.Kielhofner, (2005). Chapter 14, 'The Model of Human Occupation as a conceptual tool for understanding and adressing occupational apartheid'. In: Kronenberg, F., Simo Algado, S., Pollard N., '*Occupational Therapy without borders. Learning from the spirit of survivors*.' Elsevier Churchill Livingstone, Edinburgh.
- Asperen, E., van, (2005). *Intercultural communication and ideology*. Utrecht: Pharos.
- Bennett ,J., Kalathil, J. & Keating, F. (2007). *Race equality training in Mental Health Services in England. Does One Size Fit All?* The Sainsbury Centre for Mental Health. Nuffield Press UK.
- Berlin, E., & Fowkes, W., (1982). 'A teaching framework for cross-cultural health care'. *The Western Journal of Medicine*, 139 (6), 943-938.
- Birkholtz, M. & S.E.E. Blair. (1999*). Coming out and it's impact on Women's Occupational Behaviour. A Discussion Paper. Journal of Occupational Science* , 6, 68-74.
- Blackeney, A. (1987) 'Appalachian values: Implications for Occupational Therapists'. *Occupational Therapy in Health Care* , 41. Haworth Press.
- Bracegirdle, H. (1991). The female stereotype and occupational therapy for women with depression. *British Journal of Occupational Therapy,* 54, 193-194.
- Bracegirdle, H. (1991). Two hundred years of therapeutic occupational for women hospital patients. *British Journal of Occupational Therapy,* 54, 231-232.
- Bracegirdle, H. (1991). Occupational Therapy: Students choice of gender differentiated activities for psychiatric patients. *British Journal of Occupational Therapy*. 54, 266-268.
- Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design*. Cambridge, MA: Harvard University Press.
- Brons-Brandsma, L., N.Duinkerken, I. van, Engelen, E.Koppe, M. Stegenga, & R.M.Zinkstok. (2001). *Studeren met een functiebeperking.*

Een inventarisatie van ervaringen van ergotherapeuten die een functiebeperking hebben. (*Studying with a handicap. An investigation of experiences of OT's with a handicap in the Netherlands*) Instituut Ergotherapie Hogeschool van Amsterdam: Amsterdam.

- Brooke, K. E., Desmarais, C. D. & Forwell, S. J. (2007). Types and categories of personal projects: a revelatory means of understanding human occupation. *Occupational Therapy International, 14*(4) , 281-296.
- Bruns, M. (2004). Intercultural competence in occupational therapy. Ergotherapie & Rehabilitation (Occupational Therapy and Rehabilitation), *43*(8), 6-14.
- Carmody, S., Riona, Nolan, Niamhh, Ni, Chonchuir, Curry, M., Halligan, C. & Robinson, K. (2007) The guiding nature of the kawa (river) model in Ireland: creating both opportunities and challenges for occupational therapists, *Occupational Therapy International* , 14(4), 221-236.
- Christiansen, C. & Baum, C. (2005). *Occupational Therapy: Performance, Participation, and Well-Being.* Third Edition.Slack Incorporated, Thorofare.
- Coward, H. & Ratanakul, P. (1999). *A Cross-cultural Dialogue on Health Care Ethics.* Waterloo, Wilfrid Laurier University Press, 1-11.
- Council of Occupational Therapists for the European Countries (1996). *Code of ethics and practice.* http://www.cotec-europe.org/eng/35/.
- Crepeau, E.B., Cohn E.S. & Boyt Schell , E.A, (2003) . *Willard & Spackman's Occupational Therapy. Tenth ed*. Lippincott William & Wilkins, Philadelhia.
- Croes, N., Hoang, A. & Stomph, M. (2006) 'De zorg voor elkaar; De complexiteit van mantelzorg in allochtone families en de rol van de ergotherapeut' (Caring for each other: The complexity of caring for each other in migrant families and the role of OT). *Nederlands Tijdschrift voor Ergotherapie (Dutch Journal of Occupational Therapy),* 51, 68-72.
- David, P.A. (1995). Service Provision to Black People: A Study of Occupational Therapy Staff in Physical Disability Teams within Social Services. *British Journal of Occupational Therapy*, 98-102.
- Dias Barros, D., Esquerdo Lopes, R., Galheigo S.M., & Galvani, D. (2005). 'The Metuia Project in Brazil: ideas and actions that bind us together.Section 4; 30.' In: Kronenberg F., Simo Algado S., Pollard N., *Occupational Therapy without borders. Learning from the spirit of survivors.* Elsevier Churchill Livingstone Edinburgh.

- Dogra, N. (2004). Cultural competence or cultural sensibility? A comparison of two ideal type models to teach cultural diversity to medical students. *International journal of Medicine*, 5(4), 223-231.
- Dyck, I. (1998). 'Multicultural Society', In: Jones D., S.E.E.Blair, T. Hartery, R.Kenneth Jones, *Sociology and Occupational Therapy*. Churchill and Livingstone, Edinburgh.
- Dyck, I. (1991). Multiculturalism and occupational therapy: Sharing the challenge. *Canadian Journal of Occupational Therapy*, 58, 224-226.
- Egan, M. & Townsend, E. 'Countering disability-related marginalization using three Canadian models'. In: Kronenberg F., Simo Algado S., Pollard N., Occupational *Therapy without borders. Learning from the spirit of survivors*. Elsevier Churchill Livingstone Edinburgh: 2005.
- Ells, C. & Caniano, D.A. (2002). The impact of culture on the patient-surgeon relationship. *Journal of the American College of Surgeons*, 195, 520-530.
- Evans, J. & Salim,A.A. (1992). A cross-cultural test of validity of occupational therapy assessments with patients with schizophrenia. *American Journal of Occupational Therapy*, 46, 706-713.
- Fair, A. & Barnitt, R. (1999). Making an cup of tea as part of a culturally and sensitive service. *British Journal of Occupational Therapy,* 62, 199-205.
- Fizgerald, M., Mullavey-O-Bryne, C., Twible, A. & Kinébanian, A. (1995). '*Exploring cultural diversity: a workshop manual for occupational therapists*.' School of Occupational Therapy, University of Sydney, Sydney.
- Fitzgerald, M.H. (2004). A Dialogue on Occupational Therapy, Culture, and Families*. American Journal of Occupational Therapy*, *58*(5), 489-498.
- Gailly, A. (1997). 'Turkish Immigrants in Belgium.' In: Al-Issa, I en M. Tousignant, *Ethnicity, immigration and psychopathology*, Plenum Press, New York, 147-165.
- Gibbs, K.E. & Barnitt, R. (1999). Occupational Therapy and the Self-Care Needs of Hindu Elders. *British Journal of Occupational Therapy,* 62, 100-106 .

- Granse, M., Le. (2006). If people don't understand one another, high quality therapy and care is not possible. *Ergotherapie & Rehabilitation (Occupational Therapy and Rehabilitation), 45(*7), 13-20.
- Heide, F. (2004). Ouder worden in de eigen omgeving en ergotherapie? (To grew old in the own cultural environment). *Nederlands Tijdschrift voor Ergotherapie (Dutch Journal of Occupational Therapy), 32,* 156-159.
- Henley, A., & Schott, J., (1999). *Culture, Religion and Patient Care in a Multi-ethnic Society*. London: Age Concern Books.
- Howarth, A. & Jones, D. (1999). Transcultural occupational therapy in the United Kingdom: concepts and research. *British Journal of Occupational Therapy*, 62, 451-458.
- Hocking, C. (2000). Occupational Science: A Stock Take of Accumulated Insights. *Journal of Occupational Science, 7*, 58-67.
- Hofstede, G. & Hofstede, G.J. (2005). *Culture and organizations: software of the mind. Revised and expanded 2nd edition.* New York: McGraw-Hill USA.
- Hopton, K. & Stoneley, H. (2006). Cultural awareness in occupational therapy: the Chinese example. *British Journal of Occupational Therapy* , 69(8), 386-389.
- Hunt, M. (2007). Taking Culture Seriously: Considerations for Physiotherapists. *Physiotherapy,* 93(3), 229-232.
- Huttlinger**,** K**.,** Krefting, L., Drevdahl, D., Tree, P., Baca, E. & Benally, A. (1992). Doing battle: a metaphorical analysis of diabetes mellitus among Navajo People. *American Journal of Occupational Therapy*, 46, 706-713.
- Iwama, M.K. (2007). 'Kawa-(Fluss)-Modell – Uberwinden kultureller Bergrenzungen der zeitgenossischen Theori der Ergotherapie.' [Kawa-(River)-Model – Overcoming Cultural Limitations of Contemporary Occupational Therapy Theories]. *Ergoscience*.(Germany) Thieme, 3(2), 107-119.
- Iwama, M. (2007). Embracing diversity: Explaining the cultural dimensions of our occupational therapeutic selves. *New Zealand Journal of Occupational Therapy, 54***(**2), 16-23.
- Iwama, M.(2005). 'Et Kulturelt Perspektiv Pa Ergoterapi. Ergoterapeuten.' [A Cultural Perspective of Occupational Therapy]. *Ergoterapeuten* (Norway), (11)4:12-14.

- Iwama, M., (2004). 'Meaning and Inclusion; Revisting Culture in Occupational Therapy.' *Australian Occupational Therapy Journal*. March; 51:1.
- Iwama, M., (2003). 'Illusions of universality; The importance of cultural context in Japanese occupational therapy.' *The Japanese Journal of Occupational Therapy.* 37(4) p319-323.
- Iwama, M. 2007 [Guest Editor] 'Special Issue on Culture and Occupational Therapy.' *Occupational Therapy International*. (14)4, 183-296.
- Iwama, M., (2005). 'Occupation as a cross-cultural construct.' In: Whiteford G., Wright-St. Clair V. (eds) *Occupation & Practice in Context*. Sydney; Churchill Livingstone-Elsevier. p. 28-38.
- Iwama, M., (2005). 'The kawa (river) model; nature, life flow & the power of culturally relevant occupational therapy.' in: Kronenberg F., Algado S.A., Pollard N. (eds), *Occupational Therapy Without Borders - Learning from the spirit of survivors*, Edinburgh; Elsevier. p. 213-227.
- Iwama, M., (In press will be published in 2010). Culture and occupation. In: Christiansen, C., and Townsend, E., (Eds), *Introduction to Occupation; the art and science of living, 2nd Ed.* Upper Saddle River, Prentice Hall.
- Iwama, M., De Vries, L., Farhan, H., Kaufman, A., Lim, K.H., Patel, N., (In press will be published in 2010). 'The Kawa (river) Model; the Power of Culturally Relevant Occupational Therapy.' In: Kronenberg F., Algado S.A., Pollard N. (Eds), *Occupational Therapy Without Borders - Learning from the spirit of survivors, 2nd Edition*, Edinburgh; Elsevier.
- Iwama, M., MacDonald, R., Thomson, N. (In press will be published in 2010). 'Situated Theory; An Issue of Culture, Inclusion & Relevant Occupational Therapy.' In: Kronenberg F., Pollard N., Dikaios S. (Eds), *Occupational Therapy Without Borders - Learning from the spirit of survivors, 2nd Edition*, Edinburgh; Elsevier.
- Jang, Y. (1995). Chinese culture and occupational therapy. *British Journal of Occupational Therapy*, 58 (3), 103-112.
- Jungerson, K. (1992). Culture, theory and the practice of occupational therapy in New Zealand/Aotearoa. *American Journal of Occupational Therapy* 46(8), 745-750.
- Keesing , R.M. & A. Strathern, (1997).'*Cultural antropology: A contemporary Perspective*.' Brace Harcourt.

- Kelly, G. (1996). Feminist of feminine? The feminine principle in occupational therapy. *British Journal of Occupational Therapy,* 59, 2-6.
- Kelly, G. & Mc Farlane, H. (2007). Culture or cult? The mythological nature of occupational therapy. *Occupational Therapy International, 14*(4), 188-202.
- Khoo, S.W. & R.M. Renwick. (1989). A model of human occupation perspective on the mental health of immigrant women in Canada. *Occupational Therapy in Mental Health*, 9, 31-49.
- Kielhofner, G. & L.Barrett. (1998). Meaning and misunderstanding in occupational forms: A study of therapeutic goalsetting. *American Journal of Occupational Therapy*, 52, 345-353.
- Kinebanian A. & M.Stomph. (1990). *The role of the occupational therapist in a multicultural society*. Presentation at the World Federation of Occupational Therapists 10th Congress, WFOT, Melbourne, Australia.
- Kinébanian, A.& M. Stomph . (1992). Interculturele Ergotherapie. Een kritische beschouwing. (Cross-cultural Occupational Therapy) In: Jong J.T.V.M. de, Wesenbeek J.M., *Ver-vreemd of vreemdeling. Naar een interculturele geestelijke gezondheidszorg in Nederland.(Aiming for Cross-cultural Mental Health Care*), Amsterdam: Koninklijk Instituut voor de Tropen.
- Kinébanian, A.& M. Stomph (1997) *Interculturalisatie en leren-leren. (Diversity and Problem Based Learning).* Amsterdam: Instituut Ergotherapie, Hogeschool van Amsterdam.
- Kinébanian, A. & M. Stomph. (1991). Interculturele ergotherapie (Intercultural Occupational Therapy) . *Nederlands Tijdschrift voor Ergotherapie* (Dutch Journal of Occupational Therapy), 19, 46-154.
- Kondo, T. (2004). Cultural tensions in occupational therapy practice: considerations from a Japanese vantage point. *American Journal of Occupational Therapy,* 58, 174-184.
- Krefting, L. (1992). Strategies for the development of occupational therapy in the third world. *American Journal of Occupational Therapy*, 46, 758-761.
- Krefting, L.H., & Krefting, D.V., (1991). 'Cultural influences on performance.' Chapter 4. In Christiansen, C. & Baum, C. (Eds.). *Occupational therapy: Overcoming human performance deficits.* Thorofare NJ: Slack Inc.

- Lee, T.S., Sullivan, G. & Lansbury, G. (2006). Physiotherapists' perception of clients from culturally diverse backgrounds. *Physiotherapy,* 92(3), 166-170.

- Levine, R.E. 'Culture: a factor influencing the outcome of occupational therapy'. In: *Occupational Therapy and Health Care* 4,1. Haworth Press, New York (1987) pp 3-15.

- Levy, S., Stroessner, S., & Dweck, C. (1998). Stereotype formation and endorsement: the role of implicit theories. *Journal of Personality & Social Psychology,* 74, 16-34.

- Lightfoot, S. (1985). Culture shock in health context. *Australian Occupational Therapy Journal*, 3, 118-121.

- Lim, K. H., (2001). 'A guide to Providing Culturally Sensitive and Appropriate Occupational Therapy Assessments and Interventions.' *Mental Health Occupational Therapy Magazine* Vol 6, Issue 2, 26-29, July 2001.

- Lim, K.H., (2006). 'Case Studies in the Application of the Kawa Model.' In Iwama, M.K., *The Kawa Model; Culturally Relevant Occupational Therapy.* Elsevier Churchill Livingstone.

- Lim, K.H., (2008). 'Working in a Transcultural Context.' In: Creek J & Lougher L (eds) *Occupational Therapy and Mental Health*. *4th Ed*. Edinburgh, Churchill Livingstone.

- Lim, K.H., (2008). 'Cultural sensistivity in Context.' In: McKay E, Craik C, Lim KH & Richards G (ed). *Advancing Occupational Therapy in Mental Health Practice*. Blackwell Scientific.

- Lim, K.H. Occupational therapy in multicultural contexts. *British Journal of Occupational Therapy* , 67(1), 49-50.

- Littlewood**,** R. & Lipsedge**,** M**.,** **(**1997**).***'Aliens and Alienists**:** Ethnic Minorities and Psychiatry.*3rd ed.' London: Routledge.

- Loukas, K.M., (2008). 'On owns own language. The evaluation of language and perception of disability in occupational therapy.' *Education Special Interest Section Newsletter.* American Occupational Therapy Association.

- Vanessa, Martins, Denise, Reid, (2007). 'New-immigrant women in urban Canada: insights into occupation and sociocultural context.' (2007).*Occupational Therapy International Volume* 14 Issue 4 , (p 203-220).

- Mattingly, C., (1998). *'Healing dramas and clinical plots'*. University Press Cambridge.
- McCormack, G.L., (1987). 'Culture and communication in treatment planning for occupational therapy with minority patients.' In: *Occupational Therapy in Health Care*, Haworth Press 4, p 17-35.
- Mac Donald R. (1998). What is Cultural Competency? *British Journal of Occupational Therapy*, 61, 325-328.
- McGruder J (2003) Culture, race, ethnicity and human diversity. In Crepeau, EB, Cohn, ES and Schell, BAB(eds.) *Willard and Spackman's Occupational Therapy. 10th ED*. Lippincott Williams and Wilkins, Baltimore.
- Meer ,W. van der, M. Warmerdam & M.Stomph. (2005). Bewust Intercultureel Werken in de Praktijk. Een scholing voor ergotherapeuten (Cross-cultural issues in Practice: a training for OT's), *Nederlands Tijdschrift voor Ergotherapie ((Dutch Journal of Occupational Therapy), 5*, 212-216.
- Mirkopoulos, C. & Evert, M.M. (1994). Cultural Connections: A Challenge Unmet. *American Journal of Occupational Therapy,* 48, 583-585.
- Muñoz, J.P. (2007) Preparing culturally responsive practitioners in occupational therapy In, J. Branche, E.R. Cohn, & J.W. Mullennix (Eds.) *Diversity across the curriculum: A guide for faculty in higher education (pp. 163-169).* **B**oston, MA: Anker Publishing Company, Inc.
- Nederlandse Vereniging voor Ergotherapie, (2000). '*Kwaliteitszorg in een multiculturele samenleving.'.(Quality care in a multi-cultural society).* Utrecht: Nederlandse Vereniging voor Ergotherapie (Dutch Association for Occupational Therapy).
- Nelson, A., Allison, H. & Copley, J. (2007). Understanding where we come from: occupational therapy with urban Indigenous Australians. *Australian Occupational Therapy Journal , 54*(3), 203-14.
- Nelson, A. & Allison, H. (2007). Relationships: the key to effective occupational therapy practice with urban Australian Indigenous children. *Occupational Therapy International, 14*(1), 57-70.
- Nelson, A. & Allison, H. (2000). 'Values of urban Aboriginal parents: Food before thought*.* *Australian Occupational Therapy Journal*, *47*(1), 28-40(13).

- Nelson, A. & Iwama, M. (2009). Cultural Influences and Occupation Centred Practice with Children and Families. In S. Rodger (Ed): *Occupation Centred Practice with Children: A Practical Guide for Occupational Therapists*. Sydney, Blackwell.

- Øvretveit, J. (1998). '*Comparative and Cross-Cultural Health Research*.'Oxford: Radcliffe Publishing Ltd.

- Phipps, D.J. (1995). Occupational practice with clients from non-English speaking backgrounds : a survey of clinicians in south-west Sydney. *Australian Occupational Therapy Journal,* 42, 150-161.

- Pollard, N. & Walsh, S. (2000). Occupational Therapy, Gender and Mental Health: an Inclusive Perspective? *British Journal of Occupational Therapy*, *63*, 425-431.

- Pope-Davis, D.B., Prieto, L.R., Whitaker, C.M. & Pope-Davis, S. (1993). Exploring Multicultural Competencies of Occupational Therapists: Implications for Education and Training. *American Journal of Occupational Therapy, 47*, 838-844 .

- Ramsden, I. (2002). *Cultural safety and nursing education in Aotearoa and Te Waipounamu.*

  Wellington: Victoria University.

- Reynolds, F. & Lim, K.H., (2005).' The social context of older people.' In: McIntyre, A., & Atwal ,A., (eds.). *Occupational Therapy and Older People*. Blackwell Publishing. pp 27-48.

- Richardson, P. (2004). 'How cultural ideas help shape the conceptualization of mental illness.' *Mental Health Occupational Therapy Magazine* Vol 9, Issue 1, 5-8, March 2004.

- Sainsbury Centre for Mental Health (2000). '*Breaking the Circle of Fear.'* Sainsbury: Centre for Mental Health Publication .

- Sakellariou, D.& Sawada, Y. (2006). Sexuality after spinal cord injury: the Greek male's perspective. *American Journal of Occupational Therapy, 60*(3), 311-9.

- Shadid, W. (1993). Intercultural communication in the medical care sector. Published In: Shadid, W., & Nas, P.J.M., (ed.): *Culture, development and communication,* CNWS, Leiden, pp. 70-91.

- Silverman, J., S.Kurtz, & J. Draper, (2005). '*Skills for communication with Patients. An evidence-based approach'*. Oxon: Radcliffe Medical Press ltd.

- Simó, Algado, Salvador; Rodriguez, Gregori, Jose, Mª; y, Egan, Mary (1997). Spirituality In a refugee camp.“*Canadian Journal of Occupational Therapy, 61*, 88-94.

- Simó, Algado, Salvador; Kronenberg, Frank, (2000). ‘Intervención con una comunidad indígena maya.’ “*Materia Prima*”; 16, 28-32.

- Simó, Algado, Salvador; Mehta, Nina; Kronenberg, Frank, y col., (2002). Occupational therapy intervention with children survivors of war. *Canadian Journal of Occupational Therapy*; *69*(4), 205-217.

- Simó, Algado, Salvador; Mehta, Nina; Kronenberg, Frank, (2003 I). Niños supervivientes de conflicto bélico. “*Terapia Ocupacional*”; 31.

- Simó, Algado, Salvador; Pollard, Kronenberg, Thibeau, Urbanowsky, (2003 II). Terapia ocupacional en el mundo penitenciario. “*Terapia Ocupacional”;* 33, 10-20.

- Simó, Algado, Salvador, (2004,I). The return of the corn man. En Kronenberg, Simó Algado y Pollard. “*Occupational Therapy without Borders: Learning from the spirit of survivors*”. Oxford: Elsevier’s Science.

- Simó, Algado, Salvador, (2004, II). Children survivors of war. En Kronenberg, Simó Algado y Pollard. *“Occupational Therapy without Borders: Learning from the spirit of survivors”.* Oxford: Elsevier’s Science.

- Simó, Algado, Salvador; Estuardo, Cordona, (2006 I). ‘El retorno del hombre de maíz: un proyecto de intervención con una communidad maya de retornados guatemaltecos.’ En Kronenberg, Simó Algado y Pollard: “*Terapia Pcupacional sin Fronteras: Aprendiendo del espíritu de supervivientes”*. Madrid: Editorial Médica Panamericana.

- Simó, Algado, Salvador; Brugman, Imelda, (2006 II). ‘Intervención mediante terapia ocupacional con niños supervivientes de conflicto bélico.’ En Kronenberg, Simó Algado y Pollard: “*Terapia Pcupacional sin Fronteras: Aprendiendo del espíritu de supervivientes’’*. Madrid : Editorial Médica Panamericana.

- Simó, Algado, Carrillo, Bourkha, Palma, Lozano, Romera, El Ouarsi. (2007) ‘*Un Jardín donde confluyen la educación, la investigación y la ciudadanía. Presentaci ón audovisual presentada en el V* ‘’ Cngres de Educacióen Valors’’.

- Stomph, M, (1998.) “Interculturele beschouwingen.’’ (Intercultural considerations) Chapters 4,11 and 25. In: Kinébanian, A, Thomas, C, Eds,

Grondslagen van de ergotherapie. (Handbook for Occupational Therapy). Elsevier/ De Tijdstroom; Maarssen .

- Stomph M. & Kinebanian , A. (1998). '*Implementation an educational program on cross-cultural care.'* Presentation at the World Federation of Occupational Therapists 12th Congress, WFOT, Montreal, Canada.
- Stomph M. & Kinebanian A. (1998) '*The role of the occupational therapist in a multicultural society.'* Presentation at the World Federation of Occupational Therapists 12th Congress, WFOT, Montreal, Canada.
- Stomph, M. (2004). Cliëntgericht werken en omgaan met diversiteit, is de ergotherapie in vijftien jaar intercultureler geworden? (Clientcentredness and dealing with diversity). Nederlands Tijdschrift voor Ergotherapie (Dutch Journal for Occupational Therapy), 32, 152-156.
- Stomph, M. & A.Kinébanian, (1993) '*Meerjarenplan voor interculturalisatie ten behoeve van ht activiteitenplan voor de afdeling ergotherapie Amsterdam:' (Longterm planning in terms of diversity for the OT education).* Amsterdam: Faculteit gezondheidszorg. Hogeschool van Amsterdam.
- Stomph, M., Toorn, A.v.d., & Kinébanian, A., (2003). '*Ongoing Development of Intercultural Occupational Therapy in The Netherlands*.' Enothe Greece.
- Stomph, M., Kinébanian, A., (2002) '*The results of an ongoing process to improve cross-cultural occupational therapy in The Netherlands*.' Enothe France.
- Stomph, M. (1989) *Eindrapport van de inventarisatie - in het werkveld - van de auto-allochtone problematiek in de ergotherapeutische hulpverlening. (Final report of the investigation on cross-cultural care in Occupational Therapy in the Netherlands).* Den Haag: HBO-raad
- Stomph, M., (1999) '*Interculturalisatie en leren-leren. Achtergrondinformatie. (Diversity and Problem-based learning).'* Amsterdam: Instituut Ergotherapie. Hogeschool van Amsterdam.
- Stomph, M., (2004). '*Beoordeling van een curriculum op het intercultureel gehalte (Testing a curriculum for cultural safeness).*In: Colenbrander S., M.E.Dreuning, Congresboek HGZO-congres, Lemma, Utrecht.

- Sturkenboom, I., Dekker, J., Scheppers, E., Dongen, E. van, & Dekker, J.

  (2006). Healing care? Rehabilitation of female immigrant patients with chronic pain from a family perspective. *Disability and Rehabilitation*, February 2007; 29 (4): 323-332.

- Sumsion, T. (2004). Pursuing the Client's Goals Really Paid Off. *British Journal of Occupational Therapy*, 67(1), 2-9.

- Taylor, J. (1995). A different voice in Occupational Therapy.' *British Journal of Occupational Therapy, 58,* 170-174.

- Tebutt, M. & Wade, B. (1985). 'Frames of reference in care for migrant patients. *Australian Occupational Therapy Journal, 32,* 91-103.

- Thibeault, R. (2006). Globalisation, universities and the future of occupational therapy: Dispatches for the Majority World**.** *Australian Occupational therapy Journal, 53*(3), 151-172.

- Trombly, C.A. & M.V.Radomski., *Occupational Therapy for physical dysfunction. Fifth ed.* Lippincott, Williams & Wilkins Philadelphia 2002.

- Unesco (2002). *Unesco Universal Declaration on cultural diversity.* http://unesdoc.unesco.org/images/0012/001271/127160m.pd

- Velde, B.P. (2000). The Experience of Being an Occupational Therapist With a Disability. *American Journal of Occupational Therapy, 54,* 183-188.

- Velde, B.P. & Wittman, P.P. (2001). 'Helping occupational therapy students and faculty develop cultural competence'. In: *Occupational Therapy in Health Care* , 13, pp.23-32.

- Wells, S.A. (2005). Mexican American women: Impact of culture and education on work patterns. *Work, 24,* 395-400.

- Wells, S.A. (2009). The forgotten population: Health communication with rural racial/ethnic communities. In Royeen, C.B., Jenson, G.M. & Harvan, R.A. (eds.). *Leadership in Interprofessional Health Education and Practice,* pp. 391- 410; Jones and Bartlett: Sudbury, MA.

- Wetherell M (1996). Group conflict and the social psychology of racism. In: Wetherell M (ed.), *Identities, groups and social issues.* Sage, London. 175-238.

- Whiteford, G. E. (1998). Intercultural OT: learning reflection and transformation. *British Journal of Occupational Therapy and Rehabilitation, 5,* 299-305.
- Wieringa, N. & Mc.Coll, M. (1987). Implications of the model of human occupation for intervention with native Canadians. *Occupational Therapy in Health Care*. Haworth Press 4, pp 73-91.
- Yau, M.K.S. (2007). Invited commentary: Universality and cultural specificity in occupational therapy practice: from Hong Kong to Asia. *Hong Kong Journal of Occupational Therapy, 17*(2), 60-64.

3 GLOSSARY

In the glossary the terms with an * in the document are defined. To enlarge the accessibility of the document for the reader definitions from a dictionary are taken and where relevant for this document an additional description is given by the authors AK & MS). Unless other sources are mentioned the descriptions are from the Collins English Dictionary, London & Glasgow: William Collins Sons & Co Ltd (1989).

Able-bodied

Physically strong and healthy

Autonomy

Freedom to determine one's own actions, behaviour

Bias

Mental tendency or inclination, esp. an irrational preference or prejudice

In addition: Someone who shows bias is unfair in their judgements or decisions, because they are only influenced by(their own) opinions, rather than considering the facts (AK & MS)

Caste

Any of the four major hereditary classes into which Hindu society is divided

Citizen

An inhabitant of a city or a country, a native registered or naturalized member of a state, nation or other political community

Class

See social class

Collectivism

The principle of ownership of means of the production

Communalism

The practice or advocacy of communal living or ownership

Competence

The condition of being capable; ability

In addition: Is the ability to do something well, effectively and following the professional standards (AK & MS)

Culture

That complex whole which includes knowledge, belief, morals, law, customs and any other capabilities and habits acquired by man as a member of society (Tyler's 1871 definition quoted by Helman 2007, p.2)

Cultural competence

"An awareness of, sensitivity to, and knowledge of the meaning of culture, including willingness to learn about cultural issues, including one's own bias" (Dillard 1992 p.722)

*"Cultural competence is the ability of individuals and systems to respond respectfully and effectively to people of all cultures, races, ethnic backgrounds and religions in a manner that recognizes, affirms and values the cultural differences and similarities and the worth of individuals, families and communities and protects and preserves the dignity of each''(*Seattle King Country Department of Public Health 1994 *www.xculture.org)*

Cultural safety

'*The concept considers both structural inequalities in society and cultural differences in viewing health and health care'. 'Cultural safety encompasses the idea that health workers are safe to practise with people of differing cultures.' ''In essence, it requires health-care providers tot confront personal and structural racism.'(Dyck 1998 p.78)*

Cultural self-awareness

"Means engaging in a critical self-examination that involves careful study of our culture and subcultures and our beliefs and values, as well as understanding where we are in the socio- cultural hierarchy of our society " (Black & Wells 2007 Chapter 5)

Cultural sensitive

Capable of registering small differences of changes in amounts, quality etc.

In addition: When you are sensitive of other peoples problems and feelings you understand and are aware of them. When you are cultural sensitive you are sensitive to issues of culture and diversity (AK & MS)

Constant dialogue

Dialogue is a conversation between two or more people

In addition: The constant dialogue is an ongoing conversation (AK & MS)

Demographical data

Data relating to the dynamic balance of a population (AK & MS)

Demographic profile

Demography is the scientific study of human populations, esp. with reference to their size, structure and distribution

The demographic profile describes a certain area and the population with different variables (AK & MS)

Dependence

The state or fact of being dependent especially for support or help

Disability

The condition of being unable to perform a task or function because of physical or mental impairment

In addition: the interaction between the person with impairment and environmental and attitudinal barriers he or she may face (AK & MS)

Discourse

Verbal communication

In addition: ''represents the ways in which reality is perceived through and shaped by historically and socially constructed ways of making sense, that is, language, complex signs, and practices that order and sustain particular forms of social existence '' (Wells & Black 2000 p.279)

Discrimination

Treatment of a person or group of people less fairly or less well than other people or groups (AK & MS)

Diversity

The state or quality of being different or varied

Ethnicity

Ethnic means connected with different racial or cultural groups of people

In addition: It is 'a sense of belonging and loyalty to a group of common national and cultural heritage. Members of an ethnic group share decent, language, traditions, religion and other common cultural features and experiences that distinguish them from other groups' (Jones et al 1998 p.187)

Ethnic group

"A group of people within a larger society that is socially distinguished or set apart by others or by itself primarily on the basis of racial or cultural characteristics, such as religion, language or tradition" (Wells & Black 2000 p.280)

Exclusion

The act of preventing someone from entering a place or from taking part in an activity (AK & MS)

Gender

The state of male or female

Geographic location

Belonging to or characteristic of a particular region (Merriam-Webster Dictionary online)

Globalization

The development of an increasingly integrated global economy marked especially by free trade, free flow of capital, and the tapping of cheaper foreign labour markets (Merriam-Webster Dictionary online)

Health disparities

Disparities between things is a difference between them: the disparities between the rich and the poor. In this document a difference in health and access to health care facilities (AK & MS)

Heterosexual

A person who is attracted to the opposite sex

Homosexual

A person who is attracted to members of the same sex

Inclusion

"The inclusion of one thing in another involves making it a part of the second thing

In addition: refers to the belief that all individuals should be able to participate fully in the activities of life with the same benefits and opportunities'' (Wells & Black 2000 p.281).

Inclusive

Inclusive refers to the belief that all individuals and groups should be able to participate fully in the activities of life with the same benefits and opportunities (AK & MS)

Inclusiveness

The noun of inclusive

Independence

If you refer to someone's independence, you are referring to the fact that they do not rely on other people (AK & MS).

Individualism

1.Is the behaviour that is quite different from anyone's else's behaviour

2.is also the belief that economics and politics should not be controlled by the state (BBC English & Harper Collins Publishers 1993).

Individual racism

"The belief that one's own race is superior to another (i.e. racial prejudice) and behaviour that suppressed members of the co-called inferior race (i.e. racial discrimination)'' (Wells & Black 2000 p.283)

Institutional racism

Consists of established laws, customs, and practices that systematically reflect and produce racial inequalities in societies, whether or not the persons maintaining those practices have racist intentions Wells & Black 2000 adapted by AK & MS)

Interdependence

Is the condition of a group of people of things all depending on each other (BBC English & Harper Collins Publishers 1993)

Migration

When people migrate they move to another part of the world

Migration is the act of migrating (AK & MS)

Not able-bodied

A person is no longer seen as an able-bodied person who is physically strong and healthy (AK & MS)

Norm

If you say a situation is the norm, you mean that it is usual and expected (BBC English & Harper Collins Publishers 1993).

Occupation

"In occupational therapy, occupations refer to everyday activities that people do as individuals, in families, and communities to occupy time and bring meaning and purpose to life. Occupations include things people need to, want to and are expected to do" (WFOT 2006)

In addition: the term occupation has another meaning that has a negative connotation that is the invasion of a country by a foreign army (AK & MS)

Occupational alienation

"Refers to situations in which people experience daily life as meaningless and purposeless" (Wood, Hooper & Womack 2005 p.380)

Occupational deprivation

"Refers to situations in which people's needs for meaningful and health promoting occupations go unmet or are systematically denied" (Wood, Hooper, Womack 2005 p.380)

Occupational justice

Presumes that human beings are irrevocably occupational in nature' 'It argues for the realization of the occupational potentials of all people' (Wood, Hooper & Womack 2005 p.380)

Occupational needs

Needs are the things you need for a satisfactory and comfortable life; occupational needs are needs related to occupations (AK & MS)

Participation

Taking fully part in the activities of life with the same benefits and opportunities as others (AK & MS)

Person

An individual human being

In addition: A person doesn't have automatically a legal status in a country (AK & MS)

Political dimension

Refers to the idea that power and influence are in any social or cultural entity, from the smallest interaction, as in a dyad, as on a large scale the level of internationals organizations and governments (AK & MS)

In addition: the political dimensions of occupation. There are politics understood in terms of 'conflict and cooperation situations' that present an aspect of human occupation and human relationships that can be found everywhere (Kronenberg & Pollard 2005).

Poverty

Is the state of being without adequate food, money etc.

Racism

"A system of privilege and penalty based on one's race; a belief in the inherent superiority of some persons and inherent inferiority of others based on race" (Wells & Black 2000 p.283)

Sexual identity

Is a term that, like sex, has two distinctively different meaning. One describes an identity roughly based on sexual orientation the other an identity based on sexual characteristics a concept related to, but different from, gender identity (AK & MS)

Sexual orientation

If you refer to a person's sexual orientation you are talking about whether they are heterosexual, homosexual, or bisexual (AK & MS)

Social class

A group of persons sharing similar social position and certain economic, political and cultural characteristics

In addition: social class is the class positioned according to their status in society (AK & MS)

Stereotype

Is a fixed general image or set of characteristics that are considered to represent a particular type of person or thing, used showing disapproval (BBC English & Harper Collins Publishers 1993).

Stereotyping

Is forming a fixed general image or set of characteristics that are considered to represent a particular type of person or thing and used to show disapproval (AK & MS)

Transcultural

"Implies a bridging of notable differences in cultural and communication styles, beliefs and practices" (Wells & Black 2000 p.284)

Values

The moral principles and beliefs or accepted standards of a person or a social group

References:

- BBC English & Harper Collins Publishers (1993). *BBC English Dictionary.* London: BBC English, Harper Collins Publishers Ltd.
- Black, R.M., & Wells, S.A. (2007). *Culture and occupation: A model of empowerment in occupational therapy.* Bethesda, MD: AOTA Press.

- Collins English Dictionary (1989). London & Glasgow: William Collins Sons & Co Ltd.
- Department of Public Health (1994). Seattle-King County Department of Public Health, Seattle, Washington State www.kingcounty.gov/healthservices
- Dillard, P.A., Andonian, L., Flores, O., Lai, L., MacRae, A., & Shakir, M. (1992). Culturally competent occupational therapy in a diversely populated mental health setting. *American Journal of Occupational Therapy, 46*(8), 721-726.
- Dyck, I. (1998). Multicultural society. In Jones, D., Blair, S.E.E., Hartery, T. & Jones, R.K. (Eds.). *Sociology and Occupational Therapy* (pp. 67-80). Edinburgh: Churchill and Livingstone.
- Helman, C.G. (2007). *Culture health and illness* (5th ed.). New York: Oxford University Press.
- Jones, D., Blair, S. E. E., Hartery, T., & Jones, R. K. (Eds.). (1998). *Sociology and occupational therapy. An integrated approach.* Edinburgh: Churchill Livingstone.
- Kronenberg, F., & Pollard, N. (2005). Overcoming occupational apartheid: Preliminary exploration of the political nature of occupational therapy. Chapter 6. In Kronenberg, F., Algado, S.A., & Pollard, N. (Eds.), *Occupational therapy without borders - learning from the spirit of survivors.* (pp. 58-87). Edinburgh: Elsevier.
- Merriam-Webster Dictionary online. www.merriam-webster.com
- Wells, S.A., & Black, R.M. (2000). *Cultural competency for health professionals.* Bethesda: The American Occupational Therapy Association.
- Wood, W., Hooper, B., & Womack, J. (2005). Reflections on occupational justice as a subtext of occupation-centred education. In Kronenberg, F., Algado, S.A., & Pollard, N. (Eds.), *Occupational therapy without borders - learning from the spirit of survivors.* (pp. 378-390). Edinburgh: Elsevier.
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