

# Respecting global wisdom: Enhancing the cultural relevance of occupational therapy's theoretical base

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## Abstract

Dominant models of occupation that inform the international occupational therapy profession have been delineated predominantly by able-bodied, middle class, middle-aged, white, urban, North American Anglophone academics with Judeo-Christian backgrounds, thus reflecting the culturally-specific perspectives of a global minority. Because these models exclude priorities and occupations valued by the global majority, they are demonstrably inadequate. This opinion piece highlights the imperative of incorporating the wisdom of a diversity of global peoples into occupational therapy's theories of occupation to enhance the possibility that the profession's theories and practices will be culturally relevant, safe and inclusive, rather than ethnocentric, imperialistic and potentially irrelevant.

## Keywords

Models of occupation, colonialism, culture

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## Introduction

It has been observed that the most influential theories and models informing the international occupational therapy profession have been formulated by theorists who all reside in the Western/Northern world (Hammell and Iwama, 2012). This is potentially problematic because this region of the world comprises less than 20% of the global population (accordingly identified within this piece as the 'minority' world). Occupational therapy's leading theorists have almost exclusively been well-educated, urban, middle class, middle-aged, able-bodied, white Anglophones with Judeo-Christian backgrounds – thus representing a minority population, even within their minority region (Hammell and Iwama, 2012) – so it should be anticipated that their perspectives and assumptions about occupation might not be shared universally (Hammell, 2009).

Occupational therapy claims to be a 'scientific discipline', and a scientific discipline is defined as one that assures 'a culture of healthy scepticism: a readiness to doubt claims and assumptions about the 'rightness' of any particular theory' (Brechin and Sidell, 2000: 12). As Confucius asserted, 'Study without thought is a snare' (Gaer, 1963: 65). This piece therefore has two aims. First, to support calls for our profession to challenge the beliefs and assumptions underpinning our theories of occupation (Hammell, 2009), to raise questions, to confront dogma and to be unwilling to accept unquestioningly what the profession's powerful people have stated (Said, 1996). The second aim is to inspire and promote a vision

of – and an aspiration towards – a more culturally-inclusive and globally-relevant profession: a profession that might address the occupational rights of a diversity of global people, not solely those experiencing ill-health in privileged corners of the world.

## Challenging assumptions of cultural conformity

There is little evidence that Western theorists have enabled culturally diverse people to contribute knowledge to the profession's models of occupation. It would therefore be unlikely that these will be applicable or relevant in international contexts. Evidence shows that they are not. For example, within Western cultures, ideologies of individualism and independence are dominant and pervasive. Individuals are perceived to be independent from other people and detached – or divisible – from their environments (Hammell and Iwama, 2012). From this perspective, it makes sense for the Canadian Model of Occupational Performance and Engagement (Polatajko et al., 2007), for example, to assert that individuals interact with their environments *through* their occupations. But many African, Indigenous and Eastern modes of thought

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understand people to be interconnected with each other, and inseparable from their environments (Hammell, 2011). Hinduism, Buddhism, Shintoism and Taoism, for example, teach of the indivisibility, interconnectedness and 'oneness' of the universe (Kupperman, 2001). Within Buddhist philosophy, our skin is not what separates us from our environment, but what joins us *with* the environment (Watts, 1957).

The dominant, Western-influenced perception – that people are separate from their environments – contributes to occupational therapy's preoccupation with modifying the abilities of individuals. Further, the dominance of an individualistic ideology which posits individuals as responsible for their own achievements distracts our profession from challenging and changing those structural inequalities – economic, religious, socio-cultural and political – that constrain occupational opportunities and occupational rights, not only of individuals, but of entire communities. These dominant ideologies thus encourage occupational therapists to collude in maintaining the social and political status quo (Hammell, 2009); and discourage more politically-engaged forms of practice that might address issues such as illiteracy, or that recognise equitable access to meaningful occupations as a right (Hammell and Iwama, 2012; Pollard et al., 2009). This seriously diminishes the relevance, effectiveness and potential global impact of the profession (Lim and Duque, 2011).

Occupational therapy's dominant theories of occupation classify occupations in terms of those categories of self-care, productivity (or work) and leisure (or play) that have been prioritised by Western theorists (for example Kielhofner, 2002; Polatajko et al., 2007). It is unclear what evidence, if any, informed the division of occupation into these three categories (Hammell, 2014), and there is little evidence to suggest that researchers have explored whether culturally diverse people classify their occupations in this way. Indeed, when Borell et al. (2006) studied the daily occupational experiences of individuals living with chronic pain they found that *no-one* described their experiences in ways that might reasonably be categorised as self-care, productivity or leisure, even though their research was undertaken in a Western cultural context. Instead, the study participants spoke of making choices, and of doing things that were physical, social or that contributed to others.

Although the relevance of these three specific categories of occupation has not been appraised within a diversity of global or cultural contexts, research evidence demonstrates that leisure is a class-bound concept (Suto, 2004). Critics contend that it is also an ableist concept (Hammell, 2009), because only the privileged can experience leisure as an encapsulated occupation that is divisible from the intrusive vigilance and constant attention to self-care demanded by certain illnesses and impairments. Moreover, research shows the assumption that leisure and work are divisible to be culturally-specific (Hammell, 2009). The reality that some languages do not have a word that means 'leisure', suggests that this is not a universal concept, much less, a universal preoccupation (Hammell, 2009)!

It is apparent that the three categories of occupation privileged within dominant occupational therapy

models – *self*-care, productivity and leisure – reflect a specific minority-world ideology of individualism that excludes *interdependent* occupations and those motivated by love and concern for the well-being of others (Hammell, 2009). Yet, the human need to contribute to others is identified as an important motivator of occupation, not only by many in the global North, but by African, Asian, Pacific island, south-east European, Indigenous and Middle Eastern peoples, that is, the majority of the global population (Hammell and Iwama, 2012; Kupperman, 2001; Mark and Lyons, 2010).

Many cultures value social relationships, interdependence, reciprocity, mutual obligation and the ability to contribute to others (Hammell, 2014). Within African philosophy the concept of *ubuntu* – translated from Zulu as 'I am human because I belong, I participate, I share' (Murithi, 2007: 281) describes the cultural importance of belonging: of being enmeshed in reciprocal relationships with other people. Ubuntu reflects a belief in the interconnectedness of all people, but this is not a uniquely African notion. Confucius also taught that people are not autonomous individuals, but embedded in families and communities (Kupperman, 2001), and many traditional Japanese people believe one is less than fully human when deprived of one's social connections (Ng et al., 2003).

Substantial cross-cultural research evidence demonstrates that social connections, the provision *and* receipt of social support, and volunteer occupations are causally related to positive mental/physical health and to longevity, and has identified a sense of belonging and of 'mattering' to others as being integral to these equations (Hammell, 2014; Kumar et al., 2012). Even within minority world ('Western') cultures, research shows that engaging in occupations that contribute to others is associated with lower levels of depression, higher self-esteem and fewer health problems; and that social connectedness, social participation, a sense of belonging and the ability to contribute to others are all integral to human well-being (Hammell, 2014). Because occupational therapy's dominant theories of occupation do not acknowledge the importance of fostering interdependent occupations or those that enable contributions to be made to the well-being of others, they are clearly inadequate.

## Theoretical deficiencies

Significant deficiencies in occupational therapy theories have arisen because of Western occupational therapy theorists' failure to acknowledge that belonging is important to human well-being. For example, occupational therapy's dominant theories and models have not addressed the importance to well-being and life's meaning of engaging in occupations that contribute to the well-being of others, of the ways in which people's engagement in and experience of occupations are impacted by their interactions with others, or of the ways in which engagement in certain occupations (for example migrant labour) may affect the

ability to belong and contribute to one's social group. Neither have dominant theories attended to occupations that derive meaning and importance from their social context and potential to strengthen social roles; or to those shared occupations undertaken interactively, collectively or in collaboration with others, and that may contribute to the well-being of entire communities (Hammell, 2014; Hammell and Iwama, 2012).

Dominant theories and models – reflecting their urban, Western origins – have also been impervious to occupations that are motivated by, and derive meaning from a sense of respect for, and connection to ancestors, to cultural traditions or to the natural world (Hammell, 2014). These are significant omissions. I believe that our theories and models will inevitably display serious deficiencies such as these unless and until theorists actively seek and learn from the wisdom of a diversity of global cultures.

## Occupational therapy theory and colonial practices

Although this piece has used culturally-diverse, but simple, examples to illustrate its contentions, clearly, 'cultures are not monolithic and it is erroneous to portray simplistic essentialist dualisms, such as West/East or North/South, as if the world can be neatly divided into two categories of thought' (Hammell, 2014: 42). Cultures are fluid, not static, and are experienced and interpreted in different ways by different members of a culture due to such interacting factors as 'age and generation, gender identity, social position, education, religious affiliation and exposure to cultural diversity' (Hammell, 2014: 42). However, the brief examples sketched in this piece suggest that occupational therapy's dominant theories and models reflect, not universal 'truths', but the specific perspectives of an élite, minority group within the minority world (Hammell and Iwama, 2012). This is important because the tendency to expound theories derived solely from the values and norms of a specific ideological and cultural viewpoint – as if these are somehow 'universal' – is considered by post-colonial theorists to be a form of colonialism (Lim and Duque, 2011).

Critics contend that the uncritical promulgation of hegemonic Western ideas in non-Western cultures constitutes both ethnocentrism (the assumption that one's own values, priorities and perspectives are universal, rather than culturally-specific and the associated belief that one's own culture constitutes the 'gold standard' by which all others should be judged) and theoretical imperialism (Hammell, 2009; Hammell and Iwama, 2012). In fact, the premise that the rest of the world ought to learn from the wisdom of the West is viewed, by some, as racist (Ife, 2008).

Although perhaps unintentional, colonialist practices are manifested when people of the South and East are encouraged to learn from those of the West or North in a one-way flow of knowledge as if Western theories are inevitably valuable and universally relevant; and when

theorists from the West play the role of visiting 'expert', positioning themselves as a superior source of knowledge to bestow upon the rest of the world. Clearly, one tiny minority of the global population does not enjoy a monopoly on wisdom! Thus, a Shinto precept wisely cautions: 'Do not be carried away by foreign teaching' (Gaer, 1963: 100). In reality, the international supremacy of Western occupational therapy theories and models is a consequence of easy access to dominant, English-language publishing, tireless promotion and aggressive marketing and not superior wisdom (Hammell, 2011). Regrettably, it is also a consequence of the perceived entitlement to impose ideas from an élite, dominant global minority upon the global majority.

## Conclusion

Drawing from examples that illustrate current theoretical inadequacies this piece has suggested that when occupational therapy's theorists seek, respect and incorporate diverse cultural wisdom and perspectives this will enhance the possibility that our profession's future theories and models will be culturally relevant, safe and inclusive – in global contexts and among culturally diverse people – rather than ethnocentric, imperialistic and potentially both irrelevant and harmful.

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## Research ethics

Ethics approval was not required for this study.

## Declaration of conflicting interests

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