

Evolution of Occupational Therapy: Life History of Dr. Michael

Iwama, PhD, MSc, BScOT, BScHP

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Introduction

- This life history is one of 30 life history interviews which are part of a larger project, *Histories of Individuals Who Have Been Influential in Developing Occupational Therapy (OT) at the National Level and Beyond*.
- The purpose of the study is to provide current and future generations of occupational therapists a view of the history and how occupational therapy practice has evolved from its inception to current practice through the life history stories of occupational therapists who have held leadership roles at the national level and beyond. It is anticipated that the life history process will be a powerful way to gather this information.
- The KAWA model guided this research study through the development of interview questions and the framework in which Mr. Iwama was viewed.

Description of Participant

- Dr. Michael Iwama was originally born in Okinawa, Japan, and moved to Vancouver, Canada, with his family when he was young.
- He originally was interested in pursuing a job as an artist but was encouraged by his family to pursue a degree in the sciences. Dr. Iwama was working towards a degree in physical therapy when he discovered the profession of occupational therapy and realized this was a better fit.
- He graduated with his Bachelor's degree in Occupational Therapy from the University of British Columbia in 1987.
- He also holds a Bachelor degree in Human Performance, a Master's in Rehabilitation Science, and a Ph.D. in both sociology and cultural anthropology.
- Dr. Iwama is the creator of the Kawa theoretical model used primarily in the occupational therapy profession.
- His work experience is diverse and includes professorial and lecture positions in Canada, the United States, Japan, United Kingdom, Australia, Malaysia, and the Philippines.
- He currently holds the position of Dean at the MGH Institute of Health Professions in Boston, MA.
- Dr. Iwama is married with 1 daughter.

Literature Review

KAWA Model

- The KAWA model was presented publicly for the first time at the 2002 WFOT Congress in Stockholm, Sweden.
- Dr. Iwama published his first book on the KAWA model and application for practitioners in 2006 (Iwama, 2006a).

Culture

- It is imperative that occupational therapists appropriately address culture with each client as culture shapes the identity of the individual (Castro, Dahlin-Ivanoff, & Mårtensson, 2014).

World of Occupational Therapy

- In 2002, the year the KAWA model was presented to the WFOT, the OTPF was first established to replace Uniform Terminology (AOTA).
- The year of 2006, when Dr. Iwama wrote his first book on the KAWA model, the centennial vision was released that emphasized global connection and diversity (AOTA).

Methodology

Study Design:

- Qualitative research using a life history approach.

Participant Selection:

- The participant was selected from a participant list compiled through purposive sampling by the project directors. Informed consent was obtained prior to the interview and the project was approved by the UND Institutional Review Board and because of the study design the formal IRB process was waived.

Interview Schedule:

- Interview was audio recorded and a semi-structured interview was guided by an interview schedule prepared by the project directors; the questions on the interview schedule were designed to be used with all the individuals interviewed as part of the larger project. The student researchers were allowed to modify or add interview questions as needed for each specific interview.

Trustworthiness

- Multiple researchers
- Member Checking
- Multiple methods of data collection

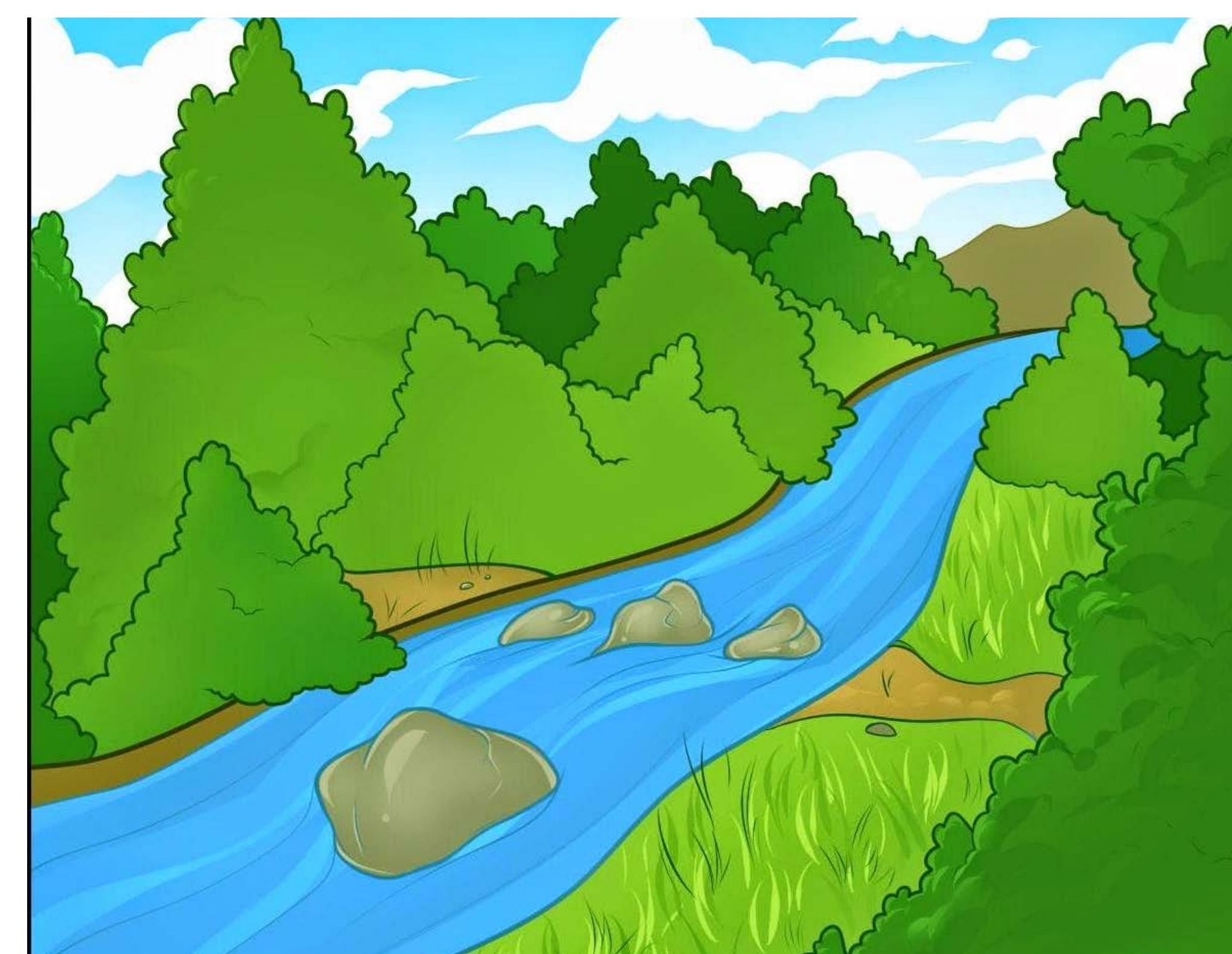
Data Analysis & Findings

Codes

- The interview was transcribed verbatim, coded into 32 codes, and collapsed into 4 categories and corresponding themes.

Categories/Themes

- ❖ Background
 - Dr. Iwama's history of moving and traveling highly impacted his perspective on client care and professional connections.
 - Dr. Iwama discovered occupational therapy while studying another health care profession.
- ❖ Culture
 - From Dr. Iwama's perspective, culture affects how we view the world, and how we understand other cultures.
 - Western culture values independence while Eastern culture uses a collectivist approach.
 - OT culture is affected by healthcare being run as a business.
- ❖ Model
 - Dr. Iwama experienced many enablers and barriers that affected the development of the KAWA model.
 - Theory development comes from everyday practitioners.
 - Dr. Iwama saw a need for a collectivist model in the world of western culture.
- ❖ Passion
 - Dr. Iwama feels OT is a unique profession with a highly impactful skillset
 - Dr. Iwama believes everyone in the OT community has something to offer clients and the profession.
 - He strongly desires to leave a legacy of selfless character rather than one of wealth and prestige.



Conclusions

Assertion Statement

- Dr. Iwama's diverse background and culture strongly influenced the lens in which he sees the world and profession of OT through. This led to his immeasurable passion for the unique value of OT and creation of the Kawa model.

Discussion

- Dr. Iwama's passion for educating others on the Kawa model's unique applicability was evident by his responses, body language, and energy throughout the interview.
- The KAWA model was created to fill a gap in OT theory, and while it remains a diverse model with many applications, it is not intended to be a rigid framework. Dr. Iwama hopes others use the model in a way that works for their life and circumstances.
- Mr. Iwama was able to self-identify and label many barriers and enablers to the creation of his model, as well as describe the social, political, and cultural context in which he has been surrounded by.

Acknowledgment

We would like to thank Mr. Iwama for participating in this research study, his generosity in sharing his life experiences, and for inspiring us to make a difference in the world of occupational therapy.

References

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