

GUEST EDITORS' INTRODUCTION

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You are now reading the second issue of FLEKS Scandinavian journal of intercultural theory and practice, the last of our two thematic issues on tolerance. This issue continues to explore different aspects of tolerance through three new articles, which range empirically from multicultural choirs and intercultural health encounters, to Japanese understandings of the first article in the United Nation's declaration of the Human Rights.

Vulnerability and challenges regarding migrants' inclusion and integration into society constitute the framework for the first two articles. Hildegunn M. T. Schuff describes findings from a qualitative study on the possible health-promoting potential of multicultural gospel choirs run by a volunteer organization in several Norwegian towns. Drawing on Antonovsky's salutogenic theory, Schuff's research makes visible the immigrants' individual agency amidst various structural and personal constraints. More than merely including the various immigrants into an accepting fellowship, the choir became an arena for the individuals' active cultural participation from the very beginning. Experiencing themselves as givers as well as receivers of inclusion, tolerance and support, created empowerment and a sense of self-worth, claims Schuff. Theoretically, their experiences of inclusion and participation in the choir can be related to Hanna Arendt's distinction between pity and compassion. While compassion is fundamentally symmetrical, eradicates distance and involves solidarity, pity, on the other hand, is paternalist, asymmetrical and distancing (Arendt 1990 [1963], pp. 85-94).

Empowerment and agency are central objectives also in Ragnhild Ihle and Tobba Therkildsen Sudmann's article on ethnic minority patients' health encounters. The last decades' increased preoccupation with patient participation and shared decision-making in health services, fundamentally challenges existing knowledge regimes and power-relations between providers of healthcare and patients. Minority patients are particularly vulnerable to being muted and oppressed, claim the authors, not only because of the language-barrier, but also due to the risk of categorization according to religion, ethnicity, gender and age, adding to the asymmetrical relation between patient and health-care provider. Ihle and Sudmann argues that it is fruitful to analyse health-care encounters and -interactions as situated social practice. Such an understanding requires the actors - both healthcare provider and patient - to first create a common understanding of the situation before engaging in a dialogue 'where patients too may exercise agency and present themselves as empowered' (Ihle and Sudmann in this issue).

Each of these articles highlights tolerance as a theme for both theory and praxis, however, in rather different ways. While tolerance is seen as a necessary precondition for achieving integration in a multicultural setting in Schuff's article, Ihle and Sudmann criticize what they consider as underlying paternalist structures in the notion of 'tolerance' as a concept.

In the third and last article, Trond Jørgensen asks whether tolerance is a culturally specific concept. Based on his research in Japan, he argues that the content and practice of tolerance should be studied in its cultural variations, discussing how the Japanese cultural contexts present an alternative understanding to the Western liberal understanding of tolerance. Viewing human nature or personhood as being inter-dependent rather than autonomous, influences the moral justification for tolerance. According to Jørgensen, tolerance is exercised in Japan through an adjustment of one's proper role and place in social relationships, e.g. through the obligation to follow the right course of action (ri). Tolerance as 'avoiding conflictual engagement' does not necessarily imply a limit for tolerance, but a different context for it. Indeed, we would ask whether similar phenomena and values could be recognized to some degree also in everyday life philosophy in very different cultural contexts, for instance in many Scandinavians' quest for egalitarianism and privacy.

Human dignity, autonomy and interdependence are central values in a multicultural society, according to the British political theorist Bhikhu Parekh and his book *Rethinking Multiculturalism* (2006), which we cited in our introduction to the first issue on tolerance. Yet, tolerance is not a sufficient condition for upholding durable peaceful coexistence nor for human dignity. Maybe other values are more important for intercultural dialogue and understanding? Values such as compassion and recognition of the different other? In an important sense, regardless of whether culture and religion is different or shared, every human being constitutes a different other to one another.

References

- Arendt, Hannah. (1990 [1963]). *On Revolution*. London: Penguin Books.
- Parekh, Bhikhu. (2006). *Rethinking Multiculturalism: Cultural Diversity and Political Theory*. Basingstoke: Palgrave Mac Millan.