

There is
always more
than one
story...

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Cultural safety and cultural humility

- “..any actions that diminish , demean or disempower the cultural identity and well-being of an individual..”

(Cooney 1994) a concept that rests on an analysis of power imbalances, institutional discrimination, colonization and our relationship with colonizers (internalized, real or phantasy)

- A THERAPEUTIC COMMITMENT TO LIFE-LONG COMMITMENT TO SELF-EVALUATION AND SELF-CRITIQUE, ADDRESS POWER IMBALANCES AND BE AWARE OF INSTITUTIONAL RACISM, UNDERSTAND SYSTEMIC AND CULTURAL REALITIES OF THE PERSON, ATTITUDE OF PARTNER ,ALLY OR ADVOCACY

Listening to one another..

- CULTURAL SAFETY is an actively created context co-construction including : ATTENTIVE LISTENING, LANGUAGE SKILLS, DIGNITY, TAKING TIME
- CULTURAL HUMILITY is crucial to Person centered care
- Be comfortable with “NOT KNOWING” (especially since trauma is shared slowly)
- strive for ATTUNEMENT: ASKING , LISTENING , PAUSING, WAITING
- “DO YOU SEE ME” “DO YOU HEAR ME” ?
- Eg. The dissociating wife and the angry husband



Cultural Formulation Outlines:DSM V

I. Cultural Identity

1. Cultural reference groups
2. Language
3. Cultural factors in development
4. Involvement with culture of origin
5. Involvement with host culture

II. Cultural Explanations Of The Illness

1. Predominant idioms of distress and local illness categories
2. Meaning and severity of symptoms in relation to
3. cultural norms
4. Perceived causes and explanatory models
5. Help seeking experiences and plans

III. Cultural Factors Related To Psychosocial Environment and Levels Of Functioning

1. Social stressors
2. Social supports
3. Levels of functioning and disability
4. Cultural Elements Of The Clinician-Patient Relationship
5. Overall Cultural Assessment for Diagnosis and Treatment

IV. Cultural Elements Of The Clinician-Patient Relationship

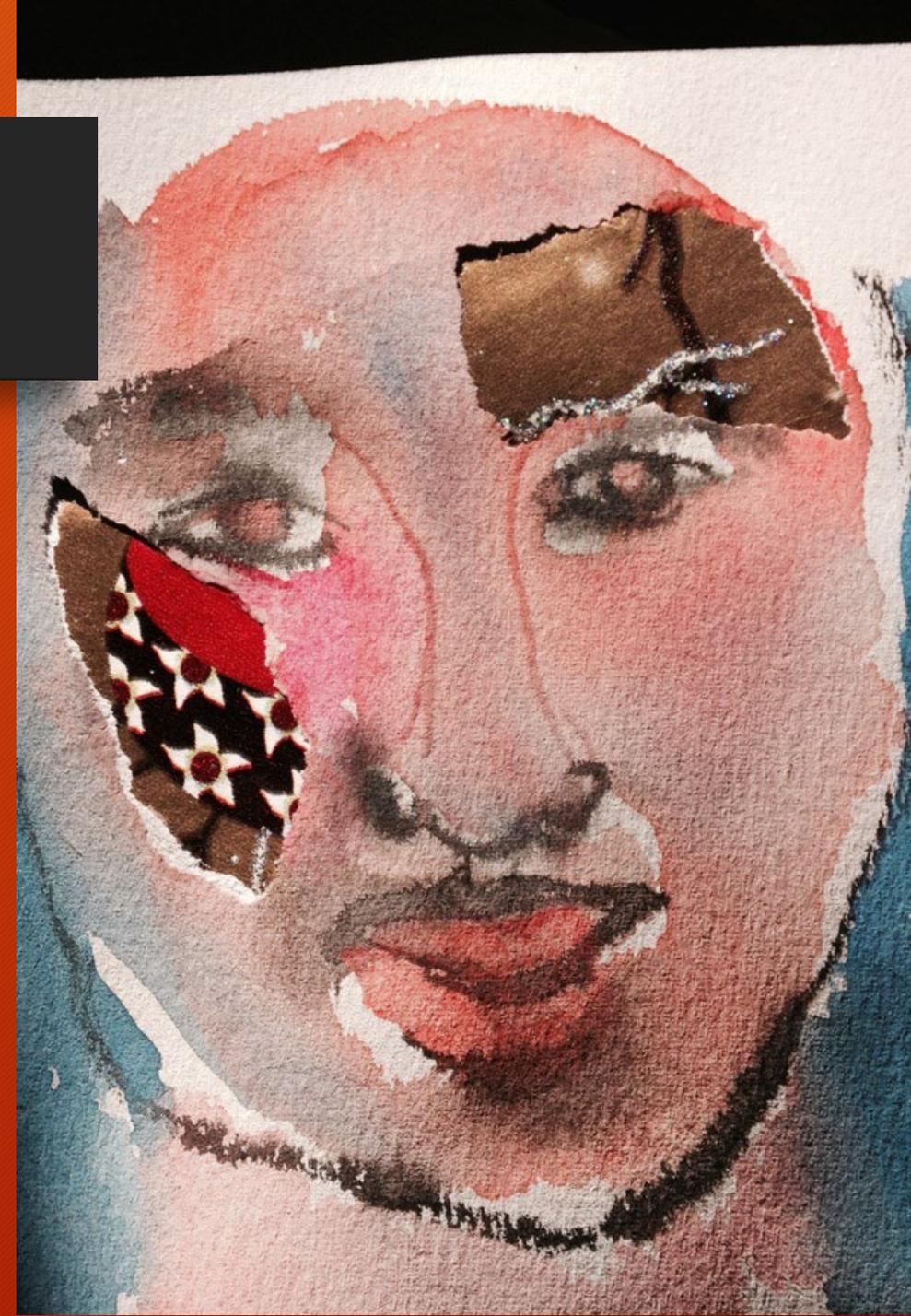
V. Overall Cultural Assessment for Diagnosis and Treatment

See : DSM 5 : Handbook on the Cultural Formulation Interview , APA (2016)

The delusion of neutrality... a striving for dignity

- Awareness of the cultural diversity of the patient (ancestral and present contextual) : we are a nation of complex diversities and hybridities
- Awareness that NONE of us is "NEUTRAL" : being comfortable with "NOT KNOWING" as a position
- Reflect upon and own your cultural identity, limitations, stereotyping and biases (it helps to present the patient to colleagues)/Eg. Family dr in ER
- Awareness of the patient's explanation about their health and illness /Eg. Spirits or Djinn probably caused... , Prozac might help

see: 2010 Microaggressions in everyday life: race, gender and sexual orientation by D. W. SUE



HOW ARE YOU HEARD..

- LET THE PATIENT SET THE AGENDA AND PACE
- USE EMOTIONAL SIGNALS OF PATIENT AND YOUR INTERNAL DISCOMFORT: TO SLOW DOWN AND EXPLORE :MICRO AND MACRO AGGRESSIONS ACCUMULATE AS A TRAUMATIC IMPACTS IN HEALTH
- EG. “THIS DOCTOR ISN’T LISTENING”
- LISTEN TO EMOTIONAL TONE AND NON VERBAL PACE OF BOTH PATIENT AND MENTAL HEALTH CARER
- EG. “YOU’RE FIRED” , “I FELT CRITICIZED WHEN YOU SAID..” “THANK YOU FOR TELLING ME..”



SELF CARE IS PART OF PERSON-CENTERED HEALTH CARE

- PREPARING TO MEET A NEW PATIENT : GATHERING YOUR ATTENTION and PRESENCE FOR EACH PERSON'S STORY

EG. FAMILY DOCTOR TAKES A MOMENT AWARENESS OF POWER AND PRIVILEGE IN HIERARCHIES INVOLVES AWARENESS OF STIGMA, OTHERING , SILENCING, ADDRESSING ANTI RACISM, SPACES TO DISCUSS OUR MORAL DISTRESS..towards coworkers and in training, supervision, policies and patient care

“of all the forms of injustice, injustice in health care is the most shocking and inhumane..” Martin Luther King



"PEOPLE WILL FORGET
WHAT YOU SAID, PEOPLE
WILL FORGET WHAT YOU DID,
BUT PEOPLE WILL NEVER
FORGET HOW YOU MADE
THEM FEEL"
MAYA ANGELOU

