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Plan

Introduction

- Framework of the meeting
- Racism: a difficult subject to tackle, an uneasiness to tame

The knowledge

- Some conceptual definitions to keep in mind: racism, coloniality, cultural safety…
- Culture and clinical encounter

Aptitude skills

- The discomfort: to take interest in the points of tension
- Ethnocentrism: a human reflex
- Cultural humility, decentralizing and opening up to reflexivity

The know-how

- The collection of information in the clinical and the use of information
- Existing tools and the need to adapt them

Conclusion

- Fighting racism and promoting cultural safety: avenues of reflection and action

2

Introduction

- Framework of the meeting
  - Openness and listening
  - Your wishes?

Racism
- a difficult subject to tackle, an uneasiness to tame

At any time, please feel free to share examples, more difficult moments or success in your clinical practice that are content-related.

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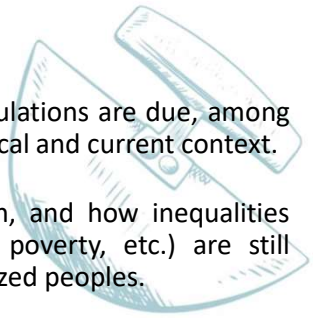
Introduction



- It is now recognized that the health inequalities of indigenous populations are due, among other things, to marginalization these peoples as result of the historical and current context.
- Several authors bridges the gap between racism and colonization, and how inequalities (housing, education, health care and employment accessibility, poverty, etc.) are still fundamental determinants of health for indigenous and other colonized peoples.
- The racism and colonialism phenomenons are complex, emotionally charged, and can be stressful for people trying to unpack them.
- As clinicians, it can be difficult to reconcile with both the expert position (with certainties) and a posture of humbleness and openness towards the unknown (full of uncertainities). For the sake of our work, it is essential to take an interest in and to reflect on our position. This is what we are going to do together.

(Adelson, 2005 ; Reading, & Wien, 2009 ; Reid & al., 2019 ; Richmond, 2009; Reid, Cormak & Paine, 2019; WHO, 2004.)

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Ethnocentrism: a human reflex

- We all have bling spots: it is normal
  - Discomfort is also normal, it is important to take a look at it: if you feel the discomfort, there is a good chance that the person sitting in front of you also feels and experiences it.
- Working in an intercultural and collaborative context can cause discomfort or tension due to the fact that these encounters bring out the different personal, professional and institutional ideologies that surround the clinical practice.
- Working in a (post)colonial context can also bring out power relationships (historical and current) between groups to which one belongs: it is difficult to be in the position of the agressor, especially when what one want is to take care.
- It is possible to observe the taboo surronding the idea of naming differences between the mainstream group and the multiple minority groups.
- Do not get stuck with the discomfort: What creates it? What can I do about it?

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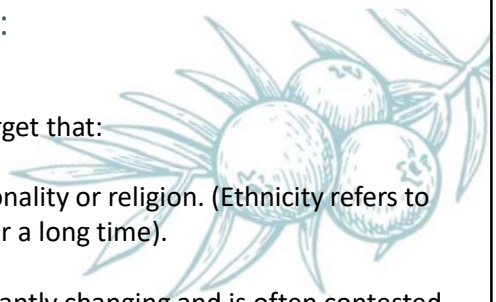
Conceptual definitions: Culture



We must also be careful when we talk about culture and not forget that:

- The notion of culture is not synonymous with ethnicity, nationality or religion. (Ethnicity refers to the heritage, kinship and ancestry that a group has shared for a long time).
- Cultural worlds are open systems. Therefore, culture is constantly changing and is often contested. This means that culture is not only about history, but also about today's world. For example, Inuit culture today is not what Inuit culture was 50 years ago. There is a certain continuity and there are also changes. Also, not everyone will agree on what Inuit culture is.
- There are variations in groups regarding cultural beliefs and practices, and individuals belong to several cultures.
- Culture is not the only element that can help explain or understand a situation.

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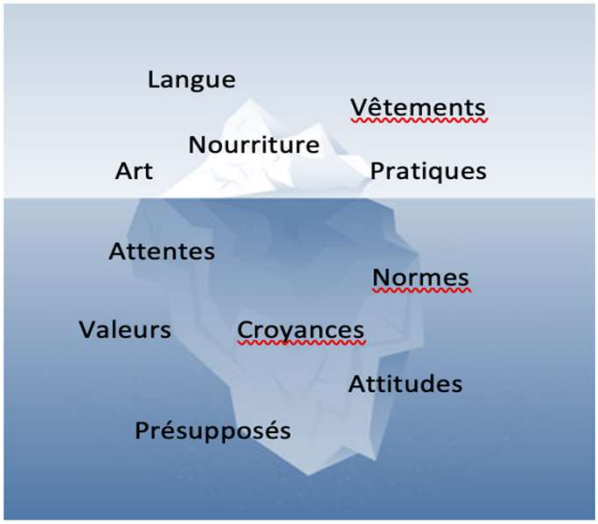
The culture: not always visible



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Conceptual definitions: Racism

- Racism is described as an **ideological system** (a worldview) that incorporates ideas of **race** and **racialization**, in which power, resources and experiences accessibility are differentially structured according to socially constituted groups and classified in terms of race or ethnicity.

- Racism can be defined as an **organized system** within societies that causes avoidable and unjust situations. It manifests itself through beliefs, stereotypes, prejudice or discrimination.

(Cauce & al., 2002 ; Reid, & al., 2019; Paradies, Ben, Denson & al. 2015)

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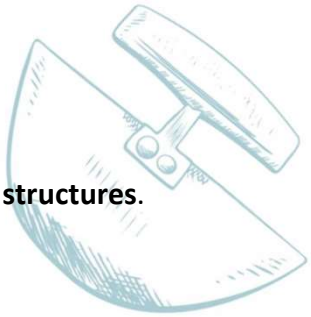
Conceptual definition: Racism



- It can be both **visible (insults)** or **invisible** and be anchored in **structures**.
- Racisme can occur at several **levels**:
  - Internalized (racist attitudes, beliefs or ideals)
  - Interpersonal (interactions between individuals)
  - Systemic (access to work, material and symbolic ressources within the society)
  - Epistemic: who produces knowledge
- In its systemic perspective, racisme can have **effects** on certain people (known as « racialized »). despite the **intentions** of the members of this society.

(Cauce & al., 2002 ; Reid, & al., 2019; Paradies, Ben, Denson & al. 2015)

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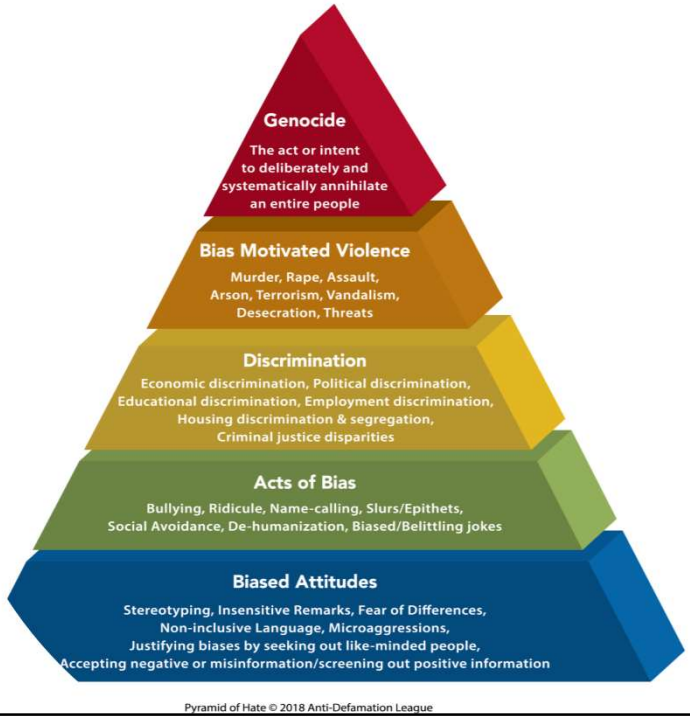
Racism



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Racism

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Conceptual definitions: colonialism and coloniality

Colonialism :

In its early days, colonialism was the product of systematic repression, specific beliefs, ideas, images, symbols or knowledge that were not conducive to global colonial domination. Colonialism had an aim of resource production or appropriation.

Coloniality:

These are the means put in place to perpetuate colonialism. Repression is exercised on the modes of knowledge, the production of knowledge, the production of perspectives, images and systems of images, symbols, modes of signification, on the resources, motives and instruments of formal and objective, intellectual or visual expression.

(Cloos, 2015; Quijano, 2007 ; Trout & al., 2018

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To summarize

Perceived and experienced racism in the health care system is rooted in history (colonialism), and persists through coloniality and epistemological racism.

With little epistemological diversity and the recognition of a single paradigm (e.g. bio-medical) we encourage an Eurocentric worldview and perpetuate what many call "white privilege".

The dominant group maintains **systemic advantages** and obscures the fact that the system is unfair to certain groups. Epistemologies and structures can be violent towards a given group and perpetuate racist practices that create situations that serve the dominant group, without even realizing it.

Akintunde, 1999 ; Fraser & Gaulin, Submited; Hunter, 2002

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The clinical encounter

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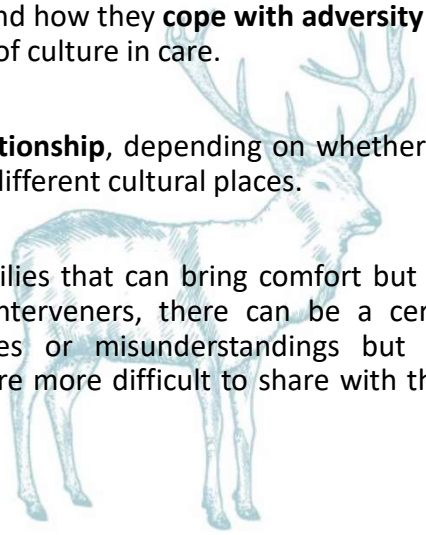
Culture, bias, and the clinical encounter

- **Culture** influences how people **express** their suffering and how they **cope with adversity** and **seek help**. It is therefore important to consider the role of culture in care.
- Cultural aspects will also play a role in the **clinical relationship**, depending on whether the intervener and the person met come from the same or different cultural places.
- For Inuit practitioners, this can mean closeness to families that can bring comfort but also emotional and confidentiality issues. For non-Inuit interveners, there can be a certain distance, which can bring communication difficulties or misunderstandings but also sometimes opportunities to share certain things that are more difficult to share with those around them.



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The culture and the clinical encounter

- Culture therefore influences when, where, how and with whom individuals will confide.
- Culture influences how symptoms are expressed (externalized or internalized), the model used by clinicians and other workers to understand those symptoms, and how people will want to be treated (by whom and how).
- Desired treatments will also be influenced by the explanatory model of the person receiving care, for example.
- The desired treatments will also be influenced by the explanatory model of the person receiving care, for example.
- When there are differences in perceptions about the difficulties experienced, the services offered may then be perceived as inconsistent in the eyes of an individual or community. This can lead to dissatisfaction, non-adherence to treatment and a rather difficult care experience.
  - The concept of resistance among Inuit
  - Interesting starting point for understanding present interactions and challenges in the clinical encounter
  - Protecting assets, a culture, an identity

(Alegria, Atkins, Farmer, Slaton, & Stelk, 2010; Pumariega, Rothe, & Rogers, 2009 ; Kleinman, 1987; Lewis-Fernández, Aggarwal, Bäärnhielm & al., 2014; Hwang, Myers, Abe-Kim, & Ting, 2008; Kirmayer, 2006)

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Culturally sensitive approaches in clinical practice

- **Cultural competence** is "the capacity of practitioners and health services to respond appropriately and effectively to patients' cultural backgrounds, identities and concerns" (Kirmayer, 2012).
  - But we have to be careful not to take a fixed description of a culture and apply it like a recipe in a book. It is not as if it is possible to know everything about a culture, even our own. Therefore, we need to be humble.
- However, let us remember that we must be careful not to adopt a fixed description of a culture and apply it like a cooking recipe. It is not as if it is possible to know everything about a culture, even our own. So we have to be humble.
- **Cultural humility** is a lifelong commitment to self-reflection and self-critique and was put forward as a concept given the recognized risks just mentioned. It involves taking a humble position with respect to our knowledge about our patients' experiences and difficulties (Tervalon & Murray-Garcia, 1998).

(Kirmayer, 2012 ; Tervalon & Murray-Garcia, 1998).

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Cultural Safety

- **Cultural safety** is an approach developed to take into account cultural elements and power relations in clinical encounters in intercultural and postcolonial contexts, hence coloniality (Ramsden, 2002).
- **Cultural safety** is "what is felt or experienced by a patient when a health care provider communicates with the patient in a respectful, inclusive way, empowers the patient in decision-making and builds a health care relationship where the patient and provider work together as a team to ensure maximum effectiveness of care" (National Aboriginal Health Organization - NAHO, 2008, 19).
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- Culturally unsafe practice concerns "any actions that diminish, demean, or disempower the cultural identity and well-being of an individual" (Nursing Council of New Zealand, 2002, 7).

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Reflexivity: a needed tool for the clinician

Reflexivity is a continuous process. It is the active analysis of how our position as clinicians and dominant ideologies shape our decisions, relationships and interpretations of the world, rather than a static and formal statement of who we are or what we believe.

« A reflexive researcher actively adopts a theory of knowledge. A less reflexive researcher implicitly adopts a theory of knowledge, as it is impossible to engage in knowledge creation without at least tacit assumptions about what knowledge is and how it is constructed » (Carter & Little, 2007).

(Brown & Strega, 2015).

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More specifically

Here are some avenues for reflection and action to fight against racism and improve cultural security:

- Getting to know ourselves as cultural beings (with our own blind spots)
- Be attentive to the different ways in which culture is expressed in the clinical work.
- Decentralize and take into account other perspectives.
- Tolerate uncertainty (not knowing) and adopt a posture of continuous learning and reflexivity (cultural humility).
- Adopt a posture of open and respectful dialogue.
- Recognize power relations within organizations and society (structural issues, mobilization - advocacy).
- Advocate for political changes (protocols, allocation of resources, etc.).

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Some tools

- The DSM V **Cultural Formulation Interview** (CFI) is designed to assist practitioners in the collection and organization of culturally relevant clinical information. The open-ended formulation of questions can be inspiring for addressing cultural elements that may influence clinical follow-up (values, religion, family relationships, life stages, etc.).

- The **Culturagram** is a tool for cultural and migratory exploration: it allows a better understanding of the socio-cultural context of an individual or family (Congress and Kung, 2013). It highlights the cultural challenges they face and the ways in which they resist the various forms of oppression they experience (Richardson and Wade, 2016).

To remember:

- These tools were not built specifically for indigenous peoples, but they can be adapted on a case-by-case basis.
- To use these tools, prerequisites are necessary, namely an intervention context imbued with a set of skills and attitudes such as respect, open-mindedness, flexibility, a willingness to get to know others (and to respect their silences and secret gardens), and awareness of and distance from their culture (Gauvin and Laforge, 2016).

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Any questions?

Nakurmiik! Merci! Thank you!

☺

To continue this conversation, please feel free to write us or to go on the Atautsikut forum.

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