

I can tell you a lot about how this country is a pretty bad place for many people to live. I can tell you stories about violence and hatred, about death and neglect, about cruelty and dismissiveness. I can tell you that a person's skin color or religion or haircut or lack of haircut can be enough of an impetus for people to deny rights or access to basic needs such as healthcare. I can tell you about systemic racism and the failure of a nation to confront its own past and move towards a future that recognizes and celebrates differences. What I cannot tell you is how I can treat someone from a different background than my own and be sure that I am providing the best possible therapy for them. At least not yet.

As part of a sociocultural workshop included in the Master of Science of Occupational Therapy curriculum, we were tasked with exploring our own biases and how they might impact the rapport and relationships with future clients. I approached this project as an opportunity to address the ubiquitous systemic racism in the healthcare industry, knowing that I would barely scratch the surface of a complex and diverse topic. By narrowing my focus to the Native American¹ population in the Puget Sound region, I learned tactics and skills that I will be able to apply elsewhere in both my education and in my career. While I am most certainly not adequately prepared to serve this population, I have made progress—mostly in identifying how much farther I have to go. In conducting my research for this assignment, I pushed myself to make connections with the Native community that I did not have before, and to step down from my preferred role as educator or instructor. Having moved so far beyond my academic comfort zone, I am still processing the information I was exposed to throughout the course of this project. However, I will attempt to communicate the strongest themes that emerged from my research and how they affected my perception of exceptional healthcare provision.

My grandmother grew up on the Turtle Mountain Chippewa reservation in North Dakota. The youngest of six kids, she was the only one in her family not sent away to a boarding school to learn how to be a “good” Indian. She learned how to despise her ethnic background and see nothing positive in her past. My mother grew up in the Civil Rights and Red Power era, and made a concerted effort to reclaim her heritage and see the power, resilience, and positivity that came with having a strong cultural identity. As a child, she took my sisters and me to pow-wows, potlatches, festivals, and community gatherings in and around the Puget Sound region, especially to the Quinault reservation. My identity was shaped in part by these events.

But identifying as Native American and being a culturally competent healthcare provider do not coexist automatically. My own history and experiences will likely be very different than those of my future clients. I recognize that I am the recipient of huge advantages that others do not have. My pink skin allows me to go unnoticed in crowds, and be able to choose how and to whom my identity is revealed. My parents grew up poor, but not in poverty, and while I certainly had to do without some things in my life, I always had food and shelter, and always knew that there was someone out there who would take care of me. I am aware of and immensely grateful for the privileges I have.

I am also aware that no matter how good a person I think I am, I am still a product of society, and my society is astoundingly prejudiced. I have conscious and unconscious thoughts that are rooted in racist assumptions, and I probably always will. But I have benefitted from growing up in a family that was not afraid to talk about racism and how pervasive it is. I learned, much earlier than most people, how to recognize those racist thoughts, analyze them, and discard them if I found them to be rooted in prejudice, stereotypes, or lies. This is an ongoing process.

¹ I use the term Native American throughout this paper because it is what I grew up hearing and what I identify with. The U.S. Census uses the term American Indian.

Every day, I learn new things that change my view of people or how I perceive past and current events. All this knowledge gets applied to those first thoughts, and sometimes it brings about a realization that, yep, that was racist. It is hard, and exhausting, and sometimes all I want to do is ignore it and say, “not my problem.” But I cannot. I will not let myself, because I hold myself to a higher standard. I do not want my actions to be based on racism or classism or sexism or ageism or size-ism or any other broad assumptions about an incredibly diverse group of human beings. I may have those initial negative thoughts, but by being metacognitive I can become actively anti-racist in my actions. I also strive to think of everyone firstly as a unique compilation of stories who is part of many different communities. I try to force myself to come to them with as few stereotypes and preconceived notions as possible. This is not a perfect strategy, and I am certainly less effective in some cases than others, but by trying to remember that there are many stories about how a person ended up where they are today I am sometimes successful in rooting out racist assumptions.

For me, that idea of seeing a person as being in the middle of their own story helps me to avoid judging them based on preconceived notions. I cannot know their history by looking at them: that homeless Native on the street is not lazy, he was let down by society in a hundred different ways, or never had a safety net in the first place, or gets turned away from facilities that might help because he is not Christian enough for them. You can find good and bad people everywhere, so do not approach any encounter thinking that you know where it will go. There may be broad traits or histories that can be applied to groups, but you cannot underestimate the person there with you.

I am sure that in my past I have reacted negatively to Native Americans or in some ways perpetuated historical racism or stereotypes. I am not so naïve as to think that even though my childhood was filled with positive examples of Native Americans it erased all the other messages I was getting from other sources. I also know that I am ignorant of some cultural practices, and that there is no way that I, as an urban Indian, will have the same relationship to some things that someone more enculturated in historical practices will. I used to really struggle with the concept of what it means to be a “real Indian,” but the more I grow individually, and the more I educate myself and develop interpersonal relationships, the more I see that concept as inherently damaging. Who gets to define real? As Annette Squetimkin-Anquoe, Colville and Traditional Medicine Liaison for the Seattle Indian health board asked, “If a person follows what we see as a good, healthy life, but is not full blood, are they less Indian than a full blood who is sick-minded or evil?” (personal communication, December 5, 2014). Furthermore, the huge diversity in the Native American population means that an individual’s receptiveness to treatment is going to fall somewhere along a huge spectrum. Not all Natives are deeply involved in their traditional cultures, while others are fully immersed and will have very different behavior in treatment sessions than what you might be used to or expect. Talking with Native providers and researching the topic of cultural competence has given me some insight into strategies I can employ when working with a Native American client. These will not work with everyone, and not every provider will be able to make use of each idea, but they can serve as a starting point.

Knowledge

Understanding the long and complicated history of Native Americans in this country is important. You also have to understand the concepts of historical, collateral, and intergenerational trauma. Even if your client does not use that language, or identify the source of their trauma, you have to

know that the story they are part of goes back generations (Goodkind et al., 2011), and recognize your own role in the history and the narrative of Native American experiences. Being familiar with your own biases and understanding the lasting effects of colonization can help therapists avoid blaming or victimizing their Native American clients, and foster respect for the individual and community. You have to be ready to treat all of the history your client carries as part of their narrative, and recognize the fact that Native American history is still denied by many people in this country. This knowledge cannot lead to pity, though, as pity and guilt are ineffectual responses to systemic oppression. We are still here, still surviving, and in many ways thriving.

Respect

For Native Americans, religion, science, and medicine are linked, and their use of traditional Indian medicine is as important to them, or more important, than the treatments you have to offer. Even if you do not personally agree with these beliefs, or place them below the Western biomedical beliefs, it is important to acknowledge and respect how crucial their practices and beliefs are to their wellbeing (Hollow, 1998). Respect also means understanding that the communities you are working in or with might know what is best for them, and they will have their own answers to some of the problems they face (Goodkind et al., 2011). U.S. society does not respect or place value on Native Americans or our knowledge. This lack of knowledge permeates our education, media, and all aspects of our social lives. Much like systemic racism is learned and ingrained, so can a lack of respect be learned and reproduced.

Humility

Historical Indian medicine kept Native Americans healthy and whole for tens of thousands of years prior to European contact. You do not have the only right answer for providing treatments to people. In fact, much of the knowledge you have was never trialed on Native Americans, and is based on scientific evidence that is intrinsically linked to Western culture, Western concepts of knowledge and truth, and European bodies. It is important to know this cultural bias for treatment and interventions and to recognize the limitations of Western practices (Goodkind et al., 2011). Native American viewpoints and ways of life are being appropriated every day by mainstream culture because people see the value in notions of balance and belonging. All clients, not just Native Americans, have as much to teach you as you have to teach them. It is vitally important for you to remove as much of the power imbalance as possible when working with Native Americans, and you cannot do that without profound humility.

Some places, including the Seattle Indian Health Board have moved away from the phrase cultural competence in favor of cultural humility. Annette Squetinkin-Anquoe sees this concept as being much more client-centered, as it promotes recognition of personal biases and can lead to even more client-centered care. It also encourages the formation of genuine partnerships, as it places value on both parties' knowledge and experiences (Goodkind et al., 2011).

Patience

Native Americans have a 500-year history of being betrayed by Europeans and their descendents. Any trust that might have existed is well and truly gone. You may possess the best of intentions and have done all your homework on their culture, but they will treat you like every other white

healthcare provider they have encountered before and have had bad experiences with, as have their parents and ancestors. You will likely need to prove that you are truly invested in their health, and if you are not going to have the time to prove you are in it for the long haul, you may never see them open up to you. Do not assume that your logic and your scientific evidence will make them see your treatments as worthwhile or beneficial. And be ready to listen and to negotiate your knowledge and their knowledge. Listen to long stories that may seem to be about nothing at all or completely unrelated to what you asked them. As one Native provider said, “Listen, not so much to the words, but the feeling of the words. Hear the pain, sadness, the fear, and the loneliness, or the joy and the happiness” (Weaver, 2004). Storytelling is a source of knowledge, a means of communication, and a way of life for many Natives, and they will use stories to convey their values and knowledges, and information on what occupations they see as important and worth pursuing. You will also have to be comfortable with silences, and not feel compelled to talk just to avoid them, and never interrupt when your client or a family member is talking (Weaver, 2004).

There is no way to walk into an evaluation with a brand new client and know all the details about their client factors that would enable you to act in a culturally competent manner. That competence cannot be fully taught in the classroom; it is more than a checklist you can apply to yourself, and in many ways you can only be truly culturally aware with personal experience. The best place to start is by being the best occupational therapist you know how to be. The traits valued by Native Americans include many traits that are valued by therapy organizations such as the American Occupational Therapy Association and here at the University of Puget Sound. For example, some foundational values of the Anishinaabeg are: balance, respect, courage, honesty, love, wisdom, humility, and generosity. The Intentional Relationship model (Taylor, 2008) can be used to develop meaningful relationships with clients, which carry with them an implicit respect for the person and their life and occupations. Taylor emphasizes building rapport and establishing relationships (Taylor, 2008), two traits that are also highly valued by Native Americans. Occupational therapy also has other models that fit with a more historical world view. The Kawa model and its emphasis on the inseparability of self, context, and environment also mirrors the traditional concepts of balance and interconnectivity (Schell, Gillen & Scaffa, 2014). Start by being open, honest, accepting, and understanding. Provide the best therapy that you can, and understand that even your best might not be enough to address the complex history and present situation of a Native American client. Do not expect them to automatically respect or trust you, but never give up on the possibility either. Do not get so caught up in little details of what you think are culturally competent practices that you pigeonhole your clients, as this can lead to psychological essentialism and break down the competence you are trying to develop (Wendt & Gone, 2011). Be a good therapist, and as your relationship develops, let them tell you how you can be more aware and responsive and work on your cultural skills (personal communication, December 9, 2014). The story that has existed between Native Americans and healthcare providers in this country has been filled with lies, mistrust, broken promises, harmful actions and a lack of respect. By adhering to and further exploring the above strategies we, as students of occupational therapy, have the opportunity to go out into the world and help to create a new narrative, a story that includes mutual respect, an emphasis on listening, and the mutual sharing of our knowledge.

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