Toward a Cultural Consciousness of Self in Relationship:

From "Us and Them" to "We"

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BACKGROUND AND OBJECTIVES: While skills and techniques can help family physicians and other health professionals achieve basic competence in working across cultural and social boundaries, perhaps their most important tasks are those directed inward toward attitudes, beliefs, and capacities for self-exploration. This essay links the practice and teaching of cross-cultural medicine to clinicians' and educators' exploration of their own self-consciousnesses. The more they are willing to explore the unfamiliar within themselves, the more emotionally and psychologically comfortable they can become in dealing with the joys and challenges inherent in cross-cultural medicine. Several practices can foster this development of a sense of self in relationship with others. As health professionals and medical educators recognize and promote an awareness of self in relationship, they can enhance their personal and professional roles to become more effective advocates of equity and social justice in every clinical encounter.

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Much has been written about the practice of cross-cultural medicine. We know it is important, as evidenced by dramatic changes occurring in the global North, the rise in the number of family physicians and other health professionals attending to issues of global health at home and abroad, and the growing appreciation that people from both across the street as well as around the world are increasingly interconnected.

Practicing Cross-Cultural Medicine

We know that cross-cultural practice involves, self-evidently, issues of culture and recognizes that people experience the world from different perspectives.[1] Its foundational premises are these: first, we all see, think, and act in ways concordant with these diverse perspectives;[2] second, culture forms an invisible milieu that affects everything we believe and do;[3] third, health professionals and educators are more likely to be effective when they recognize that these differences exist;[4] and, fourth, elements of cross-cultural practice are present in all clinical encounters.[5]

We know cross-cultural practice can result in problematic clinical encounters, leaving patients and clinicians scratching their heads in confusion and feeling frustrated, impatient, and diminished.[6] However, we know there also exist moments in the practice of cross-cultural medicine during which boundaries—boundaries of language, ethnicity, education, and class—melt away and practitioner-patient communication takes on transcendent qualities that enhance patient care.[7] While many articles in the medical literature address the theoretical and practical aspects of this relational process and its therapeutic benefits,[8-10] narratives seem especially rich sources from which to mine the spirit of shared presence that results from such encounters.[11]

In addition, we know that personal characteristics such as humility play a part in cross-cultural practice—humility not from a position of subservience but born of the recognition that other points of view are worthy of consideration, especially when these points of view come from people who look and act differently than we do.[12] This means being interested in and paying careful attention to the historical, political, and economic contexts at play around the world and to people who have been oppressed by reason of the color of their skin, the lack of pecuniary resources and gainful employment, the place of their birth, or any one of many other factors traditionally associated with discrimination. As well,

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it means acknowledging that we as physicians have, by means of our biomedical training, developed approaches to thought and action that preferentially support our work in settings of organizational and technological abundance. This same professional socialization unfortunately often limits our abilities to work in areas of scarce resources and to prioritize and attend to those living in circumstances of economic want and social marginalization.[13]

Engaging Self Understanding

What is less well known and understood is that which goes on inside of us on a routine basis as clinicians in cross-cultural health care. What stereotypes do we take with us into our clinical encounters? How do our assumptions affect our interactions with patients? Do we understand the power dynamics that exist between patients and health professionals? How do we perceive and address the varied socio-cultural determinants that affect health outcomes?

As well, there are the more nuanced aspects of self-understanding in relationship to working with others, especially those who bring to clinical encounters thoughts and behaviors completely at odds with the biomedical worldview into which we have been socialized. How do we see our roles as clinicians? Are we leaders, guides, or partners? Are we curious about what our patients believe or how they manage their illnesses, or do we perceive these as challenges to our authority? Is our agenda first and foremost, or are we inclined to promote patient participation, self-worth, and self-efficacy? Are we there simply to diagnose and treat, or are we there for patients? Are we there with them?

There are skills and techniques that can help us achieve basic competence in working across cultural and social boundaries.[14,15] These include tools to work effectively with interpreters and to improve verbal and non-verbal communication;[16] methods for using open-ended, patient-oriented approaches to elicit pertinent and necessary medical information;[17-19] and recommendations on how to make use of clinical team members (including medical assistants and community health workers) as key informants or ambassadors to reach out and help bridge gaps in understanding.[20]

In practicing across cultures, however, the most important tasks may be those that are directed inward, into our own attitudes, beliefs, and capacities for self-exploration. Are we willing to examine our vulnerabilities in the face of suffering, our own and those of others? Can we acknowledge the anxieties and fears that arise when we encounter situations other than those we expect? Can we remain present with our patients when challenged by such encounters? Are we able to practice, consciously and with persistent dedication, a reflection into self that suggests we are on a lifelong path of learning in regards to the patients who present before us? Can we face both the biases we bring to our encounters with others and our own cultural and personal reactions in response to them, rather than think these are issues that are only marginally relevant to our practices?

Bridging Boundaries

We as clinicians are experts in the scientific method and the medical care of patients. Patients, though, are the experts in their own lives. Cross-cultural practice is ultimately about bridging these boundaries and fostering meaningful communication with every patient in our professional care. It is attempting to see the world through another person's eyes, at least in regard to the problem or problems at hand. It is being willing to put ourselves in situations that are initially uncomfortable, foreign, and unfamiliar. It is the process of sticking our necks out and taking some risks rather than retreating to what is familiar based upon our backgrounds and professional socializations. It is the work of doing the best we can in these situations with what we have, wherever we are, in the moment at hand, allowing both skill and sensitivity to be our guides. With each moment of practice, it is learning how to recognize, investigate, and manage the feelings and thoughts that are integral to that process.

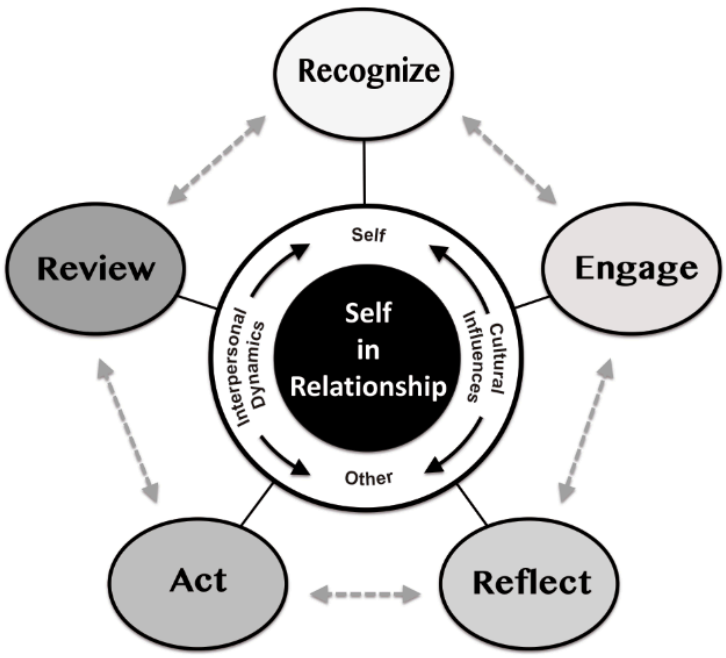
How do we accomplish these tasks in our own practices? How do we convey their importance as teachers of the next generation of clinicians? In a culture and business of medicine that marginalizes the very idea that environmental and social factors play significant parts in clinical work, it may not be easy.[31] We suggest, however, that several activities can help bring to light unconscious biases that limit our abilities to attend to this process. These actions may heighten our interest and enhance the rewards that cross-cultural practice can offer (Table 1 and Figure 1).

To explore and develop our capacities as mindful practitioners of cultural medicine, we invite clinicians and educators to consider integrating the following steps into practice and teaching: first, recognize the presence and importance of cultural issues in all elements of the work we do; second, engage in dialogue those patients, families, and colleagues with whom we come in contact; third, reflect upon both our cognitive and emotional responses to these conversations and the role that culture has played in our personal and professional development; fourth, act in ways that increase the likelihood of finding common ground with all those in our care, as well as those with whom we partner to provide it; and, finally, review with others experiences that sustain us, challenge us, and help us grow over time. While we present these as five simple steps—to recognize, engage, reflect, act, and review—they represent a dynamic, asynchronous, and integrated process in which each step forms one part of a larger whole by which we can come to know ourselves through our interactions with others. In turn, we can respond to

Table 1: Toward Self in Relationship—Steps to Self-Awareness in the Practice of Cross-Cultural Medicine

Step	Recommended Activities
Recognize	• Open oneself to an anthropological gaze of inquiry, curiosity, and interest in self and others. • Acknowledge that issues of culture exist everywhere: around the world, right next door, and within oneself. • Trust in the value of cultural and social issues as of vital importance to the health of individuals as well as the public.
Engage	• Listen deeply to the stories of patients and be open to examining one's own story in response. • Examine how dimensions of culture play roles in one's education and practice. • Study how other practitioners and teachers have come to recognize issues of culture and society in their work.
Reflect	• Observe personal responses that may shed light on biases and resiliencies (both ours and those of our patients). • Explore the boundaries of these unconscious biases that we all bring with us to every encounter with others. • Hear one's own voice in concert with and distinct from the dominant ideological paradigms of current medical practice.
Act	• Participate actively in the work of cross-cultural medicine, seeing traditional boundaries as not as barriers that divide but as opportunities to find common ground. • Choose wisely a type of practice that encourages the development of one's personal and professional identity as a cross-cultural clinician. • Join with others who find themselves interested in attending to social determinants of health as part of their work.
Review	• Be curious as to possible ways of incorporating one's expanding awareness into clinical and teaching practice. • Discuss with others shared experiences pertinent to one's development and continued growth as a practitioner in cross-cultural medicine. • Seek thoughtful refuge privately and with others to minimize the effects of compassion fatigue—the work of cross-cultural medicine is at once engaging and challenging.

Figure 1: Self in Relationship



others' needs with greater clarity and thoughtfulness.

Each calls for recognizing and responding to factors beyond the biomedical ones that influence the etiology of diseases and our understanding of illnesses. Each requires a personal commitment to be curious and explore both sides of the therapeutic dyad between practitioner and patient and to mirror that commitment in the educational dyad between teacher and student. Each invites one to contemplate and to share thoughts and emotions triggered by differences in individual history, collective knowledge, and personal awareness. Taken together as honest efforts in matters cross-cultural, we believe they embody the types of purposeful work that distinguish health care as a profession from health care as a trade.

Overcoming Challenges

Many a physician, including many family physicians, may argue that all of this is peripheral to the real work of doctoring. While our undergraduate and graduate medical education programs have succeeded in advancing the awareness of cross-cultural issues over that past several decades,[21] the reality is that there still exist many disincentives to embracing these issues as part and parcel of everyday practice. Many of these barriers are ideological: the biomedical model that dominates much of training and practice often pays minimal attention to the impact of social factors on disease.[22] Some are structural and closely aligned with how money and power influence contemporary systems of payment for professional services,[23] as well as physicians' specialty and geographic practice choices. The launch of the Patient Protection and Affordable Care Act may bring about some positive changes in this regard, yet insurance coverage alone is unlikely to bridge cultural divides.

Additional barriers to developing cross-cultural mindsets, however, come from within. They are the stuff of our own histories: the subtle and not-so-subtle influences our families of origin,[24] our upbringings and professional socializations,[25] and our personalities play on how we think and act.[26,27] They persist into adulthood, however, based not only on this enculturation but also on our abilities to see beyond our backgrounds. Are we able, individually and collectively, to open our minds and our hearts to the range of thoughts and feelings that undoubtedly accompany this work? Are we willing to put ourselves in roles of learners, if only for a moment, putting on hold the role of expert in which much of our practiced comfort lies? Are we capable of actively seeking out professional experiences that challenge our uncertainties, anxieties, and apprehensions so as to state to ourselves—without defensiveness, self-judgment, or fear of recrimination—the one realization common to almost all cross-cultural encounters: I don't understand!

It is out of this authentic realization of "unknowing" that family physicians and others can grow as cross-cultural clinicians. There are times we will be baffled by our patients' behaviors. There are times we will find it challenging to connect with them. For a variety of reasons, we will neither like all our patients, nor will we always find a way to offer the kind non-anxious stance that opens the way toward the shared presence that is the foundation of healing encounters.[8-10] Yet, by being eager to see our patients as people apart from their presenting complaints, we can know them as neighbors in our common journey through life. We can open ourselves to examining our own entrenched biases, underlying fears, and inherent limitations. We can also cultivate a willingness to engage others and ourselves in pursuit of goals made mutual by such explorations. By directing the aim of our individual curiosity and collective inquisitiveness both toward our patients and within ourselves, we can nurture our own capacities to attend to the time-honored task of medicine that takes place, to some extent, in all clinical encounters: creating a space for mutual attention from which we can at once comprehend the realities of the illness experience with patients and provide hope in light of their infirmities.

Cultivating Self In Relationship

The more we are willing to explore the unfamiliar, the more emotionally and intellectually comfortable we can become dealing with the vagaries inherent in cross-cultural medicine. The more we can identify with how people live with issues such as racism, sexism, and poverty,[28] issues some call the social determinants of health and others call structural violence,[29] the more we can expand our repertoire of responses when people present with these issues. The more we are willing to convey respect and build trust with patients, the more likely patients will offer their respect and trust in return. The true nature of this practice lies not "out there" in others but within us as we seek to realize the values of our selves as agents of healing. Our success in this practice—our competency, our satisfaction, and our sustenance—is not so much dependent upon "them," our patients in their communities, as it is upon "us." Teaching toward this success similarly means looking within and sharing our own evolution in practicing inter-cultural and inter-personal medicine.

This practice is one of self in relationship with others. It invites us to use an emotionally intelligent stance vis-à-vis patients, one that intentionally encourages dialogue with patients by demonstrating both interest and inquisitiveness. It acknowledges the existence of differences, recognizes them, and thoughtfully incorporates them into our own consciousness. It asks that we create dialogues with ourselves, critically examining our own understandings of our place, at least in the small parts of the world that we inhabit. Specifically, it asks us to consider how we can best share our presence with each and every patient in our care, as well as how we can assess and respond to the needs of the communities we serve. It helps us define our sense of self as medical professionals in a rapidly changing, increasingly multicultural environment. It helps us become part of a greater whole.

As we develop this consciousness we come to understand that none of us is very far apart in this world. The division between "us" and "them" fades, and in the process a sense of "we" emerges. It is not that differences between people disappear in light of their similarities. It is that from those differences comes a richness borne of wisdom co-created between patient and practitioner. Diagnoses and treatment plans, built on shared understandings, become collective responsibilities. Authority becomes advocacy, which in turn makes way for agency,

empowerment, efficacy, relief of suffering, and healing.

Conclusions

This is what cross-cultural practice is really all about: finding our personal and professional places as intimate advocates of equity and social justice in every clinical encounter. It is helping people see reality while imagining hope, at the same time seeing the realities of marginalization more clearly ourselves; helping people negotiate challenges, at the same time becoming more adept at negotiating our own challenges as medical practitioners in a pluralistic society; helping people address and deal with disease and illness, at the same time seeking to address both aspects of sickness in ways that are ethically genuine, culturally respectful, and clinically efficacious.

With this sense of self in relationship in mind, may we nurture within ourselves a willingness to explore our own consciousnesses. May we find fertile grounds for welcoming new discoveries and insights. And may we bring what we have found within to our interactions with our patients and our students, and to the growth of ourselves, wherever we may be.

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