

CULTURES COLLIDING, DIVIDING, RECONCILING: THE USE OF
"TRANSITIONAL" FICTION TO FACILITATE CROSS-CULTURAL
UNDERSTANDING AND INSIGHT IN FAMILY PRACTICE RESIDENTS

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It is by now well-established that sociocultural factors play a significant role in determining the outcome of clinical encounters (1), and that culturally sensitive health care services can result in improved health status for patients (2). It is also true that continued gaps between evidence-based medicine and patient health belief models (3), as well as frequent cross-cultural differences between physicians and patients in expectations of roles and responsibilities (4) lead to misunderstanding, noncompliance, and dissatisfaction.

In response both to the recognized importance of cultural factors in health care, and persistent problems in communication and understanding about causes of disease and the efficacy of treatment (5), STFM has introduced cultural competency guidelines (6) and residency training programs have developed cultural competency curricula (7).

Cultural competency curricula provide essential information about health belief models of ethnic populations, as well as skills for developing cross-cultural sensitivity in cross-cultural interactions and treatment. However, cross-cultural medicine poses unique challenges to understanding, particularly for individuals not raised in a multicultural environment. For such learners, especially when there is insufficient curricular time available to introduce experiential exercise, cultural competency can devolve into a kind of cognitive intellectualizing, a superficial and at times stereotypic grasp of persons of

other cultural and ethnic backgrounds (8), and even resentment in some learners (9). It is especially difficult for such curricula to achieve the goal of teaching residents how to develop a "culturally intimate" (10) relationship that allows for the development of patient self-disclosure and trust. The literature reports examples of patients who "take offense" at the well-intentioned efforts of physicians who ask probing questions about cultural customs and practices (11). The relationship between health care workers and foreign-born patients remains, in the words of one anthropologist, "prickly," (12) while relationships between the health care system and African-American and Native American Indian populations are marred by awareness of historical injustices and exploitation (13, 14).

In this regard, the use of fictional literature can be particularly helpful as a supplement to such curricula in encouraging learners to "enter into" the experience of patients of other cultural backgrounds and to be able to see their cross-cultural patients "from the inside" (15). Literature is generally useful because all patient stories are embedded in culture (16). Thus, by studying stories, we inevitably become immersed in culture as well.

This is not to say that cross-cultural stories are without their problems. It has been pointed out that attempts to tell cross-cultural stories are difficult (17); and that such stories often share critical themes that are implicitly understood by those with a common background, but ignored by people outside that cultural experience. For example, it has been noted that migrant stories typically include references, often oblique, to displacement, torture, and loneliness, but that "outsiders" reading or hearing these stories often miss these allusions (18).

The use of literature has many specific advantages as well in cross-cultural education. For example, it avoids stereotyping because it does not speak of Latinos or Vietnamese or African-Americans in general, but focuses on the experience of one particular patient. Thus, differences are explored, but only within the particularity of one doctor-patient encounter.

Literature also helps us understand the point of view of persons of another culture by seeing situations through their eyes. This is a different experience than intellectually understanding their point of view. Rather, it allows imaginative projection into the lived experience and values of another person. Literature is particularly effective at examining the question "What is it like to be you?" rather than the more familiar question that physicians asks, "What is wrong with you?" (19).

Literature serves another important function as well. By definition, good literature is involving, engaging (20). It engages the emotions as well as the intellect. Thus, whatever "lessons" it teaches become more a lived experience and less a didactic exercise.

Through literature, we learn to pay close attention to language and behavior (21). Because reading a text occurs within a slowed-down timeframe that allows for re-reading and reflection on what is read, learners recognize how words can convey very different meanings based on cultural context. For example, in a poem by Jack Coulehan, "Medicine Stone," he explores the powerful symbolic meanings attached to a stone used in the healing ceremonies of a Native American culture, and contrasts this with the meaninglessness of the same stone when transposed into Western biomedical culture. Careful attention to the language and behaviors of characters in fiction can develop a

greater sensitivity to such variables in actual clinical encounters, and the avoidance of assumptions of meaning in cross-cultural encounters.

One of the unintended results of cross-cultural education may be a certain constraint in behavior. It has been my personal observation that residents may forget much of specific cultural customs and beliefs, but retain a vague but pervasive fear that they can make a million unintentional and unrecognized "mistakes" with a patient from a different culture. In this unfortunate situation, their skills have not been improved, but their lack of self-trust and subsequent resentment of patients has been increased. In this regard, using literature is liberating, because it frees learners from immediate consequences. In a literary discussion group, residents are free of the responsibility of response to an actual patient. They have the luxury of thinking without having to act (22).

Finally, literature helps give us access to voices not always heard in medicine (23). This is a complicated issue, as it is still difficult to find fictional examples of the most disenfranchised or culturally different voices that are not filtered through others' voices and understandings. Nevertheless, I have come to believe that these cultural transitional objects serve a useful purpose. First, stories which preserve or include the point of view of a Western-trained physician provide a safe point of reference. If this point of view is sympathetic and enlarging, it contributes to learners' understanding by showing them how to develop additional insights into and understanding of persons of different cultures. If the point of view is limited, the distance provided by literature usually allows learners to identify these limitations, and explore corrections. Finally, when authors from one cultural background take the risk of attempting to "speak" in the

voice of another (a patient from a different cultural background) this reassures learners that they too have the possibility of moving closer to and grasping something of their patients' points of view and experiences.

The following are some examples of the sorts of themes that can be elucidated by incorporating literary sources into a cultural competency curriculum:

(film can also be used to excellent advantage - Hinsdale presentation)

American Medicine as Magic: Although we are used to thinking about American medicine as opposite to, and completely distinct from, "folk medicine," a story called "The Appointment" by Lawrence J. Schneiderman (24) makes the point that in the eyes of some patients, both the traditional medicine of the curandero and American medicine are characterized by magic and ritual. Speaking in the voice of a Mexican woman who believes strongly in the power of American medicine, Schneiderman identifies several "rituals" that must be observed to make American medicine "work": 1) the patient must speak English 2) the patient must keep appointments 3) the patient must be well-groomed 4) the patient must be willing to talk about personal subjects 5) the patient must be willing to tolerate a certain emotional coldness in providers. If the patient submits to these rituals, then she may obtain a "miracle."

How American Medicine Looks from the Outside: This story also allows us to enter the perspective of an older Mexican woman to see how she experiences the clinic encounter. We listen as she describes all that is wrong with the American clinic: 1) Her modesty is constantly violated as she is asked to disrobe and be examined 2) She is not allowed access to specialists, doctors who really know what they're doing 3) The doctors won't give her shots, but instead tell her to do impossible things like lose weight and

change her diet 4) Sometimes the doctor is not there, because he is off someplace presenting an important paper, and they try to substitute another doctor, as though one were as good as another 5) The clinic treats the patient's time as much less valuable than the doctor's time 6) The clinic makes appointment mistakes, and doesn't appreciate how difficult it is for the patient to get there at all.

Cross-Cultural Ignorance in the Physician: A story by the Indian author Bharati Murkajee (25) illustrates the pitfalls of cross-cultural misunderstanding. In this tale, a family doctor in a small town attempts to play a healing role in a family fractured by attempts to incorporate a recently found AmerAsian daughter into the family unit. He is a good doctor, who doesn't mind the desperate wife making an impromptu visit to his home, where he attempts to calm her down by sedating her. He attempts to play the role of healer and conciliator for this fractured family. However, his ignorance causes him to misinterpret the sick little girl's efforts to heal herself by the practice of "coining." Instead, both he and the wife perceive this as some sort of sick self-abuse.

Entering the World of the Cross-Cultural Patient: In this story, it is the father who closes the gap between his own world and that of his sick and bewildered young daughter. Feverish and suspicious, Eng sees white people, including the doctor, as her enemies. She disputes his claims that antibiotics will improve her condition, rightly pointing out that pills did not save her grandmother's life. She has visions of her dead grandmother, the only person she trusts. At this point, the sensible thing to do is subdue the wild child, and possibly hospitalize, force her to accept the benefits of Western medicine. Instead, the father makes a radical decision to support his daughter in her self-treatment, to remove her from the environment of the physician and carry her back to the

neutral, "safe" territory of their van. Perhaps medically it is not a sound choice, but psychologically it makes sense. It suggests that sometimes, when there is a severe disjuncture between world views, it is necessary to take a giant leap into the world view of another.

Recognition that Treatment Cannot Exist Apart from Culture: In "What is Lost," (26) a primary care physician compassionately considers a Cambodian patient, who appears to be suffering from post-traumatic stress disorder. In this poem, the empathic doctor recognizes the patient's grief, stemming from overwhelming loss. He is willing to provide Western medicine to treat her symptoms of sleeplessness and nightmares, but knows that her cure lies at least in part in the psychological rebuilding that can be done from within her own community.

Consequences of Unequal Access to Health Care: In the story "Strong Horse Tea" by Alice Walker (27), explores differences in health care within the context of a highly segregated society. The story emphasizes that limited or nonexistent access to health care unfairly penalizes certain members of society. It is easy to dismiss such a story as the product of a different era, but it may have an important contemporaneous lesson to teach. First, it reminds us that when it is extremely difficult to obtain health care for reasons of culture, language or discrimination, the consequences may be dire. Secondly, it reminds us that cultures have a way of developing strong and vibrant alternatives if they are denied access to the mainstream. In this case, we see the rise of an indigenous healer who supports the patient and family through their ideal.

Role of Indigenous Healer: Alice Walker's portrayal of old Sarah, in "Strong Horse Tea," makes the point that folk healers share much in common with their physician

counterparts. Sarah, for example, is calm and supportive. She identifies her limitations, and emphasizes caring and nurturing functions. She knows that cure is not always possible, and that the participating in the experience of serious illness requires courage and fortitude.

Culturally Mediated Views of Illness: In the poem "Medicine Stone," (28) the narrator illuminates the very different experiences of illness in the American and Native American Indian cultures. In the latter, illness occurs as part of community, and intervention and cure occurs within a healing circle. The stone that is passed from participant to participant symbolizes this communal responsibility for illness. By contrast, illness in the majority culture is a more isolated, individual, and mechanical experience. In this culture, the stone becomes "just a stone." The narrator carries it in his pocket to link him back to the community of the Native American and to his own soul. A similar point is made in the poem "Returning to Barra de Navidad," (29) in which the narrator contrasts the way of death in her small native village - savage, swift, but integrated into the rhythms of life - with the partial, artificial death that occurs in America.

Learning objectives for the use of literature in this context include: 1) To develop empathy for aspects of other cultures that seem strange and alien 2) To listen carefully to voices we do not always hear in clinical practice 3) To help us pay close attention to how people from other cultures use and interpret language.

