

Cultural Humility: Process and content of the SIP Commentary on the APA Code of Ethics

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This is the second of a three-part series highlighting the important findings of the SIP Commentary.

The members of the Society of Indian Psychologists (SIP) recognized that the approaches to research and practice that many of us were taught in graduate school did not provide us with the means to interact with our communities effectively and certainly did not provide a roadmap to use psychological information to heal our communities. One of the most important factors that we agreed was essential to the culturally competent practice of psychology is Cultural Humility. The Commentary proposes this as an addition to the General Principles that precede the Standards.

Cultural Humility includes:

- ◇ Recognizing that power differences exist between therapist and client on multiple levels;
- ◇ Recognizing that these power differences include the power to define what is important and salient for others;
- ◇ Understanding how those differences influence assessment, diagnosis, treatment, and research;
- ◇ Recognizing that a lack of cultural competence is a natural consequence of living in this society and taking active steps to correct this lack;
- ◇ Recognizing the abuse of power that is the result of a failure to obtain multi-cultural competence skills;
- ◇ Reducing unintended harm by recognizing your own power relative to the individual and community with whom you work;
- ◇ Actively seeking out the skills to become multi-culturally competent rather than assuming that you already are.

Cultural Humility encourages psychologists to generate creative and culturally appropriate ways of connecting with communities, thus increasing trust with their clients. For example, the psychologist who understands Cultural Humility will recognize that staying in the office and expecting clients to come to them is a culture-bound expectation of Western psychology. Indigenous communities often wait to see how a new psychologist will interact with the community at large before individuals from that community decide to trust her or him.

Indigenous people have defined health as complex, holistic and inter-relational for thousands of years. The person cannot be understood outside of the context of their family, their group, and their community. The person seeks intervention because their life is out of balance. The restoration of that balance (physically, emotionally, mentally, spiritually, and contextually) is often the goal of therapy, not individual efficacy or individual understanding.

To continue the list of Findings from Part 1:

9) Many of the examples in the SIP Commentary illustrate that the abuse of power, whether intentional or unintentional, has played a major role in the harm experienced by Indigenous people.

10) It is essential to understand the person within their context. This means using observational and life history approaches to determine person-environment and person-socio-historical-political interactions. This is important in the education of Indigenous graduate students, in clinical supervision, in clinical practice and in research with Indigenous people.

11) Story telling and exchanging stories are important ways for (a) the client to build trust with the therapist; (b) the therapist to understand how the client makes meaning; (c) the client to understand how the therapist makes meaning; (d) the transmission of information and education.

12) Equally important, the psychologist who understands Cultural Humility will not assume that laboratory research, specialized and compartmentalized research, and “objective” research constitute a “gold standard” to which everyone aspires. The SIP Commentary includes a table summarizing Western and Indigenous approaches to research in Standard 8.

The SIP community decided to gather data and produce findings using the Community Based Participatory Research (CBPR) model. The goal of CBPR is to increase knowledge and understanding of a given phenomenon (in this case, how the APA Ethics Code does not address the needs of Indigenous people) and to produce outcomes usable to the community. We used a partnership approach that equitably included SIP members, representatives from the APA Ethics Committee, representatives from the APA Ethics Office, and the presidents of the ethnic minority psychological associations who were visiting the SIP annual conference. Producing and using stories as data allowed the findings to be communicated with more immediacy and complexity than by using exposition. This way of gathering data and submitting it for peer review to all 160 SIP members represents the first time that a psychological association has produced research in this way.

All participants contributed expertise, shared in decision making and edits, and now share in ownership. Carolyn Morris, Ph.D., SIP President, has described the resulting Commentary as our organizational Sacred Medicine Bundle; our gift to psychology.