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National Center on Advancing
Person-Centered Practices and Systems

Culture and Person-Centered Practices **Al Cunningham – “Notes from a Native Son”**

SPEAKERS

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My name is Albert Cunningham. I'm 69 years old and I was born on the south side of Chicago to college educated parents. While I may appear Black or African American in contemporary language to others, over the course of my lifetime, both the social distinctions and the language describing me have evolved.

For the vast majority of my life, I thought we were making progress transcending white supremacist, hetero patriarchal, bully rape society, that instead has merely been dormant until politically empowered in recent years. My grandparents thought of themselves as colored, my parents as negro. And I was a teen when black is beautiful became the community's mantra, all reflective of a sense of progress against racism, which now seems naive. All this and more are important to understand about me when approaching me to provide me with Person-Centered services, and it is at least as related to the mindset of the provider as it is to mine.

As we are constantly being reminded by viral videos, a considerable portion of the white population has limited experience and or negative impressions of non-whites, especially black people. As people, it's important to incorporate identification and remediation of explicit and implicit bias into every level of program planning, delivery, and evaluation, especially at the top of the chain where in my experience, it is often most likely rooted and most pernicious.

Much of what is presented as centered on me feels as if my perspective was never considered. Instead, an immediately recognizable Eurocentric academic frame of reference has been imposed. And I'm expected to be impressed, appreciative and willing to mold myself to fit its parameters. I find particularly disturbing the ways in which questions about mental health and especially depression are posed scholars and others no doubt well



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intentioned, ignore 500 years of chattel slavery, constant terrorization and subjugation now known to affect black people both genetically and generationally reducing these two euphemistic phrases about loss of interest.

At every opportunity when asked about these experiences, I assert that I am virtually any person of African descent born in this country is by default, depressed by our circumstances as human beings, appropriate questions we seek to determine how aware I am of these circumstances, what coping mechanisms if any I've developed and how well they're working. Typically, these issues seem phrase to describe despondency and despair rather than resentment and rage and in defensively inhuman treatment, including that documented at all levels of health-related professionalism. A critical element of appropriate person-centered care is genuine communication, informed by empathy on the part of a caregiver, based in this case on an historically accurate understanding of the experiences of others like me. From there, it's important to me that for there to be communication, both parties contribute information, however innocuous, it's incumbent upon the provider to help build trust, by establishing rapport based on shared understanding and or mutuality. From that historically accurate understanding, which presumably precludes at least some profile bias and incorporates whatever baseline information about me are provided. a caregiver or researcher may engage me as briefly or extensively as our time allows.

They can elicit narratives and explore whatever area of my life on which we've agreed, open mindedly receiving my responses, and avoiding jumping to stereotypical conclusions, if possible. And they can ask follow up questions that sharpen their understanding of me as an individual, and by extension, others like me. One especially significant historical understanding, which may seem counterintuitive, has to do with the segregated American society in which I and others of my baby boomer cohort grew up, especially in large well developed urban centers like Chicago, virtually everyone providing any type of service was black. And perhaps someone one even knew, however casually or indirectly, in the greater community. Doctor, dentist, lawyer, other important provider relationships often grew out of social or faith-based connections, or personal referrals. In addition to shared ethnicity, it gave providers and recipients the benefit of shared social experience.



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Today, seeking a provider based on ethnicity alone, expecting the same level of social connection is far less likely to produce a similar experience. At the same time, the diverse population from which providers are likely to come today includes many people of color, at least in terms of their phenotype. Many factors may influence their perspectives on Person Centered services, including whether they're native or immigrant, their experiences in America and their indoctrination with regard to race, as well as their perceptions around their own phenotype.

It's important to acknowledge here the impact of professional educational indoctrination on any individuals that are striving for professional status. Accomplishing that status for a person of color may involve an internally oppressive environment, and treatment by instructors and other students along with internalizing the facts, and perspectives biased toward people of color. While some may be sufficiently self-aware and adept at critical thinking to be conscious of and resist these experiences, many people internalize and some even amplify them.

I recognize that my circumstances may be atypical to having grown up in the timeframe and socio-economic culture I did. My pursuit of graduate education and health communication, just as electronic medical records were emerging, providing me a window into technology being promoted as consumer meaningful, with mixed results as far as best. I hope my efforts to articulate these concerns can benefit other consumers, less training, critical thinking, perhaps less articulate and academic jargon and no less in need of Person-Centered attention.