CHAPTER

5

Understanding Self

Learning Objectives

Upon completing this chapter, students will be able to do the following:

1. Conduct a self-assessment
2. Define *culture* and discuss it relative to feeling cultureless
3. Define *generalization*, *stereotype*, and *prejudice* and give examples of each
4. Define *advantage*, *disadvantage*, and *privilege* and give examples of each

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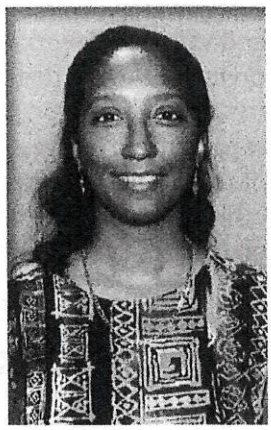

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I am a BOC-certified athletic trainer with an undergraduate degree in health fitness in corporate and hospital settings from Central Michigan University and a master's degree in sport science from the United States Sports Academy. I have been employed as an athletic trainer for the past 20 years in both collegiate and secondary school settings.

Like many, I began my undergraduate experience as a pre-med major. As I began to seriously contemplate a career in health care, I initially considered traditional medicine and physical therapy. Further research introduced me to able-bodied rehabilitation as an allied health field. I have appreciated the ability to intertwine my love of sport and health to build not just a job but also a career. Athletic training, regardless of the setting, is an exciting and highly challenging career that I am glad I discovered.

I don't feel that I've experienced blatant racism as a health care professional. Nonetheless, as an African American female, many cultural experiences have affected me. Several years ago, for example, a White faculty member visited my athletic training room. During the course of our conversation, she digressed and commented on a small, well-known photograph of Malcolm X that was pinned to a corkboard near my desk: "Doesn't that picture of that scowling Black man disturb you?" Though I can no longer recollect the reason for the visit, I clearly recall the ensuing dialogue that I used as a convenient teachable moment! I've also been faced

with the challenge of promoting treatment compliance in athletes accustomed to nontraditional or alternative approaches and the dilemma of addressing religious practices that seem contradictory to participation in competitive athletics. In these instances, I've learned about such varied subjects as arnica (an herb), traditional Chinese medicine, and Ramadan.

The United States has increasingly become a melting pot of—among other things—diverse races, religions, and cultures. Thus an inability to keep an open mind will likely be detrimental to anyone working with an individual or a population who differs from what is reflected in one's own mirror. On the other hand, the ability to step outside of your comfort zone, and the willingness to learn and experience new and different things, will prove to be of great advantage to anyone in a health care profession.

Before one can understand others, one must understand oneself. As one nursing student wrote in a journal:

I feel as if I have been asleep my whole life. I didn't realize who I was, what I believed, or where I was going. I now know what I value about myself and my profession and what I need to do to practice from a culturally sensitive and competent perspective (St. Clair & McKenry, 1999, p. 233).

In order to understand themselves, athletic trainers should engage in active cultural awareness and self-assessment. They should examine their culture, beliefs, and values and work to understand the nature of generalizations, stereotypes, and prejudices—and their effect on people. Finally, athletic trainers should understand their social location (as discussed in chapter 4) and their advantages, disadvantages, and privileges relative to their patients and the social world. The purpose of understanding oneself is to learn the effect of one's values on interactions with others in order to minimize the risk of imposing one's values, beliefs, and behaviors on others (Campinha-Bacote, 2007).

CULTURAL AWARENESS AND SELF-ASSESSMENT

Cultural awareness is defined as "self-examination and in-depth exploration of one's own cultural background" (Campinha-Bacote, 2003, p. 18). Before one can gain cultural knowledge about others and understand the effect of culture on their lives, it is important to understand oneself. In doing so, it is important to determine how one's lived (embodied) experiences (or lack thereof), social location, culture, and family traditions might help or hinder one's efforts to provide culturally competent care. For specific questions to ask, see the self-assessment example in the sidebar.

Culture is important in athletic training because it influences decision making. It influences whether a person seeks preventive services, and it influences an athletic trainer's expectations for patients' behavior with each other, with the athletic trainer, and with the health care system (Salimbene, 2001).

Self-Assessment

When conducting a self-assessment, athletic trainers should consider the following questions:

- Who am I? What is my social location (as discussed in chapter 4)?
  - What are my racial, ethnic, and cultural groups?
  - What are my class, religion, gender, sexuality, and age?
  - How is who I am now influenced by who I was before (Tatum, 1997)?
  - Who do my parents, peers, and society say I am (Tatum)?
- How does my social location affect how I think about, and behave around, people whose social location is different than mine?
  - What perceptions and stereotypes do I have regarding individuals or groups who are different from me?
  - What biases and prejudices do I hold toward individuals or groups who are different from me?
  - Do I believe that my way of thinking, believing, or being is the right or proper way (Lattanzi & Purnell, 2006; Purnell & Paulanka, 2003)?
- Has there ever been a time when I was "cast into a minority status" (Welch, 2003, p. 72)?
  - If yes, how did I feel?
  - If yes, how might the experience help me better understand other people who are "cast into a minority status"?
  - If no, how do I think I might feel if I were "cast into a minority status"?
- Which aspects of social location (e.g., race, ethnicity, class, gender, sexuality, religion) do I feel most comfortable with and why? Which do I feel least comfortable with and why?
- Who will I become (Tatum)?

EVERYONE HAS CULTURE

Culture may be defined as "the sum total of socially inherited characteristics of a human group that comprises everything which one generation can tell, convey, or hand down to the next" (Fejos, as cited in Spector, 1996, p. 68). Culture may also be defined as the "sum of beliefs, practices, habits, likes, dislikes, norms, customs, rituals . . . that we learn from our families [friends, schoolmates, religious institutions, or pop culture, among other things] during the socialization years" (Spector, p. 68) and is largely unconscious (Purnell & Paulanka, 2003).

Students in a class about cultural competence, athletic training, and health sciences were asked, "What is your culture?" The varied responses included the

following: "American," "Christian," "middle-class," and "I do not have culture." The students who said they had no culture were always White. Why might they have felt cultureless? Ruth Frankenberg (2008) has provided some insight. She interviewed 30 White women of different ages, sexual orientations, regions of origin, political orientations, and social classes, and asked them about their identities. She found that the women presented discourses (i.e., intellectual conversations) on Whiteness as dualistic. From a dualistic perspective, life is viewed philosophically as consisting of two oppositional elements, such as good and evil, Black and White, or gay and straight (Ferber, 2007). In this case, the women characterized and conceptualized Whiteness as a polar opposite to "Other" cultural forms. For example, when one woman contrasted being White with being a "New Yorker" or "Midwestern girl," she spoke of "the formlessness of being white" (Frankenberg, 2008, p. 82). She went on to say, "If I had a regional identity that was something palpable, then I'd be a white New Yorker, no doubt, but I'd still be a New Yorker'" (Frankenberg, 2008, p.82). The White "Other"—that is, the White "New Yorker" as compared with "Whiteness"—was marked by region. It could also have been marked by class or ethnicity, as in, for example, White "working class" or "Italian American." Each would be contrasted with the normative (dominant) White cultural group. In other words, because the women were White and a part of the cultural norm, they did not think of "White" by itself as constituting an identity.

Another example of the dualistic "White versus Other" notion was demonstrated by some women who contrasted Whiteness with people of color. Here, people of color and their culture were cast as the polar opposite—the "Other." For example, two women spoke of "Mexican" music versus "regular" music, where "regular" meant "White." Similarly, the Jamaican daughter-in-law of one participant was viewed as "coming with diversity," meaning that because she was Jamaican she was diverse, as opposed to being White and thus not diverse. People of color, then, along with their culture, were viewed as the embodiment of difference, whereas "whites stood for sameness" (Frankenberg, 2008, p. 83). In these examples, White was implicitly posited as the unmarked neutral category, and other cultures were specifically marked cultural. As unmarked and neutral, Whiteness remained the normative standard with which Others were compared.

This unmarked or normative status of Whiteness demonstrates the "power of white culture" (Frankenberg, 2008, p. 83) and its privilege (Frankenberg, 2008; McIntosh, 2007; Oglesby, 1993). This point was well illustrated by Chris Patterson, who was interviewed by Frankenberg,: "'Well what *does* white mean?' One thing is, it's taken for granted. . . . [To be White means to] have some sort of advantage or privilege" (Frankenberg, 2008, p. 83). Not only does membership in a normative (or dominant) group grant one a privileged status; it is also institutionalized in such a way that its members are taught not to see the privilege of group membership (McIntosh, 2007) or to have "little awareness of group membership" (Oglesby, 1993, p.253). As such, "White people don't have to see themselves as white, we have the luxury of seeing ourselves as individuals" (Katz, as cited in Oglesby, 1993, p. 253).

Oglesby (1993) and Frankenberg (2008) suggested that White racial identity be examined and that Whites move toward higher levels of consciousness in order to "develop a clearer sense of where and who we are" (Frankenberg, 2008, p. 87) and to participate consciously in a diverse culture. "Rather than feeling 'cultureless,' white women [people] need to become conscious of the histories and specificities of our cultural positions, and of the political, economic, and creative fusions that form all cultures" (Frankenberg, 2008, p. 87). By engaging in such cultural awareness in order to understand oneself, an athletic trainer can lay the foundation for understanding his or her patients.

GENERALIZATIONS, STEREOTYPES, AND PREJUDICES

A **generalization** is "a statement presented as a general truth but based on limited or incomplete evidence" (Encarta Dictionary: English [North America], 2008). Welch (2003) suggests that generalizations are used to process and simplify large amounts of information. However, when the information is not verified for accuracy and becomes standardized over time as the perceived characteristics for all people in a given group (Sue & Sue, 2008), the generalization becomes a stereotype.

A **stereotype** is "an undifferentiated, simplistic attribution that involves a judgment of habits, traits, abilities, or expectations . . . assigned as a characteristic of all members of a group" (Weinstein and Mellen, as cited in Diller, 2007, p. 35). Some stereotypes are perceived as positive, while others are perceived as negative. In one example of a positive stereotype, Asian Americans are considered the "model minority" (Lai, 1995; Schaefer, 2007; Takaki, 2007; Tatum, 1997) thanks to high income (Schaefer, 2007), academic achievement (Ligutom-Kimura, 1995; Schaefer, 2007), a perception of Asian American women as submissive and demure (Ligutom-Kimura, 1995), and an expectation that Asian Americans will be trouble free. Asian American men are privileged by gender and perceived to be privileged by class and education (Abrums & Leppa, 2001). Athletic trainers who believe and act upon the model minority stereotype of Asian Americans would expect the patient to comply with treatment recommendations without complaint. If the patient does complain or fail to comply, the athletic trainer may be surprised and unsure of how to respond.

If, on the other hand, the patient conforms to the stereotype, his or her needs may go unrecognized and overlooked (Schaefer, 2007). Stereotyping a person (Asian American or otherwise) denies his or her cultural and social realities and dismisses real problems that he or she may face (Lai, 1995; Shingles, 2001). Although some Asian American families earn $75,000 or more a year, just as many earn less than $10,000 a year (Schaefer, 2007); moreover, Asian American families are often multigenerational and include 4 to 6 members who contribute to the income, thus meaning that the reported amount must support more people than one might expect (Asian Nation, 2008). In addition, many Asian American ethnic groups include a

large percentage of members who live in poverty: 13.1 percent of Chinese Americans; 13.8 percent of Vietnamese Americans; 15.5 percent of Korean Americans; 16.7 percent of Pacific Islander Americans; and 22 percent of Cambodian, Hmong, and Laotian Americans (Asian Nation). Thus the model minority is a myth (Asian Nation) that athletic trainers should not use as a basis for understanding Asian Americans.

Most stereotypes are perceived as negative. For example, female athletes and coaches who are not married or dating men are stereotyped, with negative associations in the stereotyper's mind, as lesbians—particularly those who participate in basketball and softball (Griffin, 1998). The threat of being labeled a lesbian in sport or athletic training has far-reaching consequences; it has caused coaches and athletic trainers alike to lose or be denied a job (Anderson, 1991; Griffin, 1998). As one woman indicated, the assumption that she might be a lesbian was brought up when she discussed issues about getting a pay raise (Shingles, 2001). Unfortunately, stereotyping "leads to oversimplification in thinking about ethnic [and other] group members...[and] provides justification for the exploitation and ill treatment of those who are racially and culturally different" (Diller, 2007, p. 35).

When negative thought and feeling become attached to a stereotype, the stereotype becomes a **prejudice**. For example, stating that "all Mexicans are lazy" is a stereotype. The statement, "I do not like Mexicans because they are lazy" is a prejudicial statement based on a negative stereotype. A "prejudice is a preconceived judgment or opinion, usually based on limited information" (Tatum, 1997, p. 5). Prejudice includes negative feelings toward others and constitutes "a powerful force that provides fuel for discriminatory behavior and a rationale for justifying it [discrimination]" (Johnson, 2001, p. 58). All humans are capable of prejudices; however, some groups have sufficient power to enact their prejudices over other groups in the form of discriminatory practices.

Thus it is important for athletic trainers to become aware of, learn to recognize, and develop understanding of the stereotypes and prejudices they hold—and how prejudices can lead to discrimination. When athletic trainers develop awareness, they create opportunities to challenge stereotypes and prejudices by gaining accurate knowledge about individuals or groups in order to unlearn the assumptions which initially created the stereotypes or prejudices. They can then change their behavior and eliminate discriminatory practices.

ADVANTAGES, DISADVANTAGES, AND PRIVILEGES

To have an **advantage** means to occupy a superior position, to enjoy a benefit, or to gain something. Being at a **disadvantage**, on the other hand, means experiencing an inferior or prejudicial condition or suffering a loss or some sort of damage, particularly to one's reputation or finances. A **privilege** involves "a right or immunity granted as . . . an advantage, or favor," especially to some and not to others (*Merriam Webster's Collegiate Dictionary*) because of group membership rather than because of what one has done or failed to do (McIntosh, 2007).

Johnson (2006) writes about privilege as a paradox. He states that individuals experience privilege or the lack thereof, but that individuals themselves are not what is actually privileged. In his opinion, social groups are privileged or oppressed, relative to group membership or perceived group membership. Baca Zinn and Dill (2005) would argue that social groups are privileged *and* oppressed. For example, as discussed in chapter 4, gender privileges may or may not be fully realized, experienced, or perceived when they intersect with social class, sexuality, and race. In this vein, a gay middle-class man would be privileged by his social class and gender group membership even as he is oppressed by his sexuality group membership. As Johnson further argues, privilege is "a social arrangement that depends on which category we happen to be sorted into by other people and how they treat us as a result" (p. 35) and that conscious or unconscious discrimination has the effect of maintaining the structure of privilege.

In seeking to further understand oneself, it is important to explore how systems of advantage, disadvantage, and privilege affect one's life and work as an athletic trainer. To delve deeper, answer the following questions:

- How am I advantaged by my social location (e.g., race, ethnicity, class, gender, sexuality, religion)?
- How am I disadvantaged by my social location?
- How am I privileged by my social location?

When asked these questions, female athletic trainers responded in different ways (Shingles, 2001). Some African American women felt privileged when working with African American athletes but initially disadvantaged due to gender when working with male African American coaches. The following excerpt serves as an example of privilege as paradox, wherein race provided an advantage in bridging the cultural gap even as gender served as a means for oppression through sexism.

> *As a graduate student [athletic trainer], my coaches that I dealt with specifically at the high school were resistant [to my working there], simply because I was a female and not so much because I was Black. Because, again, dealing with all Black [male] coaches at the high school, I think some of them were, initially, not sure about my ability to help them (Shingles, 2001, p. 148).*

Some female Asian American and Pacific Islander American athletic trainers used their heritage to their advantage by allowing racial and gender stereotypes about Asian women as exotic, quiet, or unassuming to progress unchallenged (Hossfeld, 1997). For example, one woman talked about how the stereotype was used to make athletes perform their rehabilitation because it was difficult for the athletes to say no to her. The athletes' perception of her as quiet magnified the effect when she did demonstrate displeasure with them, and they tended then to react positively and do what she wanted them to do. She indicated that the athletes did not talk back to her or complain when she asked them to perform their exercises. On the other hand, racial privilege was not perceived by female athletic trainers who

were Caucasian, or "non-ethnic looking" Hispanic/Latina, or "non-ethnic looking" American Indian. One Caucasian woman indicated, "I just feel like I belong" (Shingles, 2001). Similarly an American Indian woman said, "I don't think it [race or ethnicity] ever really advantaged me or disadvantaged me. From looking at me, no one would even know I was American Indian" (p.168).

These Caucasian women, like those studied by McIntosh (2007), may not have perceived racial privilege because "whites are carefully taught not to recognize white privilege, as males are taught not to recognize male privilege" (p. 76). Similarly, the Hispanic/Latina and American Indian women who had lighter skin may have benefited from skin color and perceived group membership as White, thus avoiding disadvantages due to race and ethnicity (Shingles, 2001) and perhaps missing advantages, as when African American women athletic trainers said their race helped them interact with African American athletes. McIntosh (2007) provides a myriad of examples of White (pp. 79-81) and heterosexual privileges (pp. 85-86) that she observed. Some include:

- I can avoid spending time with people whom I was trained to mistrust and who have learned to mistrust my kind or me.
- I can go shopping alone most of the time, fairly well assured that I will not be followed or harassed by store detectives.
- I can turn on the television or open the front page of the paper and see people of my race widely and positively represented.
- I can be fairly sure of having my voice heard in a group in which I am the only member of my race.
- I can go . . . into a supermarket and find the staple foods that fit with my cultural traditions, [or] into a hairdresser's shop and find someone who can deal with my hair.
- I am never asked to speak for all the people of my racial group.
- I can be late to a meeting without having the lateness reflect my race.
- I can choose blemish covers or bandages in "flesh" color and have them more or less match my skin.
- My children do not have to answer questions about why I live with my partner (my husband).
- Our children are given texts and classes that implicitly support our kind of family unit and do not turn them against my choice of domestic partnership.
- I can talk about the social events of a weekend without fearing most listeners' reactions.

For a more detailed discussion of White privilege, see McIntosh's essay "White Privilege and Male Privilege: A Personal Account of Coming to See Correspondences Through Work in Women's Studies" (2007).

Examples of *gender*-normative privilege include the following (Lambda 10 Project, n.d.):

- Strangers do not assume they can ask me what my genitals look like and how I have sex.
- My validity as a man/woman/human is not based on how much surgery I have had or how well I "pass" as a non-transperson. . . .
- I am not expected to constantly defend my medical decisions.
- Strangers do not ask me what my "real name" [birth name] is and then assume that they have a right to call me by that name.
- People do not disrespect me by using incorrect pronouns even after they have been corrected. . . .
- I do not have to worry about whether I will experience harassment or violence for using a bathroom or whether I will be safe changing in a locker room. . . .
- I do not have to defend my right to be a part of "queer," and gays and lesbians will not try to exclude me from *our* movement in order to gain political legitimacy for themselves. . . .
- If I end up in the emergency room, I do not have to worry that my gender will keep me from receiving appropriate treatment, or that all of my medical issues will be seen as a result of my gender. ("Your nose is running and your throat hurts? Must be due to the hormones!").
- My health insurance provider (or public health system) does not specifically exclude me from receiving benefits or treatments available to others because of my gender.
- My identity is not considered "mentally ill" by the medical establishment.
- I am not required to undergo an extensive psychological evaluation in order to receive basic medical care.
- The medical establishment does not serve as a "gatekeeper," determining what happens to my body.

In everyday life, privilege happens in little ways—in the things we say and do. Johnson (2006, pp. 55–56) provided several examples:

- Looking at people as if to ask, "What are *you* doing here?"
- Talking about things associated with the "in-group"
- Whether we choose to acknowledge diversity and make room for it
- Whether we acknowledge people's presence (Do we touch them? If so how? If not, why?)
- Choosing not to share information (informal rules) with new colleagues
- Choosing not to invite people to our home, out for a drink, to play golf or cards (social spaces where informal rules are shared)
- Telling people, "You are so articulate." (The statement is not a compliment. The underlying assumption is that the speaker was not expected to be articulate.)
- Using images of darkness/blackness as negative and whiteness as positive (racial privilege)

- Using "queer," "that's so gay" as negative or insults (heterosexual privilege)
- Using the phrase "having balls" (but not having ovaries) as a sign of courage (gender/sexual privilege)

As with stereotypes and prejudices, athletic trainers must acknowledge that advantages, disadvantages, and privileges exist and that both athletic trainers and their patients are affected by social location. In relation to their patients, athletic trainers are privileged by their position in the health care environment and by their specialized knowledge and skills. Because of these privileges, athletic trainers have the power to share or withhold vital information and services. At the same time, athletic trainers may be disadvantaged or oppressed in relation to patients, colleagues, or the health care system because of aspects of their social location (e.g., race, gender, sexuality). By acknowledging and understanding how they are advantaged, disadvantaged, and privileged, athletic trainers can learn to change the ways in which they participate in the privileges in their lives and challenge the structure of privileges. For an in-depth discussion of privilege, read Allan G. Johnson's *Privilege, Power, and Difference* (2006).

SUMMARY

According to Campinha-Bacote, "unfortunately, healthcare professionals often reflect the attitudes and discriminatory practices of their society. A healthcare professional's culture and ethnic background [i.e., social location] can affect interpreting, assigning meaning to, and creating value judgments about their patients. In addition, the lack of awareness of one's [own] biases [prejudices, advantages, disadvantages, and privileges] can result in the lack of diagnostic clarity" (2007, p. 35). Therefore, in order to appropriately care for patients, athletic trainers need to first understand who they are, what they believe, what their comfort levels are, and how to go beyond their current levels of comfort. As one graduate student in athletic training wrote in an assignment:

> *At times as humans, we are drawn to those we feel most comfortable with and may tend to provide care for those individuals first. We must make sure that we provide equal care to all athletes in need. Care should be given first to those whose health needs are most critical (Biddington, 2007, p. 72).*

Athletic trainers must understand themselves: "The process of gaining cultural awareness [i.e., understanding self] is an important first step. . . . However, solely becoming aware of isms and one's biases . . . does not insure the rendering of culturally competent care. The healthcare professional's journey towards cultural competence must move beyond cultural awareness and include insights into other components of cultural competence" (Campinha-Bacote, 2007, p. 35). These components—which include cultural knowledge, cultural skill, cultural encounters, and cultural desire—are discussed in subsequent chapters.

Learning Aids

What Would You Do If . . . ?

1. What if someone assumed—based on their perception of the way you looked—that you were a recent immigrant, then asked where you came from and expressed surprise at how well you spoke English?
2. What if, after doing your self-assessment, you determine that you are prejudiced toward a particular group or groups?

Activities

1. Answer the self-assessment questions. With a partner or in a small group, discuss your answers and compare each other's responses.
2. Read McIntosh's essay about White privilege and male privilege (2007), then return to the section addressing advantages, disadvantages, and privileges in this chapter and answer the three questions provided there for enhancing self-understanding. With a partner or in a small group, discuss your answers and compare each other's responses.

Key Terms

Define the following key terms found in this chapter:

Advantage	Generalization	Privilege
Culture	Prejudice	Stereotype
Disadvantage		

Questions for Review

1. What is cultural awareness? What types of questions should be asked during a self-assessment?
2. What is culture? Describe the concept of Whiteness as an unmarked cultural norm.
3. Differentiate the following terms: generalization, stereotype, prejudice. Give examples.
4. Differentiate the following terms: advantage, disadvantage, privilege. Give examples.