

## Book Review

### ***Cultural Diversity in Health and Illness*** (6th ed.)

Rachel E. Spector

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**Reviewed by Joan Gillie**

*Cultural Diversity in Health and Illness* focuses on the myriad dimensions of providing health care to diverse populations in a culturally competent way. The preface to this 6th edition outlines the new requirement in the United States for health-care providers to be culturally competent, reflective of the policies of the Joint Commission of Hospital Accreditation and the Centers for Medicare and Medicaid Services. This edition features complementary resources such as a companion Web site ([www.prenhall.com/spector](http://www.prenhall.com/spector)), an online course management system, and cultural competency guidelines.

This US-focused publication is organized into three units, Cultural Foundations, Health Domains, and Health and Illness Panoramas. Unit 1 focuses on three elements: heritage and culture, population diversity based on 2000 US Census data, and health and illness. Unit 2 outlines health, healing, and familial health traditions as well as health-care delivery. Unit 3 provides examples of health and illness scenarios from the American Indian and Alaska Native, Asian, Black, Hispanic, and White populations. A comprehensive set of appendices includes a sample course outline, suggested activities, networking resources, glossary, bibliography, and index.

There is no doubt as to the thoroughness and dedication with which this information has been compiled, and Spector provides impressively detailed and interesting information about a variety of approaches to health and illness. However, she focuses primarily on culture as ethnicity in her analyses and in doing so conflates culture with ethnicity. This focus obscures the important intersectional and socially constructed realities of culture that are reflected in health-care experiences informed by gender, class, age, sexual orientation, ability, history, immigration, and so on. The result is a treatment of culture that does not take fully into account the complex interplay between the sociocultural determinants of health that influence differential health experiences of individuals and groups. Further, Spector does not draw upon more recent social science and

health literatures that consider health perspectives informed by feminist, critical social, humanist, phenomenological, and postcolonial theories.

In order to develop cultural competence in the context of a multi-levelled holistic “cultural care” model, Spector recommends developing awareness of both self and other. However, she approaches self and other mostly uncritically, with the focus less on health-care providers acknowledging themselves as bearers of culture, both personally and professionally, than on “others” as the bearers of culture. While Spector states that the health-care provider must “explore his or her own cultural identity and heritage and confront biases and stereotypes” (p. 301), she offers no concomitant critical analysis of the power relations informing why most health-care providers do not acknowledge their location within the dominant biomedical culture. Thus, despite the recommendation above, Spector’s analysis remains in the more (implicitly) passive realm of cultural sensitivity rather than moving towards the transformation of health-care systems as culturally safe places requiring the active engagement of health-care professionals in critical reflection about their roles and locations.

Spector describes culture as a medium for relationships and as encompassing learned behaviours (p. 10). However, she presents historic sociocultural events as influencing the health experiences of individuals and health providers “in the United States and the world” (pp. 19–20) without paying sufficient attention to how culture is co-created or socially constructed and experienced by individuals affected by historic, economic, or social processes. Further, she does not discuss the power relations that inform these processes. A critical analysis of power relations in health-care interactions, from the micro level of individual experience through to meso and macro levels of health-care policy implementation, would explicate the differential locations of individual and group access to health care. Without an understanding of the culturally embedded nature of inequities in relation to self and other, constructive transformation of health experiences will not occur.

In the past 15 years, writers of culture and health across disciplines have theorized beyond the view of culture as ethnicity as seen in transcultural nursing theory and cultural sensitivity models (see Leininger, 1970, 1978). This more recent work considers culture and the social determinants of health in broader theoretical contexts (see Bhabha, 1994; Corbett, 1994; Gandhi, 1998; Gilroy, 2000; Nicholls, 1997; Stephenson, 1999; Wendell, 1996). Nursing has contributed a wealth of resources, particularly the development of the concept of cultural safety (see Anderson & Reimer Kirkham, 1999; Canales, 2000; Polaschek, 1998; Ramsden, 1993, 2000; Smye & Browne, 2002). This book would have benefited from consideration of these broader ideas.

Detailed charts of birth and death rites organized by nation of origin or religion will be useful to health professionals as a guide, but without adequate critical reflection on a health provider's own social location(s) within the culture(s) of health care and beyond, such charts may perpetuate stereotyping and labelling. For example, in chapter 8, *Health and Illness in the American Indian and Alaska Native Population*, the opportunity arises, in a discussion of fetal alcohol syndrome, to contextualize FAS in relation to colonization, dominance, and internalized oppression resulting from unequal power relations in the historic development of the United States. It is important for health professionals to understand this, so that challenges arising from FAS are not essentialized or reduced to the individual or to culture, resulting in "blaming the victim" or blaming Native "culture." FAS needs to be discussed in the wider context of cultural expropriation and obfuscation of choice. While Spector states that "the story of colonization and settlement of the United States is being retold with a different emphasis" (p. 108), she does not describe this new emphasis in enough detail, or explain why it is important. Although Spector cites Native medicine person Hawk Littlejohn regarding how loss of choice by American Indians has contributed to FAS (p. 199), she does not explain in detail how this loss of choice is a result of the dynamics of colonization and genocide. In the absence of such an explanation, many readers may not be fully aware of the connections between FAS, individual lived experiences of health, and power dynamics in the wider society. Nor does Spector say how American Indians will "return to a sense of identification within themselves," which Littlejohn proposes (p. 199). Without such explanation, it is unclear that health-care providers either can have a role in facilitating a return to a sense of self-identification or can perpetuate present inequities.

Spector offers little critical examination of the intersections and simultaneities of human health experiences varying from conventional heteronormative models of the family, nor does she consider (dis)ability, or other "isms," as she calls them, in much depth. By focusing primarily on culture as ethnicity, Spector overlooks the profoundly important intersections among ethnicity, gender, poverty, race, class, immigration, citizenship, ability, size, and sexual orientation, all of which contribute to culture. The "isms" are summarized in a short section on *Cultural Conflict* (pp. 21–22) and portrayed as problems that occur "when cultures clash" (p. 22).

Finally, Spector has missed an opportunity to endorse health-promoting practice, especially in relation to recent research exploring the possibilities for cultural safety. She does not adequately emphasize the importance of understanding how difference has been problematized in health-care interactions through dominant power relations in biomedicine.

cine and in society. Consequently, health professionals using this resource uncritically may unwittingly perpetuate “othering” and marginalizing relationships.

The value of *Cultural Diversity in Health and Illness* is the fascinating and detailed information it provides on diverse health traditions as well as current US demographic data. This book clearly promotes cultural sensitivity, and any effort to foster better health relationships is laudable. Learners and teachers in the health professions will find much of interest in this book. However, my endorsement is tempered by a recommendation for critical reflection, particularly to consider the data on health statuses in relation to the powerful influences of colonization and to consider the recent literature on cultural safety.

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