

FEATURE



The Decolonization of Oral Health Care: Putting an End to the Culture of Shaming and Blaming

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Colonial mentality is “the internalized attitude of ethnic or cultural inferiority felt by people as a result of colonization.”¹ It reflects “the belief that the cultural values of the colonizer are inherently superior to one’s own.”² The dental and dental hygiene professions are guilty of perpetuating this mentality among those who do not appear to hold the same values about achieving and maintaining oral health as we do. We, as oral health care providers, impose our own values and beliefs about oral health onto our clients in a form of indoctrination under the guise of education. In other words, we educate and support our clients so that they can experience oral health outcomes that align with our own oral health values. There are many courses, programs, and consultants that focus on increasing client case acceptance, with the goal of building a more profitable and productive practice. This approach inadvertently has created a culture of shame and blame in oral health care. For Indigenous peoples, this colonization has led to disproportionately poorer oral health outcomes and increased distrust and anxiety when accessing professional oral care.³

Generations of First Nations people were subjected to shame and blame for being Indian. They were told by persons in positions of authority and power (church, school, government, etc.) that they were stupid and dirty. Many attending residential school had their teeth extracted, often without anesthetic.³ First Nations clients have shared with us they were told it was because, as Indians, they couldn’t take care of their teeth or that their teeth were ugly. This experience created a cycle of intergenerational dental trauma based on shame, blame, and fear.

Our not-for-profit community clinic is located on the First Nation reserve in Gaw Tlagee on Haida Gwaii. We often see clients who would not make it in the door or past the reception desk of many dental offices. We have been asked what makes our clinic different and how we have come to practise decolonization to make oral health care culturally safe and comfortable for all. We have even had inquiries about filming our clinic. However, cultural safety



is immeasurable. It cannot be evaluated by what is seen or heard. It’s a feeling experienced by the client, and only they can say if an office is culturally safe or not.

According to the report *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care*, “a culturally safe environment can only be defined by the Indigenous person receiving care and does not profile or discriminate against the person but is experienced as respectful, safe and allows meaningful communication and service.”⁴ For many First Nations people, dental and dental hygiene appointments often cause anxiety even before they reach the operator chair. As oral health care providers, dental hygienists need to understand the courage it takes so many people to come and put themselves into a knowingly vulnerable position. They are entering into our space with often only the slightest trust in us as providers. It is up to us to work hard to grow that relationship.



To decolonize oral health care, we must consider our words, how we communicate with our clients, and the impact our words have on them. According to Mary Ann Baynton, shame is “a painful sense of being inadequate, flawed or unworthy. While shame comes from our own thoughts, it can be triggered when we’re blamed by others for doing or not doing something.”⁵ Simple statements such as “poor oral hygiene,” “need to brush better,” “you have cavities,” and “you will lose your teeth,” even when used in a professional or educational context can be very triggering and traumatizing to individuals who are already afraid of our passing judgment on them and their oral health. Try rephrasing your words in a positive manner, such as “I can see health is important to you. May I offer you some suggestions for how to keep your mouth healthy?”

As oral health care providers, we are responsible for the energy we bring into the client’s space. Feelings of self-importance, professional prestige, perfectionism, and judgment are colonial by nature. If our energy is coming from a place of superiority, it can trigger feelings of shame in our clients. If we are frustrated, impatient or upset, the client will notice. Often the most difficult clients are the ones who are struggling the most with their oral care appointment. Take a deep breath, clear your mind, and open your heart before you enter their space.

As we work to make oral health care more accessible to all Canadians, remember decolonization is work that we all have to do. We need to understand and acknowledge the history between Indigenous peoples and the dental and dental hygiene professions. It is our responsibility as dental hygienists to work together as allies to move our profession forward in a good way.

References

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