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## DEFINING CULTURAL HUMILITY: SURVEY REFLECTIONS

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In the last 18 months, we've observed how different professional sectors are engaging with antiracism and antioppression education and advocacy.

The field of history and education, for instance, are redesigning textbooks and historical curricula to include national events that have previously been stricken from the record books. The telling of the Mississippi Black Codes, and plethora of other legal processes that Confederate states used in the late 19<sup>th</sup> and 20<sup>th</sup> century to reinforce white supremacy. The 1921 massacre in the Greenwood District in Tulsa, which obliterated Black bodies, businesses, and homes. The Longview Texas race riot in 1919. The Tampa Bay Race Riot in 1967.

Human resource departments have invested billions world-wide to invest in antiracism and cultural humility training, and thousands of small businesses have been created to provide those educational services. Development offices in non-profit have created grants and programming specifically for anti-oppressive work, with more donors obliging to give more money to these causes this year than ever before.

The field of psychotherapy is in the early stages of acknowledging and addressing ways that racist ideology have informed professional practices. While other professions have created new standards, with an expectation that individual employees and companies will follow, it seems that the field of psychotherapy has taken the inverse approach, where individual therapists gather a dedication to antioppression causes and use personal platforms, like social media, to try and build exposure and connection. We have a long way to go before we begin to dismantle the racist systems within our practice: the diagnostic code, the phrase “medical necessity”, and the limited funding that insurance companies provide to relational therapists, to name a few.

So, in the mean time, the *NEJRS P* editorial team asked therapists the following questions to assess how therapists are engaging in their own personal growth with regards to cultural humility. Our editors have followed with their own analyses.

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- 1) What is your definition of cultural humility?
- 2) What are ways that you are/are not practicing your definition of cultural humility?
- 3) What are concerns that you may have around initiating a conversation about race?

***Beverly Ibeh: How Do You Define Cultural Humility?***

Throughout our education as clinicians, we have learned about the foundational benefits of cultural competency as an utmost importance in the clinical or health care relationship. It is a clinician's role in conjuring respectful, lasting, and culturally-aware interpersonal relationships with the individuals that seek to access our services. Throughout my graduate school education, cultural competency felt unlike many other theoretical concepts as it gave off the illusion as the quest for specific attainable knowledge about another person's cultural artifacts, values, governing bodies and generalized truths from those we had come into contact whom identified with that cultural background. It was an idea and a tool we learned could transform our skills as clinicians and in turn improve our client's experience of sitting with a largely homogenous cohort of health care and mental health clinicians with a handful of clinicians from diverse ethnic and racial backgrounds.

In 1998, Dr. Melanie Tervalon and a health care educator and administrator, Jane Murray-Garcia, introduced the concept of cultural humility to identify gaps in our practices and beliefs about culturally sensitive and responsive care. In their offering to the literature, they advocated for a re-examination of our own internal biases that ultimately influence and many times hinder adequate patient care. As clinicians reported on the survey, it means being able to "hold that we are all looking at the world from our very specific cultural experiences, privilege, slants, and that to assume that is the right or only way to experience the world is the opposite of humility." For many White clinicians that aimed to further experience this interrogation of themselves and worldview, they believe that practicing cultural humility through a social justice lens equates to a "humbleness and awareness regarding one's own, including my own, experience of being white and doing the experiential world-view change work, including self-of-the-therapist work, to see others through an anti-racist lens in order to become a better ally, advocate, activist and ancestor." Another clinician asks critical and thought provoking questions about the field's assumptions and understanding of cultural humility and ponders on whether it "obscures White supremacy", perhaps by making the assumption that Whiteness is the center and we must engage in intentional acts to immerse ourselves in understanding the worldview of other's that fall outside of that identity group.

The fear that often becomes a barrier for many clinicians to engage in this type of introspection greatly hinder one's commitment to acquiring greater "understanding that you don't know anything, being open to learning, and admitting when we've made mistakes", as another clinician commented on the survey. One clinician explicitly states that humility is not to be a goal post to acquire as previously assumed with the term "cultural competency" but rather a "...never ending process of examining [their] own cultural identity and privileges and creating space to honor, hold, and be curious about the cultural differences around [them]."

**REFERENCE**

Tervalon, M., & Murray-Garcia J. (1998). Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9(2), 117-25.

### ***Jacqueline Gagliardi: Practicing Cultural Humility***

Throughout many years as a Couples and Family Therapist and educator, my ultimate goal has been to graduate students who are culturally aware and sensitive and to be a practitioner with these goals in mind. It has become imperative to also develop cultural humility in ourselves and in our students.

The difference between being culturally competitive and sensitive versus practicing cultural humility is significant. Possessing cultural awareness and sensitivity is to acknowledge and be sensitive to one's culture, as well as exploring personal beliefs and biases. Although this is an important objective, cultural humility is a much loftier goal. The National Institutes of Health defines cultural humility as "a process of self-reflection and discovery in order to build honest and trustworthy relationships." According to the Hogg Foundation for Mental Health, "In order to practice true cultural humility, a person must also be aware of and sensitive to historic realities like legacies of violence and oppression against certain groups of people."

In our discussion as editors of this journal we decided to survey our members and ask them what their definition of cultural humility is and in what ways they are practicing their definition. The responses included: "Working with anyone who asks for services," "Cultural humility is a humbleness and awareness regarding one's own, including my own, experience of being white and doing the experiential world-view change work, including self of the therapist work, to see others through an anti-racist lens to become a better ally, advocate, activist and ancestor." Another wrote, "An ongoing and never-ending process of examining my own cultural identity and privileges and creating space to honor, hold, and be curious about the cultural differences around me. I feel like at times cultural humility feels like a misnomer. Does it exist? Does it obscure white supremacy? It feels nuanced."

Although the responses varied there was an overarching theme of acceptance, sensitivity, self-reflection, respect, and appreciation of differences. These responses came very close to NIH's definition of "a process of self-reflection and discovery in order to build honest and trustworthy relationships."

When queried, "What are ways in which you're practicing your definition of cultural humility" the responses were again varied, but with a theme of acceptance and of addressing race in the therapy room. One respondent wrote, "In working full time as an LICSW and CST (AASECT Certified Sex Therapist) and using a systemic therapy approach, I'm able to competently address race in the therapy room to reduce distress in individual, couple and family systems as an ally, advocate and activist against discrimination and oppression. I'm also currently taking the 18 CE 'Anti-Racism' course with NEAFASST and the State of Therapy 2020, and working, via a petition I created, and in communications with the NASW to require that social workers, and therapists of all disciplines, be trained, in an ongoing fashion, in high-quality experiential anti-racism coursework, particularly the current 18 CE anti-racism experiential training I'm taking to create familial, communal, national, and global change."

Responses to "Are you having conversations about race, ethnicity, and racism?" included "Yes, in all parts of my life," while others stated, "I try to really listen to what I'm saying and reflect

if I've done or said something that engenders or promotes the tenets of white supremacy and to acknowledge it internally and externally,” and “I do try to have these conversations, especially with my clients who are minorities. As an individual who is Caucasian, I try to start services letting people of color clients know I try to be an ally, but I am human and make mistakes and to let me know if they think I am not being considerate of their experiences in this moment as it will not offend me. I try to give space to talk about the impact of current issues in America or abroad that may impact them, validating their experiences as best I can. While most of these conversations are happening intentionally professionally, with clients, due to my continued use of Tele-health to provide services, I've not had the opportunity to have as many of these conversations with co-workers who are also professionals. I do also try to challenge family members and friends in the moment when something unkind is said about another individual based on race or ethnicity.”

Responses to “What are the areas that you’re not practicing your definition of cultural humility?” varied from “there are no areas” to “I feel that I may not do this as frequently, professionally with co-workers, some of that being due to my agency still being remote, though I do not doubt that my co-workers are doing their best to practice cultural humility. Personally, I am not being as consistent, even before the pandemic, I may have let ‘jokes’ or ‘small comments’ slide when I should not and that is something, I need to be more intentional with and am trying to work on.”

In their self-reflection and definitions of cultural humility, the ways in which they are practicing their definition of it, and their conversations about race, ethnicity, and racism, our members’ varied responses expressed poignant themes throughout. It is also clear that most of the respondents are having conversations about race, ethnicity, and racism in the different areas of their lives and not just in the therapy room.

Our work as clinicians is to respect our clients and appreciate their culture and history and to self-reflect and ask, “Are we doing what we say we are doing in practicing cultural humility?” How can we build this self awareness and develop these skills?

### ***Stephen Duclos: Everyday Experiences of Racism with Everybody: Logistics***

How does racism effect one’s everyday life? And how do we talk about it in therapy, in teaching, and with each other? When we start thinking about the logistics of racism, white people and people of color have different experiences. Let’s think about two tennis players, one white and one black. Both are headed to an indoor tennis club in their city. The white player decides to drive, and eschew public transportation, even though there is little parking near the courts, because he is uncomfortable in the more diverse populace of the subway. He would prefer to pay a lot more for this privilege, and endure the physical discomfort and anxiety of not having anyplace for his car. The black player has no problem taking the subway a couple of stops, but enters an ecology of white people wearing all white tennis clothes, a not uncommon requirement. The white player walks into the locker room and immediately begins complaining about the lack of parking spaces. The black player wonders if anyone is aware of the visual affront of everyone wearing white clothes.

There are hundreds of examples o these logistics. Can you think of one that has happened to you today? Since we are talking about tennis players, Serena Williams held a press conference

after the birth of her first child. Ms. Williams has a history of blood clots. And yet she had to bring the full force of her celebrity to bear in order to get the treatment that would save her life. Tressie McMillan Cottom (*Dying to Be Competent*, 2018) relates this story and her own tragic birth story to point out that “black women in the United States are 243 percent more likely to die from pregnancy or childbirth-related than are white women.” Logistics.

Whether we avoid the subway, move to overpriced suburbs, complain about the price of public education while stretching to send our children to private schools, or decide not to go to Fenway Park because it is hard to drive there, racism is limiting, back and forth, white and black, everyday, all the time. In our therapy rooms, our teaching places, in our interactions with each other, it might be therapeutic to start talking about these experiences.

### ***Jeremiah Gibson: The Challenges of Practicing Cultural Humility***

Before exploring the survey responses about cultural humility, a quick caveat: Everyone has moments when they don't practice cultural humility. I have a ton of them, be that my expectation that the Latinx folks who work at my local grocery store will speak to me in English, the automatic assumption that I have that every Black person is poor, and the general racial and classist homogeneity of my friend group, which, though small, still leans White and is exclusively middle-class.

I have my own racism to deal with.

As does the participant who responded, “I live in a strongly mono-cultural town/community and I can become overly comfortable and not immerse myself in diverse cultural experiences.”

And the person who said that they don't practice cultural humility “with some specific people.”

And the person who describes, “I feel that I may not do this as frequently professional with co-workers, some of that being due to my agency still being remote though I do not doubt that my co-workers are doing their best to practice cultural humility. Personally, I may not be as consistent, even before the pandemic, I may have let ‘jokes’ or ‘small comments’ slide when I should not and that is something I need to be more intentional with and I am trying to work on.”

It was disappointing, though not surprising, to have participants in our survey identify that there are no areas in which they don't practice cultural humility.

And in some ways, I get it. European, Christian-rooted, “classics”-driven cultures, such as our own, equate success with perfectionism. American school systems promote learning of objective information, so that wrong answers get lower grades rather than an encouragement from teachers to explore the content from a different perspective. American parenting relationships are rooted in what Amy Schalet, in her brilliant book *Not Under My Roof* describes as connecting through control, where parents center their relationships with children and teenagers around successful following of rules, like chores and curfew, as opposed to control by connecting, where parents build collaborative, exploratory relationships around the ways that they're learning about

their world. And this is before we get into the moralistic injection of guilt, shame, and sin into our cultural zeitgeist from our Christian and other conservative religious communities.

To be fair, the liberal communities that I participate in are developing their own moralistic code which has eerie similarities to the moralistic code that I grew up with in my Evangelical community in the South. A code that requires you to post pithy quotes on social media about how you accept BIPOC, queer people, and civil rights. A code that plays what my partner refers to as the “Woke Oppressive Olympics”, where White liberals caveat their perspectives with, “As a White-presenting, straight, cisgender male with a Masters degree who lives in gentrified Roslindale” (that would be mine) and the voices who are shoved to the front of the stage are those who have the highest amount of minority attributes, even if the Black, trans, disabled woman who just got the spotlight put on them prefers to live their life in a more quiet, subtle way. A code that pins scarlet R’s onto the chests of people with the powerful phrases “That’s racist,” or worse, the condemning “You’re a racist,” without either describing the specific racist elements of the comment or process in question or acknowledging our own individual struggles navigating cultural humility.

In some communities, it’s not safe to talk about the ways that you struggle to practice cultural humility. I don’t want NEAFAST to be one of them.

I want NEAFAST to be a space of Ann Wheeler’s, who explains, “I don’t think it is ever perfect or complete and I am working to hold myself accountable daily and surround myself with people who are also holding that accountability.” I want NEAFAST to be a group of therapists who are holding themselves accountable in encouraging, compassionate, and self-reflective processes.

Ericka Albright presents a vision of what that accountability might look like: “At times, when feeling more emotionally taxed or more burned, I find myself less able to not bring in my own assumptions and feel I become more frustrated or judgmental. It makes me realize that this process of cultural humility doesn’t just come natural you have to be mindful, vigilant and also willing to call yourself out. At those time, I realize I need to take a step back to get clinical support/supervision or take time for self-care.”

In 2021, 40 people have collaborated monthly to talk about the challenges of practicing cultural humility at NEAFAST’s Practicing Antiracism group. It’s been encouraging both to witness the honesty and vulnerability of these conversations and to observe how individual and collective perspectives, awareness, and practices of othering have shifted. I’m excited to see how our evolution around cultural humility expands in the coming years.

### ***Frank Gomez: Vulnerability and Racial Responsiveness***

An important step towards social justice in mental health comes in the form of addressing and challenging oppressive social structures that create an invisible veil in therapeutic relationships. To not address this dynamic can block avenues for disclosure and create a level of mistrust in the therapist and therapeutic process. This process is of special importance when building a therapeutic alliance with racial and ethnic minorities. While it might be elusive to some, the

COVID-19 pandemic health disparities in some minority groups, overt racism, and police brutality this past year have brought these oppressive social structures to our collective attention. In spite of an undeniable presence in our therapeutic rooms, there is still some reluctance in initiating conversations around race and ethnicity.

In light of this dynamic, we asked practicing therapists what are some concerns that they may have around initiating a conversations about race and ethnicity? Some responses bring forward a lack of language around the topic as follows:

One member answered, “I think what sometimes hold me back is fumbling over my words when speaking about race and ethnicity as well as gender/sexual identity. Trying to be honest and open yet balancing the worry that I may not sound progressive or current with my understanding and the language I use.” And “Not wanting to look uneducated or uninformed. Not wanting to put the responsibility of me learning/growing on members of marginalized communities.” While another member reported “Discomfort / saying the wrong thing / having to acknowledge ways I've benefited from white supremacy that I don't want to face.” Which suggests a position vulnerability while engaging in these conversations.

Another member goes further with the theme of vulnerability in their response and stated, “ I recently read an interview Robin DiAngelo did regarding ‘nice racism,’ this idea of ‘I'm such a great not racist, look at all the things I know and DON'T do.’ I do hope that I do NOT come off as such, and sometimes I wonder if my desire to avoid ‘tooting my own horn,’ also keeps me from saying anything and waiting for others to initiate a conversation about their concerns or me challenging someone in the moment. I also find it difficult to not want to make that the ‘only’ thing we talk about, in terms of an individual's race/ethnicity not being the dominate one in America, as if that is the only thing that matters about them. Although I also understand that being a minority can and does shape their personal experiences. I don't want to assume they want to talk about that or that that's the predominate issue for them. I do not feel confident in my ability to balance addressing it without over emphasizing it. Something I am still trying to work on personally and professionally.”

In contrast, there was a member that discussed a transition from this stance as follows: “I am pretty comfortable now with clients although I felt awkward at first. I did have a negative experience / didn't know what to say when a stranger wanted to get rid of BLM signs at a Stand Out.” This speaks to more concern about engagement with those with prejudice towards minorities. Another member with similar concerns stated, “The only concerns are with those (white) persons who have a long-standing prejudice towards people of color,” and “I might offend someone or make someone uncomfortable. I might trigger family power structures around the way things are done/talked about.”

These responses shed light as to a sense of vulnerability in addressing and challenging oppressive social structures in our therapeutic rooms. One response stated that this was a face of their learning and professional development. While on the other hand, another responded on a process that does not allow space for growth and engagement in thinking, “I'm such a great not racist, look at all the things I know and DON'T do.” This rationalization enables for a place of comfort in retaining power. It seems that leaning towards discomfort in these conversations has been fruitful in light of these responses.