



REFLECTIONS ON PRESENCE: NEJRSP EDITORIAL STAFF INTERVIEW

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Editorial Team – New England Journal of Relational and Systemic Practice

Frank Gomez: We're meeting today to talk about our theme for the next edition of the journal, how we bring ourselves into our work, frequently referred to as presence. We are curious about how we bring our culture into the room, as well as our history, while also practicing cultural humility into our therapeutic room. We could go in many directions here, but I am wondering if we might begin by asking the question: What is 'cultural humility'?

David Haddad: I'll be happy to start with that one. My experience is that 'cultural humility' and 'cultural competence' are sometimes conflated. We all take courses and receive certificates of completion in 'cultural competence', and the certificate, or the CEU seem to suggest that 'cultural competence' is binary: that you either have it or you don't. 'Cultural competence' is a never-ending process in learning to take a not-knowing position. This is not a new idea to systems therapists, particularly those therapists with post-modern leanings, might share the understanding that who we are emerges in the interaction between people. So that interaction is informed by how we show up, and interact in our sessions, some we are conscious of, and others we might not be. Taking this not knowing stance we come to understand that we are always bumping up against what we don't know, so to be able to say, "I'm not sure I understand what's going on here," is how I think about 'cultural humility'.

Frank Gomez: Well, 'competence' makes it seem like it's static.

David Haddad: Yes, absolutely.

Beverly Ibeh: Yeah, I agree and want to invite a reimagining of how we do this. Because I agree with you, David. I think about how we learn the differences between 'cultural competence' and

‘cultural humility’—but I wonder if we need to start with a foundational understanding that other cultures are different from our own in ways that serve as a foundation for our understanding. To understand, value and be curious about these unique ways of knowing that each culture embodies, cultivates our comfort exploring culture with the people and communities we work and live with. So I sometimes think about this like one leg of a step stool, we go towards ‘cultural humility’ as we continue to work to understand our own cultural values, belief systems governing bodies, and ways in which our own cultural experiences are going to interface when we’re working with other clients. And to be open to making mistakes, to be open to stumbling along the way. And so I just don’t want to negate the importance of having some kind of knowledge base, some kind of competency in the area, but not so finite that we’re just trying to obtain something and then be done with it; that it’s actually a process, not so much a content area.

David Haddad: Yeah, I think that’s an important distinction. Thank you.

Jackie Gagliardi: When I think of ‘cultural humility’ I’m also thinking about being able to admit to yourself the oppressive narratives that are embedded within culture. So as a white person, it’s really important for me to look inside myself in ways that I might not want to as some of these oppressive narratives are part of my cultural history. Because one part of me has this, I might think that I am accepting, or being respectful, or that I know what I need to know. In contrast I am also aware that there’s this other part of me that I’ve been working on that says, “Fess up to those parts that you don’t really want to fess up to, that you don’t want to look at. So for me, ‘cultural humility’ is a willingness to be able to look at those parts that you really don’t want to.

Frank Gomez: Jackie, you’re speaking to something that I’ve been thinking a lot about this past year, which is allowing ourselves to be vulnerable as we present ourselves in therapy. That can be a scary place to be as a therapist. As clinicians we are supposed to be prepared to support someone when they come into the therapeutic room. And often I think...something that makes me marketable as a therapist is that I am fluent in Spanish, that I am Dominican, and I work in a heavily Dominican-populated area in Massachusetts, Lawrence. And I think the assumption is, “Oh, Frank is prepared to go and work with these Dominican families because he speaks Spanish and he has a cultural background where he can understand some of the cultural context; however, more often than not I find myself being shocked at the differences between my understanding of my culture versus the people that I see in therapy. And vulnerability then is something we need to cultivate, and it’s part of being responsive, and a necessary part of being prepared. It’s being responsive to those differences and being vulnerable when they come your way.

Jeremiah Gibson: I really like, David, that you started by putting ‘cultural competence’ and ‘cultural humility’ side-by-side because I think that doing that speaks to a tension that’s plagued the field of psychotherapy for 70 years. Are we a science? Are we an art? Are we some combination of the two? And as there’s more and more calls with managed care, with insurance companies, with the medical model taking a rise in Massachusetts, there’s more and more of a

movement for the field of psychology to align itself with a more scientific—or David, to use your language—more cultural competent kinds of methods where success is based on what you know, what you're able to assess for, how you're able to gather all of this information. And cultural humility, I think, speaks more to the art of therapy. And Frank, I'm curious if that's what you're speaking to when you're using this word 'vulnerability'; that the therapeutic process—and one of the reasons that therapy is so hard to study and so hard to do outcomes-based research about is because: how do you measure vulnerability? How do you measure that within the content and presentation of a therapist? If that is the standard for success for what good therapy is, how a therapist is able to engage in their own self-exploration, and then to be able to use that process of self-exploration to help other people understand how their cultural context shapes their perspective...now we're talking about a completely different ball game. I don't know of other organizations that are doing research in this type of, from this type of perspective. Certainly not in Massachusetts.

Frank Gomez: That's what makes it challenging. It's this thing that we can't measure. And how do we practice something...you know, we have families that come in all the time and they don't know how to build trust because it's something that is difficult to measure.

Jeremiah Gibson: Right.

Frank Gomez: And it requires exercise to do it effectively.

Stephen Duclos: Well, I think in terms of practice implications, it's about not valuing your culture over anyone else's, and then sort of interrogating whiteness as a racial identity. So sometimes we have this idea that we want to interrogate culture only if the people around us are not white. But the idea is that it's much more important, I think, to interrogate the racial identity of whiteness. And it's interesting...it's interesting that when you do this, you sort of expect some kind of pushback, but my experience has been that people are quite willing to talk about this. That no one asks. And I think that's the thing we have to start doing: we have to start seeing our conversations with others as incorporating all of this.

Beverly Ibeh: I think that's a really good point, Stephen, that you're bringing up. Because I'm thinking about the origins, like the origins of 'cultural humility'—that it was started and I guess coined by a healthcare professional, a healthcare physician, to my knowledge at least—and as a healthcare educator, due to inequities in healthcare disparities. And so I think it's worthwhile to connect the importance of 'cultural humility' to the lasting effects of working with historically disadvantaged, ignored populations out there and that providing care to these populations that are trying to access our services and support systems. And they are owed that kind of readdressing of those inequities and disparities; by having 'cultural humility' as a practice, not just within the clinical relationship, but practicing it in your own lives, developing the capacity of seeing through a culturally humble lens throughout your life and interrogating your own cultural experiences,

awareness, and all the things we've just said today—that we are then engaging in this fight with the systems that we work with, the systems that are perpetuating these inequities and disparities for people we work with. So I think it does kind of transcend just the therapeutic relationship, or the art of therapy, and it does go into kind of tackling some of those systemic inequities.

Frank Gomez: And I think that that's so important. As clinicians we play a part in being able to target these inequities. And for me, I think part of the practice has to be looking for opportunities to engage in that vulnerable aspect, that sometimes I don't know what's going on with this youth that is having challenges at school. And possibly he's being targeted by some form of systemic oppression. And maybe he's identifying with some of the ways that his environment is defining him. Recently I had an opportunity to work with someone who presented very aggressively in school, and he wasn't connected with therapists. And it took me being vulnerable and connecting with him to break down the wall that I felt was between us. This was fueled by my understanding that I don't know what's happening with this kid, so engaging him in a conversation about power dynamics in the room was incredibly helpful. Even though he was the same as me, my experience was he was able to be more present in therapy, when I was able to show up as an authentic, curious, and therapist willing to be vulnerable .

Jackie Gagliardi: You know, Frank, you bring up another good point about assumptions. If we make assumptions, and given that some of these assumptions emerge from the oppressive narratives that we've learned, then we're not going to be able to break down that barrier that you described in your work with the young client you described. I think that's really important, and I think in one of the interviews I did with a client who had been part of a therapeutic system, after a while everyone assumed certain things about her, she simply gave up trying to defend herself. And so I think that one of the things as therapists is that we really need to look at: are we assuming?

Jeremiah Gibson: Bey, I'm thinking about what you were saying a bit ago and thinking about new metaphors, kind of the direction of the field of psychotherapy, and I'm hearing you say that the therapeutic relationship is in some way applied politics.

Beverly Ibeh: Absolutely.

Jeremiah Gibson: Frank, in the story that you were talking about, and politics both in terms of what you're seeing play out in a couple interaction or in a family interaction, and also being aware of the power dynamics that you as a therapist bring in as well. Frank, did I get that right, that you were talking about the vulnerability of the therapist?

Frank Gomez: That's right..there's no way I can work with a young client that has that internalized sense of voicelessness... How are we going to work? There needs to be an acknowledgement of those dynamics in the therapeutic room for there to be any progress.

Stephen Duclos: I think talking about voice is really important. And also talking about voice before you have voice in the therapy room. Like if your voice has been reduced by larger systems, you know, we almost need to talk about that before we can talk about how we can change things.

Jackie Gagliardi: Yes, that leaves me wondering about the stance of the therapists. I think if you come off as an expert, there's no humility in that. But being a fellow traveller and being collaborative, which is what I heard, Frank, that you were doing, really is helpful. It allows for humility because you're collaborating and you're having a conversation rather than imposing your truth.

Frank Gomez: Absolutely. You know, this conversation is moving us toward that question, how are we having conversations around race, ethnicity, and racism? How comfortable are we in engaging in those conversations? More often than not I'm hearing, "Am I the right person to bring this up to a young client, or a family that I'm seeing for therapy?" That's a question that makes me really uncomfortable.

Beverly Ibeh: I mean, honestly, Frank, that's a question that makes me a bit annoyed for a lack of a better term. Because I do think there is privilege in being the one to bring it up versus the one to experience it. And so, I think that if the question is, "Should I bring it up?" you've already kind of situated yourself in a privileged position. And so therefore the onus is on you to acknowledge that, "There are systems at play here that essentially don't just make your showing up in my therapy space a self-help project; that this has been a result of systemic oppressive elements at play in so many different ways that have brought you into my office," and it's important to acknowledge that. That, "This isn't just your doing." And so I do think that it's important, regardless of our cultural, racial, ethnic identities, that as clinicians we already hold a privileged position; we already hold a privileged space in society. The privilege of education and many other privileges that we exercise on a daily basis. And I think it's important to utilize that to then attack and address some of these elements our clients are facing in greater society. And what does that look like in the therapeutic space? Well it's inviting that discomfort. It's accepting that it's going to be uncomfortable too, you know what I mean? Welcoming it into the space and to be able to say, "I wonder if that experience was a result of that; let's think about that together. And if I'm wrong, that's ok; help me understand." And there's a sense of collaboration like Jackie says, and there's a sense of curiosity and openness and joining with that client's experience that maybe you might not have had. If I'm working with another Black woman, I might not have shared the same experience just because we're both Black women. And so to be, for me to be able to say, "Help me understand and share that experience with me," and to appreciate that. And then to say, "How can I use my privilege as a clinician in this space that I hold to be able to support you in your life outside of this space? That's what I would like to know."

Jeremiah Gibson: Can I ask a question to the group at large? I'm curious: what are steps that the field of psychotherapy can take to begin to practice and implement these definitions of 'cultural humility' in kind of larger more consistent ways?

Jackie Gagliardi: When I think about that, I think about: we can't be so fragile. We have to take chances, we don't need to be the expert. You know, again, I think we need to walk alongside our clients. And be curious. I'm not asking my clients to teach me about their culture but I might be curious how something might have impacted them.

Frank Gomez: I think there are things that are essentially very difficult to quantify as, "There's an objective that I need to practice in my therapeutic skills." And I think that, like decision-making, I take that as an opportunity for—especially when I'm working with young clients—to engage in, or look for opportunities to engage in cultivating their ability to do that. And for them it's the same thing; you have to look for opportunities to engage in that exercise of being vulnerable or taking a stance that is culturally humble, being curious so that you develop that skill. And I think more often than not, we see it as something that is omnipresent that we need to engage in, and that could be heavy for a therapist to engage with. "Oh, you need to know when to self-disclose, or to..." That's too heavy. That's like saying to a family that is hopeless to have a little bit of hope. There needs to be some clearly defined objective and skill that you can practice, and then you can feel a bit more confident in your ability to engage in conversations like this. But it takes practice.

Beverly Ibeh: I definitely want to say a big one here, because I know that, from personal experience, that there are too many clinicians of color that experience this. I think for many agencies, one of the bigger changes I think that needs to happen is for the onus and the burden of this self-exploration, this conversation, to not be put on people of color. To not be essentially, you know, given to a subset group of people that maybe are always the first ones to speak up about this conversation. And that there needs to be more of an encouragement of the greater staff at large to engage in these self-exploratory conversations. Specifically, white staff. Because I do see this kind of replicating itself from agency to agency. When any kind of these catchphrases are brought up—'cultural sensitivity', 'cultural humility', 'culturally-responsive care'—anything like that is brought up, and all the eyes shift to the people of color: "Oh! What do we do?" And that needs to change. I think that we all have a role here to play in terms of having these conversations and being able to move this forward for clients.

Jackie Gagliardi: I think if people ask that question, the answer is: you need to look within yourself. You need to look at what your belief system is and the ways in which you might be complicit. Because I think that's the paradox is that we're looking at Black therapists to tell us what to do when we really need to explore within ourselves, white therapists: "How do we see the world? How do we see culture? How are we complicit in ways we have no idea about?" So I agree with you. Too often the onus is put on people of color to tell white people what they should do,

and the reason that is is because white people don't want to take the chance of being vulnerable or making a mistake. And that's where white fragility comes in. Or at least that's where I see it.

Stephen Duclos: I think that's now; I don't think that that's been the case historically. If you're a white person, if you're going to stand up before an audience and talk about race and psychotherapy, you're going to have to legitimize your life before that. And what I mean by that is: no one's going to believe you if you just talk about what you've read.

Jackie Gagliardi: Right.

Stephen Duclos: They want to know about what you've done. When did you go to jail? When did the police beat you? What happened to you in Georgia or Western North Carolina? What happened to you in Mississippi? I mean, what's your life been like so that you have a legitimacy to speak about these things from your own perspective being white or performing white? And I don't know if you can stand up in front of an audience and not have that sense of history about yourself. Some sort of sense of where you've come from, and therefore, "This is how I can talk about it." I mean it took me a long time to be able to talk about things that I did when I was quite young. I mean I didn't want to talk about being beaten up by the police because of registering Black voters. I didn't want to talk about other stuff like that. But now I feel like it's a point of legitimacy, I can talk about this. You know, I get criticized when I speak from both ends. You know, "Why is this old white guy talking about culture or diversity or racism? Why is this white guy talking about racism? How is he experiencing that?" I think you have to sort of demonstrate why you can talk about it.

Frank Gomez: That resonates so much. I think that there's an invisible wall that is built when these conversations are not being had. And my belief is that clients sense that. And the conversation doesn't start until that invisible wall is addressed. And part of it is introducing your own experience with these conversations and these...some types of oppression and power dynamics.

David Haddad: I keep going back to: what role does NEAFAST play in being able to kind of support the cultivation of cultural humility, it seems like we are pointing to some of that in this conversation. For me, I look to the NEAFAST community to be part of this conversation, an inquiry into people taking risks, people having conversations; and that's how we build kind of a knowledge base. We are not looking for the managed care evidence-based practice. "Everybody knows what to do, we've tested this out with, you know, focus groups." We're discovering it on the fly; we're discovering what works as we do it. And we get feedback directly from our clients, from the people we talk to, just like Stephen was saying. And that's not kind of how traditional science goes anyway.

Beverly Ibeh: To Stephen's point, maybe one of the reasons why this is so difficult is because maybe people are more so on the side of talking versus doing and so there isn't that kind of—in

terms of your point, “Why should people listen to me as a white person talk about this stuff?” Because there is, I think, historically a sense of detachment of like, “Oh, that’s a great idea,” versus like, “I’m not doing that. That sounds nice, but I’m not actually willing to do any of the work or to engage or to interrogate myself or to go through any kind of discomfort in kind of looking inwardly in terms of how I sit within the larger system.” I think that tends to be the bigger issue at play here.

Stephen Duclos: Right. The things that are happening now are a result of a lot of things that have already happened. “And where were we then? And where did we plug into all of this? Did we plug into this last week? Did we plug into this this year? I mean, great if we did. But, you really needed to plug in, you know, twenty years ago, thirty years ago, forty years ago, fifty years ago. And how did you do that and what happened at that point that you were able to do that?” But I think that in our work, to get back to the work part, when we have someone who’s been oppressed, they internalize it, and they think they’re the problem. “I’m anxious because I’m less than.” But actually the anxiety is the result of the oppression that they’ve experienced their whole life. And we have to be able to move that, whether the person is Black or disabled or gay, we have to move that into something that...into the larger system. And the effects of the larger system on the individuals is the mental health part. But people internalize all of this and they feel like it’s their fault; that they’re anxious or depressed when, you know, this is a normal reaction to being an Indigenous person.

Beverly Ibeh: Totally.

Stephen Duclos: And I think it’s our job to point that out.

Beverly Ibeh: Absolutely. And if you’re not engaging in these conversations, you wouldn’t be able to.

Stephen Duclos: Right. Not from a position of power, but from a position of, “How about if we thought about this in another way? You know, maybe your anxiety is not so internal; maybe it’s a result of other things that have happened. And let’s fight against that.”

Frank Gomez: I will say that I think it’s important to...as part of the therapeutic work—I didn’t know a lot about racism or equity or any of this as a Brown, Dominican guy I had to learn these things. And I think it’s the same story with a lot of individuals that might not have the opportunity to learn about inequities. And that while they have experienced these things, they might not have the language to appropriately discuss these in a therapeutic room. And so there’s a bit of responsibility in bringing these topics to the conversation as a therapist because it might be someone that, “Oh, yes! I know what that is because it’s happened to me!” But they might not have the words to describe that experience. And that comes first before acknowledging that it is a problem.

Jackie Gagliardi: And, you know, in all fairness, we all go into this field with into this field certain cultural mindsets which means ‘humility’ means being able to take a critical look the ideas and assumptions we bring in the room

David Haddad: There is so much pressure on training programs to teach competency, which in many ways leaves little time for self-reflection in training. But yet that’s the very thing we have to make space for.

Jackie Gagliardi: Yeah, we really do. And to know that we all want to do the right thing by our clients, and to know what is that.

Frank Gomez: I think starting conversations like this and being responsive to conversations like this, and my hope is that people in our community will join us in having these conversations together. I look forward to our members commenting on this topic, sending us their writings and observations. This conversation needs to be fluid and dynamic, we need to acknowledge that while we’re talking about this that this is a work in progress.

Jackie Gagliardi: And to think outside the box of how we’ve been taught. For so many years we couldn’t even discuss spirituality. You know, that was like a no-no to talk about in therapy. And so I think it’s actually expanding conversations instead of shutting down conversations.

Jeremiah Gibson: Thanks, everybody.