

Cultural Humility in the Therapeutic Relationship

By Anne Hoff, Certified Advanced Rolfer®



Anne Hoff

ABSTRACT *Rolfing® Structural Integration attracts a broad range of clients from diverse backgrounds. Part of our job as Rolfers® is to create a positive therapeutic relationship with each client as the container for effective, transformative work. 'Cultural humility' is a commitment to be with our clients in a way that welcomes and values their unique identities.*

Introduction

This article is an addition to the discussion of diversity/inclusivity begun in recent issues of *Structure, Function, Integration: The Journal of the Dr. Ida Rolf Institute®*. I was introduced to the concepts of cultural humility, location of self, and broaching through a graduate program in counseling with Saybrook University. I profess no expertise in these areas. I often feel awkwardness, and sometimes identify uncomfortable blind spots, yet I find the self-awareness that results always leads to growth and greater sensitivity to my clients. I share this material in the hope it will support others.

I first learned about the concept of *cultural humility* when assigned the article "Cultural Humility: A Therapeutic Framework for Engaging Diverse Clients" (Mosher et al. 2017), written for a therapy journal. However, the term was coined

by Melanie Tervalon, MD, MPH, and Jann Murray-García, MD, MPH (1998), in response to a growing call for physicians to be responsive to clients of differing cultural, racial, and ethnic backgrounds. The concept of *cultural humility* arises from discussions of how practitioners of varying social memberships can meet an increasingly diverse client population with sensitivity and respect, whether for their race, culture, sexual orientation, or any other aspect of their identity.

Cultural humility supplants an earlier emphasis on *cultural competence* (Mosher et al. 2017). Cultural competence was an attempt to meet multiculturalism through gaining the skills and knowledge to have a competency particularly when service providers who belong to the majority social group are working with people who belong to a minority group. The cultural-competence model puts the onus on practitioners to educate

The concept of *cultural humility* arises from discussions of how practitioners of varying social memberships can meet an increasingly diverse client population with sensitivity and respect, whether for their race, culture, sexual orientation, or any other aspect of their identity.

themselves on the many types of cultures they could encounter. Time exposed the fallacies inherent in that idea: first, how could one ever have a complete working knowledge of the multiplicity of cultures, etc., our world presents? Second, while individuals may be members of a particular group (e.g., African-American), they are still individuals who have a multiplicity of intersecting identities (e.g., gender, sexual identity, religion), so generalizations around group identity may or may not apply.

In contrast, rather than focusing on a knowledge base to be acquired, cultural humility implies “a commitment and active engagement in a lifelong process that individuals enter into on an ongoing basis with patients, communities, colleagues, and with themselves” (L. Brown 1994, quoted in Tervalon and Murray-García 1998). It is based on “ways of *being with clients* that prioritize and value diverse cultural identities” (Mosher et al. 2017, 222). It invites us to step into relationship, inviting forward all of the client’s identities and showing up with an awareness of our own.

Hypothetical Clients

This article will posit some hypothetical clients of diverse identities as a way to discuss cultural humility and introduce the approaches of *location of self* and *broaching* as ways to support the therapeutic relationship. In creating these fictitious clients, I’ve considered times in my practice over the years where I have felt an uncertainty of how to engage based on our differences and my lack of knowledge. These scenarios all assume that we are meeting at my office for a first session without any prior orientation.

Client 1: I look at my schedule and see the name of a new client. I don’t know how to pronounce the first name, Urwa, and I don’t know what gender it’s associated with. I know nothing from the notes provided with

the booking except that the client is coming in for low back pain and found me on Yelp. Shortly before the appointment time, two people are outside my home office – a woman in a hijab, and a man; perhaps they are a couple? Which one is my client? How do I initiate contact?

Client 2: The client booking is under the name Karl. There’s a note saying they use they/them as pronouns and are coming to start a Ten Series. My booking system requires pre-payment for the first session, and the credit card has the same last name as Karl, but the first name of Katherine. Karl arrives, a young person in their twenties with what I consider a fairly androgynous look. We do the usual conversation around their presenting issues and body history. Then I say we’ll do a body reading, with them in underwear if comfortable. They disrobe to a layer of men’s underwear and a tank top.

Client 3: My new client Terrence is an African-American man in his early thirties who recently moved from Minneapolis to Seattle to start a job at Amazon. Terrence tells me he injured his neck in a car accident some years ago, and has had terrible migraines since then. He’s seen doctors, chiropractors, massage therapists, acupuncturists, you name it . . . Nothing has helped much. A coworker suggested he try Rolfing® Structural Integration (SI).

Identity Questions

An important piece of cultural humility is understanding one’s key identities, as we are interacting from those whether we realize it or not. In my case, I’m a White woman, sixty-one years old, and I consider myself heterosexual, politically liberal, and spiritual but not religious. I’ve lived in a number of places – Wisconsin,

Tokyo, Maui, Seattle – and each has shaped me. I’ve long considered myself a feminist and LGBTQ+ ally.

Despite considering myself quite open, in each of the fictitious client outlines above, I’d have a certain awkwardness, arising from differences in culture or social location. Let’s consider some of the aspects of each scenario. I have a great curiosity about people, and always like to ask questions and learn about people’s backgrounds, yet questions need to be asked with sensitivity, or sometimes invited rather than asked. A question as simple as “Where are you from?” can be felt as a microaggression if someone feels you are asking it from a prejudicial consideration.

With my first client, I learn that Urwa is the female and that she is with her husband. Would they take offense if I ask where they are from, or would they welcome my interest? From the hijab, I assume Urwa is Muslim. It seems her husband is planning to be there with us in the room for the duration of the session. Usually, I would find that annoying and ask the partner not receiving the session to go get a coffee and come back when the session is ending. But I remember that a male Muslim friend once told me that he should only receive bodywork from a female with his wife present. Is there a cultural norm here as well? Do I ask?

With Karl, while I was greeting them, I become aware of the binary idea of gender I was acculturated to in my upbringing, and that was also the default thinking during my Rolfing training, as we didn’t discuss gender outside the binary. We’re doing the first first session of the Ten Series, about opening breath, so ideally I’d like hand-to-skin access along the rib cage. For a cis-gender man, I usually ask that he remove his shirt; for a cis-gender woman, I usually ask her to disrobe to bra or sports bra, or fold up her shirt. I know from Karl’s pronouns that they most likely don’t identify as

The practitioner initiates the conversation, which signals that there is openness to dialogue about identities and how they affect both the therapeutic relationship and life outside of the Rolfing context.

binary male or female, and the tank top may be signaling a boundary. I find myself wondering if Karl is transgender. Katherine could be another person who paid for the session, or Katherine may be Karl's government name that they have not legally changed. Maybe Karl has had a top surgery, which could indicate fascial or scar-tissue issues relevant to our first-session work. I'm curious, and I don't want to be intrusive.

With Terrence, I am very aware that I am a White woman. Despite living in various regions of the United States and overseas, I've never lived anywhere with a large African-American population. I grew up near Minneapolis, where Terrence moved from, and I am well aware that there is often prejudice there too, despite the larger African-American population. How was Terrence affected by the murder of George Floyd? How will he feel with my White hands on his neck, even in a therapeutic context? Would he rather be working with a Rolfer who is BIPOC (Black, Indigenous, Person of Color)? I wonder about the power dynamics inherent in the Rolfing SI relationship: similar to the way a male Rolfer has to consider the impact of his gender when doing sessions with female clients, what do I need to consider about being White as I do a session with an African-American person? I want to help Terrence with his physical issue, and I know from experience that Rolfing SI will sometimes help when nothing else has, but is any cultural conversation about our differences needed to create ease?

Location of Self

One suggested approach to cultural humility is a model from mental-health therapy called *location of self* where the practitioner "self-discloses his or her social locations and invites a conversation about how the intersection of the identities held by the [practitioner and client] may be beneficial and/or limiting" (Watts-Jones 2010, 405). The idea is pretty elementary. The practitioner initiates the

conversation, which signals that there is openness to dialogue about identities and how they affect both the therapeutic relationship and life outside of the Rolfing context. If I initiate this conversation with comfort, it tells the client that their identities are welcome and dialogue is welcome. Watts-Jones (2010) notes both risks and benefits to the location of self, as well as the consideration that needs to be given to what and how to self-disclose.

Watts-Jones notes three assumptions that underlie the location of self. These are from her context as a family therapist, but I think there are grounds for considering the interplay in our work as well.

- First, *the practitioner needs a certain comfort with themselves to have these conversations in a way that generates safety for the client.* In the posture of cultural humility, the practitioner works to develop a comfort with their own identities and with welcoming the client's identities as the basis for the location-of-self dialogue being constructive.
- Second, Watts-Jones notes that identities matter and are present in the therapeutic relationship, especially identities related to social status and power. The issue here is particularly around blind spots based on how we view the world through our identities, especially if we belong to the majority group. In the November issue of this journal, Pheonix DeLeón (2021) shared the ADDRESSING model, which highlights many types of cultural memberships and invites a practitioner to consider their own identities and those of their client, and whether each is in the dominant or non-dominant societal group. In the July issue, Katy Loeb (2021) explored how economics limits access to Rolfing work. She notes that "In a capitalist system, which monetizes our bodily experiences and labor, our prices represent how we value ourselves and Rolfing

Structural Integration"; the result is Rolfers "charge rates that entire communities cannot possibly afford" (Loeb 2021, 67). When I think about my clients over the years, I remember some who had low-pay jobs and my uncomfortable awareness of just how much hourly labor they had to do to pay for each session.

- The third assumption Watts-Jones highlights is that we are all influenced by oppression as it is deeply ingrained in the dominant culture's ways of thinking, its value system, its institutions, and its cultural practices. She suggests we, therefore, consider for each client how oppression shows up, even when it is not obvious or clear in the history: "seeing the legacy of wounds and entitlements that run underground as well as those that surface in relationships, and [providing] a space for witnessing and healing these" (Watts-Jones 2010, 411). Moreover, oppression is also molded into our bodies: I refer readers in particular to the work of Resmaa Menakem (2017) on cultural somatics and embodied historical trauma, and to the various articles included in the diversity and inclusion themes in the July 2021 and November 2021 issues of this journal.

The Location of Self Dialogue

Moving from the theoretical to the practical, what might a location-of-self dialogue look like with a Rolfing client? This is something I'm just slowly moving into myself, having been introduced to this only a few months back, so I'm feeling my way forward. Perhaps I'd start with my usual descriptions of Rolfing work and taking the client's history, but before moving into the body reading and table work, I'd make some general remarks along these lines [drawing on an example Watts-Jones (2010) gives]:

Before going further, I'd like to share a bit about myself. Our work together is based on my training in Rolfing SI, but I'm also here as a person with all of my background and experiences that give me a lens to view the world and that also can cause blind spots. So I'd like to consider how my personal identities might be either helpful or a limitation in our work together and get your thoughts about this. And this is something we can talk about at any point in the work that either of us feels we are perhaps encountering a bump in the road.

Then, as I imagine my hypothetical clients, it would go a bit differently for each.

With Urwa and her husband, I would want to share something like this:

I'm an American woman, and while I have traveled and am curious about other cultures and religions, there are many I don't have much familiarity with. I want to approach everyone's culture and religion with respect, so I invite you to tell me about any customs and beliefs that are important to you as we work together in a setting like this, where you will be touched as part of the sessions. In Rolfing sessions, we often look at the body with outer clothing removed, so we can see muscles and body alignment more clearly, but we don't have to do this if it is not appropriate to you or your culture. Similarly, I usually work with just my client present, but I'm happy to have your husband here if that is what is most comfortable for you.

With Karl, I might say this:

To help you understand the lenses of my life experience, Karl, I'd like to share that I'm in my sixties, so I'm from a different generation than you. I identify as a straight woman, and also as a feminist and an LGBTQ+ ally. I believe in honoring each person's gender identity and want to be cognizant of any gender-related issues, emotional or physical, that may impact our work together. I appreciate you sharing with me the pronouns you use,

and I invite you to share anything else about your identities that feels important to you and to our work together.

With Terrence, I would consider saying something like this.

I'm a White woman in my sixties. I grew up in the Midwest, not far from Minneapolis, so while we have differences I also know a bit of the city you last lived in. I invite you to let me know any of your identities that feel important to share.

Then, after Terrence's response, I could go on and say:

There is a lot of awareness right now about racial trauma and how trauma is held in the body. I wonder if there is anything relevant to you that I might need to be aware of based on our racial identities? I invite this to be an ongoing dialogue as we work, particularly if I do or say anything that makes you feel uncomfortable.

Beyond the Initial Interview

There can be other times besides the initial client interview that it is important to broach gender, ethnic, racial, or other identities.

For example, it would be useful for a male practitioner working with a female client who has disclosed a trauma history that includes sexual abuse by a male relative to broach these issues at various junctures. A discussion might be appropriate in advance of a Fourth Hour, so she would be aware ahead of time of the areas that would be worked and could consider how she wanted to dress (perhaps sports shorts instead of underwear) or if/how she wanted to be draped. And any time the Rolfing saw a nervous-system response that suggested activation, he might want to at the least slow down or pause, but also consider circling back to the earlier conversation and explicitly stating, "I'm wanting to see how you are doing. It's important to me

that you feel in control of the work. I'm aware of the history you told me about, and I'm wondering if you'd like a pause in my hands-on work for you to check in to anything that is arising?" You'll see that this is not particularly different than what a good Rolfing would be doing anyway; fortunately, Rolfing trainings have often considered the power dynamic of the therapeutic relationship, particularly as it pertains to male practitioners and female clients. Plus, thanks especially to the work of Peter Levine, PhD, in developing Somatic Experiencing®, our community has a fairly sophisticated understanding of trauma.

We should also be aware of the news and how our clients might be impacted. If we have a client who has shared a Jewish identity, we might speak to that if they come in after there is news of a synagogue attack, even if it's not local. Has it affected them and their sense of safety? Does it affect the therapeutic relationship and the vulnerability inherent in being a client receiving our work? Similarly, if we have an African-American client on the day there's been a significant judicial verdict, one that either brings justice or one that alternatively causes pain, it can be important to check-in with how the client is doing, and note any identities at play in the therapeutic relationship. To not speak to something that may be a pressing concern for the client can reduce the sense of safety in the therapeutic relationship.

Conclusion

We each go through life shaped by our life experiences and identifying ourselves based on memberships in various cultural, religious, ethnic, or other groups. We see in our society the division and suffering caused by the failure to give value to the experiences and identities of people with non-dominant identities. If our work is to be truly therapeutic, it

We see in our society the division and suffering caused by the failure to give value to the experiences and identities of people with non-dominant identities. If our work is to be truly therapeutic, it must welcome the whole person in all of their identities and make space for them.

must welcome the whole person in all of their identities and make space for them. This is supported by a stance of cultural humility – an openness and regard for others and diversity – and location of self as a particular approach to building a safe and open therapeutic container.

Writing this article has been part of my own ongoing journey with cultural humility. I learned about this concept in a didactic setting, and I see layers of vulnerability and timidity come forward as I contemplate the important work of bringing it into my professional life. It's supportive to remember that this is a lifelong process; it's about developing a way of being, rather than a polished skillset.

Anne Hoff is a Certified Advanced Rolfer in Seattle, Washington. For many years she was involved in the editing and management of this Journal.

References

DeLéon, P. L. Q. 2021. Working across difference in structural integration. *Structure, Function, Integration: The Journal of the Dr. Ida Rolf Institute®* 49(3):58-64.

Loeb, K. 2021. Reimagining equitable economics in Rolfig® SI. *Structure, Function, Integration: The Journal of the Dr. Ida Rolf Institute®* 49(2):67-69.

Menakem, Resmaa. 2017. *My grandmother's hands: Racialized trauma and the pathway to mending our hearts and bodies*. Las Vegas, NV:Central Recovery Press.

Mosher, D. K., J. Hook, L. Captari, and D. Davis 2017. Cultural humility: A therapeutic framework for engaging diverse clients. *Practice Innovations* 2(4):221-233. doi:10.1037/pri0000055

Tervalon, M., and J. Murray-García, 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, 117–125. [http:// dx.doi.org/10.1353/hpu.2010.0233](http://dx.doi.org/10.1353/hpu.2010.0233)

Watts-Jones, T. D. 2010 September. Location of self: Opening the door to dialogue on intersectionality in the therapy process. *Family Process* 49(3):405-420.