



**EXAMINING THE RELATIONSHIP
OF PRIVILEGE, POWER, AND
CULTURAL HUMILITY IN
SYSTEMIC THERAPY**

**NCMFT 2020
Asheville, NC.**

Examining the Relationship of Privilege, Power, and Cultural Humility in Systemic Therapy

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Learning Outcomes:

- Participants will be able to define a multidimensional view of socially just therapy
- Participants will be able to understand the cultural richness the self-of-the-therapist brings into the therapy process
- Participants will be able to gain a deeper understanding cultural humility

Greetings

- Greet your neighbor.
- Do you know a greeting in another language?
- Tell them a little bit about yourself.
- Where is home for you?
- Why are you here in this workshop?

Social Location Defined

- An individual's **social location** is defined as the combination of factors including gender, race, **social** class, age, ability, religion, sexual orientation, and geographic **location**.
- This makes **social location** particular to each individual; that is, **social location** is not always exactly the same for any two individuals.
- **Social locations** reflect the many intersections of our **experience** related to race, religion, age, physical size, sexual orientation, **social** class, and so on.
- **Social location** contributes not only to our understanding of the ways in which our major institutions work, but also to our ability to access them.

Intersectionality Defined

- **Intersectionality** is a theoretical framework for understanding how aspects of one's social and political identities (gender, race, class, sexuality, ability, etc.) might combine to create unique modes of discrimination.
- The interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.

Positionality Defined

- **Positionality** is the social and political context that creates your identity in terms of race, class, gender, sexuality, and ability status. **Positionality** also describes how your identity influences, and potentially biases, your understanding of and outlook on the world.
- **Positionality** refers to the stance or positioning of the researcher in relation to the social and political context of the **study**– the community, the organization or the participant group.

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How do you understand these risk factors as it relates to your own positionality and diversity?

- Gender
- ACE or adult trauma history
- Age
- Experience
- High caseload/Exposure
- Type of trauma
- Shared Trauma

Adverse Childhood Experiences (ACEs) (Power and Privilege)

- **Adverse childhood experiences** (ACEs) are traumatic events occurring before age 18. ACEs include all types of abuse and neglect as well as parental mental illness, substance use, divorce, incarceration, and domestic violence.
- There are **10** types of **childhood** trauma measured in the ACE Study. Five are personal – physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect.
- The more ACEs you have, the greater the risk for chronic disease, mental illness, violence and being a victim of violence. People have an **ACE score** of 0 to **10**. Each type of trauma counts as one, no matter how many times it occurs. You **can** think of an **ACE score** as a cholesterol **score** for childhood trauma.

Our Positionality Stories

- Origin/Birth
- Family Structure
- Location
- Language
- Living and Facing Diversity
- Economics - impact
- Spirituality
- Education
- Cultural Experience - insensitivity
- Therapeutic language barriers
- Building us as therapist





BREAK

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Cultural Awareness

- End product
- "I'm the expert."
- Implies an objective set of best practices

Cultural Humility

- lifelong process
- "You're the expert."
- Implies a subjective set of best practices

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Competency

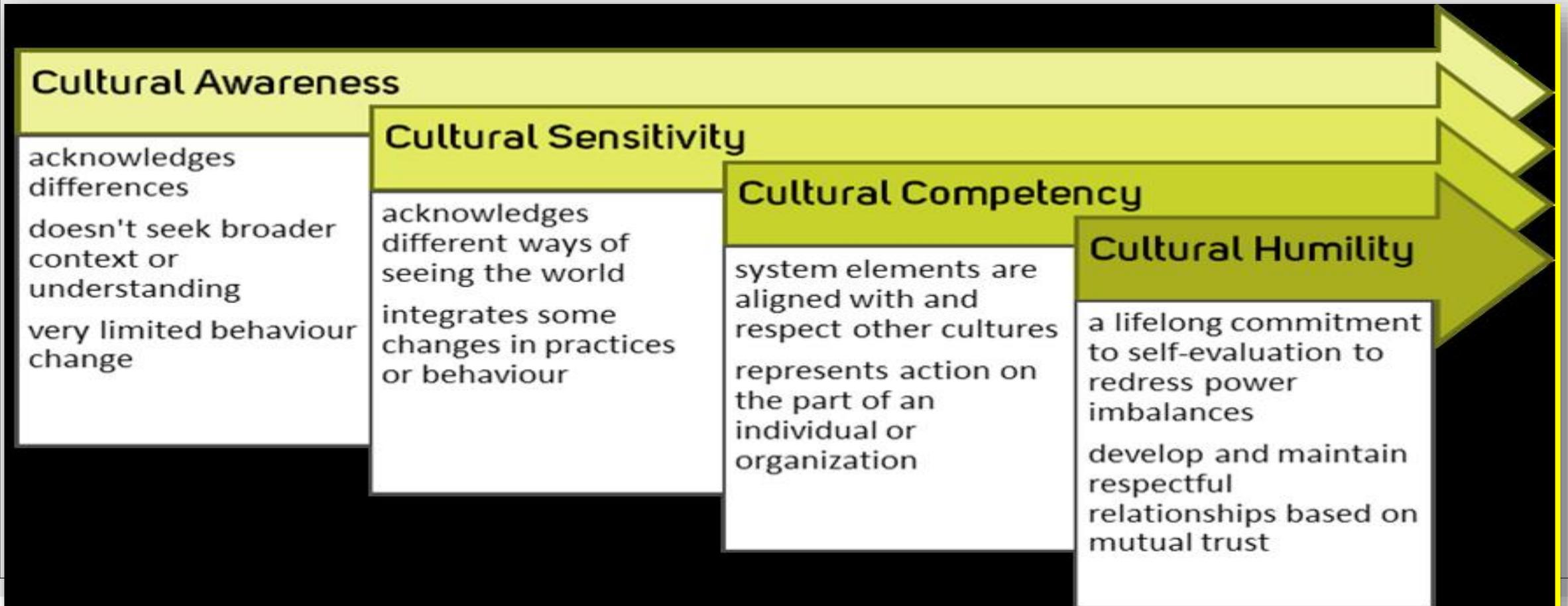
- Knowledge and training
- The idea that one can become “competent” in other cultures
- Based on academic knowledge rather than a lived experience
- Promotes skill building and working toward an end goal
- Supports the myth that culture does not change or evolve

Humility

- Introspection and co-learning
- The idea of learning with and from clients
- No end goal or end result
- Encourages lifelong learning with an appreciation of the journey
- Attempts to diminish power dynamics between advocate and survivor

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The contemporary spectrum can be represented like this:



Cultural Humility

- **Cultural humility** is an other-oriented interpersonal stance that can assist in such situations, as it allows the **therapist** to explore the client's **cultural** identities while being mindful of the **therapist's culture** and any limitations of knowledge.
- **Cultural humility** is a **humble** and respectful attitude toward individuals of other **cultures** that pushes one to challenge their own **cultural** biases, realize they cannot possibly know everything about other **cultures**, and approach learning about other **cultures** as a lifelong goal and process.



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Therapy

"I Viaggiatori"

A sculpture by the
artist Bruno Catalano,
symbolizing the void
created by leaving
one's country, one's
family, one's people
for another life.

Just Therapy

- "Just Therapy emphasizes its concerns with equity and justice.
- It has an analysis which, as noted earlier, draws heavily on thinkers such as Freire and Foucault, locating the **origins of many of the symptoms with which it deals within the structures and mechanisms of a profoundly unequal society**, where people remain poor, unemployed and homeless as a result of broader societal processes and are the victims of racism, sexism and violence.
- It has also been, in the earlier part of its journey, beyond the recognition that much social work and **therapeutic interventions had the effect of simply encouraging the adjustment of people to the conditions** - of social and economic impoverishment - which created their presenting problems in the first place, to building collective action to combat these conditions, through a variety of community development initiatives."

(Craig, 2003)

Examining the Relationship of Privilege, Power, and Cultural Humility in Systemic Therapy

Understand your Yourself and your Self-Awareness

- Recognize cultural differences
- Explore other's Cultures and open space for examining awareness
- Identify and value differences ([DSM-5 Cultural Formulation Interview](#))
- Allow yourself to recognize stereotypes
- Relate to people from different cultures
- "Adapt rather than adopt "
- Stay focused on empowering your clients (*implies that therapist are in a power position to empower*)
- Remember we are what we practice
- Develop and practice cultural humility

Just Therapy

- The attempt to work with Samoan people around issues which *pakeha* (white European) – and others – would traditionally conceptualize as mental health issues, brought this response from a group of elders:
- *'Do you realize the significance of what you are asking us to speak about? ... [it] involves exposing all that we believe about life and about persons, about selves, about spirit. This kind of knowledge, in our culture, is not public knowledge'.*
- This is not only a challenge to traditional 'western' ways of thinking about mental health, but also to the typical therapist/social worker-client relationship in respect of issues to do with confidentiality and power.
- The therapeutic and research process needed to be respectful to Samoan ways of thinking and to protect the integrity of the knowledge as well as using it in a way seen by the clients to be helpful. Most social workers and therapists would find this – not at the level of rhetoric but practice – immensely challenging and quite threatening to their conception of their own role in such relationships. And so, for that matter, would most teachers of social work whose theoretical frameworks remain – if much practice in the UK is anything to go by – still *predominantly monocultural*.

(Craig, 2003)

Just Therapy

Michael White and David Epston:

- ...unless we are able to adequately connect the problems of clients in oppressed groups to the roots of their oppression and the clients to each other [through collective activity, social action and macrolevel change], fundamental change will not occur (Vodde and Gallant 2002, p. 440).

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Questions We Asked Ourselves?

- What assumptions, if any, do you make about people that look different different?
- What comes to your mind when you think about cultural examination?
- Do you believe that the models/approaches that you use in your practice are aligned with the reality/needs/culture of your clients?
- Are you aware of cultural diversity in your practice as a therapist?
- How do you think your positionality plays a role in the lens that you use?
- What curious questions do you ask about your clients' cultural background (i.e., religion, ethnicity, gender, beliefs, values, martial status, veteran status, sexual orientation)?
- Do you see your position as a therapist as a power (expert) position?
- How humble do you think you are in your relationship with your clients?

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