

Cultural Diversity in Massage Practice

By

Simon Black

Apollo Correspondence Classes

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Apollo Correspondence Classes
21162 Banff Lane
Huntington Beach, CA 92646

<http://apollo123.com>

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Chapter 1

Why Should I Care About Cultural Differences?

Her English is slightly broken, but you understand every word she says. You learn she is a native of Bulgaria. When asked if she would like to take a steam before her treatment, she thinks about it a second and nods her head “Yes.” You show her to the steam room. She seems surprised. She turns to give you a confused look. Where did the communication break down?

You’ve just encountered cultural differences. In Bulgaria nodding the head up and down means “No.”

Before starting the treatment you say to the client “If you feel too cool or need me to adjust the pressure, just let me know, Okay?” The client gently agrees. But 15 minutes into the massage and he hasn’t relaxed. What’s up?

You’ve just encountered cultural differences. The tense client is cold. He is from one of many cultures where they communicate a problem with more delicacy or subtlety and you missed it.

When you look at cultural differences, you’ll find people saying or doing things which are different from the way you’ve grown accustomed. Knowing those cultural differences is part of “cultural competence”.

What is culture?

Culture is **the beliefs and behaviors you acquire from the group or society you live in.** This includes “thoughts, styles of

communicating, ways of interacting, views on roles and relationships, values, practices, and customs.”¹

Culture is so vital to human existence; there is a whole branch of anthropology dedicated to it, called cultural anthropology.

Judging harshly the behavior of a culture often comes from not knowing the culture’s history and not understanding how they came to be the way they are.

What is cultural competence?

Cultural competence, a term particularly used in the health field, is **the skills to respect and interact effectively with other cultures.**²

Cultural competence works both ways— some therapists may be the strangers in a foreign culture. If the culture is very different from their own, they will inevitably experience “Culture shock.” The degree of shock depends upon how willing they are to accept the new culture. Some of the symptoms of culture shock are confusion, disorientation and depression. But these pass as one learns to adapt to the new culture.

North Americans are the least culturally sensitive people, according to one study which examined 42 countries. In fact, more than three-quarters of North Americans don’t have passports.

The Myth of the Melting Pot

Since 1782, America has been seen as the great melting pot. It was often expressed that people came to the U.S. and supposedly became “Americanized”.³

In 1875, this was phrased

The fusing process goes on as in a blast-furnace; one generation, a single year even - transforms the English, the German, the Irish emigrant into an American. Uniform institutions, ideas, language, the influence of the majority, bring us soon to a similar complexion; the individuality of the immigrant, almost even his traits of race and religion, fuse down in the democratic alembic like chips of brass thrown into the melting pot.⁴

But the United States was never completely a melting pot. New arrivals generally settled into their own ethnic neighborhoods.

Chinatowns and Little Italys flourished across the nation in spite of the melting pot myth.

At one time, more than 800 German language daily and weekly periodicals were published in the United States.⁵

Joseph Berger, of the New York Times, wrote a book called *The World in a City: Traveling the Globe Through the Neighborhoods of the New New York* (2007). The title says it all.

Canada, a country which resisted assimilation of culture, had 2 cultures—French and English (a third, the Inuit, was long ignored). They chose to let each grow side by side rather than pretending to meld them together.⁶

Since 1974, most consumer products and services in Canada are labeled in both English and French.⁷ This can seem a little odd in Alberta, a western province where only 2% of the population has French as a mother tongue.⁸ But it does show an extraordinary respect for two varying cultures.

The Myth of Cultural Competency

Though many different cultures live in the United States, it is a myth to think a person can be culturally competent—able to communicate effectively—in all of them.

It is generally not easy to look at a person and determine what culture he or she is from, unless, of course, there are obvious indicators in their appearance. For example, she is wearing a burqa (an Islamic outer garment) or he a kippah (a Jewish skullcap).

Even then acculturation is a continuum. One person of a particular descent may be largely in the native culture, while another person of the same culture may have significantly moved toward the American version.

A “cookbook” approach (“Laplanders are like this ...”) may or may not apply to that particular Laplander. People can fall anywhere on an acculturation spectrum.

Or they may be a cultural chameleon and shift behaviors and expectations accordingly.

How will being culturally competent help my business?

- ♣ **Improves service.**⁹ Being culturally competent helps ensure that you understand what the client says—and, more importantly, doesn't say—matches what the client meant to convey.
- ♣ **Builds trust.**¹⁰ The Washington State Department of Health says patients with higher levels of trust are more satisfied. This is probably true of massage clients as well.

A breakdown in communication does not enhance trust. On the other hand, therapists who are culturally competent build trust in their clients because they appear more professional, more interested and more experienced.¹¹

- ♣ **Competitive edge.** Being culturally competent gives you a business advantage by increasing you client base.¹²

POINTS TO PONDER:

- Culture is the beliefs and behaviors you acquire from the group or society you live in.
- Cultural competence is the skills to respect and interact effectively with other cultures.
- The US has always been home to many cultural differences.
- One size does not fit all. Each person may be at a different point along a continuum between native and US culture.
- Cultural competence can help your business.

Chapter 2:

How Do I Become Culturally Competent?

The Washington State Department of Health says there are 5 steps to becoming culturally competent.

Awareness of one's cultural self ¹³

- Do I have values different from other persons'?
- Do I have any biases about other people or their cultures?¹⁴
- Can I work with a person of another culture without imposing my culture or values on that person?¹⁵

Acknowledgement of others

- Am I willing to explore the cultures of others?¹⁶
- Can I do this without making assumptions about others?¹⁷
- Do I realize that each individual is different?¹⁸

Honest Validation

- Are my values threatened by learning about other peoples' cultures?¹⁹

- Can I accept that people are entitled to be different?

Negotiation

- Can I expand my outlook to include other peoples' views?
- Have I learned enough to be culturally sensitive in my practice?²⁰

Action

- How will I implement cultural competence in my practice?²¹

Tips on Taking Action

Communicating with clients of diverse backgrounds is helpful if you:²²

- Speak a little more slowly (but *not* more loudly) and annunciate.
- Avoid jargon—words you and co-workers use but which outsiders may not know.
- Avoid slang. It might be taken literally or simply confuse the listener.
- Avoid giving more information than they need.
- Assist understanding by showing or sketching.

- Ask them to tell you how they understand what you said—“teach back” or “show me” techniques.
- Create an accepting and respectful environment.

It may be useful to learn a few key phrases in different languages.²³ It will save you time and clients will interpret your extra efforts as professional, respectful and friendly.

Some phrases that would be handy to know in another language are:

“Are you warm enough?”

“Would you like a drink of water?”

Some languages adjust between speaking to a man or a woman, and their age. If there is a main minority culture in your practice, learning a few words and these distinctions in the language can go a long way.

There may be an added benefit as well. Recent research done at the *Center for Health Studies* in Luxembourg indicates that being fluent in multiple languages greatly decreases the chance of dementia in old age.²⁴

Consent and Language

Nationally certified practitioners are required to obtain and record the informed consent of each client before providing treatment.

“Respect the client's right to treatment with informed and voluntary consent. The

certified practitioner will obtain and record the informed consent of the client, or client's advocate, before providing treatment. This consent may be written or verbal.”

--NCBTMB Code of Ethics X

“obtain voluntary and informed consent from the client prior to initiating the session”

--NCBTMB Standard of Practice I.h.

Naturally, if the therapist and client do not share a common language, obtaining consent becomes more challenging. It might be necessary to have consent forms in multiple languages. Though you would not want to spend your time making consent forms for obscure languages you might never run across, it would not hurt to have some forms available for the common ones you do.

There are free translation mechanisms on the net which can be utilized quickly once you become familiar with them. They would do for the short phrases on a consent form. If a person who is not a member of staff acts as an interpreter, they have to agree to keep the client’s information confidential.²⁵ Remember, when speaking through an interpreter to be facing the client (not the interpreter).²⁶

POINTS TO PONDER:

- There are 5 steps to becoming culturally competent.
- It may be useful to learn a few key phrases in a language your clients use.
- A translated consent form or an interpreter may be necessary to obtain the client's consent if the therapist and client do not share a language.

Chapter 3:

Specific Cultural Differences

As mentioned previously, a person of one cultural background may or may not adhere to that background. If they do, being sensitive to these differences will be useful.

When “Maybe” and “Yes” mean “No”

Many cultures are too polite to say the word “no” and indicate it in a more subtle manner. For the therapist with questions this may be a problem.

Those influenced by the Asian culture may seem to let the therapist take the lead and be reluctant to appear disagreeable.²⁷

In certain regions of Japan expression is indirect, relying on common understanding and etiquette to deliver the message. What is said is often implied rather than stated.

If someone of the Japanese culture says, “That will be difficult,” they are saying “No.” An American may think “Ah! They taught me how to deal with objections in sales school” so he or she continues to sell. That “bull in the china shop” approach would be looked upon as rude.

The Chinese have a similar culture. A businessman living in China for 13 years describes it, “To be indirect requires the discussion partner to focus...This method is intelligent and softens confrontation with imagination.”²⁸

Many West African, East Asian, Mediterranean and Latin American, cultures may say “Yes” to acknowledge your point, but that does not mean they agree.²⁹³⁰

Certain cultures in India may say “yes,” when they mean “I will try,” rather than “I agree.”³¹

In Mexico and Spain it is not uncommon for someone to say “no” without words, simply with a silent pause.

So silence, “Maybe” and even “Yes” can express different things. You may need to ascertain the client’s meaning if in doubt.

Once an American understands that some cultures are just more tactful, they become less bewildered and doubtful.

Other Words

Titles (such as Mr. or Mrs.) are important in some cultures (particularly to elders).³² We find that true even in parts of our southern states. Therefore, when in doubt, it might be prudent to ask the client’s permission before referring to them by their first name.³³

There are two sides to that coin however. The following Southern California story is one example:

While waiting in line at a nursery, two women struck up a conversation. One of the women, who introduced herself as Mrs. White, invited the other to her home to view her garden. The other would have gone but felt the other person was patronizing and tossed her number.

Among Southern Californians and in the casual context of a nursery it is considered condescending to expect to be address formally.

Americans can sometimes appear too abrupt. The Hispanic/Latino culture uses conversation to build trust. You'll notice it is the culture where they address each other as amigo and amiga "friend."

Asking a business question the moment they enter might be too curt. Taking a few seconds for introductions and How-are-yous might be better.

This casual way of communicating contrasts with the more formal way they might address each other in China. In China it is common to address each other by first and last name.

These two cultures are also good examples of alternative name order. In china the family name is written first. So John Smith would be Smith John.³⁴ In the Hispanic culture the given name is written first, the father's name is second and the mother's maiden name is third.³⁵ After living in the states for a while, they often will change the order in which they write their name. So if you have occasion to ask for insurance, or other documentation, don't be surprised to find two variations of the name in different order.

Low Context and High Context

In 1976 an anthropologist named Edward Hall wrote the book *Beyond Culture*. In it he explains how some Western cultures, such as the US and Canada, rely heavily on words to communicate. This is called low context.

High context cultures, however, use fewer words to communicate an idea. They have a cultural agreement about what certain things mean. They rely more on the choice of words, the delivery of the words, body language, subtle gestures and silence to communicate. We can now see why chattiness might seem unnecessary and awkward to someone from a high context culture or why some clients prefer certain therapists.

Countries with Higher Context Cultures:

China, Arab countries, Italy, Greece, Japan, Spain, Korea, India, Brazil and Russia.

Countries with Lower Context Cultures:

USA, Canada, Israel, German- speaking countries, and Scandinavia.³⁶

Many things cause a culture to change. The introduction of another culture, wars, birth control, diseases, famine, technology and economical shifts are just some of the causes.

Archeologist Michael Brian Schiffer said, “Anthropology is the only discipline that can access evidence about the entire human experience on this planet.”

One visitor was incredulous at the lack of street signs or house numbers in Tokyo. To add to the confusion Japan is not designed on a grid, a street might serpentine in any direction.³⁷ If you need to find an address, there are police boxes dotted everywhere where you can ask directions...Could you be considered cold by some cultures if you were to rely on signage throughout the establishment as opposed to taking a few minutes out to explain how things work?

Eye Contact

Too much direct eye contact with an elder may be considered disrespectful in certain Asian cultures. In some Middle Eastern too much eye contact by a woman of a male, might be considered wanton.³⁸ But that of course brings us back to the individual and their acclamation to eye contact cultures. Here it might be best to remain aware if your client is comfortable with your eye contact and not to overdo it.

In Japan children were taught to look just below their teacher's face to the upper neck area. This may have come in handy as one study suggests children who don't make direct eye contact with their teachers, score higher. It is suspected that looking at faces takes a great deal of concentration that is better spent elsewhere.³⁹

Smiles

Some cultures smile when "sad, angry, confused" as well as happy or as an apology.⁴⁰ Smiling can also mean "disagreement, anger, confusion, and frustration".⁴¹

Nods

The nod of a head means “keep talking” in many cultures—not agreement.⁴²

A nod means *no* in Bulgaria and Greece.⁴³

A side to side rocking motion of the head can mean “maybe” in India. The nod tends to be non-committal or multi-interpretive.⁴⁴ It can even mean “Thank you.”

Handshakes

Handshaking is important in Brazil, Mexico and Argentina and Spain. It is warm and expected at greeting and departure. According to the Health and Human Services Administration, “Physical contact is a larger part of the culture’s communication.”⁴⁵

In certain African cultures, a limp handshake lasting several minutes is normal.⁴⁶ In the German it’s just the opposite. It is firm and brief. In the Italian it is longer.

It’s not unusual for a handshake to be softer in cultures such as Chinese, Turkish, Mexican and Arab speaking Middle Eastern.⁴⁷ In France it is quick and light. The Women offer first.⁴⁸ Certain cultures may continue to hold the hand after shaking.⁴⁹ In some cultures women do not shake hands or at least not with men. In Columbia women hold each other’s forearms instead. In Zimbabwe they curtsy to each other.⁵⁰

In Japan they skip the issue—they prefer a bow. The lower status person bows lowest. They might use this opportunity to check out your shoes, which they expect to find very clean.⁵¹

In Thailand they skip the handshake and do a short bow called a “wai.”

In china there is a short bow.

Hand gestures

Pointing with the forefinger is considered rude just about everywhere.⁵²

Thumbs up is rude in “Australia, West Africa, Greece, Russia, parts of Italy, Afghanistan, Nigeria, and some Middle Eastern countries”.⁵³

A crooked index finger (“come here” gesture) was never polite. Even in America it was unacceptable...though Hollywood films tried to make it sexy. The gesture is obscene in Japan, iffy in Australia, downright rude in Southeast Asia and used to call animals in Yugoslavia and Malaysia.⁵⁴

The American “OK” gesture (4th finger touching thumb to create a zero with other fingers extended) means money in Japan,⁵⁵ zero in France and is offensive or vulgar in some Mediterranean countries and many other parts of the world.

I recommend avoiding hand gestures altogether, they’re bound to offend someone.

In many Eastern cultures it is rude to show the palm of your hands. Unknown to many visitors to New York is how to hail a cab. It is estimated that 90 percent of the cab drivers in New York are immigrants. Waving your hands in the air showing your palms can cause you to get ignored. With the back of your hand facing out at about 19 inches from your thigh and then waving, works.

Body

Touching the head is considered intrusive in certain Asian cultures. You may want to ask before doing so in treatment.⁵⁶

In parts of Asia blowing the nose in public is considered disgusting.⁵⁷ It was considered disgusting in the U.S. for a period, but that etiquette is fading. If you're a fan of old movies, you will notice they usually dabbed their noses with a handkerchief.

In most cultures it is acceptable to blow your nose in the restroom but not in public.

Just like removing your shoes before entering, showing the soles of your feet or shoes is offensive in many cultures, East African, Arabian and Thailand, to name just a few. Also don't use your feet to move an object or to point at something.

Don't use your left hand to offer an object or to receive one if the person is Muslim. In Japan, when receiving or giving something of importance, both hands are used.

Distance

Distance is often dictated by relationship. If you don't know someone you would naturally create more physical distance between them and a friend or a family member. You may have noticed, as some of your clients become more regular they tend to stand closer to you when talking.

The best sales people intentional breach the distance gap. But do it so carefully the target is never aware of it. The closer proximity creates trust on a subconscious level.

Low and high contact cultures refer to the extent in which people hold hands, embrace, touch, shake hands etc.

Parts of Latin American, the Middle Eastern and Greek cultures are considered "high contact." They stand closer and have a higher degree of physical contact with others. The Japanese, German and English are "low contact," meaning their personal space requires more distance and they are more reserved when it comes to making physical contact.

At best, being culturally competent can help you acquire sensitivity. If a person stands closer to you than you're comfortable with, don't read meaning into it. Other cultures just place a different value on personal space.⁵⁸ The natural reaction by some Americans would be to step back...reestablishing their personal space. However, if a person moves forward, closing in on your personal space and you step back this could be considered

an insult. In fact, in certain cultures it is not uncommon to hold the hand of the person you're speaking with.

Time

As a massage therapist, time is very important. Knowing that certain cultures are more relaxed about time while others strict, help you prepare.

A client arriving late for their appointment can disrupt the whole schedule. Some Latin American and African cultures are looser about time.

On the other hand, a client that is kept waiting may not return. Those of the German, Japanese and Chinese culture have a reputation for being strict about appointments. In fact, those particular cultures can find it insulting if the therapist has them wait because they are not finished with their present client.

POINTS TO PONDER:

- Cultures interpret words (particularly “Yes”) differently.
- A gesture means very different things across cultures.

Summary of Differences

Cultures in which disagreement is more subtle:

Asian, India, Japanese, Hispanic, Pacific Islander

Cultures which are subtle about reporting a problem:

Asian, Indian, Mexican, Pacific Islander

Cultural views on eye contact:

Direct eye contact avoided with elders out of respect: South East Asian.

Direct eye contact avoided with the opposite sex: Middle Eastern

Cultures where smiles may indicate unhappiness:

Asian

Cultures where a nod may *not* mean yes:

Bulgarian, Greek, Japanese, Latin, Indian

Cultural views on handshakes:

Several minutes, limp--African

Hand continues to be held after the shake--Arabian

Bow instead—East Asian

Differences by Culture:

Afghan—thumbs up rude

African—handshake lasts several minutes and is limp

Arabian—hand may be held after shake is done

Brazilian—OK gesture is offensive

Bulgarian—nod does not mean yes

German—prefers to do one thing at a time

Hispanic/Latino—eye contact important, uses conversation to build relationships—prefers talking before direct question, comfortable with less distance between people

Indian—Disagreement or reporting problem is done more tactfully, hand may be held after shake is done, side to side head movement could mean “yes”, but “yes” means “Maybe”

Japanese—more tactful in disagreement, smile may indicate unhappiness, nod does not mean yes, bow preferred to handshake, come here gesture is obscene, OK gesture means money, blowing nose in public seen as disgusting

Malaysian—come here gesture used to call animals

Mexican—Disagreement or reporting a problem is done more tactfully

Nigerian—thumbs up gesture rude

Pacific Islander—tactful in disagreement or to report problem

Turkish—OK gesture is offensive

Yugoslavian—come here gesture used to call animal

We can't be expected to know everything about other cultures but if we suspend judgment upon others with a sense of adventure, we're half way there.

Margaret Mead said, "Anthropology demands the open-mindedness with which one must look and listen, record in astonishment and wonder that which one would not have been able to guess." Margaret Mead (1901-1978)

Appendix:

National Standards on Culturally and Linguistically Appropriate Services (CLAS)⁵⁹

The federal government has an acronym for everything and cultural competency is no exception.

The US Department of Health and Human Services has an Office of Minority Health (OMH) which says these standards are aimed at health care providers but encourages individuals to apply them too.

(OMH states Standards 4 through 7 are required when a health care provider receives federal funds. OMH wants the agencies which accredit health care providers to require the rest of the Standards (except Standard 14).)

Standard 1

Health care organizations should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Standard 2

Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

Standard 3

Health care organizations should ensure that staff at all levels and across all

disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Standard 4

Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5

Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6

Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Standard 7

Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Standard 8

Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

Standard 9

Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

Standard 10F

Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

Standard 11

Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Standard 12

Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

Standard 13

Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

Standard 14

Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

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