# Promoting Multicultural Humility:
# A Strategy for Building a Foundational Building Block for Multiculturally Informed Supervision

Tanya Renee Greathouse

**Abstract:** Using a qualitative, narrative illustration, this article focuses on how supervisors can identify and articulate their intersectional social location to promote multicultural humility.

This article introduces an exercise to create a multiculturally informed clinical (MCIC) supervision foundation that encourages multicultural introspection of the supervisor and supervisee to promote multicultural humility. Attention is given to the premise that supervision is a practiced skill that requires clinicians to be knowledgeable and comfortable with their intersectional social location in order to promote their supervisees' growth as MCIC social workers. MCIC social work supervisors need to support and help their supervisees develop cultural acceptance and cultural adaptation as referenced in the NASW Code of Ethics (2017). Hair (2015) explains that reflexively questioning supervisees about their interpretations of situations allows supervisors and social workers to "explore how visible characteristics such as gender, ableness, age, and race influence how well social workers notice and name diversity and strive to relationally engage fairly and equitably with others" (p. 366). This practice encourages cultural humility that promotes a curiosity of cultural patterns of behavior, thus allowing the culturally adaptive supervisor to help their supervisee work across communities while embracing diverse cultural frameworks. Supervision from a multicultural humility perspective integrates one's cultural understanding, appreciation, and humility that support multiculturally accepting and adaptive approaches to clinical social work. This reading is beneficial for clinical supervisors, educators, mentors, and supervisees who are committed to building their capacity to supervise through a multicultural lens that promotes cultural humility.

## Promoting Multicultural Awareness

I have found that introducing my intersectional multi-faceted self to my supervisee encourages my supervisee to do the same. During my first supervisory meeting, I took the opportunity to introduce my intersectional social location to my supervisees, as I agree with Garran (2013) that there is a "continued need to examine power, privilege and identity in multiple ways in order to deepen clinical understanding" (p. 314). I have found that when I begin relationship building with my supervisees using language that articulates my full intersectional self, my supervisees in turn use language to identify their full intersectional selves. This provides me an opportunity to gain insight into my supervisees' internal working model of multicultural humility as I listen closely to their word choices while they describe themselves, identifying their identities that carry privilege and those that are more marginalized. I listen for language that may be heard as microaggressions and/or discriminatory and take time to be curious about my supervisees' word choices. An example of a useful exercise to reflect on while introducing one's intersectional self

---

1 is a Table of Social Identities (see Table 1). This tool encourages introspection on the parts of
2 both the supervisor and the supervisee. I utilize this tool in the supervisory space to allow time
3 for both the supervisee and me to review the table and then jointly engage in an intersectional
4 introduction to each other, paying attention to our social location as well as identifying where
5 our social identity carries privileges and where we hold marginalized statuses. Inclusion of social
6 identities and privileged and/or marginalized statuses leads into rich discussions about cultural
7 similarities and differences, microaggressions, implicit biases, and the power of language.
8 Completing this exercise will provide a foundational building block for multiculturally informed
9 supervision.
10
11 While this table does not reflect an exhaustive list of social identities, it can be used as a
12 springboard for thinking about one's social identities. In some settings, adding social
13 identifications that reflect certain subgroups of individuals will be extremely relevant and
14 important to the introductory exercise. This exercise is an important foundational step in
15 developing one's cultural humility, as it aids in one's self-reflection. Supervisors are responsible
16 for helping their supervisees learn to listen for oppressive, discriminatory content, and to learn
17 how to respond in these instances (Garran, 2013). The example table is below.
18
19 Table 1: Table of Social Identities
20

| Social Identity Categories | Privileged Status | Marginalized Status |
|---|---|---|
| Race: | | |
| Class: | | |
| Gender: | | |
| Sexual Orientation: | | |
| Ability: | | |
| Religion: | | |
| Age: | | |
| Immigration Status: | | |
| Primary Language: | | |
| Education: | | |

32
33 Following are qualitative narratives illustrating how supervisors can model introducing
34 themselves using the Table of Social Identities as their guide. Thus, these supervisors build the
35 foundation for a safe environment that allows for open discussions around race and culture,
36 promoting multicultural humility. Additionally, these are narratives illustrating how using
37 intersectional introductions can affect a supervisee's clinical work with their clients.
38

**Case Illustration of a Supervisor Introducing Their Intersectional Self**

The supervisee states that they have heard pros and cons to sharing their intersectional social identities in their first encounter. As a Black female supervisor who supervises in predominately White communities, I do not have the privilege to wonder when I should talk about my intersectional self and when I should wait to disclose my intersectional self to my supervisee. I do not have the privilege to assess when I want to share my race with people; being comfortable with introducing one's intersectional self is an important step in becoming multiculturally aware. So the questions are these: Who carries the privilege to not identify themselves? Should we all appreciate our responsibility to introduce our intersectional selves? This qualitative case narrative demonstrates what an intersectional introduction that grounds one's social location looks like:

> Hi, nice to meet you. My name is Dr. R., and I look forward to us working together. As a Black, cisgender female who uses the pronouns of she, her, and hers, I have an appreciation of how class is fluid. I have the privilege of choosing to have yearly, recommended medical interventions and I am able to decide to engage in elective procedures as I choose. I try to utilize yoga and meditation to keep me grounded and I have the good fortune to enjoy a close rewarding relationship with my gay son and son-in-law. I would love to learn about your intersectional self.

My presentation identifies my sex, gender, and ability status. I infer when people see me in person for the first time that they automatically label me as a Black female. My introduction articulates my educational privilege, doctoral degree, and identifies me as a Black, cisgender female who uses she, her, and hers pronouns. I also indicate that I have an appreciation for navigating various social economic classes and that I am able to engage in health maintenance procedures and to choose to have medical interventions to keep me healthy. Further, I identify myself as an ally to the LGBTQ+ population. This introduction included my social identities, privileged and/or marginalized statuses, and ally relationships, setting the stage for rich discussions about cultural similarities and differences. Becoming comfortable with introducing one's intersectional self is an important step in becoming a multiculturally aware supervisor. This process encourages relationships that support exploration of issues and vulnerability in the supervisory space, promoting multicultural humility.

After sharing one's intersectional social location with each other, supervisory dyads should explore their responses to the exercise, moving from intellectual to affective. It is helpful for the supervisor to start with their personal narrative and then invite their supervisee to share theirs. This model allows for the supervisee to see their supervisor's vulnerabilities and then they in turn feel more willing to share their internal reflections. This experience will build the supervisor's capacity to "adequately address issues of race and culture to facilitate critical change in the treatment as well as in the development of the supervisee's self-esteem" (Tummala-Narra, 2004, p. 301). The goal of the first clinical supervisory meeting is to provide the foundation for developing common language around multicultural awareness and adaptation and to set the ground work for relational supervision that will be built on reflexive reflection and

1 authenticity, because we know increasing "our capacity for reflection helps us to shift and grow
2 as clinicians, long after the treatment has ended" (Garran, 2013, p. 315). As Tummala-Narra
3 (2004) posits:
4
5     It is important that the supervisor create a safe environment where he or she and the
6     supervisee can openly discuss race and culture. The supervisee's approach to the
7     therapeutic relationship rests heavily on the supervisor's ability to initiate discussions on
8     diversity in the context of working with both ethnic minority and majority supervisees
9     and clients. (p. 309)
10
11 **Case Illustration of a Supervisee's Experience with Their Client**
12
13 One of my supervisees, who worked in a counseling center on a Research One Institution's
14 campus, explained that when she shared her status as a "first generation" college student, first
15 generation students requested her as their therapist. When she met with new clients she would
16 inquire as to what informed their decision to request her, and they would say that they heard she
17 would understand them more readily and they would not feel embarrassed talking about their
18 family. Of course, this opening was only the beginning to the relationship, which then allowed
19 for the therapist to begin exploring the clients' issues more fully. Burkard et al. (2006) state that:
20
21     In culturally responsive supervision, all supervisees felt supported for exploring cultural
22     issues, which positively affected the supervisee, the supervision relationship, and client
23     outcomes. In culturally unresponsive supervision cultural issues were ignored, actively
24     discounted, or dismissed by supervisors, which negatively affected the supervisee, the
25     relationship, and/or the client outcomes. (p. 288)
26
27 Another supervisee shared that in their intersectional introduction, they divulged that they had a
28 chronic medical condition that may require them to cancel an appointment—although this
29 happened infrequently, they wanted their client to know the status of their physical health. Over
30 the course of the next few sessions with their client, their client disclosed that they had a medical
31 condition that impacted their comfort in leaving their home and that their illness was beginning
32 to impact their relationship with their husband. They additionally disclosed that they were fearful
33 of having children because of their chronic illness.
34
35 When supervisors are comfortable sharing their intersectional self with their supervisees, they
36 create the opportunity for a parallel process to occur with their supervisees and their clients that
37 promotes open therapeutic discourse.
38
39                    **Benefits of a Safe Supervisory Environment**
40
41 The establishment of this safe space encourages examination of supervisees' vulnerabilities,
42 transferences, and counter-transferences evoked by their clients, giving the supervisor the
43 opportunity to help mitigate therapeutic enactments, impasses, failed therapeutic processes, and
44 shaming. As Schamess (2006) states, "Because supervisors typically represent symbolic,

1  surrogate parents, enactments not only reflect supervisees' unconscious affective responses to
2  patients, but also their unconscious affective responses to supervisors and other important
3  transference figures" (p. 408). The goal of providing the safe supervisory environment is
4  supported by Mollon's (1997) position that supervisees need to be able to reflexively reflect and
5  talk freely without needing to censor their interpretations. It is in these safe spaces where
6  supervisees are sharing their experiences of their clients and not fearing shame as they develop
7  their capacity for multicultural humility: "[S]hame no longer hinders the supervisees' personal
8  and professional discoveries" (Hahn, 2001, p. 281).
9
10 Following the Social Identities exercise, I had a supervisee share that they not only gained a
11 more complete appreciation of how important it is for them to present their authentic self to their
12 clients, but they also felt respected and appreciated for who they are as my supervisee. They
13 explained that when they made the statement, "I am a heterosexual and I have privilege because
14 being heterosexual is the normal sexual orientation for people in the United States," I "softly"
15 asked what they meant by "normal." This led us into a conversation of how language about what
16 is normal implies a heterosexual sexual orientation is viewed as normal and any other sexual
17 orientation is viewed as not normal, suggesting dysfunction and/or an unacceptable perspective.
18 I further explained that this could be interpreted as being a microaggression and oppressive,
19 which could lead to an impasse with their client. The supervisee felt comfortable enough with
20 this discussion to hear and take in the content of the discussion and then bring back into
21 supervision how they had critically reflected on the process while feeling respected and not
22 shamed so they could learn from the exercise.
23
24                                         **Conclusion**
25
26 Using a qualitative narrative case illustration, this article demonstrates how to weave
27 multicultural awareness into the supervisory relationship to promote multicultural humility. As
28 discussed in this article, building the foundation for MCIC social work begins during the first
29 supervisory meeting. It is in this exchange that the supervisor and supervisee should introduce
30 their intersectional multidimensional social locations. This conversation establishes a safe
31 supervisory environment that promotes honest, vulnerable discourse to support multicultural
32 humility.
33
34 While there are emerging theories (critical race theory) that deconstruct identity and social
35 positionality, it is not my intent to challenge or engage those paradigms. Rather, the intent of this
36 reflection is to introduce an exercise that will provide a foundational building block for
37 multiculturally informed supervision. Additional research on the efficacy of supervisors using
38 intersectional introductions with their supervisees would add to discussions about supervisory
39 frameworks. Recognizing a gap in literature weaving together theoretical, research, and clinical
40 scholarship, I invite practitioners to engage in the process of using their MCIC voice. An
41 additional area I am giving attention to is introducing strategies on how to work effectively with
42 practitioners who are uncomfortable and unfamiliar with examining their identities in the context
43 of intersectionality and marginalized versus privileged statuses.
44

# References

Burkard, A., Johnson, A. J., Madson, M. B., Pruitt, N. T., Contreras-Tadych, D. A., Kozlowski, J. M., Hess, S. A., & Knox, S. (2006). Supervisor cultural responsiveness in cross-cultural supervision. *Journal of Counseling Psychology*, *53*(3), 288–301. https://psycnet.apa.org/doi/10.1037/0022-0167.53.3.288

Garran, A. M. (2013). Lessons learned: Racial enactments in the treatment process. *Journal of Social Work Practice*, *27*(3), 305–317. https://doi.org/10.1080/02650533.2013.818945

Hahn, W. K. (2001). The experience of shame in psychotherapy supervision. *Psychotherapy*, *38*(3), 272–282. https://doi.org/10.1037/0033-3204.38.3.272

Hair, H. J. (2015). Supervision conversations about social justice and social work practice. *Journal of Social Work*, *15*(4), 349–370. https://doi.org/10.1177/1468017314539082

Mollon, P. (1997). Supervision as a space for thinking. In G. Shipton (Ed.), *Supervision of psychotherapy and counselling: Making a place to think* (pp. 24-34). Oxford University Press.

Schamess, G. (2006). Transference enactments in clinical supervision. *Clinical Social Work Journal*, *34*(4), 407–425. https://doi.org/10.1007/s10615-005-0036-y

Tummala-Narra, P. (2004). Dynamics of race and culture in the supervisory encounter. *Psychoanalytic Psychology*, *21*(2), 300. https://doi.org/10.1037/0736-9735.21.2.300

***About the Author***: Tanya Greathouse, PhD, LCSW is Assistant Professor, Social Work MSW Program, Metropolitan State University Denver, Denver, CO, (303-615-0498, tgreath1@msudenver.edu).