Reflections in Cultural Humility: Seeing My Whiteness

Jackie F. Stanmyre

Abstract: The ethnic identities of practitioners can have an immense influence on the ability to develop meaningful and productive relationships with clients served, particularly if unacknowledged. Throughout this narrative, the author reflects on this notion through the lens of her experience as a young, white female facilitating a group in a correctional setting of minority males with current or past gang affiliation. The benefits of increasing self-awareness and infusing cultural humility into clinical interactions are explored.

*Keywords***:** racial identity, self-awareness, cultural humility

Antsy and uneasy, I sat across from the program director, seeking both clarity and resolution. Three months earlier, I had started my job as the clinical supervisor of a novel substance use treatment program that served incarcerated men nearing the end of their prison sentences. I had worked with clients involved in the criminal justice system before, so much was unfolding as anticipated. Not everything, though, was going according to plan.

The overall aim of the agency's treatment program was to prepare the clients for reintegration into the communities they involuntarily left anywhere from a couple of months to a couple of decades ago. The programming was uniquely tailored to target *criminogenic* needs. Criminogenic needs are those areas that, if adequately addressed, can decrease the likelihood of recidivism. Examples include antisocial cognition, antisocial associates, substance use, family and marital relations, employment, and leisure and recreational activities, among others (Wooditch, Tang, & Taxman, 2014).

The target of my assigned group intervention was the concept of *antisocial associates*, criminal peers, which is one of the top four needs most strongly associated with criminal activity (Andrews & Bonta, 2010). This ambitious group had a more specific target—gang intervention.

The group structure was closed, meaning the same group of clients would complete the eight-week curriculum together with no newcomers disrupting that particular group's process. We had adapted the Phoenix Curriculum for Gang Intervention to fit the logistics of the treatment program. Sessions focused on identifying and addressing needs fulfilled by gang involvement, challenging the gang mindset, criminal values, risk reduction, loyalty, and refusal skills.

Before moving forward in this essay, it is important to provide information on me—a white woman of mixed Eastern European and English descent from an upper-middle-class suburb of Upstate New York, where I lived with my two biological parents and one biological brother in a mildly observant Jewish household. My mother has some college experience, my father and brother both have bachelor's degrees, and I have a master's degree in social work in addition to two clinical licenses for practice. I currently live in New Jersey, where my husband—who is white and of Italian and German heritage—and I live with our two children in a home we own. I

am five feet two inches tall and, at this point in the narrative, I was 29 years old.

Superficially, I shared little in common with the men with whom I would be working. All of them were either African Americans or Latinos, raised in urban environments, many without fathers present, and many steeped in poverty and/or born into families who received some form of public assistance. While some clients were as young as 19, others were as old as 60. Less than half had completed high school. Religious observance—primarily Christian or Muslim—varied greatly.

If these racial, cultural, socioeconomic, and religious factors were not enough to set us apart, there also was a significant power differential in our relationship. For starters, I was able to leave the building every night and go home to my family. Meanwhile, my clients' freedom depended largely on my perception of their progress toward pro-social decision-making, which would appear on recommendations sent to the parole board and would influence their ability to qualify for work-release and reenter the community for education or employment during the day. For the clients—still inmates in the eyes of the state—the consequence of failing to comply with agency rules and expectations was to be re-shackled and shipped straight back to prison.

Working toward cultural competence had been a grounding and foundational experience throughout my social work education at Rutgers University. Being at an institution accredited by the Council on Social Work Education, I regularly was encouraged to excel at developing the competency of Engaging Diversity and Difference in Practice, particularly to "understand the forms and mechanisms of oppression and discrimination and recognize the extent to which a culture's structures and values, including social, economic, political, and cultural exclusions, may oppress, marginalize, alienate, or create privilege and power" (Council on Social Work Education, 2015, p. 7). Specifically, I still recall the "White is Right" assignment completed in my Diversity and Oppression class during my MSW studies in which we were to scan our environment and communities, noting all indications that being white is normative or superior (e.g., flesh-colored bandages are the color of white skin).

Both personally and professionally, I prided myself on being culturally reflective. My husband and I intentionally chose to raise our children in a diverse Northern New Jersey town. My sons' daycare provider is African American. I support local candidates who favor equal pay for equal work and criminal justice reform. I accept the range and depth of religious beliefs shared with me in the clinical setting, allowing clients to self-determine the role spirituality may play in their recovery. I was attentive to local and national events during the height of the Black Lives Matter movement following the fatalities of black men at the hands of law enforcement officials. Each day, I confronted the overrepresentation of minorities in the criminal justice system, where 75 percent of my clients were African Americans. I knew I could be doing better, doing more, and I saw myself as culturally competent if not yet wholly proficient (Center for Substance Abuse Treatment [US], 2014).

Equipped with this knowledge, experience, and attitude, I began my first cycle of the gang intervention group. Colleagues had warned me to anticipate pushback (the group was held on Friday mornings during a time their peers without gang histories could still be sleeping), so I

came prepared. The initial session was intended to address the topic of identifying and addressing needs fulfilled by gang involvement. I chose to structure the dialogue with a decisional balance sheet on the whiteboard: the pros and cons of gang affiliation versus separation. Following a brief re-introduction, I dove right into the material. But immediately a hand waved in the air: "What do you know about gangs?" asked a client. Before I could even respond, a second hand shot up with a question: "Have you ever been in a gang?" Laughter erupted. Seasoned clinician as I saw myself to be, I considered that I may be in over my head.

The tug-and-pull interaction was commonplace throughout the entire first group cycle and then the second. Before the third group cycle started, I sat down with the program director, an African American woman in her late 50s. Why, I wanted to know, was I having so much trouble connecting with the clients in this group? And, how could I do better? I wanted so much to understand and address whatever would make me a more effective practitioner. "Well, " she said to me with a wry smile, "you know you're white, right?" I did know. In fact, I had perhaps never been so acutely aware. I was the only non-Hispanic white person on our eight-person treatment team. Of the 50 or so employees in the entire building, including operations and administrative staff, I was one of about five non-Hispanic white people and the only woman. I often mentally applauded the agency for having a staff so racially and ethnically representative of the clients served. On a policy level, Grissom and Keiser (2011) reported that having minorities represented within a bureaucracy increases the ability of that system to address minority client needs. My agency was increasing its ability to respond to client needs with its employee selection. Except for me. The white person. I was now a minority. "I *am* white, " I said out loud to my director, as if unveiling a secret. Somehow, this felt like new news.

But, according to Hook, Davis, Owen, Worthington, and Utsey (2013), it was the first step toward cultural humility and the development of self-reflection, self-critique, lifelong learning, and commitment to advocacy and institutional change to guide my work with clients. This, in turn, would lead to the development of a strong work alliance.

I entered into my third group cycle with not just cultural competence but the beginning stages of a separate, but parallel, reflective endeavor of cultural humility. That journey began by saying this sentence out loud: "I am white." The clinical benefits, I expected, could be enormous. The development of rapport remains perhaps the most vital and foundational skill of clinical practice (Joe, Simpson, Dansereau, & Rowan-Szal, 2001). My prior inability to consider my whiteness, in addition to the other numerous demographic factors that *separated* me from my clients, was creating an impenetrable barrier. My clients had seen how white I was, but I had not.

This felt like a new beginning. I moved the group room chairs into a circle, seeking to disassemble the power hierarchy of a lecture-structured room. I sat among the clients to begin my third cycle of the gang intervention group. I informed them I wanted to start with a disclaimer. To a rapt audience, I began: "I'd like to bring something to your attention that you may not have noticed." Dramatic pause. "I'm white. I'm a woman. And, yes, I'm from the suburbs." A few men chuckled audibly while others just grinned. This laughing, though, was quite unlike it had been on previous occasions. I continued, "I say this in acknowledgement that the paths we've taken to end up in this room together have been different from one another, and,

at times, heavily impacted by the color of our skin alone. I will not for a second pretend to know what it is like to be in your shoes. I will, however, ask that you understand my aim is to educate you and help you consider different perspectives as you prepare to return to your communities. And please know that I *want* to understand what it is like to be in your shoes." The group, collectively, nodded.

The differences, though, were not the focus of our work together. Acknowledging them, however, seemed to be the catalyst to deeper conversation. Time and again, during the first group session about the perceived pros and cons of gang affiliation, we discussed the notion of belongingness. The majority of the clients in the room, representative of those gang-involved, began their gang affiliation during adolescence. According to Diego (2009), adolescence is a time when "confusions and ambiguities of one's sex and age require clarification, [such] that the group behaviors and roles of the gang become even more important" (p. 423).

A particularly memorable client side-eyed me during this conversation about belongingness, his non-verbal version of "you don't get it." As a proponent of extremely cautious self-disclosure, I considered this invitation. I told the group that I had grown up playing competitive soccer. No, it wasn't a gang, I acknowledged, but it was a peer community outside of my nuclear family that had grown supremely important to me. On game days, we all wore our jerseys to school. As much as I loved the games themselves, I absolutely cherished walking the halls of my school, as everyone around me knew I was a part of something. After all, Maslow's hierarchy of needs tells us the need for belongingness and love is only preceded by the need for food, water, oxygen, safety, and security (Maslow, 1954). In this, I was not so unlike them.

The obstacle of my whiteness, while not removed, was no longer impossible to dismantle. In fact, acknowledging the difference in skin tone and upbringing often allowed me to empower the clients to share their experiences with the group and with me, as they took on the role of teacher and me of student. Heated moments continued throughout these group cycles, eight of which I facilitated throughout my tenure at the agency. Accusations that I "wouldn't understand" persisted. However, now, when a client said to me, "You'll never get what it's like to pull up to a police officer at a traffic light and know he could just lock you up for having dreads and face tattoos, " I humbled myself. I quieted the once-loud inner monologue of intimidation and defensiveness. "You're right, " I said. "Please share about what that's like." And so he did. We engaged in productive conversations about how to interact with police officers, not generically as law-abiding citizens, but specifically as minority men with criminal records in communities where they were known to have inflicted damage.

My very real and now verbalized curiosity about their inner and outer experiences gave way to discussions of social injustice, incarceration as a means of enslavement, the power of peer pressure to those without fathers and in unstable families, and the allure of status. My ability to talk about being white gave them permission to talk openly and honestly about being black or Latino, enriching our dialogue and ultimately becoming exponentially more useful for them as they prepared to navigate the gritty world that awaited them outside of prison walls.

And, in the end, just as Hook et al. (2013) had promised, my quest for humility helped them

partner with me to help themselves. A small victory, I admit. But one that could be replicated over and over and over until we one day come to see the ripple effects of shared understanding.

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***About the Author*:** Jackie F. Stanmyre, MSW, LCSW, LCADC is the Assistant Director of the Center for Gambling Studies, Department of Social Work, Rutgers University, New Brunswick, NJ (848-932-8399; jstanmyre@ssw.rutgers.edu).