Cultural Humility:
A Framework when Religious and Sexual Identities Conflict

Rosanna Aijian and David Wang

Abstract: This paper addresses a shift from a framework of cultural competence to cultural humility that took place for one clinical psychologist in training. The pressure to achieve cultural competence while in training and under supervision is a common experience among trainees, but one that can be altered through the encouragement and modeling of cultural humility. Training programs through supervision and faculty mentoring have the capacity to guide future clinicians to incorporate elements of cultural humility into their clinical work. This guidance provides space for trainees to become aware of their own values, beliefs, and schemas that impact their comfortability in engaging with diverse cultural identities. The process and experience of embracing cultural humility with its challenges and success is explored through the lens of one training practitioner as they navigate religious and sexual identities.

***Keywords*:** cultural humility, cultural identities, cultural competence

Introduction

The need to train health care professionals to meet the unique backgrounds and identities of a diverse population is being recognized across disciplines. The nursing and medical community has led the way in training and practicing a posture of cultural humility in their care. They found that an approach of humility was more fitting than that of competence as it builds upon the skill and knowledge expectations of multicultural competence to include factors such as awareness, motivations, and desire (Foronda et al., 2015). The distinction between cultural competence and cultural humility made by Tervalon and Murray-García (1998) underscores that humility "incorporates a lifelong commitment to self-evaluation and critique, to redressing the power imbalance in the physician client dynamic, and to developing mutually beneficial and non-paternalist partnerships with communities" (p. 123). An analysis of the literature on cultural humility has found that its key attributes include openness; self-awareness; egoless, supportive interaction; and self-reflection and critique (Foronda et al., 2015).

Cultural humility offers an evolving framework in which to extend "optimal care" for clients as a continuous, ongoing, and self-reflective process becomes a way of being (Foronda et al., 2015). Foronda and colleagues (2015) found that a posture of cultural humility results in greater communication, decision-making, treatment, quality of life, and overall care. Cultural humility is a journey of personal transformation rather than a set of skills and facts about specific cultural groups and identities. The transformation that takes place as an individual pursues an orientation of cultural humility becomes a lifestyle in which an increasing awareness of power imbalances and choosing humility in daily interactions takes place (Foronda et al., 2015). This process takes time, effort, education, and reflection and should be fostered and developed while in training when unintentional and intentional biases and judgments can be identified (Tervalon & Murray-García, 1998). Training programs have the opportunity to instill in future health care

providers the orientation of cultural humility.

Finding and Practicing Cultural Humility

Practicing cultural humility and choosing such a framework for my own clinical work has been a natural progression. During my first year of training to be a clinical psychologist I frequently felt overwhelmed by my lack of skills and knowledge. In hindsight, it was normal that my level of skills and expertise was low, but the pressure to be competent and see positive therapy outcomes could feel overwhelming and daunting at times. Hook et al. (2017) highlight that students in pursuit of "competence" can feel anxious, insecure, pressured from supervisors, and afraid of being "incompetent" when facing multicultural identities. Further, these negative feelings and fears of not achieving the benchmarks of competence set forth in training may hold trainees back from embracing their discomfort and insecurities around multicultural identities (Hook et al., 2017).

The language and terminology that is coupled with an understanding of multicultural competence establishes unattainable expectations that encourage perfectionistic goals that in turn defeat the core values of multicultural competence (Hook et al., 2017). Being a somewhat typical graduate student, I was competitive and driven, and I set high, elusive expectations for my competence. In addition to feeling overwhelmed by my lack of skills and knowledge for a diverse client load, I had a naïve hope that with enough hard work, the culmination of my coursework and practicum experience would have instilled in me a satisfactory level of competence.

In theory, cultural humility sounds appealing and rich with positive outcomes. However, where does one learn the posture or practice of cultural humility? Much thought and training has been put into the idea of cultural competence, less so for cultural humility. Christian integrative clinical psychology training programs seem like a place in which a framework of cultural humility might be taught, and thus advance the field of psychology by contributing knowledge as well as practitioners. An environment such as a Christian training program that welcomes, encourages, and engages with the virtue of humility has great potential to cultivate and practice cultural humility.

Pursuing a framework of cultural humility requires a degree of initiative that for many clinical trainees might not take place unless modeled and guided. I have found the cultivation of humility has been as arduous as it has been rewarding. The pressure of competence is always looming at the edges of every report, exam, and client. The constant pressure to perform and maintain professionalism is reinstated with each evaluation, and those who do well and meet levels of competency are praised and congratulated. I have found the pursuit of cultural humility at times requires trainees to acknowledge their shortcomings to supervisors and faculty. In articulating a lack of competence, however, the door for cultural humility can be opened. The response of supervisors and faculty in these moments is key in the shift from competence to humility.

Even if my supervisors had not been pushing me to strive for greater levels of multicultural competence with my clients, I put that pressure on myself. I felt a fear and drive to do more,

know more, and be more. I carried with me a fear of being found incompetent to work with individuals that presented cultural identities that were new to me. I worried, at times, in supervision while playing audio feedback of a session, that my supervisor would find out I was not nearly as competent as I was pretending to be. Even worse, I feared that a bold client would call me out and ask my credentials for addressing their unique circumstances. My fears are not unique to my experience. The pressure placed on students by their training programs as well as the pressure that we place on ourselves is significant and shapes how we engage with our training process.

The pressure I placed upon myself to strive for multicultural competence, though my understanding of competence was vague, included feelings of guilt, shame, and responsibility. I had formulated an orientation around competence that I began to fear I might not be able to achieve. As I envisioned myself in the future working as a clinician, I wondered at times if I had what it took to meet the needs of a diverse client load. I reticently shared these fears with my supervisor at the end of my first year. The exhaustion of carrying the fears for a year had become too much, and I thought I must have been missing something. Fortunately, I had a supervisor who encouraged me to set aside my goal of achieving competence. She reminded me of how I had engaged with previous clients, grown through the dynamic process, and was able to address ruptures in the relationship when they arose.

The construct of cultural humility began to take form in my clinical work even before I discovered the label. My supervisor encouraged me to follow a posture where I engaged clients in "an attitude of openness, being engaged in a dynamic process of growth" rather than getting lost or caught up in what I thought I should be doing (Hook et al., 2017, p. 8). A freedom to be present in the room with each client and their intersecting multicultural identities began to settle upon my practice and relationships.

Vignette

"Rachel," an early 20s Caucasian and graduating senior of a small Christian liberal arts university, sought counseling for roommate conflict and depression. The conflict with the roommate had begun before the start of the semester, but had reached a point of being unbearable for the client about a week into the semester as her depression was preventing her from attending classes and completing coursework. Rachel described the way her roommate and former best friend was treating her in painful and emotional detail. The anguish Rachel was clearly experiencing seemed significant and struck me as being similar to the end of a romantic relationship. I made this observation in our third session, and Rachel, with a look of fear, wanted to know how I had found out. It was not that I had "found out" anything. I was simply engaging from a framework of curiosity.

In that moment I was somewhat confused as I had not made the conscious connection that Rachel and her roommate might have been in a romantic relationship. Without being cognizant of it, I engaged with Rachel though an orientation of cultural humility. I responded to her fear of being found out at a Christian university with openness and a self-awareness that how I responded to her would greatly impact Rachel's experience of therapy. Rachel had planned to

not discuss the same-sex attraction she had for her roommate, the sexually romantic relationship they had over the summer, nor the confusion and conflict she felt over God being disappointed in her. It had been her hope that she might learn some cognitive behavioral skills that would allow her to finish the semester and graduate. However, the guilt, shame, anxiety, low self-esteem, and self-harming behavior she presented were not going to be addressed with skill training. Trying to negotiate the religious and sexual identities alone had become overwhelming for Rachel, and the rejection she felt from her roommate, she feared, was just the start of what she would experience from her religious community and family at large. Self-reflection and curiosity of my own religious beliefs and biases helped direct and facilitate the self-reflection Rachel engaged in.

For several sessions and weeks Rachel brought up the pressure she felt to choose one of the identities, and that she, like other LBGTQ+ individuals in such circumstances, was beginning to internalize the belief that she was bad, unlovable, and must choose a life of either loneliness or sin (Super & Jacobson, 2012). The attraction and loss of the relationship with the roommate was just the beginning, as Rachel shared she was unsure of how to describe her sexual identity, but knew it was something that would not be welcome at church. Our work together helped Rachel identify the ways she was experiencing religious abuse (e.g. fear of being discovered and denied community, hearing messages from others that she was disappointing God, and that she was evil for having drawn her roommate into a sinful relationship). Processing the ways in which these experiences and beliefs were negatively impacting Rachel allowed for us to begin the work of exploring how her sexuality might fit into her religious and spiritual identity as well. The dichotomous thinking Rachel presented in therapy was not hard for me to follow; however, it required patience and constant self-reflection, as she was slow and fearful to see that her two cultural identities might be able to coexist.

Pressing into and exploring the religious identity of an individual like Rachel is crucial. Her religious identity was the framework in which she was processing her current experience. The principles of cultural humility helped me maintain a posture of openness to how Rachel's spirituality influenced her process. She wavered frequently in how she believed God and those in her shared faith community perceived her.

As the semester came to an end and termination was approaching, Rachel did not have a solid and clear perspective of how her sexual identity and religious identity would play out in the future. She had begun the semester feeling isolated, lonely, and fearful that she would only find rejection from others. The relational dynamic of therapy provided a place where Rachel was able to share who she was and feel validation and emotional connection. She was able to build upon the confidence and acceptance she gained in our relationship, and just before the end of the semester she shared her fears and conflict with a friend. Rachel had been worried she could only share a portion of her story, but the acceptance and safety she felt as she shared the comfortable rehearsed part of her conversation gave her the capacity to open up even more with her community.

Through the course of the semester we learned from each other, and I discovered that cultural humility would take me where competency could not. At the time I lacked training and

experience in working with an LGBTQ+ individual and in working with someone who has experienced abuse and rejection from one of my own cultural identities. If cultural competence had been the framework at which I had approached my work with Rachel, I would have likely felt insecure and anxious. The pressure to address her cultural identities with a level of expertise I did not possess might have hindered my ability to comfortably press into the unknown. Cultural humility allowed me to be present and curious about who she was and the way her identities were shaping her experiences and life.

Cultural Humility: A Moderating Framework Between Religion and LGBTQ+ Identity

Religion and spirituality play a significant role in the lives of many Americans, and when those individuals like Rachel find themselves in a position of feeling lost, overwhelmed, out of control, and looking for answers, it is not uncommon for them to seek support and clarity from their religion and or higher power (Bent-Goodley & Fowler, 2006).

Religions that provide support and a framework for those exploring and developing their sexual identities can foster "curative effects such as decreased anxiety, increased self-esteem, or greater integration of their sexual and religious identities" (Super & Jacobson, 2012, p. 181). Most individuals, however, experience a form of psychological suffering as their spirituality and religious beliefs undergo a sense of rejection, shame, condemnation, or guilt (Super & Jacobson, 2012). The rejection that is felt by LGBTQ+ individuals as they try to integrate their intersecting cultural identities of spirituality and sexuality often results in them feeling condemned and hopeless in their efforts (Pitt, 2010). At the commencement of treatment, it was evident that Rachel was experiencing a sense of hopelessness as she held intersecting identities. For some, rejection and inability to integrate these identities results in religious abuse.

The excluding stance of many churches promotes a posture with abusive language and threatening acts towards those that hold an LGBTQ+ identity (Super & Jacobson, 2012). It is not hard to see how such treatment from a community that once provided direction and identity for individuals might negatively impact an individual's sense of self-worth, cognitive development, sexual identity, and relationships with family and friends (Barton, 2010).

There are numerous clinical implications that present in the treatment of an LGBTQ+ individual that a posture of cultural humility, I believe, can address. Working in the framework put forth by Foronda et al. (2015), openness; self-awareness; egoless, supportive interaction; and self-reflection and critique are essential for the therapeutic process. From such a framework, I then believe adding skill and knowledge to identify the effects of the abuse on the client's spiritual, emotional, and mental health can transpire. Cultural humility provides a practitioner an ability to comprehend the ramifications of religious abuse and see that it can cause guilt, shame, and difficulty trusting others (Bent-Goodley & Fowler, 2006).

Therapy can provide a space for individuals like Rachel to regain trust in God and a view that God is for them, making way for an acceptance of self and an integration of colliding identities (Lease et al., 2005). Affirming an individual's faith when it has also been the source of pain and abuse may be difficult for a therapist to do who is not acting from a framework of cultural

humility. Further, having a religious or spiritual identity of your own as the care provider may provide a unique perspective in this desire to hold onto one's spirituality when it has been the source of pain. In circumstances where the cultural identities of an individual have become conflicted and religious abuse has taken place, several goals for counseling arise. McGeorge and Carlson (2011) offer a three-step approach that, similarly to cultural humility, reminds the clinician that each individual on the spectrum of LGBTQ+ will have a unique experience with that identity. It also reminds clinicians how they as care providers can impact that experience. In working with cultural identities such as religious and sexual identities, having an awareness of our own assumptions must become automatic so that we can recognize our own unconscious beliefs, explore the privilege our own identities hold, and grasp how those identities have impacted others, including our clients (McGeorge & Carlson, 2011).

Reflections on Continuous Self-Critique

It was not until midway through my degree that I was confronted with cultural humility in a manner that revealed my need for self-reflection and critique. I had been thinking about cultural differences in broad terms, learning clinical skills, and trying to not feel like an impostor. As a practicum student I found myself assigned a transgender client and became overwhelmingly aware of how much I did not know. As a graduate student, sometimes I tried to "fake it 'til you make it," but I had the self-awareness to realize that was not going to happen this time. As a third-year student I had only had a handful of LGBTQ+ clients, and those experiences had not prepared me to respond to cultural markers or how to understand myself in those moments.

I felt the challenge to press through my own discomfort and acknowledge that I was unsure of what to think or say or how to be. From the beginning I was open to working with this client and met the first step in the process of cultural humility (Foronda et al., 2015). My self-awareness made me acutely conscious of my own limitations as well as my undeveloped and vague values and beliefs. As a Christian, I realized I brought into the room worldviews and ideas that I had not taken the time to examine and process for myself. Embracing the third attribute of egoless interaction (Foronda et al., 2015) became easier as I got to know the life and experiences of my client, reminding me of my own value of equal human rights. Through the course of our relationship, supportive interaction—the fourth element—occurred, increasing my comfort and ability to pursue cultural markers (Foronda et al., 2015). However, I recognized before I had even scheduled the first appointment that I was going to need assistance with the final and perhaps most challenging element: self-reflection and critique. It was from the realization that I did not know how I thought or felt about working with this client that I began actively cultivating framework of cultural humility.

My own cultural background needed evaluation, as it suddenly intersected with the cultural identity of my client. As a graduate student with a never-ending to do list, making time in my schedule for self-reflection on my strengths, biases, and struggles can be challenging if not unappealing. It is this aspect of self-reflection that can make cultural humility, for me, a challenge to practice. Further, pursuing a framework of cultural humility can seem lonely and exhausting at times. I realized I needed support and mentorship in order to enter into self-reflection and critique that would go deeper than surface level. Attending a faith-based

program provided me faculty with similar values and worldviews able to walk with me in this process. An essential aspect of cultural humility for me has become sharing the experience, seeing it modeled, and hearing how it impacts others professionally and personally. In verbalizing to a faculty member the need to be in community while self-reflecting in order to foster accountability as well as camaraderie, an independent study emerged.

There are other ways to go about building a framework of cultural humility than an independent study, but as a graduate student getting course credit certainly is advantageous. Faith-based programs require students to complete coursework that intentionally engages with their Christian values and worldview. The independent study was constructed with the guidance of a faculty member to accomplish such integrative work. Further, conversation highlighted that it was in values and knowledge that I felt the most need for growth. Thus, the independent study placed an emphasis on surveying literature pertaining to theology and transgender identity. Delving into literature of theology and LGBTQ+ topics proved necessary to set a foundation, but also revealed the great need for further research and academia on the relationship between theology and transgender identity. A reading list was composed and meetings set spanning the semester to discuss the impact the literature was having and ways in which I experienced my own values, attitudes, and beliefs evolving.

I realized I did not know my own worldview in this area and had been conceptualizing from an outdated framework. I found a curiosity and zeal to invite others from my faith community into this process. A group of about eight individuals agreed to meet once a week over the course of the semester reading a portion of the literature and conversing on the emotions, thoughts, and reactions that emerged. This group of peers helped me realize that while we shared one cultural identity, there were many influences and other identities that shaped our individual perspectives. Our shared faith identity brought out elements such as a desire to be an advocate for the marginalized and challenge the bias that so quickly comes forth with theology and the LGBTQ+ community.

Delving into the literature on the LGBTQ+ community and theology in a quick search online brings up more reading, opinions, and models of care than might have initially even been desired. Knowing where to start and how to narrow down the options became significant in my search so that I might engage with literature that would actually help me form my own identity, perspective, and posture as both a Christian and a psychologist. Part of this journey towards cultural humility as a Christian in relationship with the LGBTQ+ community is owning the history of abuse and the mistreatment the church has inflicted and continues to inflict.

Pressing into this literature while holding my own worldview caused me to become more self-aware of my values and how they might impact my work with those persons exploring their sexual orientation, gender identities, or behaviors. One takeaway from the literature for my clinical work is having the awareness that religion frequently places LBGTQ+ individuals in a bind where they feel far from God and uncertain of how to hold their religious and sexual identities simultaneously. Further, I realized I must acknowledge the pressure many LGBTQ+ individuals feel and how they may anguish over choosing either their sexual identity or their religious identity (Valera & Taylor, 2010).

Conclusion

Transitioning the emphasis away from competence to humility allowed for a posture of being present and curious with each new client, and this made way for attention to the relationship and therapeutic process. The impact of embracing and engaging each client's cultural identities has become more noticeable to me, thus encouraging me to look for cultural opportunities and to grow in my own cultural comfort (Hook et al., 2017).

Taking on a multicultural orientation had a positive effect upon me interpersonally. Hook et al. (2017) highlight that a posture of cultural humility places the emphasis on the experiences and background of the other rather than on our own cultural perspective and limitations. Allowing my clinical work to become more and more about my clients rather than my own performance has changed how I experience them.

In my clinical work, I have become increasingly comfortable and open to working with a diverse population. The anxiety and fear of perfection has diminished and my openness to diversity has expanded. An orientation of cultural humility brings a realization that we are dynamic and changing. We are influenced by the work we do with diverse cultural identities of clients. These relationships have the potential to set us down the path of approaching each individual with cultural humility. Self-reflection and critique have become imperative characteristics for those in pursuit of a culturally humble perspective. Cultural humility for me is a lifelong commitment that will bring challenges as I continue to explore my own beliefs and experiences in and out of the room.

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***About the Authors*:** Rosanna L. Aijian, MA is Psychologist, Rosemead School of Psychology, Biola University, La Mirada, CA (805-395-0777; rosanna.l.aijian@biola.edu); David C. Wang, PhD is Psychologist, Rosemead School of Psychology, Biola University, La Mirada, CA (562-944-0351; david.wang@biola.edu).