Cultural Humility & Gender Identity

Julia Sadusky and Mark Yarhouse

Abstract: A cultural humility framework has been an essential expansion of our understanding of multicultural therapy. This approach integrates the best of psychological research, clinical application, and attendance to how individual and community values inform the work of therapy. Adopting cultural humility frees us to take on a posture of accompaniment. It also has challenged us to recognize potential factors to consider in light of each person's worldview, values, and experiences of oppression without reducing a client's experiences to that of others who may come from similar dimensions of diversity. This is especially valuable in our work with transgender and gender non-binary clients, who have unfortunately been underrepresented in research. Cultural humility as a foundation has allowed for clinical work, training, and advocacy that meets the needs of diverse clients and allows us to learn a great deal from those whose stories we have had the honor to hear.

***Keywords*:** cultural humility, gender, gender identity, narrative therapy

Cultural humility has shifted our perspectives of multicultural considerations dramatically. It provides a framework that enhances clinical work, in that it fosters nuance, sensitivity, and authentic curiosity. It prompts us to acknowledge the reality of our limitations in knowledge of the unique experiences of each person, regardless of the degree to which they are similar or different from us in aspects of cultural identity, values, and experiences. Gone are the days where the emphasis was primarily on cultural competence, which created a false sense of "knowing" about clients, the risk of leading with assumptions and overgeneralizations rooted in book knowledge, and the expectation that therapists instantly know aspects of diversity like race, sexuality, and gender.

Cultural humility has taught us about the powerful role of the therapist as a collaborator with our clients. This insight has fit well with our affinity for narrative therapy, especially in working with gender minority clients, in which we join our clients on a search for meaning, purpose, and identity (Madigan, 2011). It helps us reflect on how a variety of contexts may factor into the problems clients face, without oversimplifying their concerns. Others have reflected on the value of integrating a narrative approach within a cultural humility framework, specifically with culturally diverse clients (Apodaca & Bond, 2018). Rather than a cultural competence model, which placed us in the role of expert on our client's experience, the cultural humility model made space for client autonomy in sharing their story, while still expecting us to develop in a variety of diversity-related areas, including knowledge, skills, and practice.

To be a culturally humble practitioner, then, is to attend to our clients with intentionality and curiosity, while being guided in our approach with the framework of research and clinical experiences to draw from (Hook et al., 2017). It is to admit with confidence that, while we have expertise in the field of clinical psychology, that expertise does not mean we have nothing left to learn from research and, most importantly, from our clients. It demands self-reflection, as well as ongoing self-critique of the ways our own identities are shaped over time (Yeager & Bauer-Wu,

2013). It means having an accurate portrayal of what we can offer our clients while boldly asserting that they will increasingly become the expert of their own experience over the course of therapy.

An important distinction of a culturally humble framework is that it is not an excuse for lack of knowledge and an ongoing willingness to intentionally seek out the latest research regarding how culture may inform clinical practices. So too, it is not merely making it the client's responsibility to educate us as practitioners about their experiences. Moving beyond competence models, again, allows us to hold in mind the variety of resources available in research that can anticipate potentially salient aspects of experience (Tervalon & Murray-García, 1998). At the same time, it allows us to be a reliable guide for clients in therapy to consider potentially relevant cultural considerations without foreclosing on the way these factors may intersect for different people.

Balancing Knowledge with Curiosity

We have offered clinical services through the Sexual and Gender Identity Clinic, a specialty clinic serving the needs of clients and their families who are navigating concerns related to sexuality, gender identity, and, in many cases, the intersection of these experiences with religious identity as people of faith. Cultural humility has been paramount to this work and has guided our clinical practice, research, supervision model, and advocacy efforts. We have found immense value in approaching our clients with tempered eagerness to know their stories and journey with them as they make meaning from their experiences. We have seen how this approach allows us to assist clients in integrating aspects of identity in meaningful ways, while considering the variety of ways individuals do so, and honoring client autonomy throughout the process of therapy.

In our work with transgender and gender non-binary clients, we are often reminded that many clinicians are not informed regarding gender identity, gender dysphoria, and the range of emerging gender identities (American Psychological Association [APA], 2015)—also, that the research and scientific foundations are developing, as are clinical practices. Many of our clients—seen in the context of consultations and individual, group, couples, and family therapy—come to us demoralized by past interactions with mental health providers. It can be deeply frustrating for clients to have had to provide their previous therapist with what is, in some ways, basic information about their experiences. Oftentimes, they have had to explain themselves to multiple people, even on a daily basis. For therapy to be one more place where they have the responsibility of being the sole educator on their experience was exhausting and grieved us as clinicians. They experienced meaningful relief as they were offered a space where they could be sitting across from a person who had foundational knowledge about their gender identity, even while still having a great deal to understand about the aspects of their experience that were unique.

Maintaining the nuance of curiosity was essential, though. As one transgender person put it, "If you have met one transgender person, you have met one transgender person." We found this especially true as we bore witness to the journeys of individuals of a variety of ages, from a

variety of racial, ethnic, spiritual, and sociocultural backgrounds. This makes the work enlivening and rich, albeit complex, as we were constantly learning and adjusting our conceptualizations of our clients in light of factors that more or less strongly played into their experiences. There is much left to understand about the experiences of our clients and knowledge, while foundational, only scratches the surface of what we can glean from our clinical work.

Cultural humility is demanding of clinicians. It forces us into the tension of the unknown, where we will likely be consistently surprised. This requires, especially in a training model, the use of supervision and consultation in an ongoing way to provide accountability for the framework we have adopted. It is a discipline to remain well-versed in the most updated research, especially in what can be a fast-changing field of study, but also to be willing to have more to learn from the clients we meet with. It is challenging because there is not a notion of comfort in having "arrived" at expertise—of course, this is also the joy of the work, in that it is intellectually stimulating.

Multiple Stakeholders & Perspective Taking

Cultural humility as a foundation for consultations and therapy with families is professionally challenging, as well. Our work in gender identity has often included work with individuals and families with strong religious/spiritual identities, which can introduce unique complications (APA, 2015). Rather than championing one person's perspective and dismissing those that disagree with them, cultural humility requires us to demonstrate cognitive complexity, which includes both patience and flexibility as we take in the perspectives of each person and move towards greater mutual understanding (Wilkinson, 2011). This growing ability to hold multiple perspectives (as we manage our own reactions to our clients) is a skill that we can then model for the families we meet.

At the same time, the approach of cultural humility invites clinicians to consider our own beliefs, values, and biases; acknowledge how they may shape and, in some cases, impair our ability to understand our clients; and be mindful of the ways beliefs, values, and biases may inform our interactions with our clients in less helpful ways. Conversely, it is valuable to consider how these aspects of identity can provide meaningful resources to our clients and their families, including drawing out resources from faith communities to support client wellness over time (Porter et al., 2013).

A Case Example—Cultural Humility in Practice

"Bry" is a transgender client we met when he was 16 years old. He was brought in for a consultation by his adoptive parents, "Steve" and "Nancy." Steve and Nancy were in their mid-50s and Caucasian. Bry was also Caucasian. Bry used his given male name and pronouns, both at school and home, especially because his parents were uncomfortable with any other option. He was seeking an evaluation to determine whether his gender-related distress was due to gender dysphoria. His parents were hoping that they could understand his experience better, but were hesitant as to what steps he might want to take, including social transition or potential

medical and surgical interventions.

Each person in the family indicated that spirituality was important to them. The parents came from a conservative Christian faith tradition, and Bry indicated that he was agnostic, but that he prayed "every so often" and felt connected to a supreme being. While both clinicians offering the consultation subscribed to Christian beliefs and values and worked within a religiously affiliated clinic, within a cultural humility framework it became important to appreciate our own stimulus value to each person. As Christians, we potentially represented a spiritual authority to the parents while also potentially representing a system of unjust treatment to the youth. An essential first step is naming these potential factors rather than attempting to ignore the potential challenges to rapport if we ignored assumptions and biases the family may have had about our clinical services. Further, it was important to move beyond our values and assess how the family's own faith community affected their presenting concerns. We could have assumed that, because Bry identified as agnostic, there were no relevant spiritual factors to discuss with him. Rather than assuming, though, we asked, and in the process we learned a great deal.

Despite Bry's disidentification with the faith tradition he was raised in, he shared that his self-image was impacted by messages he heard in his faith community growing up. He indicated that he felt like a "failure" to his parents, as he was their only child and he was not the "boy they hoped he would be." He had memories of youth group "guys talks," where the speaker would make jokes about "boy stuff" and he felt as if he never understood the jokes and layers of meaning and humor that others seem to share. He recited particular Bible passages that he used to use in prayer as a boy, passages he would cite when asking God to heal him from his distress, or make him female. When meeting with his parents, they dismissed his gender-related concerns as a consequence of bullying when he was a kid, and assumed that, if he could just connect with some boys his age, he would get through this "phase." Steve and Nancy also expressed immense shame as a result of thinking that if Bry's gender identity as transgender was "real" and enduring, then it was their "fault," since the mother had gone back to work when her son was one year old. They had many questions: Was Bry abused? Was there something they should have done to prevent this? Were there things they did but shouldn't have done?

Within a cultural humility framework, we acknowledged and reflected on our own beliefs and values that would make it difficult to engage in perspective-taking throughout. We attended to each person's experience and inquired about aspects of culture and worldview that they would like us to understand about their family. We attended to religious language that family members used and asked them to expound upon these words, being self-aware of how we may have different definitions of religious language, even if we are familiar with the words themselves. For Bry, he shared that, after being adopted he always felt like he needed to "repay Mom and Dad for all they did." For him, combined with his experience of his gender identity and spiritual identity, this reinforced the belief that he had had for a long time, i.e., that he was "letting them down" and did not really belong anywhere. Considering with Bry how these thoughts could impact the distress he felt was helpful for him—and this would not have been as evident had we not asked about the impacts of his family's spiritual identity on his sense of self.

For Bry's parents, the messages they had received about causal pathways for gender dysphoria

could be addressed while also acknowledging the pain the parents felt and the questions they had about the part they had played in their child's experience. Validating their desire to know "causes," we encouraged them to consider what it would mean to them to have the answers, to definitively know the causes. This offered a much more fruitful discussion with them and facilitated the chance for them to grieve and accept the reality of their child's experience of gender incongruence and not knowing how such experiences may come about. We also were able to offer information about what the research in the field of psychology can provide when it comes to causal theories of gender dysphoria. Without taking a stance on offering an interpretation of how this experience came to be for their child, we encouraged them to seek to understand the experience as it is, especially given the unlikelihood that the gender dysphoria would resolve. Encouraging acceptance of the current reality and drawing from the resources in their faith community, including asking them about strategies in their faith community that help when coping with difficult realities, allowed them to consider a way forward.

Multiple Pathways for Integration

We have worked with clients who were seeking to integrate their beliefs and values and lived experiences in a variety of ways. This has prompted for us an emphasis on taking seriously a client's experience of the world, including helping them to critically evaluate the way their worldview, beliefs, and values inform their gender identity development and the congruence they are seeking. With this in mind, it is important to explore with clients the degree to which their beliefs and values are weighed against their experiences. In the case of Bry and his parents, rather than assume that conventionally held religious beliefs and values are an obstacle to the exploration of gender identity, it has been helpful to inquire about the aspects of spirituality that offer support for individuals, especially people of faith. This can prompt meaningful conversation for clients who otherwise have fallen into black and white thinking that they either digest the faith tradition as it was taught to them by their parents, or they reject it resolutely.

For some clients, having permission to critically evaluate their faith and how it has affected their identity development has been invaluable and meaningful clinical work. It has also been helpful to draw from the resources available to clients that are unique to them, which often emboldens them to see the multifaceted aspects of identity that make them resilient in the face of challenges. We have seen few distinctively Christian resources on the topic of gender identity for conventionally religious clients, but there are a few (e.g., Yarhouse & Sadusky, 2020). Thus, while acknowledging how certain systems, including faith traditions, have represented forces of potential unjust treatment to our clients, we have found it valuable to empower clients to turn to the adaptive resources that flow from their beliefs and values because they can be especially helpful in making meaning out of the challenges they face.

Cultural Humility in Training, Supervision and Advocacy

As mentioned earlier, we, like our clients, have been disappointed with the lack of adequate training, knowledge, and awareness, particularly in the area of gender identity. This makes it incredibly difficult for clinicians to attend to their client's presenting concerns adequately and to instill hope in their capacity to be reliable guides on this difficult terrain (APA, 2015). Thus, we

have emphasized training, supervision, and mentoring, especially through our sexual and gender identity clinic. We offered intermediate and advanced training in sexual and gender identity, as we were repeatedly seeing how few adequate referrals there were for clients who came to meet with us for gender identity consultations. This provided an opportunity to offer clinicians a range of research, knowledge, case presentations, and case staffing to help them think through practical implications of new information.

We have provided consultation and supervision to graduate students and practicing clinicians in order to offer training in clinical work that attends to cultural diversity through a cultural humility framework. We have been intentional about initiating conversations in both individual and group supervision contexts that attend to the multitude of factors put forth in the "ADDRESSING" Model, such as age, developmental and acquired disability status, religion/spirituality, ethnicity, socioeconomic status, sexual orientation/identity, indigenous background, nation of origin, and gender identity (Hays, 2001). Rather than thinking of these as one-dimensional constructs, it is important to consider how the interaction of various aspects of identity can contribute to client distress—but also how they can be a pathway for meaning-making, growth, and empowerment. This has allowed us to offer a service to our clients by taking seriously the way even aspects of their identity that have been an avenue for oppression can be a pathway to thriving.

Even beyond the clinical implications of supervising from a cultural humility framework, training in cultural humility around gender identity is at its best when it invites clinicians to strengthen their ability to reflect on their own biases, as well as the assumptions and aspects of privilege that will inform their work (Grubb et al., 2013). It is ultimately a call to think critically about their client's experiences and to develop a richer understanding of what we know and do not know. In other words, "cultural humility does not focus on competence or confidence, and recognizes that the more you are exposed to cultures different from your own, you often realize how much you don't know about others. That's where humility comes in" (Yeager & Bauer-Wu, 2013, p. 3). This understanding, rooted in a culturally humble approach to multicultural considerations, is essential to quality clinical care in the area of gender identity.

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***About the Authors*:** Julia Sadusky, PsyD, Psychology Candidate, is Post-doctoral Fellow, EDCare, Denver, CO (drsadusky@gmail.com); Mark A. Yarhouse, PsyD, Licensed Clinical Psychologist, is Dr. Arthur P. Rech & Mrs. Jean May Rech Professor of Psychology, Wheaton College, Wheaton, IL (mark.yarhouse@wheaton.edu).