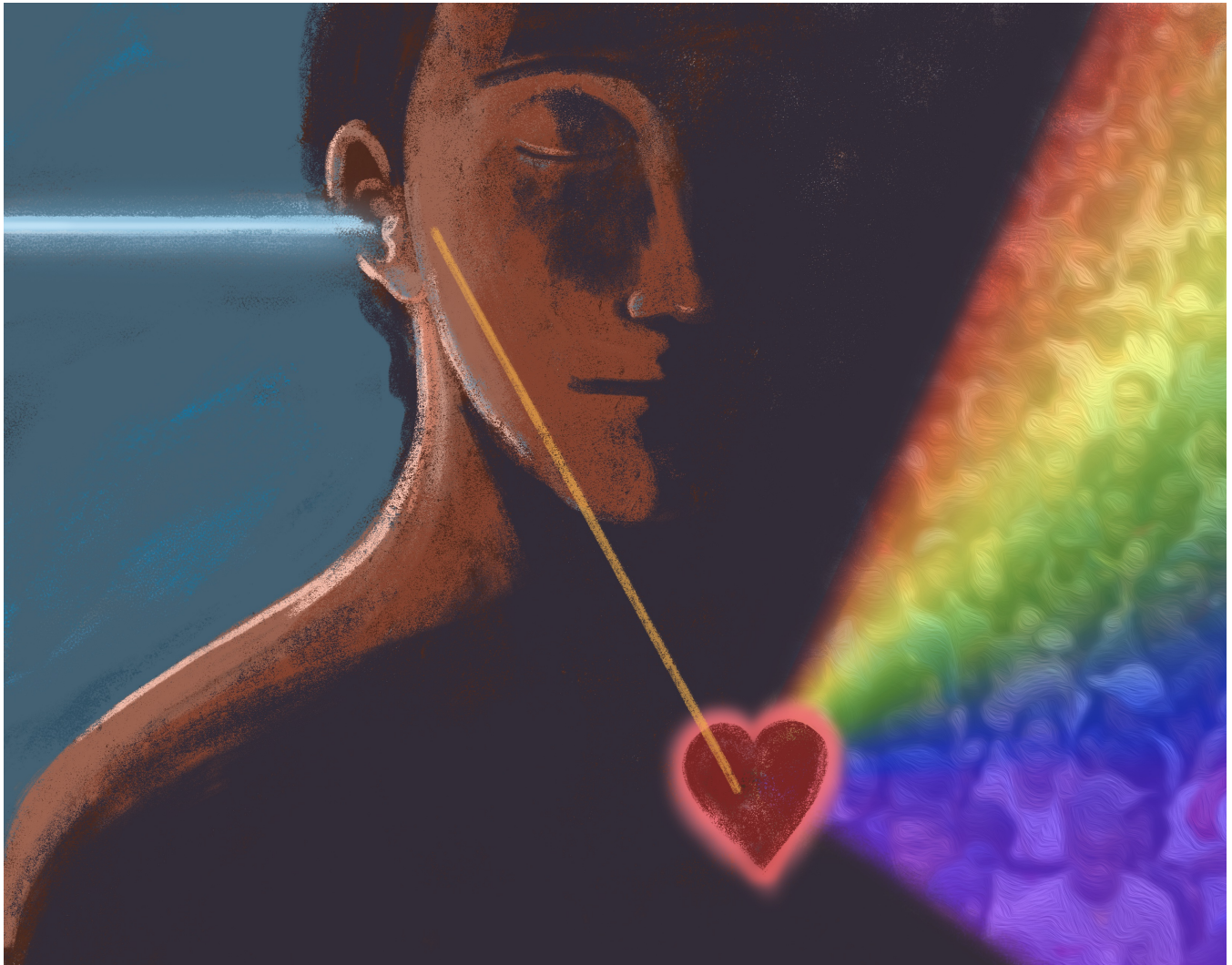


# *REFLECTIONS*

NARRATIVES of PROFESSIONAL HELPING



Special Issue on Cultural Humility  
in Education and Practice, Part Two

Guest Editors: Elizabeth Russell, Pamela Viggiani, and Debra Fromm Faria

Volume 26 (2020)

Number 2

# REFLECTIONS

## NARRATIVES of PROFESSIONAL HELPING

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## A Letter from the Editorial Leadership Team

Dear *Reflections* Community,

We write to you during a horrific time amidst another horrific time for us all, and especially for those most closely impacted. In a world that is continuing to navigate the rapidly evolving COVID-19 pandemic in which the existence of multiple health and health care disparities and inequities are now undeniable, we are also witnessing - and grappling with in profound and deeply personal ways - the realities of structural violence and racist injustices perpetuated throughout history. The casualties are measured in human lives and liberties, and the impacts are devastating.

As *Reflections* publishes a second issue on cultural humility, we applaud the work of our Guest Editors and authors for continuing this conversation while recognizing that there remains much more work to be done. It is in these times that the opportunity for reflection and the power of narrative writing can be a gift, and the focus on cultural humility in this issue is particularly meaningful.

Like you, we are touched by the heroic efforts of countless people who put others ahead of their own safety and tirelessly offer care and comfort. We are inspired by those who advocate for our most vulnerable, for those whose voices are marginalized, and for those who have been systematically and historically oppressed. And we stand in solidarity with those who are taking a stand to demand equity for themselves, their families, and their communities. For us, Black Lives Matter is more than a saying...It is a rallying for intentional action!

We at *Reflections* remain steadfast in our Calls for Narratives that elucidate what can be taught and learned and enacted for the betterment of humankind, especially in the midst of a global “reckoning” in many ways. We deeply appreciate the Calls that other journals have now been issuing to write reflections about these experiences as well. We remain committed to the power of stories to connect our hearts and minds as we seek to reach-out, connect, and move forward. Our goal is that others will soon join us in lifting “voices in narrative” so that we all can benefit from even more insights and wisdom.

As your Editorial Leadership Team, we are committed to providing a platform from which the unvarnished truth about the persistence of systemic racism and the disparities and inequities that invade and pervade our communities can be raised. We are reimagining the ways in which our journal can better serve. We look forward to very soon sharing those thoughts with you. We remain hopeful that *all of us* discover new and even more meaningful ways to show up for one another in both our spaces of professional practice and our communities at large.

We at *Reflections* wish you and everyone in your hearts to stay safe, stay well, and stay connected!

Darlyne Bailey, Monica Leisey, F. Ellen Netting, and Kelly McNally Koney

1  
2 **Reflections from the Guest Editorial Team:**  
3 **Cultural Humility in Education and Practice, Part Two**  
4

5 Elizabeth Russell, Pamela Viggiani, and Debra Fromm Faria  
6

7 **Abstract:** This serves as the introduction to the special issue on cultural humility for  
8 *Reflections: Narratives of Professional Helping*.  
9

10 **Keywords:** culture, humility, race, class, gender, social justice, counseling, practice  
11

12 We are excited about the second of two special issues of *Reflections: Cultural Humility in*  
13 *Practice* series. We have been overwhelmed with the enthusiasm around this topic and are  
14 thrilled that fellow practitioners and educators want to discuss and write about their experiences,  
15 struggles, and triumphs while striving to live, practice, and teach in a culturally humble fashion.  
16

17 This second issue solidifies our belief that cultural humility is important to practicing and  
18 teaching effectively as it seeks to understand the diversity of others while acknowledging the  
19 impossibility for anyone to ever be fully knowledgeable in diversity and its intersectionalities; it  
20 requires lifelong exploration.  
21

22 Our hope, as it was with the first issue of *Cultural Humility in Practice*, is that you are  
23 encouraged to either begin or continue your journey living, teaching, and practicing with cultural  
24 humility. We know the articles you read within this issue will cause you to critically self-reflect.  
25 We anticipate that the articles in this issue will continue to provide you with hope that power  
26 imbalances will lessen and institutions will continue to become more inclusive. We know that  
27 such hope is very much needed to sustain the energy to continue to address the inequalities  
28 within the institutions you interact with as well as within the larger society. We know that you  
29 will enjoy reading this special issue of *Reflections* as much as we enjoyed bringing it to you. We  
30 look forward to hearing from you!  
31

32 **About the Guest Editors:** Elizabeth (Beth) Russell, PhD, LCSW is Assistant Professor and  
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37 MSW Field Coordinator for the College at Brockport, Brockport, New York  
38 (dffaria@brockport.edu).  
39

40 **With Gratitude...**  
41

42 We would like to recognize and thank the reviewers who contributed their time and invaluable  
43 assistance to both the *Reflections: Cultural Humility in Education and Practice* issues, V25(1)  
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5 We appreciate your commitment to this journal and its authors.

6  
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16

# Cultural Humility: A Life-Long Transformation

Natalie Moore-Bembry

**Abstract:** For years, I subscribed to the concept of cultural competence. I believed I needed to acquire as much knowledge as I could about cultures through textbooks and workshops. However, as I continued to work in the field, I started to realize the knowledge I gained did not relate to a specific cultural group, but to an individual experience. Although we learned to seek information from individuals to make an accurate assessment, I still held some beliefs that I later learned were viewed as stereotypes and/or generalizations. I then stumbled across cultural humility, thus changing my mindset on how I approached life and people in general.

**Keywords:** cultural humility, cultural competency

Cultural competence is a well-known phenomenon in many professions over a number of years. With a variety of names and meanings, cultural competence has strong connections to how people see the world and treat others. Cultural competence, or multicultural education, is taught in various professions and educational settings, such as “teacher education programs, nurse educator programs, social work student programs, school counselor programs, and even in financial planning” (Moore-Bembry, 2018, p. 18). The definition of cultural competency is focused on one acquiring a set of beliefs, knowledge, and skills that are necessary for working with diverse groups or individuals (Kirmayer, 2012; National Association of Social Workers [NASW], 2015). Over the years, the definition of cultural competence has changed, and it can vary based on the profession. Williams (2007) defined cultural competency as behaviors, attitudes, and policies that enable effective cross-cultural work. NASW (2015) defined cultural competency as a process where individuals respectfully and effectively respond to people of all “cultures, languages, classes, races, ethnic backgrounds, religions, spiritual traditions, immigration statuses, and other diversity factors” (p. 13).

By definition, cultural competence implies social workers possess the knowledge, skills, and beliefs to work with various populations. Yes, social work students can and do learn the knowledge and skills necessary to work with others. However, it comes at a price—the lack of understanding how one’s culture, values, and beliefs influence *how* they work with others (Nadan & Ben-Ari, 2013). Therefore, the question becomes this: How do social work students learn this information? At what point in social work education are social work students educated on self-awareness, self-reflection, and self-regulation? When do social work educators and practitioners have the opportunity to learn and practice self-awareness and self-regulation? Cultural competency is a lifelong process, but it must begin in the education of the future social worker. The Council on Social Work Education (CSWE, 2015) mandates that all social work programs provide students the opportunity to “engage diversity and difference in practice” (p. 7). How do programs meet this requirement? My social work education provided a diversity course in graduate school, and each week we reviewed information on a specific ethnic group. We did not focus on self-awareness; we simply had a lecture or group presentation on the ethnicity scheduled for that week.

1 I began researching social work program course listings and syllabi and discovered that students  
2 are still required to complete a course in diversity. I conducted a cursory review of course syllabi  
3 from several social work programs and found the diversity courses offer a high-level overview  
4 of various ethnicities in the format similar to what I experienced and commonly referred to as  
5 “ethnicity of the week.” Each week, students are tasked with reviewing either textbook chapters  
6 or journal articles about the ethnicity; some are assigned group presentations to report on  
7 knowledge learned while others are given a class lecture on the information. These courses do  
8 not necessarily stress the need to self-assess—in fact, some of the information that is presented  
9 may be viewed as stereotypes or generalizations of individuals in the given ethnic groups.

### **The “Aha” Moment**

13 Over the years, I always subscribed to the concept and tenets of cultural competency. I believed I  
14 needed to learn about other cultures in order to become an effective social work practitioner and  
15 educator. However, as I continued to review cultural competency, I started to realize that cultural  
16 competency was an abstract concept that often denoted a finality. This finality is often based on  
17 the acquisition of textbook knowledge to learn about another culture to better serve a client or  
18 population. In my undergraduate and graduate coursework, I “learned” some specifics about a  
19 certain cultural/racial ethnicity that were often repeated and used in practice. As I progressed in  
20 my education and professional practice, I began to realize that these specifics could be classified  
21 as stereotypes and generalizations of a group and did not really reflect the individual nature of  
22 my clients and/or their families. I also realized that my own personal values and beliefs possibly  
23 hindered the work I was able to do with clients. This “aha” moment led me to begin to seek out a  
24 better understanding of what I needed to know and learn to become an effective culturally  
25 competent social work practitioner.

27 Some of the beliefs and values that were instilled in me through culture, life experience, religion,  
28 education, and society certainly were not in line with social work values and, unfortunately, I did  
29 not spend time nor was I encouraged to spend time reflecting on my own beliefs. I grew up in a  
30 home with parents who were baby boomers that encountered various experiences that impacted  
31 the civil rights of Black Americans as children and adults. Both of my parents came from the  
32 Midwest, where many might believe that racism was not as much an issue as in the South, but  
33 my parents experienced it daily growing up and shared those stories with us. My father chose to  
34 join the military to remove himself from the poverty and racism of his hometown of St. Louis. In  
35 fact, he volunteered to go to Vietnam just to escape. I lost two uncles, who were killed on the  
36 same corner less than a block from home. One was ten years old when the White owner of the  
37 bakery on that corner shot him in the head and alleged that he had broken into the store. When  
38 authorities arrived, the only story they heard was that of the owner, and no charges were filed in  
39 my uncle’s death. Ten years later, another uncle was killed on the same corner (within 100 feet  
40 of his brother’s death) in a drive-by. My mother grew up in a suburb of Detroit and was front  
41 and center during the riots nicknamed the “Long, Hot Summer of 1967.” At the time, my dad  
42 was stationed at a nearby Air Force base in Michigan and could vividly remember seeing the city  
43 of Detroit burn. Hearing my parents tell their own accounts of what they were doing and how  
44 they felt when Martin Luther King Jr. was assassinated as well as other prominent Black figures  
45 further drove my desire to read and learn more about the Black experience in America.



1 I was a military brat growing up, and it was ingrained in us to accept everyone; in essence, we  
2 were one big family living on the military installation. As brats we are all just people; sure, there  
3 was the occasional issue, but we were extremely sheltered. We were always educated on the  
4 military institution with the exception of two duty stations. My experiences in high school when  
5 I returned to the US from Germany began to shape some of my beliefs about other populations  
6 and races. I moved to a military base where children were educated off base for middle school  
7 and high school. I encountered large amounts of racism within the school system not only from  
8 students but also from faculty and staff. Most of the children from minoritized populations were  
9 from the military installation, and it was not uncommon for us to be called n\*\*\*\* in school  
10 without consequences for those who chose to use those words. There were times when we  
11 experienced lapses in judgment and retaliated and were immediately disciplined and removed  
12 from the school while the offenders were protected and coddled by the district. My White  
13 guidance counselor told me I would never make it in a four-year institution and regularly told me  
14 I needed to apply to a community college and look for a job. Those of us from minoritized  
15 populations bonded together and, no matter what, protected one another. Of course, we had the  
16 usual high school drama with one another, but our bond was never broken. These experiences  
17 with White students and administrators in the school district as well as my cultural and familial  
18 experiences led me to become distrustful of White people.

19  
20 This distrust grew as I entered college at a predominantly White institution. I often felt the  
21 undertones of institutionalized racism in various situations, from professors who would deduct  
22 points from assignments and, when asked for an explanation, would deem me aggressive or  
23 refuse to respond to campus police questioning Black students and assuming the worst if we  
24 were out on campus. Could that be a result of racism, or a lack of empathy or experience  
25 working with students from minoritized populations? It is hard to say, so in most instances I just  
26 shrugged it off, saying, "This is just the way it is," since I had experienced it on multiple  
27 occasions in various settings.

28  
29 In one undergraduate course, we were told that Black people are dying at a young age due to  
30 their lack of health insurance and high unemployment. This was a class where I was the one of  
31 three Black students out of about forty students. I am sure you could imagine how low I sunk in  
32 my chair. Coincidentally or not, none of us spoke up although all of us had health insurance,  
33 were healthy, and worked just as our parents did. In my studies, I started to unknowingly  
34 subscribe to stereotypes and generalizations of others based on textbooks and lectures. I vividly  
35 remember sitting in courses in my undergraduate studies and later trainings at work and walking  
36 away repeating things such as: "When working with Asian populations, do not look them in the  
37 eyes as that is considered a sign of disrespect," and "When engaging a Latino family, only speak  
38 to the male due to Machismo." Another stereotype that was frequently stated was the  
39 aggressiveness of and mistrust by African/Black Americans.

40  
41 As Christians, I and my childhood churchmates were frequently taught about the sins in the  
42 Bible. These sins extended eternal damnation to swaths of people, from those who committed  
43 sins as small as a lie up to those who committed murder. A couple of the areas that were  
44 discussed more than others were homosexuality and abortion (as they are listed in the Bible). We  
45 heard about them from the time I was a child, and they were always viewed negatively; it was

1 often said that we were not to keep company with those whose identity or sexual preference or  
2 belief in abortion differed from what was written. I toiled with this, as I knew I had friends who  
3 identified as lesbian or gay and I also knew people who had abortions. I could not see myself  
4 telling someone I could not talk to them because of their sexual orientation or right to choose. In  
5 fact, some of my favorite professors identified as lesbian and close friends had aborted children.

6  
7 Fast forward some years where, in many instances, when Black people were mentioned in the  
8 news, it was negative press. The multitude of police shootings, the political climate, and the  
9 social climate in the US further added to the mistrust. At this point, as I was well into my career,  
10 I wondered how I could work with clients, students, and other people if I have a great deal of  
11 mistrust. I often questioned if I was in the right field.

12  
13 You see, I was stuck in this paradox: How could I call myself a social worker and believe these  
14 things about others? How could I call myself a Christian and ostracize others? This is where I  
15 had to step back and challenge my values and beliefs. As I was reading DeMoss (2005), I began  
16 to conduct a self-assessment and realized it was pride, it was a heart issue, and it was mine! I had  
17 internalized a lot of racism, oppression, and discrimination, and it had forced me to put up a wall  
18 based on identity, race, religion, and experience. From that point on, I knew this wall must be  
19 deconstructed.

## 20 21 **Introduction to Cultural Humility**

22  
23 One year while I was teaching an undergraduate social work field course, the assigned readings  
24 by Hook (2014) and Hook et al. (2013) gave me a glimpse into the concept of cultural humility.  
25 After I read the articles, I was so excited I felt like I had struck gold!! The articles reinforced my  
26 argument that cultural competence could not be achieved the way it was written without  
27 engaging in self-reflection. I was excited and thought this was the answer to my burning  
28 questions and that I needed to share this information with my students. I read the articles several  
29 times and when the time came to discuss them in class, I did what any great educator would do...  
30 I skipped over them and focused on content that brought less discomfort. I was at a loss for  
31 words and was not sure how to introduce this article to a class of students where I was the only  
32 person in the racial minority. I was in the beginning stages of understanding my racial identity  
33 development, and I was not ready to share that with the masses.

## 34 35 **My Journey**

36  
37 After that experience, I recognized I needed to do more work in this area, starting with  
38 increasing my knowledge in my racial identity development and the concept of cultural humility.  
39 In essence, I became a disciple of cultural humility; I used every opportunity to research and  
40 read about the concept. Hook (2014) asserted that cultural humility includes two components:  
41 intrapersonal and interpersonal. The intrapersonal component requires one to become “aware of  
42 their own cultural worldviews, biases, and blind spots” Hook, 2014, p. 279), meaning to develop  
43 an accurate view of self (see also Hook et al., 2013). The interpersonal component necessitates  
44 that one should respect others and possess a lack of superiority; the individual should be  
45 consistently “placing themselves in situations that stretch them to engage with individuals who

1 are culturally different from them” (Hook, 2014, p. 279; see also Hook et al., 2013). As I began  
2 this journey, I focused on assessing my own cultural worldview. I realized that my worldview  
3 was shaped by my culture, lived experiences, and religious beliefs. This realization led me to  
4 recognize that my values and beliefs impacted the way I treated others. I held others to a higher  
5 standard than I held myself; I believed that others needed to make changes in their lives based on  
6 my cultural worldview and standard. These beliefs were rooted in the notion of acknowledging  
7 differences in others as opposed to noting our similarities. I created a new standard of bias for  
8 the clients I provided services based on my cultural and societal view and it negatively impacted  
9 those who did not measure up to my bar. I had to stop thinking about what I would do or what  
10 society believed should be done in various situations and look at how most of my clients were  
11 doing the best they could with the resources that they had. These thoughts aided in my  
12 transformation, a new way of life towards cultural humility with further development of  
13 “openness, self-awareness, agelessness, self-reflection, and supportive interactions” (Rosen et  
14 al., 2017, p. 291).

15  
16 Another area that had to be tackled was my religious indoctrination. For many years, we were  
17 told not to interact with those who lie, steal, murder, commit fornication/adultery or practice  
18 homosexuality, and so on. I just could not understand how we could show the love of God to  
19 others if we decided to stay away. I often heard people say love the person but hate the sin—I  
20 started questioning: How can you separate the two? Unfortunately, we all sin, so in essence we  
21 are saying we should not even commune with ourselves because we are all sinners. I started  
22 reading the scripture for a better understanding as opposed to what I heard from others. I saw for  
23 myself that Christ did not turn anyone away, so who am I to do the same? I began to challenge  
24 my family members on this belief. Who are we to judge others? Who are we to dictate to others  
25 what they can and cannot do with their bodies? I started speaking out; it did not always work  
26 well. In fact, many conversations went awry because I stuck to my beliefs while others held  
27 closely to theirs—yet, I still spoke up. In a presentation at a local hospital, I was approached by  
28 several chaplains who wanted to further discuss my assertions of loving everyone as Christ did.  
29 One chaplain thanked me and said she really needed to hear that. I often say our job is to love  
30 everyone and I strongly believe love is stronger than hate. This statement was further illuminated  
31 when I recently came across something similar on Facebook: “I have zero desire to condemn and  
32 100% desire to show love” (Moore, 2019). These areas were tough but really forced me to  
33 examine an anonymous quote I often said in trainings: “How I see you is how I am with you.”

### **The Test of Newfound Knowledge**

34  
35  
36  
37 Just as I try clothes on in a dressing room, I began to try on the concept of cultural humility. I  
38 shared my new knowledge with anyone who would listen; most times it was my family who  
39 became subject to my cultural humility soliloquies. I stressed the need to reflect in action and on  
40 action. I began to write about the necessity of social work educators and students to reflect and  
41 adopt cultural humility. I frequently referred to the concept in my trainings and teachings. I  
42 became a cultural humility salesperson!

43  
44 When I began my doctoral studies, I was unsure of what I wanted to conduct my dissertation on.  
45 Of course, some of my earlier papers revolved around cultural humility, but I would lose interest

1 in furthering the work and sometimes it was easier to write a paper about something less  
2 stressful and time consuming. However, when I returned to teach the field class, I had a new  
3 perspective. I was teaching at a predominantly White institution and I was eager to share my  
4 new knowledge with them. I was enthusiastic that I had applied the elements of critical  
5 self-reflection to my own values and beliefs and began to understand how they impacted how I  
6 viewed and worked with others. I implored my students to do the same; in fact, we spent the  
7 semester discussing culture and how it governs the way we see others. Initially my students  
8 disengaged when I mentioned race, racism, and oppression. When I brought the topic up, you  
9 could hear a pin drop in the room! Somehow, we began talking about Beyoncé and her Super  
10 Bowl halftime performance and that propelled us into the discussion, as I had a few students  
11 from the Beyhive. After they engaged in the topic, I cautiously confronted the fact that they were  
12 silent until the mention of Beyoncé. My students reported they were uncomfortable with the  
13 topic and never really had to talk about it in other classes or that they had opted not to participate  
14 in those types of discussions. When pressed further, they said it was seldom mentioned in class  
15 and they did not discuss it growing up, so it was an uncomfortable topic. The students also did  
16 not want to be labeled as racist by their peers. I had two Black students (one who identified as  
17 biracial) who took the opportunity to further engage in and expand the discussion. They began to  
18 mention how they always felt ostracized in the classroom because the classes lacked discussions  
19 about their culture or identity. They also stated they did not read books or articles by people  
20 from minoritized populations in class and it bothered them, but they never really had a space to  
21 share it. I was shocked—but actually, I was not. I went to the same university and had the same  
22 experience as them. This class discussion in particular led me to seek information on the work  
23 that social work educators were doing to foster their knowledge on this topic. I found a few  
24 studies that addressed social work students, but the results for social work educators were quite  
25 sparse. Thus, the birth of my dissertation!

### **Birth of a Dissertation**

26  
27  
28  
29 As I spent time reflecting on what I could investigate, all roads returned back to cultural  
30 humility. I felt strongly that we (people) could use a moment of self-reflection in order to  
31 increase our self-awareness and become better educators and social workers. I conducted a  
32 qualitative explanatory case study that explored ten White faculty members' racial identity  
33 development and how that development affected their cultural self-awareness and cultural  
34 humility in the classroom (Moore-Bembry, 2018). The faculty members who participated in this  
35 study profoundly reported cultural competence could not be achieved, as it denoted mastery or a  
36 false impression that one has arrived (Moore-Bembry, 2018). Some reported they found  
37 themselves shying away from material that related to race or racism or using a less direct  
38 approach, such as video or online question-and-answer programs to remove instructor  
39 vulnerability. The results of the research indicated that the concept of cultural humility is one  
40 that needs to be further explored within social work education. Faculty, staff, and students  
41 should be fully engaged in continuous self-reflection and self-awareness as well as continuing  
42 education and peer mentoring groups to assist with mastering the concept (Varghese, 2016).  
43 Students will follow the model (the educator); if the educator shies away from the material or  
44 discussion, so will the students.

## **Moving Forward**

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2  
3 NASW (2015) and Edmonds-Cady and Wingfield (2017) report educators are responsible for  
4 promoting equity, equality, and challenging social injustice for oppressed and marginalized  
5 groups (Moore-Bembry, 2018). However, if the educator has “not adequately addressed their  
6 own issues of race, power, and privilege they will be ill-equipped to address these issues in the  
7 classroom” (Moore-Bembry, 2018, p. 98). When one is uncomfortable with the concepts and  
8 consciously or unconsciously omits the content, it is an injustice to social work education, the  
9 educator, the students, and the students’ future clients. This omission leads students to a  
10 superficial understanding of the critical self-reflection needed to engage in anti-oppressive social  
11 work practice (Sue et al., 2016).

12  
13 In my conference presentations, I spent time encouraging and challenging participants to engage  
14 in self-reflection. Social work conferences are often entitled calls to action, but when do we  
15 move past the call and begin to act? Where do we begin? By reflecting on our values and beliefs  
16 and how they impact and hinder our work with others. This must begin with the social work  
17 educators. Educators must be willing to reflect on their own racial identity development and the  
18 impact in order to effectively discuss race, racism, oppression, and discrimination in the  
19 classroom.

20  
21 Social work education must provide clear competencies for social work institutions to engage in  
22 anti-racist and anti-oppressive work. Shields (2010) contends that if social workers want to  
23 challenge social injustice, we must be able to challenge “the inappropriate use of power and  
24 privilege that create[s] or perpetuate[s] inequality and injustice” (p. 564). We will not be able to  
25 do this without conducting a self-critique to understand what power and privilege we hold and  
26 how we impact others with it. Transformational leadership is “leadership in times of change”  
27 (Bass & Riggio, 2006 as cited in Tafvelin et al., 2014, p. 898), and it requires leaders to  
28 “challeng[e] inappropriate use of power and privilege...that create or perpetuate inequity and  
29 justice” (Shields, 2010, p. 564). Shields (2010) further asserts that transformative leadership  
30 requires one to shift their own values, attitudes, and behaviors; therefore, social worker  
31 educators must step into this role by taking responsibility for their actions and understanding  
32 how their actions or lack of action will impact students and their future clients  
33 (Cambron-McCabe & McCarthy, 2005). As transformational leaders, social work educators  
34 must seek to increase the consciousness and understanding to inspire social work students to  
35 shift their individualist interests towards the collective good (Moore-Bembry, 2018; Tafvelin et  
36 al., 2014). Consequently, this mindset requires an organizational and cultural shift that must  
37 begin with social work educators, then transfer into social work education.

38  
39 I shared my journey; however, I want to stress that it is not complete. I am still a work in  
40 progress, and it is imperative that I engage in self-reflection daily. I cannot allow myself to fall  
41 into a false sense of security that I have it all together, as that would be a detriment to my clients  
42 and students. As I continue my journey, I implore social work educators to do the same.

43  
44 “Everyone thinks of changing the world, but no one thinks of changing himself.”

45 - Leo Tolstoy

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23

# Using a Lens of Cultural Humility to Dissolve Racialized Inequities for Families

Shannon Cambron and Laneshia R. Conner

**Abstract:** With the advent of technology and social media, we are exposed to increasing amounts of overt acts of racism and hate. Though the overall impact of these occurrences is felt through the general population, it is particularly salient with human service professionals, social workers in particular. As is often the case, after egregious acts of racism have occurred, interventions and response-driven programming around cultural competency surface as a means to address ignorance and promote equality and equity. Calls go out for a curriculum strategy that not only educates from a theoretical and historic perspective, but that also demonstrates better practices for working with diverse client populations while supporting the understanding of complex issues rooted in the “-isms.” When this occurs, the focus on learning about “the other” can diminish or eliminate self-reflection. The purpose of this paper is to describe the creation of a training program rooted in the phenomena of cultural humility, the methodology of the program, measurement tools for process and outcome evaluation, and observational data about the reception of cultural humility among this group.

**Keywords:** cultural humility, child welfare, training, diversity

The profession of social work is set apart from other helping professions by its adherence to a person-in-environment model, a practice premise that compels one to consider the context of lived experience when working with clients. Within the frame of environment, culture requires an awareness of the collective as experienced by the individual. For years, schools of social work have embedded within their curriculum cultural competence as a means of ensuring students are prepared to serve as equipped contextual practitioners. This curricular focus reveals an issue deeper than the inherent limitations of asserting an impossible practice skill of understanding the exact cultural context of all clients served. Rather, it reflects the pervasive nature of implicit bias even when the explicit goal is equitable engagement. Yeager and Bauer-Wu (2013) assert that cultural competence, by its inherent focus on the other, regularly supports stereotyping, promoting the theory that holistic culture can actually be known. Furthermore, focusing on learning about the “other” reduces or even eliminates the need for self-reflection. Culture then becomes a confounding variable that must be controlled for by providers from the dominant paradigm. The notion of mastering the knowledge base needed to work with all cultures is both arrogant and unethical. Arrogant in the elevation of individual ability over the infinite nuance and expression that is culture. Unethical in that the ramifications of practicing social work from a place of expertise rather than collaboration can limit engagement to the point of damage rather than empowerment. In essence, to fully support the clients served, social workers must practice a way of being rather than attempt to master the elements of individual context. Cultural humility requires stepping outside the individual identity to honor the unique experience of others (McGee-Avila, 2018). This is particularly salient when considering the demands and scope of child welfare.



1 The purpose of this narrative is to reflect on a training that took place across the state of  
2 Kentucky for child welfare employees to promote the practice of cultural humility. A discussion  
3 of the origin, triumphs, and challenges found in this training will be provided. The narrative  
4 concludes with considerations and implications for the broader use of training to further the  
5 embrace of cultural humility as the normative frame for child welfare specifically and social  
6 work practice in general.

## Origins

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9  
10 Child welfare presents a myriad of experiences and challenges for social work practitioners.  
11 Departments including foster care, adoptions, investigations, and ongoing case management  
12 reflect a broad continuum of skills and expertise. These departments are staffed with individuals  
13 who bring with them unique life contexts and perspectives who are then charged to engage with  
14 clients who bring their own unique life contexts and perspectives. Reports of abuse and neglect,  
15 navigating the foster care system, and supporting those in need of family assistance (like  
16 Supplemental Nutrition Assistance Program [SNAP] benefits or Temporary Cash Assistance For  
17 Needy Families [TANF]) are the daily fare for professionals struggling to thrive under the  
18 weight of increasing caseloads and decreasing funding. For the past several decades, social  
19 workers in Kentucky have struggled to respond to increases in the number of drug overdose  
20 deaths, a growing prevalence of chronic homelessness, food insecurity, poverty, and pervasive  
21 health disparities experienced by diverse racial and ethnic groups (Foundation for a Healthy  
22 Kentucky, 2016). Data substantiates disparate outcomes for families of color within the child  
23 welfare system. All things being equal, outcomes are not equal. When added to an increasing  
24 rate of turnover for those charged to serve vulnerable families throughout the state,  
25 disproportionality becomes a crisis. In an effort to respond to both challenges, cabinet officials  
26 sought help to better equip staff and better support families. The outcome was the development  
27 of a two-day training featuring cultural humility as a core competency for direct practice.  
28 Cultural humility creates a space of respectful curiosity where the client can be genuinely  
29 known. Issues of power, social injustice, discrimination, and bias at all system levels can be  
30 addressed and dismantled collaboratively, making it a construct ideally suited for child welfare  
31 (Foronda et al., 2016; Hook et al., 2013; Tervalon & Murray-García, 1998).

32  
33 The focus of this workshop was to enhance the workers' experience of understanding culture in  
34 a way that would highlight 1) the diverse context and experience of culture, 2) the social versus  
35 biological construct of race, and 3) the history of contemporary systems grounded in false  
36 narratives about race. Woven together, these elements serve to create a foundation that explains  
37 the perpetuation of inequity. The training asserts that this authentic level of understanding and  
38 engagement not only honors the stories of client and practitioner, but by doing so, moves the  
39 relationship to the space of trust necessary to partner for sustainable change. In short, cultural  
40 humility can actually expedite the work of individuals overwhelmed with mounting caseloads.

41  
42 From that foundation, cultural humility is then offered as a way of engaging others from a place  
43 of genuine respect and curiosity. Individual and organizational assessments were included with  
44 an iterative reflection process to promote the tenets of cultural humility.

45

## **Structure**

1  
2  
3 Using group dialogue, videos, and facilitated conversations, the training was provided over two  
4 days and featured a participatory model facilitated by two trainers, one African American and  
5 one white. The pairing of the trainers was intentional, ensuring that equity was found not only in  
6 content, but in leadership as well. To date, ten trainings with an average of 28 participants each  
7 have been held throughout the state in both rural and urban areas. Pre and post assessments were  
8 completed by all participants with ongoing assessments occurring for six months following the  
9 initial training.

10  
11 Participants were all employees of the state working within the cabinet for families and children.  
12 Roles ranged from mental health contractors to direct practitioners to program and regional  
13 administrators. The distinct roles were factored into the ongoing assessment process but were not  
14 used as separation during the training. Participants were instead grouped into random  
15 “communities” for the duration of the training and compelled to process content and complete  
16 group reflections within the designated community. The end result was connectedness that  
17 bridged the soft barrier of choosing what one knows in favor of that which one cannot control.  
18 This process was intentional, designed to reflect the experience of clients when they are  
19 compelled to build relationships with workers they do not know and quite frankly would not  
20 choose. The training concluded with a request for participants to commit to three months of  
21 applying the principles of cultural humility to their daily practice, identifying three specific  
22 things they can do to walk out this commitment.

## **Triumphs and Challenges**

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25  
26 As previously stated, this training was conducted throughout the state in both urban and rural  
27 areas. This afforded unique experiences and challenges with regard to audience and context. In  
28 rural areas of Kentucky, diversity is quite limited, which is reflected in those working for the  
29 cabinet and those served by the cabinet. Subsequently, the racial demographics of the respective  
30 groups were overwhelmingly white. In the urban locations, the racial composition afforded  
31 greater diversity, but failed to reflect the population at large, thus substantiating what has  
32 become the norm for child welfare: Staff is disproportionately white, and families are  
33 disproportionately not.

34  
35 Participants are required to complete diversity training as a mandate of their continuing  
36 education requirement. This specific training was offered as a means to complete this  
37 requirement, which gave individuals a voice in their participation. That said, they are compelled  
38 to engage in the content, so it would be remiss to conclude that participation was purely  
39 voluntary, stemming from a desire to learn more and do more.

40  
41 The complexity of and confusion regarding the material covered surfaced early in each training.  
42 Unpacking the false narratives of race that foster climates of racism is a process, and though two  
43 full days is an extraordinary amount of time compared to other training formats, this process  
44 required moving quickly into the complex, awkward, and painful conversations crafted to shift  
45 participants to a space of humility versus competence. Pushback ranged from vocally disputing

1 facts presented to silently ignoring the content. In some cases, the pushback was present through  
2 the entirety of the training. In others, the pushback was random. In still others, the pushback  
3 crossed lines of appropriateness to include the use of racial slurs when sharing instances of  
4 racism they'd witnessed or the acknowledgement of the white trainer's credentials while  
5 ignoring the comparable credentials of the African American trainer.

6  
7 A consistent feature of the individual trainings was the phenomena of the side bar  
8 acknowledgements, conversations, and "Aha!" moments. As previously asserted, the material  
9 and ensuing conversations were difficult. Acknowledging the contemporary existence of racism  
10 and bias flies in the face of the narrative of sustained societal change found in textbooks used on  
11 a daily basis. For white participants it was regularly shocking. For African American participants  
12 it was simply stating the obvious based on lived experience. No matter how obvious, the pain of  
13 wading back into the endless loop of explaining what it's like to drive, shop, and live while  
14 being black was often palpable. These polarized experiences regularly lead to the initiating of  
15 somewhat private conversations with the trainers on breaks, or when leaving for lunch, or at the  
16 conclusion of the day. The sharing of deeply personal stories and experiences had become the  
17 norm. We were given an immediate opportunity to practice cultural humility, to be fully present  
18 in a difficult moment, and to begin the process of building trust between strangers.

### **Outcomes**

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22 The training protocol features pre/post efficacy assessments focusing on the tenets of cultural  
23 humility and the implications of racism and bias in child welfare. These assessments are  
24 administered at the beginning and conclusion of the two-day format. In addition, the project  
25 features a six-month follow-up which will not be complete until spring of 2019. During this  
26 period, participants will be contacted every six weeks with articles, videos, and support material  
27 to encourage remaining in a space of cultural humility. At the conclusion of the six-month  
28 window, the preliminary assessments will be re-administered and evaluated using an anonymous  
29 pre-numbered identification system.

30  
31 Pre and post efficacy assessments administered during the trainings indicate growth in  
32 understanding of content and the power and positionality of self. Of particular interest is the  
33 increased belief that race impacts practice and the shift in perceptions regarding the need to  
34 speak truth to power regarding agency issues that challenge client stability. Sustaining both  
35 markers could make a positive impact in both worker effectiveness and client restoration. Data  
36 gathered on the planned six-month follow-up will determine sustainability.

37  
38 In addition to quantifiable assessments, narrative evaluation was afforded to all participants.  
39 Comments ranged from typical expressions of gratitude for a good learning opportunity to  
40 concerns for sustainability throughout the agency. Several participants shared frustration that  
41 though they were degreed professionals, they lacked awareness of the history and context  
42 provided in the training.

43  
44 "I'm 45 years old . . . I have two degrees . . . I've been doing this work the better part of  
45 my life . . . how is it I don't know these things?"

1 Others spoke to the uncomfortable nature of conversations about race and privilege,  
2 acknowledging a false sense of awareness.

3  
4 “I prided myself on not being racist, not being biased. But I never considered my  
5 privilege. I’m still not sure how to handle it but at least I can see the elephant in the room  
6 now.”

7  
8 A few participants spoke to the very vulnerable nature of the dialogue and the fear that personal  
9 narratives would be dismissed or diminished even in a space committed to the contrary.

10  
11 “For most people in the room, things shared were just stories about other people. For me,  
12 it was real, and it was painful. I know conversations like this are important and they  
13 should happen. I hope people understand how hard sharing can be when you don’t know  
14 how people will respond.”

15  
16 Considering the norm that those who are dissatisfied or unhappy will typically share prolifically,  
17 the fact that to date no one has provided a negative comment is of particular interest.

### **Implications**

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21 Though the tenets of cultural humility resonate with the core commitments of the profession of  
22 social work, it remains a practice frequently taught as an add-on skill in favor of primary  
23 adherence to cultural competence. As more programs shift to a model of humility, the theoretical  
24 and pragmatic divide between new and seasoned practitioners grows. To ensure clients and  
25 communities are afforded viable, consistent, and ethical interventions, cultural humility must  
26 move from the academy to direct practice with intention and direction. One method of  
27 movement is the provision of training for current practitioners by those preparing future  
28 practitioners. The benefit is two-fold: 1) Those individuals with an existing and proven  
29 commitment to the empowerment of others gain a practice lens that broadens their skill set by  
30 focusing on ways of being rather than depth of knowledge, and 2) faculty engage in the practice  
31 community by entering the community and leaving the silos that define higher education.

### **Conclusion**

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35 While demographic information is somewhat limited due to the high frequency of turn over,  
36 studies indicate that over 50% of child welfare workers are white and female, most with several  
37 years of experience and educational backgrounds beyond high school (Albrecht & Keen, 2009).  
38 Layered on this statistic is the pervasive myth that the majority of people who utilize services  
39 from or are involved with the child welfare system are persons of color, many of whom are  
40 simply lazy (Drake et al., 2009). In reality, data demonstrates that the highest rate of participants  
41 in government assisted programs are children, attributable to Medicaid. Of those receiving  
42 Medicaid, 77% were in a home with an adult who was employed, and when considered by race,  
43 white people made up the greatest number of recipients (Cole, 2019).

44  
45 The lived experiences of poverty, racism, bias, chronic exposure to trauma and violence, and

1 addiction, to name only a few, create a frame of difference that regularly separates the client  
2 experience from the practitioner experience (Albrecht & Keen, 2009). Though difference does  
3 not by definition equate to greater or less than, the differences experienced in terms of gender,  
4 race/ethnicity, socioeconomic status, history of substance use, history of unmanaged mental  
5 health issues, and/or generational concerns can create barriers insurmountable when challenged  
6 by cultural competence. This discomfort of difference and the weight of an unmanageable  
7 caseload can lead even the most compassionate of workers to deem a client unknowable and  
8 ultimately non-compliant. Cultural humility lifts the burden of absolute knowledge and replaces  
9 it with the call to honor and be present. This lens cannot be the exclusive purview of new  
10 practitioners but must instead become the standard by which all client systems are engaged. To  
11 ensure the consistency of respect grounded in reflection, education must leave the academy and  
12 root itself in the training rooms of existing agencies.

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2  
3 **Cultural Humility:**  
4 **My Journey from Personal Experience to Classroom Teaching**

5 Inez Rivera

6  
7 **Abstract:** This paper begins with my cultural journey as a Puerto Rican woman and the  
8 experiences I sought in learning from others about their cultural perspectives. Now, as an  
9 educator, I discuss and illustrate my efforts to teach social work students the skills of applying  
10 cultural humility principles to their practice with clients and the value of curiosity and  
11 self-reflection.

12  
13 **Keywords:** cultural humility, curiosity, stereotypes, self-reflection, teaching

14  
15 As a social work educator of Puerto Rican descent, I was drawn to the concept of cultural  
16 humility. Both my life and professional experiences have led me to embrace a perspective that  
17 focuses on self-reflection and curiosity. I reflected on understanding my own cultural identity  
18 journey and learning about the diverse cultural backgrounds from those I have met along the  
19 way.

20  
21 When I began my graduate studies and career in social work, the lens of culture and diversity  
22 and its impact on understanding human behavior and practice differed considerably from its  
23 current place in our profession's history. Attending graduate school in the late 1970s, I was part  
24 of a very small cohort of Latino students. At that time, the classes and the literature devoted  
25 minimal attention to the subject of cultural diversity. When referenced, certain cultural behaviors  
26 and values were "pathologized." Needless to say, it was difficult and disturbing for me. Current  
27 social work teaching and practice have evolved, as have associated disciplines, to underscore the  
28 impact of this important factor in our lives, in the lives of our clients, and the work we do.

29  
30 I am the eldest daughter of Puerto Rican parents. My mother immigrated to the mainland at the  
31 age of sixteen. She came alone, and after residing here for a couple of years, she met my father,  
32 a first-generation Puerto Rican. From birth, I lived in close proximity to my grandparents and  
33 other family members in the Bronx. We lived in a low income, multi-ethnic neighborhood.  
34 Although I grew up recognizing that my family grappled with significant financial limitations, I  
35 also recognized that I had a rich and supportive family network.

36  
37 Growing up, I was keenly aware of the different backgrounds of the many families I encountered  
38 as I navigated through the NYC public school system. They spoke different languages, ate  
39 different foods, and celebrated or marked events differently. Early on, I was fascinated by these  
40 differences. I was excited to learn about how "others" differed from me. I also grew to recognize  
41 the ways in which we were similar. As I learned to understand these cultural variations, I grew in  
42 my appreciation and understanding of my own cultural background. I greatly value how I have  
43 grown through my interactions with people from other cultures. I have not only learned about the  
44 viewpoints and traditions of others; I have also been able to enrich my own life by drawing from  
45 some of these traditions. Food, for example, is such an important expression of culture. My  
46 Thanksgiving table does not only offer turkey with all the fixings but also *arroz con gandules*,

1 *empanadas*, and noodle *kugel*, a dish traditionally made at Jewish family gatherings.

2  
3 I have also experienced prejudice, discrimination, and stereotyping. At times, I have been  
4 hurtfully subjected to these realities. It was not the experiences with strangers that constituted  
5 the most painful encounters, but rather interactions with colleagues and friends. It troubled me  
6 that people would inquire, “Are you a citizen of the United States?” I needed to remind them that  
7 all Puerto Ricans are citizens of the United States. Sometimes people commented on my fluency  
8 and command of the English language with remarks such as “My, you speak English so well.”  
9 Sometimes, well-intended, seemingly informed individuals would make broad generalizations  
10 about my religious background, food preferences, lifestyle, and even temperament based on  
11 something they had learned through the media or presentations about Puerto Rican culture. Once  
12 at a meeting, when I conveyed my upset regarding a particular action taken, the chair framed my  
13 reaction as understandable given my “Latin temperament.” The cumulative impact of these  
14 misrepresentations and microaggressions left me feeling misunderstood and frustrated. These  
15 perceptions did not take into account individual differences based on a myriad of factors  
16 including life and educational experiences as well as differing levels of acculturation.  
17 Additionally, there was little inquiry or curiosity about my experience of my culture—just  
18 assumptions that were sometimes insensitive, incorrect, and distancing.

19  
20 Despite these painful encounters, I was also aware of how others opened their hearts and lives to  
21 me. I continued to be very curious—wanting to understand where others came from, how they  
22 viewed and experienced the world. This curiosity led to a mutual and respectful exchange that  
23 invited me to more openly speak of my unique experiences and the influences within my culture.  
24 It was an exchange that promoted genuine understanding, not stereotypical assumptions. This  
25 inquisitiveness led to my ability to explore more deeply and honestly within myself. As a social  
26 work practitioner and educator, I was able to strengthen my capacity to explore culture and its  
27 implications for work with others. The more I was able to deepen my inward journey, to reflect  
28 on my perceptions and consider my stereotypes of others, the more I was able to grow in my  
29 engagement of clients and to connect with them in a very different and honest manner. For this  
30 reason, the notion of cultural humility resonates so deeply for me and I have sought to  
31 incorporate it in my teaching.

32  
33 Not until 1992 did the Council on Social Work Education mandate the inclusion of diversity  
34 content in the curricula of accredited social work programs (Garcia & Van Soest, 1997). In the  
35 past two decades, there has been a growing emphasis on the development of the frameworks for  
36 cultural competence, and subsequently cultural humility. I was excited to see that the  
37 perspectives of culture and cultural differences were becoming a major area of focus. For so  
38 long, culture, as an area for learning, seemed to have been “in the closet.” Finally, recognition  
39 was afforded to culture as a critical and important slice of the biopsychosocial and ecological  
40 perspectives.

41  
42 We need to learn from what has been researched about the cultures of the people we serve.  
43 Tervalon and Murray-García (1998) indicate “that there be a simultaneous process of  
44 self-reflection (realistic and ongoing self-appraisal) and commitment to a lifelong learning  
45 process” (p. 119). Through this process, students and practitioners can remain open and able to



1 let go of the “false sense of security that stereotyping brings . . . and to assess anew the cultural  
2 dimensions of the experiences” of each person (Tervalon & Murray-García, 1998, p. 118).  
3 Concurrently, we need to acknowledge what we do not know and how to seek out new learning  
4 and awareness that would enhance both our understanding and the quality of the services we  
5 provide.

6  
7 Recognizing that culture is something we each experience in a deeply personal, individual and  
8 intimate manner, cultural humility invites us to put aside all preconceived ideas and  
9 generalizations about the culture of the person in front of us. We can then step in to learn about  
10 people’s cultural experience directly from them, listening to their personal experience and their  
11 unique relationship to their heritage and culture.

12  
13 My interest in how culture shapes people permeated my work as a practitioner, a field instructor,  
14 and now as classroom educator. In teaching both BSW and MSW students, I have incorporated  
15 the concepts inherent in cultural humility into course content. The teaching challenge has been  
16 how to help students understand a concept, to experience it, and then to own it. Dewey (1902)  
17 postulated that meaningful learning takes place when the “abstract world” of concepts is  
18 connected to the “real world” of personal experiences. As a teacher, I see my role as crafting  
19 opportunities for students to make their own discoveries and to find the meanings these have for  
20 them. Using these precepts, and drawing from my personal experiences, I will present  
21 illustrations from two classes, one in practice and the other in human behavior and the social  
22 environment, to reflect on my efforts to engage students in learning about cultural humility.

23  
24 I asked a diverse class of graduate students to submit a vignette from a process record in which  
25 they “felt stuck” and did not know how to help a client with a culturally related issue. A social  
26 work intern, “Mark,” presented the following vignette from his work with a fifteen-year-old  
27 Latino boy, “Edwin,” in a public-school setting. Mark had been working with Edwin for a  
28 couple of months. Mark wrote:

29  
30       At the start of our session, Edwin began to speak rapidly about an incident that recently  
31 occurred. He said that he had smacked a female at school who called him a “spic.” I  
32 inquired, “Have you ever hit a female before?” He responded, “No.” I asked if they have  
33 a history, and he replied, “[F]or [three or four] years she has called me a spic. She is  
34 White and I know she comes from a prejudiced family. I guess I just had it with her.” He  
35 said, “I couldn’t believe that I hit her. It was like I was watching my hands come up and  
36 smack her. Afterwards I felt badly and couldn’t understand why I did that.” Edwin stated  
37 that everything was okay now and that they had “squashed the situation.” I pointed out to  
38 Edwin that these incidents seem to be occurring more often. He responded, “My fuse is  
39 shorter.” I reflected, “Your fuse became shorter?” His voice grew stronger[:] “I am tired  
40 of being put down and called names.” [I told him,] “I know it’s hard, but you also have to  
41 take care of yourself so you don’t get into trouble. You have to decide what path you  
42 want to go down. Right now the path you’re heading on could be destructive for you  
43 eventually. I don’t think you’ve gone too far down that path and if you want, you can pull  
44 back and change it.” Edwin nodded his head and responded that he sees that, and he  
45 doesn’t want to fit the stereotype of young Puerto Rican males who end up in jail. Edwin

1 added, “I want people to know my name. I want to get out of this neighborhood and do  
2 something.”

3  
4 As I reviewed the record, I sensed that Mark wanted to be helpful to Edwin, giving him a sense  
5 of hope, wanting to challenge him to set positive goals for himself and refrain from the kind of  
6 behavior that would get him into difficulty. However, I could also see where Mark felt stuck, not  
7 knowing how to respond to Edwin’s anger at being called this contemptuous term for people of  
8 Latino origin. One of the principles of cultural humility is the importance of connecting to the  
9 experience and perceptions of others. It requires being open to learn from them. In this process,  
10 the client becomes “our teacher.”

11  
12 In using this vignette in a classroom exercise, I wanted to help the students see and experience  
13 how not listening and not responding to difficult content can lead to moving away from or  
14 avoiding issues that are vital at that moment. I was also aware that sometimes students could  
15 become uncomfortable when exposed to anger or even worldviews that are different from their  
16 own.

17  
18 I began by asking Mark how he experienced the interchanges in the vignette he presented. He  
19 responded that he did not know how to respond to Edwin. “I thought that I needed to address  
20 Edwin’s loss of control and his slapping the other student.” Mark discussed the pressure he felt  
21 to work to curtail the student’s aggressive behavior, as it was a major focus of the teacher and  
22 administrators of the school. He said he knew the term “spic” was very offensive but really did  
23 not know how to address it.

24  
25 I moved to exploring with the other class members how they might have felt when Edwin said,  
26 “I slapped her because she called me a ‘spic.’ She’s been calling me that for [three or four]  
27 years. She is White and I know she comes from a prejudiced family. I guess I just have had it  
28 with her.”

29  
30 “Isabel”— a Latina student in the class—responded, “I would feel angry to be referred to by  
31 such an ethnically demeaning term.” I asked her what the term meant for her. She said this word  
32 embodied many stereotypes about Latinos and projected anger. She added that it was a very  
33 hurtful word. The silence in the room and the look on the other students’ faces clearly conveyed  
34 that this was a powerful moment.

35  
36 I began by asking Mark, “How were you feeling when Edwin told you a girl called him a  
37 ‘spic’?” I asked him to try to go back to that moment. He said he was struggling with his own  
38 anger at the girl and was fearful it might seep out. He said that he even understood Edwin’s  
39 impulse to lash back and slap the girl. Interchangeably, I also asked the class “If you were in  
40 Mark’s shoes, what might it have been like for you?” Some responded that they would be afraid  
41 to explore Edwin’s anger as they worried they would not know how to respond to his volatility.  
42 Others struggled with how they might be perceived by Edwin, especially if they were not a  
43 person of color. One student, notably upset, stated that he doubted that “the system” would ever  
44 be helpful to kids like Edwin and that these oppressive realities would never change. Some  
45 struggled with Edwin’s pain and just wanted to make his sadness “go away.” They offered

1 examples of responses, which were either intellectualizing the problem or prematurely  
2 reassuring Edwin that he could change the direction in which he was heading. However, what  
3 actually occurred was that little curiosity was demonstrated, and the exploration of Edwin's  
4 message and feelings did not take place.

5  
6 After exploring Mark's feelings and those of his classmates, I moved to deepen the students'  
7 understanding of Edwin's experience. I asked the class to try to "get into Edwin's shoes" and to  
8 consider what it might have meant to Edwin to be called a "spic." We then returned back to the  
9 process record to re-examine what had actually taken place. To help them identify with Edwin's  
10 experience, I asked them to state their reactions from the "I" position. "I felt . . ." This would  
11 enable the students in the class to experience Edwin's feelings in a deeper, more authentic way.  
12 Students offered different reactions such as "I was furious," "Who does that bitch think she is,"  
13 "It is hard to tell Mark what happened. Will he understand or even care? He is just another  
14 White person." After a brief pause, a student poignantly stated, "I feel so much pain," an  
15 emotion I tried to help the class explore.

16  
17 I followed up by asking the students how Edwin might have experienced Mark's reactions and to  
18 step back into his shoes again. As Edwin, they responded, "I know that Mark meant well, but I  
19 don't think he really wants to listen. He makes it sound so easy to just ignore somebody when  
20 they insult you."

21  
22 This exercise and discussion helped facilitate the students' understanding of how difficult and  
23 painful content is often avoided and how this avoidance "shuts down" the helping process. This  
24 avoidance is not rooted in the client's lack of desire to share; it is rooted in the worker's  
25 reluctance to be curious, to become the "learner" and to enter the client's experience. By using  
26 this exercise, I wanted to model how this difficult content could be explored. This teaching  
27 exercise fosters a basic principle in cultural humility; namely, that it is the client rather than the  
28 worker who possesses the expertise of their experience. It is the worker who needs to put aside  
29 assumptions and respectfully enter and inquire about the client's experience in order to facilitate  
30 mutuality and a non-paternalistic, working relationship.

31  
32 Another basic principle, relevant to cultural humility, is the importance of understanding our  
33 biases and our stereotypes. We must take the "journey inward" to better grasp where we sit with  
34 these notions, as well as take the "journey outward" to better understand how culture has  
35 influenced those with whom we work. Often, as well intended as we may be, mistakes are made  
36 when we assume that the experiences and perceptions of one person can be generalized to others.  
37 These assumptions may lead to confusing and hurtful experiences, impeding our understanding  
38 and ability to be helpful.

39  
40 My second illustration is drawn from teaching a social work course in human behavior and the  
41 social environment. We were covering the biopsychosocial perspective in social work and were  
42 focusing on the influence of culture on human development. Rather than "telling" students about  
43 the ways culture impacts development, I structured an opportunity for students to consider how  
44 an aspect of their cultural experience, tradition, or values has influenced them. I divided the class  
45 into dyads. I asked them to attentively listen to their partner and to only ask clarifying questions

1 to better understand the impact of culture in each other's lives. Finally, I also added that in  
2 sharing with their partners some might feel comfortable while others may feel some level of  
3 discomfort. Students were instructed to try and enter this experience without judgment, to avoid  
4 giving positive or negative feedback but rather to simply be curious, seeking to understand the  
5 experiences of their partners. After a period of discussion, they were asked to reverse the process  
6 so that each could experience being the one who shared as well as the one who listened. Finally,  
7 I told the class that after a period of dyadic discussions they would be invited to open up to the  
8 larger group.

9  
10 The classroom was initially quiet, but soon active dyadic conversations unfolded. I could hear  
11 them speaking of family connections, traditions, and issues related to cultural expectations.  
12 Following the interchanges between the various dyads, I asked students, as the larger group, to  
13 discuss how they experienced telling their story as well as how they experienced hearing their  
14 partner's story. One woman, "Sara," stated that she grew up in an Irish and Jewish home. She  
15 stated that, over the years, it was difficult for her to integrate her cultural experience because she  
16 grew up in two distinct worlds. She explained that it was hard to navigate between very different  
17 traditions and religious practices. She then offered that because her cultural experience was at  
18 times made up of two conflicting experiences, she was initially confused about how she wanted  
19 to respond to the question posed. Her partner, "David," stated that, as someone who grew up in  
20 what he described as a more traditional, culturally Jewish home, this difference in their  
21 backgrounds led him to be curious—to want to inquire to better understand. Although he could  
22 sense that this situation was not an easy one for Sara, he found her background very interesting.  
23 He said that he wondered whether she had a stronger identification with one culture more than  
24 the other and how her family chose to create balance with the celebration of holidays and  
25 expression of faith. Sara and David shared a bit more with the class and before moving on to  
26 hear from others in the class, I highlighted that this was an example of the use of curiosity. Sara  
27 posed the struggle and David used curiosity to learn more about her experience.

28  
29 As the discussion continued with the larger group, other themes emerged. Students spoke about  
30 stereotypes and how different messages about cultural groups influenced their perceptions. For  
31 example, a couple of students, "Carlos" and "Ana"—whose families were more recent Central  
32 and Latin American immigrants—talked about the discrepancy between their perceptions of  
33 their family values and how they felt the society at large viewed them. Carlos, whose family was  
34 from Central America, stated that he grew up with the values of working hard, being  
35 goal-directed, and being achievement-oriented. He stated that his achievements were important  
36 to him and would not only belong to him but would belong to his family as well. This was  
37 important to him since he was born in the United States and would probably be able to achieve  
38 something that his parents, who were not documented, may never be given the opportunity to  
39 achieve. They were hardworking but lived with the uncertainty of their status. He then discussed  
40 how he struggled with the stereotypes of Latino immigrants who were portrayed as lazy,  
41 "wanting to take advantage" while offering nothing to this country.

42  
43 As I surveyed the class, I knew that other students were affected by the passionate manner in  
44 which he spoke about the discrepancy between how he viewed himself and how others might see  
45 him and his family. I stated to the class that others might also be sitting with feelings of

1 identification as they considered some of these statements as they, too, may have experienced  
2 the sting of stereotypes.

3  
4 “Fatima”—who was from a Middle Eastern background—discussed her love of her culture, its  
5 rich history, and its values of family, hospitality, and education. She gave examples of ways she  
6 experienced her culture as different from the American culture she had encountered. In her  
7 conversation with her partner, she spoke of her use of the veil and what it meant to her. Although  
8 she knew that in the “post-9/11 world” the veil evoked different ideas and feelings in people, it  
9 was something special for her. She shared that she wore it to honor and to be obedient to her  
10 culture and faith. Her partner, another woman, shared that while she respected Fatima’s decision  
11 to wear the veil, she had her own ideas rooted in, as she stated, more “feminist ideas” of gender  
12 equality and women’s roles that made it hard for her to hear Fatima’s perceptions without  
13 hearing a different voice of judgment “in her head.” She stated that she struggled to listen as she,  
14 at various points in their exchange, wanted to try to sway Fatima to consider a different  
15 perspective on her role as a woman.

16  
17 As the discussion evolved, I underscored the importance of listening in the context of cultural  
18 humility. As this was a beginning social work class, I introduced the concept of self-reflection as  
19 an essential social work skill. I explained that, in listening to others, we need to listen to our own  
20 reactions, our feelings, and our judgments. By getting in touch with our assumptions and  
21 perceptions, we can begin to examine how these may facilitate, but also negatively impact, our  
22 practice efforts.

23  
24 Each time I use this simple exercise, I am impressed with the rich discussions that emerge. The  
25 examples of listening and learning are what cultural humility is all about. These are powerful  
26 discourses where, inevitably, students learn a great deal—about others and themselves. These  
27 dyadic interactions were important in not only questioning and possibly breaking through  
28 stereotypes but also in offering the opportunity for new learning. Students experienced the value  
29 of curiosity. This process can be transformational and can teach us how to enter the helping  
30 process with genuine interest by unearthing perceptions that we carry and are carried by others.

### **Conclusion**

31  
32  
33  
34 In my professional lifetime, the complexities of culture and its impact have moved from a  
35 seemingly less important and unexplored area to a reality that is present in almost every daily  
36 headline. Given our current economic, political, and social climate, it is imperative that the  
37 helping professions challenge our colleagues, students, and ourselves to learn about culture. We  
38 need to learn from what is observed and researched but also from what we can learn directly  
39 from members of the diverse cultures with whom we interact.

40  
41 As practitioners, classroom teachers, and field instructors, we need to seek ways to instill and  
42 cultivate the thirst for a lifelong process of curiosity and learning about culture—our own culture  
43 as well as the cultures of those around us. This process makes us all “learners” as well as  
44 “teachers.” The concept and, more importantly, the practice of cultural humility provide us with  
45 important tools which help us to approach others with a genuine openness to learn from their

1 viewpoints and the lives they have lived.

2

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19

# Cultural Humility and Allyship in Action

Wendy Champagnie Williams, Castagna Lacet, and Judith S. Willison

**Abstract:** This narrative describes the crucial foundational role that we as social work practitioners and educators believe cultural humility plays in enacting genuine allyship. Two female faculty of color and one female White faculty share their personal and professional experiences of marginalization, privilege, cultural humility, and allyship in an effort to illustrate these concepts. Routes to authentic cultural humility and allyship are explored and applications for those of us in the helping professions are suggested.

**Keywords:** cultural competence, cultural humility, allyship, social work

## Introduction

Within the helping professions—psychology, mental health counseling, nursing, and social work—there is a commitment to practice that is culturally competent. As practitioners, we care not just about the work we do, but with whom we do it, informed by who our clients are as unique, multifaceted individuals. The profession of social work is rooted in six core values: service, social justice, dignity and worth of the person, the importance of human relationships, integrity, and competence (National Association of Social Workers [NASW], n.d.). Social work curricula must demonstrate how core competencies and related practice behaviors are operationalized. As a profession that explicitly states a commitment to social justice and unimpeded services to all, social work has also developed cultural competence standards to which we make a career-long commitment. As social work practitioners, there is an intentional effort to not only be self-aware but also engage in reflection about the work we do.

Whereas cultural competency is positioned in a context of a professional becoming competent in a culture, suggesting a static place of knowledge and skill, cultural humility intentionally recognizes and integrates the dynamic nature of one's own self-awareness, reflection, and critique (Fisher-Borne et al., 2014; Tervalon & Murray-García, 1998), for both the client and practitioner. The practice of cultural humility juxtaposes the lived experience, that it is ever changing and evolving and based on one's daily lived encounters. Scholarly literature (e.g., Fisher-Borne et al., 2014; Foronda et al., 2016) identifies the expanding shift from cultural competence, the "us" versus "them" perspective that focuses on the knowledge and skill of the practitioner which, once attained, equates with competency, to the practice of cultural humility, "us together." For the practitioner, cultural humility requires an ongoing awareness of self, one's own identities, how they intersect with dynamics of power, privilege, and oppression, and ultimately influence interactions with others. Cultural humility attends to the critiques of cultural competence: ". . . knowledge acquisition, [lack of] social justice [focus], . . . 'cookbook' approach . . . stereotyping . . . suggests an endpoint" (Fisher-Borne et al., 2014, p.172). Cultural humility is centered around a practitioner's own self-awareness, willingness to recognize their own power and privileges of their social identities, ways this influences relationships with others, and how these dynamics may be leveraged to the benefit of those who are marginalized and disenfranchised towards a more authentic representation of what it means to engage and integrate cultural differences. This is the fullness of recognizing the diversity of one's self and

1 that of others in a way that is authentic, genuine, transparent, and welcoming of feedback from  
2 others. As noted by Fisher-Borne et al. (2014), cultural humility is suggested as an alternative,  
3 not complement, to cultural competency. It is these qualities that facilitate the development and  
4 workings of true allyship.

5  
6 As social workers, it has been a consistent component of our developing professional practice to,  
7 at the least, be self-reflective: for example, with the use of process recordings, which document  
8 verbatim client-worker accounts and then challenge us to identify not only our external  
9 “professional” response, but also implicit, subjective attitudes, biases, and behaviors that are  
10 stimulated from our work with clients. Through this activity, we were taught to become  
11 culturally competent in our professional practice. In reflection, there was no prompt or  
12 intentional aspect in the development of this professional skill that challenged us deeper around  
13 our implicit biases. Essentially, we were taught to be objective and competent, with no deeper  
14 reflection of our unique, diverse selves and ways it informed our work.

15  
16 As part of teaching multicultural practice and cultural competency or humility embedded in the  
17 knowledge of structures of privilege and oppression in the helping professions, the idea of  
18 allyship has evolved. The concept of allyship is easily understood in the stripped-down version  
19 of itself. Casually, the word “ally” is taken to mean a friend, a companion, or perhaps a helper.  
20 There has been, however, somewhat of a movement to shed light on what allyship *is* among  
21 professionals (DeTurk, 2011) and what it can *do* within relationships (Harris & Moritz, 2007;  
22 Rader, 2008). Models of allyship have identified key attitudes and beliefs (Gibson, 2014).  
23 Critique of these models includes the subjectivity in declaring oneself an ally. In this essay, we  
24 assert that being an ally is a construct of not only values, beliefs, and skills, but ultimately  
25 action. The co-authors of this essay find that the evolution from cultural competency to cultural  
26 humility resonates with us as practitioners and educators and we will share our ideas about how  
27 cultural humility is a critical foundation for allyship.

### 28 29 **Co-Authors’ Positionality**

30  
31 *Castagna:* As a first-generation Haitian American, I had only known the world from a place of  
32 disenfranchisement. I grew up in the Black enclave of a big city. Everyone was working class  
33 poor and Black with the exception of a few very poor and desolate White families. My family’s  
34 status as Blacks made us targets for the Whites. Yet, our status as immigrants made us targets for  
35 the Blacks. My educational attainment and professional career status propelled me into new and  
36 different social locations. Furthermore, I became aware not only of my places of oppression but  
37 also my places of privilege. Strangers, colleagues, clients, and students see me and assume that  
38 as a Black woman, I am likely from a poor, undereducated, and likely foreign background. They  
39 also make assumptions about my gender and sexual orientation. Indeed, I am a cisgender  
40 heterosexual woman and this identity affords me certain privileges. While attending a women’s  
41 college as an undergraduate, I learned that there were Blacks who came from very wealthy  
42 backgrounds; that there were women who identified as lesbians and bisexuals who were also  
43 women of color; that there were women with disabilities who faced daily structural obstacles  
44 that my own able-bodied privilege had not allowed me to see. I learned about intersectionality by  
45 living it—you can be oppressed in some ways and still have privilege in others. I was humbled



1 to know the people I thought were so different from me were also part of my same groups, my  
2 circle of friends, my own family.

3

4 *Wendy*: I am first generation American for my family. My parents emigrated from Jamaica in the  
5 late '60s. Upon arrival, my mom learned she was pregnant with me. Even before my birth, I was  
6 a threat to the envisioned *American Dream*. Having left behind two young children in the care of  
7 her mother, my mother came as a domestic worker. Not yet married, as this complicated the  
8 immigration process, my father left behind his own two sons from a previous relationship. My  
9 family was working class, though my parents were able to buy their own home. The  
10 neighborhood where I grew up was diverse and largely working class, though nearby public  
11 housing projects suggested the working poor and poverty stricken of our community. Like many  
12 in our community, I was of color. But being from the Caribbean, with parents who had linguistic  
13 accents, ate different foods, and listened to "weird" music, I experienced being stereotyped  
14 because of my cultural differences. Even within my family and support network, I was often  
15 alienated. I was American born, which meant I was a *Yankee* and not a *real* Jamaican and this  
16 somehow made me different from others within my family. Even now as someone who holds a  
17 PhD, I still feel largely perceived by my race, and sometimes gender, because of the many  
18 stereotypes about Black women. I regularly encounter stereotypes regarding my ethnicity. I  
19 don't like when it is assumed that I am African American without being asked. I have had  
20 colleagues who will introduce me as such, without even asking me how I identify. My culture is  
21 very important to me and not being asked feels dismissive. Though I still regularly experience  
22 moments of disadvantage to which I attribute largely to race, I also recognize the many  
23 privileges I have being a college educated, cisgender, able-bodied, heterosexual United States  
24 citizen.

25

26 *Judith*: I grew up part of a White, culturally Jewish, professional family of teachers who were  
27 civil rights activists. My parents' divorce put us into working class status as my mother furthered  
28 her education and found gainful employment. When my mother came out as a lesbian in my  
29 childhood, I became acutely aware of marginalization based on sexual orientation. My parents'  
30 friends and colleagues were ethnically and racially diverse, and I was lucky to attend alternative  
31 schools. But it was not until after earning my MSW and working in the criminal justice system  
32 that I began to more fully understand systemic racism, classism, and the criminalization of  
33 poverty and mental illness. My commitment to work for social justice and to use my privilege in  
34 allyship grew. I am a cisgender, straight-passing bisexual, PhD educated woman with White  
35 privilege. Striving for cultural humility takes consistent attention, both professionally and  
36 personally, while actively working toward racial and social justice. I work to embrace a  
37 continual process of looking inward to uncover the less obvious shapes my privilege takes, as  
38 well as looking outward to absorb others' experiences of oppression and appreciate cultures  
39 different from mine. I attempt to move through my guilt about my White privilege and to use my  
40 privilege to advocate for changes in policies and practices that support structural racism and  
41 oppression. This involves continuing to learn about engaging in allyship with those from  
42 historically marginalized groups. I have made many mistakes. I have missed the mark on true  
43 collaboration, imposing my ideas on individuals from historically marginalized groups, thinking  
44 I was being helpful. I have led when I should have listened. I have let my anger at injustice  
45 distance me from the very people and systems I seek to change. I have remained silent when I

1 needed to speak out against oppression. I see that my responsibility includes acknowledging my  
2 mistakes and learning from them. This learning has only been possible in mutual, collaborative,  
3 respectful friendships with others who are also committed to racial and social justice.

### 4 5 **Relationship Between Genuine Cultural Humility and Allyship** 6

7 *Castagna:* Being a member of several disenfranchised groups gave me the false belief of cultural  
8 competence. Only after understanding intersectionality and cultural humility was I able to truly  
9 find my way into being an ally. Being a *good person*, and a social worker, meant that I was *open*  
10  *minded* and never sought to harm others in any way. However, this is not the definition of an  
11 ally. In order to enact authentic allyship one must have cultural humility. The two concepts are  
12 interrelated in that the thoughtful reflection of cultural humility is what can lead to the necessary  
13 action required of true allyship. Social service practitioners can read about and *understand*  
14 various cultures, but culture is not a stagnant group of facts to be memorized. It is not a set of  
15 tools to be used in an assessment and then put away. At a deeper level than cultural competence,  
16 “cultural humility offers social workers an alternative approach that focuses on knowledge of  
17 self in relation to others, acknowledges the dynamic nature of culture, and challenges barriers  
18 that impact marginalized communities on both individual and institutional levels” (Fisher-Borne  
19 et al., 2014, p. 172). Cultural humility allows a person to see the power imbalances but does not  
20 necessarily give one the courage to act as an ally. You must be willing to use your privilege and  
21 positions of power despite any associated risk when acting as an ally.

22  
23 *Wendy:* As a person who has experienced, and continues to encounter, discriminatory dynamics,  
24 I assumed this advantaged me to be inherently competent regarding culture. As someone who  
25 has been called racial slurs, been ignored and sidestepped, I knew enough not to replicate these  
26 oppressive practices, at least in an overt kind of way. Cultural humility has challenged me to  
27 assess my subjective, implicit biases and assumptions that cultural competence taught me didn’t  
28 influence my professional work. I have primarily worked in predominantly White spaces and am  
29 challenged with evaluating many interpersonal encounters through a lens of microaggressions  
30 (Sue et al., 2007), those subtle markings of racism and discrimination that are largely covert. I  
31 work to remind myself that there are White people who are aware of their skin color privilege  
32 and make real efforts to be allies. I must be open to these efforts, even with periodic missteps, to  
33 remain inviting and recognize the process as sincere mutuality and partnership in working  
34 together towards justice. I chose a profession where I felt I could make a difference, facilitate a  
35 sense of hope and empowerment to those who felt powerless. This powerlessness had been my  
36 experience; social work was my way of giving back. As I’ve grown in my knowledge of cultural  
37 humility and have had to take true stock of the fullness of my social identities, marginalized  
38 alongside the privileges I have, I feel I’ve grown in my sensitivity and compassion of what it  
39 means to not only be an ally, but be open to those who are willing to stand for and with me. I’ve  
40 had the experience to be an advocate for a White colleague who felt powerless due to position  
41 status. This same colleague was also an ally, willing to speak out about race and discrimination  
42 when I was a lone voice, and sometimes just stop by my office and touch base when she could  
43 feel the oppressive climate of the workplace. I see it as a partnership that must be thoughtfully  
44 cultivated with genuineness, transparency, with ongoing diligence to integrity, honesty, and  
45 accountability. It’s hard work. I know what it feels like when one is treated as less than, an

1 outsider, worthless. And I know how comforting it is to have someone there beside you, not  
2 words, but the *presence* of someone which tells you *I'm here with you*, and it feels real. My  
3 identities suggest I will navigate both sides of allyship (beneficiary and facilitator) throughout  
4 my professional career. I also know I must do this work by being truthful to myself about me  
5 and enacting this truth in my work with others. For me this means acknowledging to myself  
6 when I feel angry, frustrated, depleted, and disheartened by both personal and larger societal  
7 occurrences illustrative of discrimination and oppression. I sigh deep, exhale more deeply, and  
8 reset my mindset beyond just my experiences. I remind myself that there is still much to which  
9 my privilege grants. I can't give up. And so, despite these feelings, I remain invested and  
10 committed to persevere towards equity, inclusion, and social justice.

11  
12 *Judith:* As a White person who benefits from the US culture of White supremacy, I believe that  
13 the traditional model of cultural “competency” can contribute to a misunderstanding of how I  
14 can truly engage in allyship. My experience is that White privilege has to be named, understood,  
15 acknowledged, and unlearned/resisted/used for intentional purposes to dismantle oppression  
16 within the context of White supremacy. If I am taught to believe that I can *learn* about other  
17 cultures and become culturally *competent* and *must be an ally*, the locus of power and control  
18 remains with me. If I learn that cultural *humility* requires a significant shift in thinking and  
19 perceiving and responding to the world, then I can give up some of my power and turn to  
20 authentic mutual relationships to *enact allyship*. I am learning that allyship is a verb, not a noun  
21 or an identity. Allyship is “a lifelong process of building relationships based on trust,  
22 consistency and accountability with marginalized individuals and/or groups” (PeerNetBC,  
23 2016). I have to be engaged in action that reflects my intention to address inequities and  
24 oppression at multiple levels and in many forms in order to enact true allyship (Ferber, 2010).  
25 This includes teaching and training about oppression, privilege, and social justice; using feminist  
26 participatory action research methods to collaborate with and learn from formerly incarcerated  
27 women; mentoring students of color; publishing and presenting with students and colleagues  
28 representative of diverse backgrounds about racial and social justice; and community activism.  
29 This stands in stark contrast to the idea that I can become culturally competent, which implies I  
30 now hold the cultural knowledge and that I can *be an ally*. I became acutely aware as I expanded  
31 my efforts in allyship that this sometimes places me in vulnerable positions. I have been singled  
32 out as a *troublemaker* and rebuffed during my career as a forensic social worker within  
33 hierarchical correctional structures for my active attempts to advocate for prisoners and to  
34 examine and change inequitable workplace policies and practices. I have been marginalized by  
35 some in dominant groups when my allyship efforts put me in conflict with existing power  
36 structures, even within human service agencies. These risks can deter folks from continued  
37 allyship efforts. I had to find people with whom I could share these experiences and from whom  
38 I could get honest feedback and sincere support in order to feel strong enough to face these  
39 challenges.

### 40 41 **Cultural Humility, Allyship, and The Cycles of Socialization and Liberation**

42  
43 *Judith:* Conceptual frameworks that have greatly contributed to my own journey in learning  
44 about engaging in allyship founded in cultural humility, as well as to my teaching social work  
45 students about allyship, are Bobbie Harro's cycle of socialization and cycle of liberation (Adams

1 et al., 2000, 2013). Harro (in Adams et al., 2000) illustrates how we are socialized to systems of  
2 power and oppression that already exist through multiple social avenues. This conceptualization  
3 helps to decrease shame and guilt for those of us with privilege, particularly those of us who  
4 benefit from White supremacy culture, thus we are more able to embark on the cycle of  
5 liberation whereby we join communities of folks in order to combat structural oppression and to  
6 use our privilege for social justice work. Research (e.g., Sabat et al., 2013) has identified  
7 obstacles to allyship: fear of negative reactions from those in dominant groups, making mistakes  
8 that will lead to negative responses by those in under-represented groups, rebukes by  
9 supervisors, and being marginalized by peers. Understanding the cycle of socialization can help  
10 us to recover, learn, and try again when we make mistakes, which are inevitable in allyship  
11 efforts. And beginning the journey into the cycle of liberation allows us to reach out to others, to  
12 take up the torch of social change together, and to feel as though we are actively changing both  
13 ourselves and our world from a place of love and connection. It has taken work to find people  
14 with whom I can be honest and open, and from whom I expect honesty in return, including  
15 honesty about my mistakes.

16  
17 An example of this is when a group of White faculty, including myself, decided to create a  
18 mentorship program for new faculty. We planned to get *service credit* for being mentors in this  
19 program and instituted the program without consultation with new faculty. Not a good start. I  
20 proceeded to assign myself as a mentor to a new faculty person who was a person of color and  
21 attempted to engage them in mentorship meetings so I could “show them the ropes.” Things did  
22 not go well, and I couldn’t understand why for a few months. Despite my efforts to reach out and  
23 be helpful, their response was tepid. After a particularly trying interaction, and some serious  
24 self-reflection, I had an epiphany.

25  
26 I was not engaging in genuine allyship from a place of cultural humility. I had made assumptions  
27 about the new faculty person’s needs; I had not asked them if they wanted me as a mentor, or  
28 indeed if they sought allyship at all. I had, in fact, enacted my White privilege much to my  
29 shame. I cried. I yelled. I called colleagues to help me accept what I had done and to learn from  
30 my mistakes. It took a few tries before I found a colleague who didn’t come to my defense, but  
31 who supported me in fully acknowledging my mistake. Knowing that the cycle of socialization  
32 played a role in my being blind to my White privilege in this circumstance helped me to move  
33 past my regrets and take action. I apologized to the new faculty person and acknowledged my  
34 enactment of White privilege and they were gracious and forgiving. And then I worked hard to  
35 learn from my mistakes.

36  
37 I learned that genuine allyship in the context of cultural humility is only possible when it is truly  
38 mutual. A contrived mentorship program is far from an organic connection between two or more  
39 people who learn from each other, support each other, and, when mutually agreed upon, one  
40 person uses their privilege to advocate for more equitable treatment, policies, and practices.  
41 Allyship and cultural humility, like all socially just practices, are only sustainable when driven  
42 by genuine mutual relationships. As attributed to Lilla Watson, “If you have come to help me,  
43 you are wasting your time. If you have come because your liberation is bound up with mine,

1 then let us work together” (Lilla: International Women’s Network, n.d.).<sup>1</sup>

2

3 *Castagna*: I will never forget that when I really needed an ally, I had none. I remember being  
4 surprised when a salary negotiation ended with the discovery that I was being paid nearly ten  
5 thousand dollars less than my White counterparts. I had hoped that the friends I had who were in  
6 positions of power would stand up for me and demand change so that they would retain me as a  
7 valuable colleague. It didn’t happen. I understand this through the lens of the cycle of  
8 socialization (Adams et al., 2000, 2013). This cycle teaches us that people of color have less  
9 value. In a predominantly White institution, my White colleagues were not socialized to  
10 challenge oppressive systems in defense of a colleague of color experiencing injustice. I now  
11 believe that those whom I perceived as allies did not recognize their privileges and positions of  
12 power within the organization. Furthermore, without me having to ask for help, there was no  
13 sense of duty to act on the information being revealed by me as a social justice issue. In fact,  
14 they may have perceived the risk of intervening to be too great. I left the organization  
15 disappointed. These friends were *good people*, but they were not allies.

16

17 I never thought I could act in an ally role to a White woman until I came to understand my own  
18 intersections and positions of privilege. As someone who now has the privilege allotted by my  
19 educational attainment and my job in the professoriate, I have become an ally to colleagues and  
20 students from various marginalized communities. This has included using my voice to support  
21 students in financial need; students with various barriers to accessing education or to having  
22 their educational needs be met; sexual minorities; and students for whom English language  
23 proficiency, immigration status, or other sociocultural barriers might exist. Mentoring a White,  
24 working class, first-generation college student in research is one such allied relationship.  
25 Advocating for language supports for multilingual students at the institutional level is one way I  
26 act as an ally to my students who struggle with language barriers. I serve on committees where I  
27 can advocate for the hiring of faculty and staff from underrepresented backgrounds. My  
28 participations in these larger system practices are not done in response to a particular person’s  
29 need for an ally. Rather, they are done in preparation for the ones who will come with the hope  
30 that they will feel welcomed when they arrive. My actions were not without risk to myself. Yet I  
31 speak up and speak out from my position as a respected faculty person who has “proven” her  
32 intellect and worth to those within the power structure. Nevertheless, I dare not forget that I am  
33 vulnerable as a pre-tenured, Black woman. For me, the risk is worth taking because silence is  
34 often seen as complicity.

35

36 *Wendy*: The experiences shared by my colleagues of needing an ally and efforts at being an ally  
37 resonate deeply with me. I have been on both sides of this experience. As my colleague *Castagna*  
38 recognizes, being a good person is not synonymous with being an ally. Like her, I’ve had similar  
39 interactions. Because the relationship was experienced as collegial and generally supportive, it

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<sup>1</sup> Lilla Watson is an Indigenous Kangulu artist. According to the Wikipedia entry on Lilla Watson (2018, April 23), “She is often credited with th[is] quote...[It] has served as a motto for many activist groups in Australia and elsewhere. A possible origin for the quote is a speech given by Watson at the 1985 United Nations Decade for Women Conference in Nairobi. Watson has said of this quote that she was ‘not comfortable being credited for something that had been born of a collective process’ and prefers that it be credited to ‘Aboriginal activists group, Queensland, 1970s.’” See: [https://en.wikipedia.org/wiki/Lilla\\_Watson](https://en.wikipedia.org/wiki/Lilla_Watson).

1 was assumed to be an allyship—on their part and mine. Unfortunately, when I needed that  
2 allyship, or thought I had one, there was no one. Judith’s recount of efforts gone astray, yet a  
3 willingness to challenge herself *and* be held accountable, to not find an easy out, affirms the real  
4 work of enacting allyship. It is these authentic and transparent experiences that have fostered the  
5 relationship between and among the three of us as colleagues while also helping us to embody  
6 and engage in concrete ways the cycle of liberation. In this collaborative, interpersonal  
7 partnership we share, we also garner a growing respect, support, and affection for one another,  
8 regardless of whether we get it right or not. Our connection in this work is unconditional. We  
9 challenge one another towards building up and not breaking down. We take honest risks with  
10 each other and maintain an atmosphere of feedback and accountability. We also smile, laugh,  
11 and enjoy each other in the fullness of the unique and multidimensional persons that we each  
12 are. This personifies the cycle of liberation in that we have built a community and remain active  
13 in developing and deepening it, one where we share in our similarities and appreciate our  
14 differences (Adams et al., 2000, 2013). It is not an exclusive community; we are also equally  
15 dedicated to expanding it. We are committed to sharing transparently our efforts and how we  
16 engage in that community, triumphs and failures, in hopes of encouraging others to take the  
17 mask of cultural competence off and fully immerse themselves in this mutual work of cultural  
18 humility and allyship.

### **Lessons Learned and Paths Forward**

22 Through this collaborative partnership and deepening solidarity, it is clear to us that further  
23 research focused on the relationship between cultural humility and allyship is needed in order to  
24 guide our practice. Cultural humility and allyship expand beyond the objective lens of cultural  
25 competence by their intentional nature of self-acknowledgement in the broader context of  
26 diversity dynamics and ways in which this interplay influences what we consider our life’s work.  
27 Further research highlighting these focal points seems critical and necessary, particularly as we  
28 recognize the shifting socio-cultural-political landscape that can no longer remain colorblind. In  
29 addition, those in the helping professions must utilize research methodologies such as  
30 community-based participatory action research (Branom, 2012; Hacker, 2013) which takes into  
31 account the dynamics of power and privilege and is designed to empower historically  
32 marginalized people towards changing oppressive systems. Allyship can happen in all aspects of  
33 our work. Community-based participatory action research provides space for marginalized  
34 voices and experiences with true allies facilitating this process. Collaborating with students of  
35 color in research and publications can enact allyship. We advocate striving for cultural humility  
36 and allyship within the researcher-participant relationship and the prioritization of social and  
37 racial justice in our research agendas. For example, inviting research participants to become  
38 involved in shaping research projects as well as in resulting social action can be a powerful act  
39 of allyship. What follows are some additional reflective thoughts about lessons learned in our  
40 work toward cultural humility and allyship. Know that we also recognize these learning  
41 moments as opportunities for continual growth and self-reflection.

43 *Wendy:* As a Black woman, I’m learning to let anger and frustration go. To be clear, not the  
44 stereotypical depiction of “angry Black woman,” but as a professional who recognizes how  
45 overwhelming it is the work of dismantling systemic oppression and structural disadvantages. As

1 noted earlier by Judith, a “lifelong process of building relationships” (PeerNetBC, 2016) fuels  
2 my hope and helps me to value small, incremental steps as beneficial and worthwhile. It’s seeing  
3 the marathon of this work—time, effort, and energy—towards long-term change and  
4 sustainability. The ideas of cultural humility and allyship are also empowering me to broaden  
5 my network not just professionally, but also socially and civically. True allyship is not limited to  
6 our professional activities, but I also see it as a charge to each of us as global citizens. What kind  
7 of neighborhood do I want to live in, or create? How do I take time to get to know those in my  
8 larger town, city, community? What initiatives are available, or need to be developed, to support  
9 equity and equality? These are key questions I actively seek to answer as part of my commitment  
10 to practice cultural humility within the larger social context.

11  
12 *Judith:* I find strength to confront structural oppression and hope for social justice in the  
13 relationships within which I work to enact cultural humility and allyship. Without these genuine  
14 friendships within which I can learn and grow, the work would be hollow. I believe that the field  
15 of social work needs to more fully encompass a model of cultural humility in our teaching, our  
16 practice, our research, and our established required competencies. In addition, we need to  
17 embrace allyship as an action, not an identity. We need to provide students and practitioners  
18 with models of cultural humility and allyship, opportunities to learn about these concepts, spaces  
19 to be self-reflective, as well as uncomfortable, in the application of these ideas to themselves and  
20 their relationships. Castagna, Wendy, and I have talked often about the importance of bi-racial  
21 teaching as well as teaching pairs that include faculty with privilege and those in other  
22 historically marginalized groups. We have found that offering an opportunity for students and  
23 practitioners to witness conversations and enactments of cultural humility and allyship in action  
24 is a powerful tool for challenging the status quo in a system of structural power and oppression.  
25 These experiences with Castagna and Wendy have also been transforming for me. In order to  
26 move the helping professions forward in this crucial area we must think creatively and offer  
27 viable avenues for the journey to our colleagues, our students, and our clients.

28  
29 *Castagna:* We have argued for cultural humility as a necessary prerequisite for the important  
30 work of socially just allyship. As three women who also represent various other social identities,  
31 we routinely use one another to stay culturally humble and deeply reflective. We are allies in the  
32 work of institutional diversity. Through our teaching, community service, and professional  
33 consultation and training, we are dedicated to dismantling oppressive systems by helping others  
34 gain the cultural humility to become active allies in social justice. We assert that enacting  
35 allyship from a place of cultural humility isn’t just about saving “someone” a seat at the table.  
36 It’s about extending the leaves on that table and making more seats available for the ones we  
37 have yet to meet. Lastly, it’s about ensuring that everyone is welcome and that every voice will  
38 be valued.

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### 13 14 **For Further Reading**

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16 “Ally Bill of Responsibilities” by Dr. Lynn Gehl:

17 [http://www.lynngehl.com/uploads/5/0/0/4/5004954/ally\\_bill\\_of\\_responsibilities\\_poster.pdf](http://www.lynngehl.com/uploads/5/0/0/4/5004954/ally_bill_of_responsibilities_poster.pdf)

18  
19 “Allyship & Solidarity Guidelines” compiled by Unsettling America:

20 <http://unsettlingamerica.wordpress.com/allyship>

21  
22 “No More ‘Allies’” by Mia McKenzie:

23 <http://www.blackgirldangerous.org/2013/09/30/no-more-allies>

24  
25 “Things Allies Need to Know” by Jamie Utt:

26 <http://everydayfeminism.com/2013/11/things-allies-need-to-know>

27  
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34

1  
2 **Proceeding with Caution:**  
3 **Integrating Cultural Humility into Multicultural Supervision**  
4 **Practices with Master-Level Counseling Students**

5  
6 Jonique Remisia Childs  
7

8 **Abstract:** Based on my experience as a minority supervisor working with culturally different  
9 students in training, I write to reflect on my experiences of employing multicultural supervision  
10 sessions for sixteen weeks to help prepare future school counselors. This reflection's goal is to  
11 show my intentional efforts to minimize subtle racial differences in the training of master-level  
12 counseling students. Using the social justice and advocacy framework as a foundation, I applied  
13 awareness, knowledge, and skills while demonstrating cultural humility. Reflecting back on the  
14 insightful semester, I was able to create a cultural dynamic that included using self-awareness,  
15 collaboration, and intentionality with the ability to proceed with caution for cross-cultural  
16 supervision training practices.

17  
18 **Keywords:** cultural competency, cultural humility, intentionality, multicultural supervision  
19

20 **Background**  
21

22 My passion and process of integrating multicultural competency practices, intentionality, and  
23 cultural humility rest on the notion of wanting to implement equitable teaching practices, while  
24 also fostering the ability to engage in cross-cultural relationships with my students who  
25 represented different ethnic backgrounds from myself. My choice to include cultural humility in  
26 my multicultural supervision framework rests on several inclinations that benefited me and my  
27 students. First, being a minority professor and woman of color can result in numerous challenges  
28 while training students to become cognizant of their individual personalities, communication  
29 styles, and overall intent to work with others in a school setting. Second, the role of supervisor  
30 can at times be both rewarding and challenging. Third, it does require strength, endurance,  
31 tolerance, self-awareness, knowledge, and skill to engage in a self-reflective position of seeking  
32 to teach while learning from others what is working and how that can be communicated in an  
33 open and effective manner.  
34

35 Multicultural supervision provides a foundation for developing working relationships across  
36 cultures. The examination of multicultural counseling competencies highlights the need to  
37 engage in culturally competent supervision practices. Implementing culturally responsive  
38 supervision in turn impacts the supervisory alliance and how interventions are carried out.  
39 Culturally competent supervision practices allow for accountability of supervisors to promote a  
40 working therapeutic alliance with ethnically diverse supervisees. Cultural humility within the  
41 supervision relationship provides the groundwork for incorporating culturally responsive  
42 supervision practices. The purpose of this paper is to demonstrate the importance of  
43 incorporating cultural humility within multicultural supervision practices.  
44

45 The growing number of diverse students seeking supervision in graduate training programs

1 requires the awareness of multicultural supervision competencies, which provide guidelines to  
2 ensure that awareness, knowledge, and skills (Sue et al., 1992; Sue & Torino, 2005) are included  
3 in the development of a working alliance within supervision practices. To diversify the cultural  
4 identities of members of counseling training programs, the Council for Accreditation of  
5 Counseling and Related Educational Programs (CACREP, 2009) requires that counselor  
6 education programs make “systematic efforts to attract, enroll, and retain a diverse group of  
7 faculty” (p. 9) and to create and support an inclusive learning community. Counselor educators  
8 and supervisors are encouraged to consider the impact of diversity on their students’ professional  
9 development and training standards. Diversity includes differences in “races, economic  
10 backgrounds, ages, ethnic backgrounds, genders, sexual orientations, and physical and mental  
11 abilities” (CACREP, 2009, p. 41).

12  
13 Growing attention to multicultural issues in counseling training and clinical services has led to  
14 the development of culture-specific guidelines in CACREP (2001) training standards. According  
15 to the literature, the concept of multicultural counseling and supervision has been defined as a  
16 situation in which the supervisor and the supervisee have ethnically different racial backgrounds  
17 (Sue et al., 1998). Analyzing how counseling professionals (supervisors and supervisees)  
18 conduct and engage in multicultural supervision provides insight into the importance of having  
19 an intentional and deep connection with the client or student in training. This important element  
20 is essential and is needed in order to work through any complex issues of culture differences. As  
21 the supervisor, I intentionally tried to use this awareness, knowledge, and information  
22 continuously as a framework for working with my students while following ethical practices.

### **Multicultural Counseling Competencies**

23  
24  
25  
26 The counseling profession has been given a call to action with guidelines that deliberately allow  
27 for the engagement of culturally competent supervision practices, which benefits the supervisor,  
28 the supervisee, and the client receiving services. With attention given to multicultural issues,  
29 supervisors are held accountable for how training is provided within cross-cultural  
30 communication and interactions. Similarly, the multicultural competencies (Sue et al., 1992,  
31 1998) have been endorsed by both the Association for Multicultural Counseling and  
32 Development (AMCD) and the American Counseling Association (ACA) (American  
33 Psychological Association [APA], 2003). As a result, graduate programs for counselors have  
34 increased their training in multicultural counseling competencies and culturally competent  
35 practices for clients and supervisees. Furthermore, leaders in the counseling profession have  
36 sought to compile best practices (e.g., Roysircar et al., 2005) in clinical supervision (Association  
37 for Counselor Education and Supervision [ACES], 2011) that promote ethical responsibilities to  
38 all in the counseling profession. Hence, higher standards have been placed on the training and  
39 implementation of multicultural counseling competencies for supervision in counseling  
40 practices.

### **Multicultural Counseling**

41  
42  
43  
44 Sue and Torino (2005) note that multicultural counseling includes engaging in a process that

1 involves implementing agreed-upon goals that are consistent with the life experiences and  
2 cultural values of clients and acknowledges multiple client identities (e.g., individual, group, and  
3 universal). Attention to using universal and culture-specific strategies and roles in the healing  
4 process within multicultural supervision focuses on balancing the salience of individualism and  
5 collectivism in assessment, diagnosis, and treatment interventions (APA, 2003) with supervisee  
6 and client systems. Soheilian et al. (2014) argue that multicultural competent supervision may  
7 lead to multicultural competent counseling. The multicultural competencies include (a)  
8 self-awareness of individual cultural background and experiences; (b) knowledge about various  
9 cultural groups you work with; (c) and counseling skills for working with clients from various  
10 cultural groups (Berkel et al., 2008; Sue, 1998, 2001; Sue & Sue, 2012; Sue et al., 1982, 1998).  
11 Additionally, the literature recommends that supervisors initiate discussions and practices that  
12 address multicultural competence, both for the benefit of the therapist and client (Soheilian et al.,  
13 2014). The supervisors' ability to impart such knowledge is contingent on the supervisees'  
14 perception of their supervisors and supervision experiences (Inman, 2007). Goodyear and  
15 Guzzardo (2000) suggest that supervisors should raise the issue of race or culture as a first step  
16 toward establishing a constructive relationship based on mutual respect. Fuertes (2004) describes  
17 the importance of discussing cultural issues such as acculturation when engaging in the  
18 supervision of bilingual counseling sessions. Furthermore, Fukuyama (1994) highlights that the  
19 diversity status of the counselor is "significantly under-addressed" in the discourse about  
20 multicultural counseling with a limited focus on the impact on therapeutic alliances and  
21 treatment outcomes compared to counselors' professional development (p. 143). With this  
22 knowledge in hand, I intentionally started my supervision relationships with students by  
23 addressing the visible cultural and racial differences held right away to start the development of  
24 multicultural competence.

### 25 26 **Culturally Competent Practices** 27

28 Research asserts that clients' ratings of their therapists' multicultural competencies have been  
29 positively associated with gains in therapy (Hook et al., 2013; Owen et al., 2011, 2016) and the  
30 working alliance relationship (Constantine, 2001; Constantine & Sue, 2007; Fuertes et al., 2006;  
31 Hook et al., 2013; Owen et al., 2011). Examining the importance of cultural competency  
32 provides insight into how to establish a working alliance within the supervisory relationship and  
33 foster a collaborative stance (Ladany et al., 1999). Such considerations must be made when the  
34 relationship involves individuals from different cultural backgrounds (Ladany et al., 1997).  
35 Using the cultural competency framework to establish a working alliance includes the following:

- 36  
37 (a) the focus on comfort with others, framed as self-awareness; (b) the use of culture as a  
38 proxy for minority racial/ethnic groups' identity; (c) the emphasis on attempting to  
39 "know" and become "competent" in understanding another's culture or cultures; and (d)  
40 the lack of a transformative social justice agenda that addresses and challenges social  
41 inequalities. (Fisher-Borne et al., 2014, p. 169)

42  
43 Cultural competency includes recognizing that a dominant culture's values differ and may  
44 perpetuate separation and discrimination (Inman et al., 2014). I wanted to allow the students to

1 feel comfortable in broaching the topic of race by becoming alert to questioning the differences  
2 and ways to work through them. In the supervision sessions, I would ask, “How will I challenge  
3 myself to work through the differences and foster a working alliance with my supervisor?”  
4

### 5 **Culturally Competent Supervision Practices**

6  
7 My utilization of cultural humility within multicultural supervision is supported by the six  
8 domains that are important in guiding supervisors’ culturally competent practices. Supervisors  
9 should do the following: be able to facilitate their own awareness of personal values, biases, and  
10 worldview; facilitate supervisees’ awareness of personal values and beliefs; facilitate  
11 multicultural client conceptualizations; guide supervisees towards utilizing culturally appropriate  
12 interventions with clients; attend to multicultural processes in supervision; and effectively  
13 evaluate supervisees’ multicultural competencies (Ancis & Ladany, 2010; Hook & Watkins,  
14 2015). As the supervisor, my adherence to professional practices (Code of Ethics) within the  
15 supervision sessions often required me to maintain awareness and knowledge of potential  
16 conflict and differences. According to the APA (2003), when value conflicts exist, the beliefs,  
17 values, and goals of the client must take precedence first. Within supervision sessions, I  
18 internally questioned myself by asking, “Am I engaging in the best course of actions for the  
19 supervisee while performing ethically for the greater good?”  
20

21 The ways in which I utilize cultural humility in practice with attention to knowledge, values, and  
22 skills include finding a way to work through the differences and learning from each other as a  
23 potential goal (Gonsiorek et al., 2009). Sue et al. (1992) suggested that to be competent in  
24 multicultural work requires not only a sound base of knowledge, but an ongoing development  
25 into culturally sensitive, appropriate, and effective skills to serve diverse populations. A  
26 recommendation included that supervisors continually pursue educational, consultation, and  
27 training opportunities to enhance their understanding and effectiveness (Berkel et al., 2008;  
28 Constantine, 1997; Gloria & Pope-Davis, 1997; Ponterotto, 1997). The importance of seeking  
29 ongoing check-ins with the students and a personal self-evaluation at the end of sessions allowed  
30 me to develop the need to proceed and correct any issues that seemed to interfere with the  
31 training sessions. Research does support that supervisors working with ethnically different  
32 supervisees may want to examine their supervisory behaviors to ensure that they are providing a  
33 safe environment for the discussion of multicultural issues (Dressel et al., 2007). Similarly,  
34 Toporek, Ortega-Villalobos, and Pope-Davis (2004) found that it is important for supervisors to  
35 communicate their willingness to discuss cultural factors in the initial supervisory sessions and  
36 continuously for supervisors to help enhance the supervisees’ multicultural awareness  
37 throughout the supervision process. Ladany et al. (1999) investigated the ethical practices of  
38 supervisors and found that many supervisors lacked sensitivity to cultural issues with both their  
39 supervisees and their clients. Supervisors who were uncomfortable or ill-equipped to address  
40 multicultural issues ignored or minimized their value and uniqueness (Constantine & Sue, 2007),  
41 resulting in a negative supervision experience. For example, in my first supervision session I  
42 began by introducing the importance of cultural competency by acknowledging the cultural  
43 differences held by asking students, “How do my cultural values differ from my supervisor, and  
44 how will I address these differences when working with culturally different students in schools?”

1 I stressed to the students the need to gain self-awareness by intentionally opening up about  
2 apparent differences in viewpoints and values based on cultural differences.

### **Culturally Responsive Supervision**

6 The visible cross-cultural differences (Díaz-Lázaro & Cohen, 2001), racial consciousness  
7 (Ladany et al., 1997), and microaggressions (Constantine & Sue, 2007; Sue, 2010) in  
8 supervision are important to focus on while being direct about culturally sensitive supervision  
9 practices. Previous literature has revealed that factors such as supervisor self-awareness,  
10 genuineness in sharing personal cultural struggles, and openness to discussing cultural and racial  
11 factors contribute to a culturally responsive supervisory relationship. The recommended factors  
12 also include supervisor self-awareness, genuine attention, self-disclosure, support and validation,  
13 and direct guidance (Ancis & Ladany, 2010; Christiansen et al., 2011; Inman, 2007; Inman et al.,  
14 2014; Lawless et al., 2001). I attempted to facilitate multicultural discussions that were most  
15 effective when initiated, integrated, and revisited throughout the supervision sessions for clarity  
16 of the presenting issues (Hird et al., 2001; Toporek et al., 2004). Literature stated that  
17 supervisors should seek to identify specific behaviors that characterize both successful and  
18 unsuccessful multicultural supervision, as identified by knowledgeable practicing professionals.  
19 At the same time, providing openness, genuineness, empathy, warmth, and a nonjudgmental  
20 stance reflects the same qualities judged to be central to the common factors approach in  
21 counseling and psychotherapy (Dressel et al., 2007; Nilsson & Anderson, 2004; Wampold,  
22 2001). These qualities I attempted to employ have been cited as essential ingredients of quality  
23 supervision (Bernard & Goodyear, 2004). In addition, Gatmon et al. (2011) found that when  
24 cultural issues were discussed in supervision, supervisees perceived a more successful  
25 supervisory working alliance and increased satisfaction with supervision. For instance, within  
26 my supervision sessions I often asked students to “openly express a critique of how the weekly  
27 supervision session made them feel and how the supervisor connected with them based on  
28 exemplary counseling skills and communication provided during feedback.” My intent as the  
29 supervisor was to allow the students to describe my actions openly and describe ways I was  
30 building genuine and empathic working relationships. I sought to learn how my actions taken as  
31 the supervisor helped or hurt the supervision relationship. I intentionally wanted to learn ways of  
32 connecting with my supervisees based on specific cultural recommendations shared by racially  
33 and ethnically different students.

### **Importance of Addressing Cultural Issues in Supervision**

37 Through my role as the minority supervisor, I intended to engage in creating an atmosphere that  
38 allowed for me to incorporate interventions that focused on self-awareness and intentionality.  
39 Interventions that create an intentional focus on cultural issues (e.g. educating on specific  
40 cultural variables, discussing culturally appropriate therapeutic interventions) have been known  
41 to increase self-awareness (Cashwell et al., 1997), promote trainee professional growth and  
42 self-efficacy (Gatmon et al., 2011), and facilitate trainees’ perceptions of supervisor competence  
43 (Inman, 2007; Mori et al., 2009). The qualities of multicultural competent counselors include  
44 credibility, expertness, and trustworthiness (i.e., appears worthy of beliefs, capable, confident,

1 reliable, and trustworthy) (Ahmed et al., 2011; Inman & DeBoer Kreider, 2013). Furthermore,  
2 Daniels, D’Andrea, and Kim (1999) describe the problems experienced by a supervisor and a  
3 supervisee when there is a mismatch in cultural values and a lack of discussion about the  
4 apparent values conflict. During weekly individual supervision meetings, I would assess how to  
5 identify my presence and attitudes on any given situation that could have affected the  
6 supervision process. I intentionally model in the session my desire to learn by asking students,  
7 “Can you explore the issue with me through your cultural lens and viewpoint?” and stating, “I  
8 am attempting to learn your cultural meaning.” I always took time to thank the students for  
9 sharing and asserted, “I am learning from my work with you as I understand and gain knowledge  
10 from our experiences.”

### **Cultural Humility**

14 The term cultural humility has become increasing new in the counseling literature with  
15 connections to multicultural competencies and culturally competent clinical practices (Hook et  
16 al., 2013). Within the field of psychology, the concept has been researched with “vital  
17 explanatory constructs and practice-crucial variables within service provisions” (Hook &  
18 Watkins, 2015, p. 661). According to Tervalon and Murray-García (1998), the concept of  
19 cultural humility is a process of committing to an ongoing relationship with patients,  
20 communities, and colleagues that requires humility as individuals to continually engage in  
21 “self-reflection and self-critique” (p. 118). This term takes into account the “fluidity of culture,  
22 challenging both individuals and institutions to address inequalities occurring within the  
23 relationship and interactions” (Hook & Watkins, 2015, p. 661). Cultural humility reflects an  
24 “other-oriented stance toward communication styles and being open to feedback within the  
25 relationship.” Cultural humility also includes “recognizing the learning need and then acting  
26 accordingly, where such perspective is lacking, learning about and having openness to the other  
27 cultural stance may in turn become increasing likely to gain awareness” (Hook & Watkins, 2015,  
28 p. 662). Implementing cultural humility within culturally competent supervision practices allows  
29 for “challenging the notion of active engagement as a lifelong process that individuals enter with  
30 clients, organizational structures, and within themselves” (Hook & Watkins, 2015, p. 662).  
31 Throughout the semester, I intentionally became culturally aware of other ethnic groups and  
32 learned how to be sensitive to the needs and customs of the supervisee regardless of culture  
33 difference shared (Ridley et al., 1994).

35 I demonstrated cultural humility by having a continuous willingness and openness to  
36 self-critique and identify instances that consist of both intrapersonal and interpersonal  
37 components (Davis et al., 2011; Hook, 2014). For instance, I would ask questions like, “Can you  
38 explain how your cultural viewpoint is different than mine?” On the intrapersonal level, cultural  
39 humility involves an “awareness of the limitations in our ability to understand the worldview and  
40 cultural background of our client. On the interpersonal level, cultural humility involves a stance  
41 toward the client that is other-oriented, marked by respect and openness to the client’s  
42 worldview” (Davis et al., 2011; Hook & Watkins, 2015, p. 661). I demonstrated this by  
43 modeling and seeking various aspects of differences by saying things like, “Can you help me to  
44 better understand you?” and “I really want to get this point understood clearly,” in an attempt to

1 learn more for clarity and asking open and neutral questions to students to “describe and  
2 explain” to help me fully understand. Research on cultural humility and therapy outcomes found  
3 that cultural humility was viewed as important by potential clients, and perceptions of cultural  
4 humility by clients in therapy were positively related to (a) developing a strong working alliance  
5 with the therapist and (b) actual improvement in therapy (Hook et al., 2013). Having an  
6 awareness of oneself and one’s cultural background is an important prerequisite for  
7 understanding one’s blind spots, biases, and limitations, which is an important aspect of humility  
8 (Hook et al., 2013). As I engaged in practicing cultural humility in supervision, I tried to convey  
9 to the students that respect should be given and received in order to promote a working  
10 relationship and to create an open space for communication.

### **Implementing Cultural Humility**

14 To become culturally humble means to “rarely assume competence (i.e. letting prior experience  
15 and even expertise lead to overconfidence) for working with clients, just based on their prior  
16 experience working with a particular ethnic group” (Owen et al., 2016, p. 31). Supervisors and  
17 supervisees can approach clients with respectful, open, and collaborative intent to understand the  
18 unique intersection of clients’ various aspects of identities and how those affect the development  
19 of a therapy alliance (Hook et al., 2013). Hook (2014) argues that following two steps allows for  
20 counseling professionals to engage in cultural humility. The recommendations include to first  
21 become more aware of our own cultural worldviews, biases, and blind spots by critiquing  
22 through self-assessment (Fisher-Borne et al., 2014). It is imperative that supervisors engage in a  
23 critical analysis of the multicultural orientation and cultural contact experiences, before the  
24 initial work begins with ethnically different client (Hook & Watkins, 2015, p. 661; see also  
25 Davis et al., 2011). Secondly, self-awareness is the key to properly engaging in cultural humility  
26 practices. By consistently placing yourself in situations that force you to interact with individuals  
27 who are culturally different, you allow yourself to engage in cultural acceptance and  
28 understanding to acquire new knowledge and information.

30 Cultural humility allows for shared power dynamics in the relationship, increased  
31 communications between all parties, and decreased assumptions (Green & Dekkers, 2010; Hook,  
32 2014) and missteps. In my attempt to implement cultural humility, I engaged in self-reflection by  
33 assessing my prior knowledge held about the various racial identities of the students I was  
34 supervising. In my personal critique, I often held the belief that cultural humility included not  
35 making assumptions about the students based on their cultural backgrounds, but seeking to learn  
36 firsthand from the students’ viewpoints and information communicated. My internal dialogue  
37 included me stating weekly that “I’m not trying to make it seem like I understand the student’s  
38 experience (when I do not), or even assuming that I know a lot (or anything) about the student’s  
39 particular cultural experience.” Second, I often told myself, “I must be aware of how my  
40 worldview is not superior to the student’s beliefs or values held, regardless of my training or  
41 what I know to be true” (Hook, 2014, p. 661). Cultural humility allows for a shared power  
42 dynamic to occur and a genuine and authentic interest to be established and manifested  
43 throughout the relationship (Green & Dekkers, 2010). Cultural humility may also be ideal for  
44 self-reflections, self-exploration, and broaching of topics that many be deemed sensitive or



1 controversial within cross-cultural interactions. For example, the topic of gender norms and  
2 behaviors was addressed, and I often shared with the students to “assess and seek to learn more  
3 before making assumptions.” I intentionally wanted the students to understand that I respect and  
4 value their individuality.

### 5 6 **Implications for Supervisors**

7  
8 Based on my work supervising culturally different supervisees, I have come to appreciate the  
9 importance of learning from the apparent difference held in the supervision sessions. Supervisors  
10 should continually explore their awareness of themselves as cultural beings and increase their  
11 multicultural and cultural competency knowledge and skills in working with supervisees (Sue,  
12 1998; Tervalon & Murray-García, 1998). I suggest the need to intentionally bring up cultural  
13 topics and differences despite how they are disseminated and explored as an important first step  
14 in multicultural and culturally competent supervision practices (Bernard & Goodyear, 2013). I  
15 recommend having supervisors and supervisees undergo personal examinations of their values,  
16 beliefs, and biases in relation to multicultural issues often (D’Andrea & Daniels, 1997; Gloria &  
17 Pope-Davis, 1997), which in turn promote the development of culturally competent supervision  
18 practices and promote trusting supervision relationships (Ladany et al.,1997). I learned how to  
19 understand a student’s ability to process and communicate about many difficult issues that could  
20 affect the respect level of the supervisee and the ability to share information while being  
21 validated.

22  
23 Focusing on the need to participate in continuing education and recognizing that developing  
24 competence is an ongoing process when working with ethnically different individuals is a major  
25 underlying notion to be aware of. Supervisors should also actively and continually seek  
26 professional development opportunities designed to increase awareness, knowledge, and skills  
27 (Sue, 1998). These activities could include continuing education classes, workshops, and  
28 professional conferences (Constantine, 1997; Gloria & Pope-Davis, 1997; Ponterotto, 1997).

29  
30 If we want to truly begin having positive contact with culturally different individuals and  
31 groups, then consistently doing so from a culturally humble place— with openness to,  
32 respect for, and prizing of the other’s cultural perspective—would seem the absolutely  
33 essential point at which to start. (Hook & Watkins, 2015, p. 662)

### 34 35 **Implications for Counseling Training Programs**

36  
37 Working with ethnically diverse supervisees within graduate training programs requires that  
38 supervisors be direct and intentional with how they implement and engage in multicultural and  
39 culturally competent supervision practices. Employing ethical standards and culturally  
40 responsive supervision practices requires that faculty and students within graduate training  
41 programs be given the opportunity for continued growth. It’s recommended to seek to stop and  
42 process the interactions, then proceed with caution in attempts to learn new ways of exchanging  
43 information. Learning methods for working with diverse students and clients provides a rationale  
44 for increased attention to the use of cultural humility. Focusing on the cross-cultural interactions

1 and communications between supervisors and supervisees allows for attention to be directed into  
2 how cultural assumptions (microaggressions) may impact the supervisory relationships and  
3 self-efficacy of ethnically diverse supervisees.  
4

5 Concluding that the topic of multicultural supervision practices has revealed that positive  
6 outcomes have been related to addressing cultural differences early, finding ways to create a  
7 working alliance within cross-cultural interactions, and justification to undergo training into  
8 cultural humility is warranted. To assess the outcome of the working relationship and the  
9 supervisor, the training program can implement an outcome rating scale and assessment at the  
10 beginning and the end of a semester. This will allow for an analysis into assessing the cultural  
11 competency, understanding, and engagement of faculty and students within the training  
12 programs. The outcome rating scale can also be modified for use by students at the beginning  
13 and end of supervision sessions to promote an open dialogue with supervisees about growth and  
14 needed changes.  
15

16 To learn how the supervisee's cultural identity may influence the dynamics of the supervision  
17 session and relationship, establishing a method of creating an open dialogue about progress and  
18 outcomes is recommended. Identifying the potential influence of cultural competency and how  
19 the supervisee and supervisor handle the issues can influence how content on the outcome rating  
20 scale and assessment is listed. These outcome rating scales can be modified to demonstrate how  
21 an individual can engage in a repair attempt of the relationship. The outcome rating scale builds  
22 on the notion of cultural humility, which can be intertwined within university counseling  
23 programs and community counseling centers. Implementing the major tenets of cultural humility  
24 and using the existing knowledge of culturally competent practices promotes the use of cultural  
25 humility as a potential avenue and resource for the field of counseling to include multicultural  
26 supervision practices.  
27

### **Implication and Summary**

28  
29  
30 With an increase in cross-cultural training within counseling training programs, an investigation  
31 into how the interactions between supervisor and supervisee further develop dialogue on being  
32 intentional and mindful of how race and ethnicity can impact the communication, learning, and  
33 education processes is critical. Furthermore, while race is a noticeable entity, it should be  
34 handled with care in how communication and processing of a supervision session occurs in the  
35 training of students. My experiences have taught me how to proceed with caution when  
36 broaching the topic of racial differences while using sensitivity when educating on how to work  
37 with students of a different ethnic background from myself. Indeed, cross-cultural  
38 communication practices combined with multicultural supervision allow for the insertion of  
39 cultural humility. It is only through the notion of taking a stance and willingness to seek to learn  
40 from one another's differences that the issues of power struggles decrease and learning can truly  
41 occur. Proceeding with caution in cross-cultural supervision does allow for the utilization of  
42 cultural humility as the foundation to providing multicultural and culturally competent  
43 supervision.  
44

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2

# 3 What Are Your Pronouns? 4 Our Journey Toward Cultural Humility

5 Dawn Vogler-Elias, Susan Mack, Anna Goings, and Erin Dehaven

6

7 **Abstract:** Speech-language pathologists (SLPs) are likely to interact with members of the  
8 LGBTQ+ community as clients, co-workers, and caregivers; however, SLPs may not be fully  
9 prepared to work effectively with this diverse population due to lack of exposure within  
10 professional preparation programs. This article will focus on the impact of faculty-student  
11 collaboration to increase LGBTQ+ inclusivity in the classroom and curriculum. Reflections of  
12 interactions between students and faculty in a professional preparation program in  
13 speech-language pathology are used to highlight how the misuse of pronouns can create a sense  
14 of invisibility and further marginalization for some individuals. The authors provide strategies to  
15 increase LGBTQ+ inclusivity in the classroom and curriculum.

16

17 **Keywords:** cultural humility, professional preparation, speech-language pathology, LGBTQ+,  
18 pronouns

19

## 20 Background

21

22 Millennials are more likely than previous generations to openly identify as lesbian, gay,  
23 bisexual, transgender, queer, or questioning, plus all other identities that may not be represented  
24 (LGBTQ+) (Mahendra, 2019). More visibility of LGBTQ+ students on college campuses has  
25 created an opportunity and a need for increasing inclusivity, especially in professional  
26 preparation programs that historically lack diversity. The Gay and Lesbian Alliance Against  
27 Defamation (GLAAD, 2017) reported that 12% of millennials identify as gender nonconforming  
28 or transgender (i.e., not identifying with their assigned sex at birth). Misgendering occurs when a  
29 person is intentionally or unintentionally addressed using a word, most likely a pronoun, that  
30 does not align with their gender (Misgender, 2019). Misgendering someone may seem  
31 unimportant or harmless, but it can cause damage to a person over time.

32

33 The purpose of the article is to share the impact of faculty-student collaboration and offer  
34 strategies to improve LGBTQ+ inclusivity in the college setting. Each author will introduce  
35 themselves in their own words. We will provide examples of interactions between students and  
36 faculty in a professional preparation program in speech-language pathology. These examples  
37 highlight the benefits of collaboration to create change. Throughout the article, information  
38 regarding the LGBTQ+ community, the speech-language pathologist's (SLP's) role in working  
39 with members of the LGBTQ+ community, and professional preparation in speech-language  
40 pathology is provided.

41

42 Sharing our stories and reflections provides an example of our journey, including the  
43 vulnerability and positivity that can develop from faculty-student collaboration to engage in  
44 cultural humility. Everyone's experience is unique to that individual, and our stories all come  
45 with privilege as people who are White, people who are able-bodied, and who have had access to  
46 higher education. Our hope is that by hearing our experiences, readers will find a commonality

1 in their personal journey toward cultural humility.

2

### 3 **Who Are Speech-Language Pathologists?**

4

5 Speech-language pathologists (SLPs) are communication specialists who provide a multitude of  
6 services, including prevention, assessment, diagnosis, and treatment, to individuals across the  
7 lifespan who have communication disorders, differences, or disabilities (American Speech-  
8 Language and Hearing Association [ASHA], 2016b). SLPs often work as part of an  
9 interprofessional team providing strategies for effective communication, developing intervention  
10 plans, and working directly with clients. According to ASHA (2016b, p. 5), “As the population  
11 of the United States continues to become increasingly diverse, SLPs are committed to the  
12 provision of culturally and linguistically appropriate services and to the consideration of  
13 diversity in scientific investigations of human communication and swallowing.”

14

15 One challenge, not unique to the field of speech-language pathology, is the lack of diversity  
16 within the profession. Only 3.7% of SLPs self-identified as men (ASHA, 2018). Furthermore,  
17 8.0% of SLPs self-identified as a racial minority group (27.6% of the U.S. population); 1.3%  
18 self-identified as multiracial (2.9% of the U.S. population); and 5.2% self-identified their  
19 ethnicity as Hispanic or Latino (16.3% of the U.S. population) (ASHA, 2018). According to a  
20 Gallup poll, 4.5% of all adults (over 11 million Americans) self-identified as members of the  
21 LGBTQ+ community (Newport, 2018). The percentage of SLPs who identify as LGBTQ+ is  
22 unknown. The cultural mismatch between SLPs and the clients they serve can lead to clinical  
23 challenges that are best addressed in professional preparation programs.

24

25

## 25 **Introductions**

26

27 The following section provides an overview of our institution and introduces the four authors.  
28 Each author has described themselves in their own words as well as their perceived role within the  
29 department of communication sciences and disorders (CSD).

30

### 31 **Our Institution**

32

33 Nazareth College is a coeducational and religiously independent institution located in upstate  
34 New York with 2,300 undergraduate and 700 graduate students. Programs include education,  
35 health and human services, business and leadership, and the liberal arts.

36

### 37 **Anna, student**

38

39 I am a junior in the CSD department and have been in this program since freshman year. My  
40 pronouns are they, them, theirs. This college was my first and only choice and I am thankful to  
41 be where I am today. For a few years now, I have been an active participant within different  
42 groups, functions, and classes at Nazareth in which I am learning a lot about myself and the  
43 world around me. Coming into the program I did not have the knowledge that I have today about  
44 diversity and inclusion or even how important they are. I am a much different person today than  
45 I was coming into the program, and the more I learn, the more I am able to see how diversity and

1 inclusion in the CSD department could improve.

2

3 I have not been harassed or discriminated against when I am at school, but that does not negate  
4 the fact that I feel very uncomfortable when I am here. I feel a great sense of otherness that I felt  
5 all throughout middle and high school, coming from a small rural area. Before college, I knew I  
6 was different from my peers, but I did not have the knowledge or the language to figure out why.  
7 Today I am able to point out specific actions, conscious or not, that foster an environment where  
8 I feel different from most everyone around me because of my sexual orientation and gender  
9 identity—things such as the lack of gender inclusive language, the lack of visible diversity (or  
10 talked-about diversity), and the lack of knowledge within the department (educators and students  
11 alike).

12

13 **Erin, student**

14

15 I am an undergraduate transfer student majoring in CSD at Nazareth College. I identify within  
16 the LGBTQ+ community. I am a cisgender woman and my pronouns are she, her, hers. Let me  
17 start off by saying that my experiences within the CSD department have generally been very  
18 positive. As someone from the state of North Carolina, a state famously known for its  
19 anti-LGBT law House Bill 2, and who has a background full of negative experiences due to my  
20 identity, interacting within the CSD program at Nazareth College was a major step up. There  
21 isn't any blatant discrimination around every corner, and I could speak confidently about my  
22 partner of three years around my peers and professors without looks of discomfort or concern for  
23 my soul in response. For me, this toleration for my identity was exhilarating but didn't last long  
24 as I realized that, although I was accepted, I was alone. Almost everyone else in the room had  
25 identified themselves, intentionally or not, as the same four things: White, straight, cisgender,  
26 and born in New York. Of course, as I would soon learn, these traits were not unusual for this  
27 private college's student population. Additionally, most came from a middle- to upper-class  
28 socioeconomic status, again very different from me. As I continued my coursework within this  
29 program, I found myself feeling that in order to be included in the conversation of my peers, I  
30 had to conform to the social constructs and heteronormative atmosphere that was already  
31 strongly established within this program. I saw a very friendly and supportive community within  
32 this program and was very excited to see this engagement between professors and students but  
33 had difficulty, as I still do, feeling like I belong.

34

35 **Susan, professor**

36

37 I have been teaching and practicing as a speech-language pathologist for over 30 years. My role  
38 is a clinical associate professor in the department of CSD. I teach pre-clinical and clinical  
39 courses and provide clinical education to students in a variety of community settings. My  
40 pronouns are she, her, hers.

41

42 I think of my own road of cultural humility. I adopted ideas I adamantly called the truth, only to  
43 find out that those ideas were simply my perception of truth at that time. Each one of these  
44 lessons has opened my eyes to how many misidentified perceptions I own. My current strategy is  
45 to step back, reflect, and sense that the moment at hand may be one of those times when my

1 beliefs are misconstrued. To accept there are different *rights* and there are no *wrongs*. To see that  
2 something I have done for a long time may be ready for a change and to be open to listening,  
3 truly listening to what is going on around me. If I hear my mind making a judgment or statement  
4 that I say is *truth*, I choose to stop, step back, observe, and listen. I focus on this in myself, with  
5 the hope that I will be a model for my students.

6  
7 **Dawn, professor**

8  
9 I am an associate professor in the CSD department at Nazareth College. I am the graduate  
10 program director for the speech-language pathology master's program, and I have been a  
11 practicing speech-language pathologist for 15 years. As a clinician and researcher, I specialize in  
12 supporting individuals on the autism spectrum. My pronouns are she, her, and hers.

13  
14 When working with students, my goal in the classroom is always to spark their curiosity and  
15 encourage questioning of what they believe to be true. I frequently ask my students to recognize  
16 and own their unique history and experiences that will travel with them into any clinical  
17 encounter as a professional SLP. For example, how will their own experiences as a child inform  
18 the choices they believe parents should make? How will the clinician react when they are  
19 confronted with a parent or caregiver making a decision that is not consistent with their own  
20 values and beliefs? To support the development of cultural humility, I expect my students to  
21 reflect, discuss, and reflect some more. The number of reflections I have assigned, read, and  
22 critiqued over the years is likely in the thousands. As an instructor, I challenge my students to  
23 dig deeper, confront their own stereotypes, and reconsider perceptions of the world they believe  
24 to be true. As I have taught my students about self-reflection, I myself have grown as a reflective  
25 practitioner. Recently, I was again reminded by two students that our journey of learning is  
26 never done; there is always growth to be had in the area of creating an inclusive environment.

27  
28 **Stories from the Classroom**

29  
30 The following section will provide an overview of pronoun usage, followed by an illustrative  
31 example of a faculty-student interaction in a college classroom. The faculty-student interaction  
32 highlights the benefits of vulnerability on behalf of the faculty member and student in creating  
33 change toward inclusivity.

34  
35 **Pronouns**

36  
37 Gender inclusive pronouns are applicable to everybody. A pronoun by definition is “a word that  
38 is used instead of a noun or noun phrase” (Pronoun, 2019). Quite often pronouns are used to  
39 describe people. The binary pronouns are “she/her/hers” and “he/him/his.” However, there are  
40 more pronouns used than the binary pronouns. Many folks also use “they/them/theirs” or  
41 “ze/hir/hirs.” Some may choose to use no pronouns, but just be referred to by name, and others  
42 may choose to use a combination of pronouns or all of them. There is no one set of pronouns that  
43 fits all. Everyone's pronouns can vary, and it is impossible to discern what pronouns a person  
44 uses without asking them. It is crucial to know why pronouns are important to an individual, as  
45 well as how to correctly use them. Although using more than the binary pronouns or using new

1 pronouns for a person may seem daunting, it is a vital step to support and include members of  
2 the LGBTQ+ community.

3

4 Traditional use of pronouns semantically makes this alternate use of pronouns more challenging  
5 from a language perspective because “they” *most often* refers to a plural group and not only one  
6 person. The new usage of “they” as a singular pronoun could seem grammatically incorrect to  
7 some, although many people already use it in daily conversation when the gender is unknown  
8 (e.g., “Someone left their coat in my office. I wonder if they will come back to get it?”).

9 Language is dynamic and the way we use pronouns is simply part of an ongoing evolution.

10 Professionals must learn to adapt to these changes for the well-being of clients and coworkers.

11

12

### Faculty-Student Reflection

13

#### 14 Susan, professor

15

16 As SLPs we assess children’s speech and language and teach them to make changes to  
17 effectively communicate. Little ones with language delays often have trouble learning what  
18 pronoun(s) to use in their conversation. In an introductory clinical methods class, our goal was to  
19 develop activities to match client objectives. I was using the following example: *Client will*  
20 *appropriately use the pronouns she/her*. As I said “appropriately use the pronouns” aloud, I  
21 paused. On our campus, many students and faculty had begun introducing themselves with their  
22 pronouns. Admittedly, I did not understand the differences, and as an SLP, the use of some  
23 pronouns seemed grammatically incorrect to me. However, my lack of knowledge and  
24 understanding did not change that it felt wrong teaching that *she is wearing her coat* refers to a  
25 girl and *he is wearing his coat* refers to a boy. So I paused again and reflected out loud, “Wait, I  
26 know there is a change going on in the use of pronouns, so perhaps teaching that ‘she’ refers to  
27 girls and ‘he’ refers to boys isn’t right. Or is it? I don’t know that answer. I’m not sure what to  
28 do?” As a professor, it can be daunting to admit that you don’t know, especially on the spot and  
29 in front of the class. A student was kind enough to raise their hand and offer to explain what the  
30 different pronouns meant, if I was interested in listening. I was definitely interested in listening!

31

32 I left class exhilarated that day. It is not often I show my vulnerability in front of the class and  
33 the outcome felt successful for all. With so many thoughts spinning in my head, I absorbed very  
34 little information on the use of gender inclusive pronouns. My biggest takeaway was that I took  
35 a chance to be the learner in my classroom and it was a safe and positive experience. A new area  
36 of learning had opened up.

37

#### 38 Anna, student

39

40 As someone who does not use binary pronouns, I often get misgendered. I use they/them/theirs  
41 pronouns but many people, even some who know my pronouns, still use binary pronouns when  
42 talking to me and/or referring to me. Each time I am misgendered, I experience instant feelings  
43 of hurt, invalidation, and disrespect. Being misgendered is almost always either an accident or an  
44 unknown mistake, and I try not to take offense to it. For me, like many others, pronouns are  
45 quite personal and are very much connected to my identity. I identify as non-binary because I do

1 not feel like a woman and I do not necessarily feel like a man either. My gender exists out of the  
2 binary. I use they/them/theirs pronouns because those pronouns feel comfortable to me. I feel  
3 like those words accurately describe who I am and when my pronouns are not used I feel like I  
4 am not seen. I feel as if my identity is devalued. Being misgendered also causes me to feel  
5 gender dysphoria and this is something I am learning to cope with. On the flip side, when my  
6 pronouns are used correctly and without hesitation I feel validated, respected, accepted, and a  
7 sense of gender euphoria. Being misgendered can feel the same as me telling the world “I am  
8 non-binary,” and everyone who misgenders me responding with “No, you are a girl.” This is a  
9 struggle that many gender expansive individuals experience. It takes immense bravery and  
10 strength for one to live as their authentic self. To be open and honest with the world about one’s  
11 identity just to be constantly reminded that you are viewed as someone you are not is harmful.  
12 Using a person’s pronouns as they wish is crucial to respecting them and their identity.  
13

14 When I read the prompt on the worksheet—*client will appropriately use pronouns she/her*—I  
15 wondered how it would be taught and how it would look in therapy. When discussing what these  
16 activities might look like, I heard my professor inquire about how to use pronouns without  
17 stereotyping genders. When this question arose, I was ready to contribute, since this was a topic  
18 I felt knowledgeable about. I raised my hand and explained how there is no way to tell what  
19 anyone’s gender is based on their appearance, which turned into a discussion on gender inclusive  
20 pronouns: they, them, theirs. My professor was wondering how these pronouns would work,  
21 because they are used in our language to represent more than one person, and how to navigate  
22 that grammatical conflict. The class was then able to have a discussion about gender inclusive  
23 pronouns in the context of a therapy setting. Having the openness to have this discussion was  
24 really empowering, and I’m thankful that my professor and peers were receptive to the idea and  
25 approached the situation with true curiosity. I am excited to continue having these discussions  
26 within my time here and throughout my career.  
27

### 28 **Program Level LGBTQ+ Inclusion**

29  
30 This section begins with a description of the role of SLPs in working with individuals from the  
31 LGBTQ+ community as well as an overview of professional preparation in speech-language  
32 pathology. Then, we share an example of how program level changes can occur through  
33 faculty-student collaboration. Finally, we provide a description of an in-service Anna and Erin  
34 presented for CSD faculty on strategies to promote inclusivity of the LGBTQ+ community in the  
35 classroom.  
36

### 37 **Speech-Language Pathologists and the LGBTQ+ Community**

38  
39 It is highly probable that SLPs will encounter LGBTQ+ individuals, either as colleagues, clients,  
40 or caregivers of their clients (Taylor et al., 2018). In particular, SLPs often play an important  
41 role in supporting transgender clients with voice and communication therapy so that the way  
42 they speak and communicate more closely aligns with their gender expression. Therapy goals for  
43 this population may include pitch, resonance, intonation, rate of speech, volume, and nonverbal  
44 aspects (ASHA, 2019b). In the context of a therapeutic relationship, SLPs have the unique  
45 opportunity to support the development of an individual’s authentic voice. ASHA does not have

1 any specific position papers or clinical guidelines related to transgender voice and  
2 communication (Pickering, 2015); therefore, professional preparation programs are charged with  
3 developing curriculum material in this area.

4

### 5 **Professional Preparation in Speech-Language Pathology**

6

7 Professional preparation programs for SLPs must ensure that students have preparation in both  
8 depth and breadth across several knowledge and skill outcomes, including the ability to  
9 “communicate effectively, recognizing the needs, values, preferred mode of communication, and  
10 cultural/linguistic background of the individual(s) receiving services, family, caregivers, and  
11 relevant others” (ASHA, 2019a). Programs must ensure that supervised clinical experiences  
12 represent clients across the lifespan and from culturally/linguistically diverse backgrounds, as  
13 well as with individuals with various types and severities of communication and/or related  
14 disorders, differences, and disabilities. Furthermore, the profession’s Code of Ethics (ASHA,  
15 2016a) directly addresses the need to provide culturally and linguistically competent services  
16 and research. In adhering to the rules outlined in the Code of Ethics, SLPs must remain aware of  
17 the impact of culture during interactions with clients, colleagues, families, and students. Due to  
18 the nature of the profession, gaining cultural understanding of individuals with communication  
19 disabilities is inherently addressed in curriculum and frequently encountered in clinical  
20 experiences. In contrast, cultural understanding regarding race, ethnicity, gender, and sexual  
21 orientation must be more intentionally taught (Hancock & Haskin, 2015).

22

23 Although SLPs will undoubtedly work with members of the LGBTQ+ community as  
24 professionals, students majoring in helping professions have been found to have high levels of  
25 transphobia and also reported a lack of exposure to transgender content within their programs  
26 (Acker, 2017). In addition, biases in members of the speech-language pathology community  
27 towards members of the LGBTQ+ community have been documented (Kelly & Robinson,  
28 2011). ASHA has emphasized primarily racial and ethnic minority topics such as dialectical  
29 diversity, bilingualism, and multilingualism. In recent years, an increased emphasis on other  
30 dimensions of diversity such as deaf culture, socioeconomic diversity, cultural literacy, health  
31 disparities, and social justice have gained more attention (Mahendra, 2019). Information about  
32 the LGBTQ+ community continues to be less readily available.

33

34 Stockman (2008) found that most professional preparation programs have infused  
35 multicultural/multilingual instruction within existing courses with little to no emphasis on  
36 LGBTQ+ topics. This is also the case in our program. Potential reasons for the limited coverage  
37 of LGBTQ+ topics within the curricula include the challenge of including multiple topics in a  
38 limited timeframe, lack of agreement among faculty on what is important to include, or simply  
39 lack of knowledge regarding this population on the part of instructors (Mahendra, 2019).  
40 Explicit instruction in issues relating to LGBTQ+ individuals and exposure to individuals from  
41 the LGBTQ+ community has been found to increase awareness and positivity (Hancock &  
42 Haskin, 2015; Mahendra, 2019).

43

44 Within our own professional preparation program, consistent with trends in the SLP profession,  
45 3% of our undergraduate students identify as men and 11% identify as part of a racial or ethnic

1 minority group. Over the past two years, our department has engaged in creating a new strategic  
2 plan. Within this plan, we embrace a framework of cultural humility through intentional and  
3 embedded opportunities for critical self-reflection, self-critique, lifelong learning, and a  
4 commitment to advocacy and institutional change (Hook et al., 2013). By working actively with  
5 our college's Vice President for Diversity and Inclusion, we are developing strategies and  
6 supports for faculty to embed evidence of diversity within the curriculum.

7  
8 Our graduate program offers specializations in autism spectrum disorder, deafness, and  
9 bilingualism. Additionally, we have clinical outreach programs working with individuals  
10 impacted by homelessness and economic disparities, and those who have arrived in the United  
11 States as refugees. Faculty include readings that examine cultural variables connected to course  
12 topics. In addition, when selecting textbooks and other sources, diversity is considered in the  
13 selection process (e.g., representation of authors, scholars, and perspectives of individuals from  
14 diverse backgrounds). Although our curriculum has several strengths in the inclusion of cultural  
15 and linguistic diversity, our recent work has highlighted significant gaps related to LGBTQ+  
16 inclusivity or working with the LGBTQ+ population as practitioners.

### **Faculty-Student Reflection**

#### **Erin and Anna, students**

21  
22 We first approached a professor that we both trusted, knew well, and felt validated by because  
23 topics related to the LGBTQ+ population and community were arising in our classes. Professors  
24 had questions about pronoun usage, singular *they*, and gendered language. Although we were  
25 happy to answer questions and have these discussions in class, there may not always be a  
26 knowledgeable individual who is willing to speak up. We also saw a lack of LGBTQ+ education  
27 among our peers (e.g. not knowing the difference between sex and gender). We discussed  
28 wanting to start the conversation of inclusion within our department. With her support, we then  
29 contacted and met with department administrators to see how receptive they were to the idea,  
30 and how they wanted to move forward. Our hope with approaching the heads of the department  
31 was to bring to their attention that there was a problem and that we could help them solve it. We  
32 wanted to educate our professors on this topic so they would be knowledgeable should the topic  
33 arise again in their classes. We also wanted to begin a culture change within the department.

34  
35 When we approached our department administrators about this topic, one of the first questions  
36 we were asked was if something bad had happened to us; if there was a specific situation or  
37 experience we had that was overtly negative. Being met with this level of concern and support  
38 was incredibly comforting. With each encounter, we were met with genuine concern and copious  
39 amounts of support.

40  
41 We want to help create a culture that is more inclusive and welcoming of those who may be  
42 different by educating the professors and having that knowledge trickle down to the students.  
43 Although this is extra work and we are not getting paid for the work we are doing, we are  
44 thankful for this opportunity for our voices to be heard and hope that we can help make a  
45 difference for queer students who come after us. We would not label this work as a burden



1 because that feels harsh. We will say, though, constantly educating and defending our identities  
2 and community can be exhausting. Nonetheless, we look forward to continuing this education  
3 and advocacy work as it is something that is never done.

4

5 **Dawn, professor**

6

7 When two students approached the faculty asking if they could teach us how to be better at our  
8 inclusion of students from the LGBTQ+ community, my first reaction was one of concern. Many  
9 questions popped into my head between when they asked and when we met, including these: Did  
10 something happen? Was there an incident? Was there discrimination? Do they feel unsafe? In all  
11 honesty, my heart raced thinking about what may have happened to students within our  
12 community. After meeting with the students, they assured us that there was not a single incident  
13 that prompted them reaching out. They felt safe and supported by our faculty and believed we  
14 were trying our best. This was the good news. Although the students felt safe and supported in  
15 the general sense, they pointed out that we still had some growing to do in order to promote full  
16 inclusion and acceptance for members of the LGBTQ+ community. The best news was that our  
17 students were open, willing, and excited to be part of making the change happen.

18

19 After the initial conversation with our students, I was inspired to engage in critical  
20 self-reflection. I realized that we have only just begun our journey toward a more inclusive  
21 department. I have since thought about all the courses within our department and wondered what  
22 we are doing as a faculty to include and show acceptance, specifically for students who identify  
23 with the LGBTQ+ community. Personally, before this encounter, I believed wholeheartedly that  
24 our department was safe and welcoming, yet I realize there is still much room for growth. My  
25 hope for our program is that the faculty can approach this learning from the place of humility  
26 and openness that we expect of our students. Modeling humility for our students is one of the  
27 most influential things we can do.

28

29 **In-Service on LGBTQ+ Inclusivity**

30

31 As a result of student advocacy and open dialogue between faculty and students within the  
32 department, Anna and Erin presented an in-service to the CSD department faculty about  
33 LGBTQ+ inclusivity during one of our bi-weekly faculty meetings. Before the presentation, a  
34 survey was sent to assess faculty knowledge and perception of the LGBTQ+ community. The  
35 student presenters defined terms, gave examples of gender inclusive language to use in the  
36 classroom, facilitated discussions, and provided handouts for future reference. As a result of the  
37 in-service, faculty indicated they were appreciative of the openness and confidence of the  
38 presenters. Faculty gained strategies to support LGBTQ+ students in their classroom and were  
39 made aware of practices being used that were unintentionally harmful. They were excited to  
40 institute these changes in the classroom and create a more open environment for members of the  
41 LGBTQ+ community. A follow up in-service was requested to dive deeper into topics of  
42 LGBTQ+ inclusivity and continue our work within the CSD department.

43

44

45

## Conclusion and Strategies to Increase LGBTQ+ Inclusivity

We have realized the impact that gaps in professional preparation in the area of LGBTQ+ inclusivity can have on future SLPs. SLPs will likely interact with members of the LGBTQ+ community, and it is imperative that they are adequately prepared regarding issues that may surround this diverse group, most specifically those who are transgender. Increasing inclusivity within professional preparation programs is critical as learners are at the beginning of their professional career and developing self-identity (Renn, 2017). Collaborating with members of the LGBTQ+ community, including students, will be most effective. It is through this interaction and collaboration that barriers will be broken, leading toward increased positivity and comfort for all.

The following are strategies our faculty and students have found effective to increase LGBTQ+ inclusivity:

1. *Introduce yourself with pronouns.* Faculty can introduce themselves with their pronouns, which will provide the opportunity for others to do the same (Kelly & Robinson, 2011). Department faculty can also include their pronouns in email signatures.
2. *Ask “What are your pronouns?”* If you do not know what pronoun a person uses, it is not rude or intrusive to simply ask the person, “What are your pronouns?” If you do not have confirmation that a person uses certain pronouns and you don’t feel comfortable asking, it is best to use they/them/theirs pronouns when referring to them.
3. *Avoid misgendering.* Taylor et al. (2018) urged that SLPs should avoid assigning pronouns based on physical appearance. For transgender and gender-nonconforming individuals, misgendering is experienced when the wrong pronoun is used, and this can be viewed as a microaggression. If you are struggling to properly use someone’s pronouns, try talking slower, allowing more time for processing. When meeting someone new, try to remember people’s pronouns along with their name. Another trick to remembering someone’s pronouns is when you write down their contact information, include their pronouns next to their name. If you do misgender someone, the correct response is to simply and quickly apologize, use the correct pronoun, then continue on with the conversation.
4. *Greet groups using gender inclusive language.* Avoid addressing groups with terms such as “you guys” or “ladies and gentlemen.” Instead, try “everyone,” “y’all,” “colleagues,” or “friends.” This takes practice, so be open when you make a mistake and use a gendered term. Consider letting the audience know that the use of gender inclusive language is something you are working on and asking for their help in reminding you if you use a gendered term.
5. *Identify gender inclusive restrooms.* When meeting as a class for the first time or greeting people within your building, share where gender inclusive and accessible restrooms are located.
6. *Review forms, documents, and policies for gender inclusive language* (Kelly & Robinson, 2011). Items to review may include clinical intake, case history, course

1 syllabi, or any other documents that may unintentionally include gender biased  
2 language. Within documents such as clinical intake there should be separate  
3 questions for “sex assigned at birth” and “gender” since they are different. As  
4 professionals, it is important to know both of these things. There should also be a  
5 place for the client (including children) to write in their pronouns.

- 6 7. *Update dress code.* Critically review policies and practices surrounding  
7 expectations of professional dress in clinical settings. Images, examples, and the  
8 models provided for professional dress may unintentionally exclude and confuse  
9 students regarding the expectations for professional dress. Provide the opportunity  
10 for students to have an open dialogue and question dress norms.
- 11 8. *Embed experiential opportunities regarding LGBTQ+ content in course*  
12 *curriculum.* This may include class lectures with introductory/informational  
13 material, guest speakers who identify with the LGBTQ+ community, experiential  
14 learning activities, reflection, and open/safe discussions surrounding any  
15 discomfort with the topic and sense of conflict with religious beliefs (Acker, 2017;  
16 Mahendra, 2019).
- 17 9. *Encourage interprofessional initiatives.* Continued development of  
18 interprofessional education related to this topic is needed (Mahendra, 2019).  
19 Health related disciplines such as social work, speech-language pathology, and  
20 audiology must advance in preparing students to work with the LGBTQ+  
21 community through additional investigations and initiatives (Acker, 2017;  
22 Mahendra, 2019).
- 23 10. *Champion for more research.* Research should focus on overcoming obstacles and  
24 developing strategies for inclusion of LGBTQ+ students in professional  
25 preparation programs. Although there is research on the preparation of SLPs to  
26 work with the LGBTQ+ community, there is very little in the area of supporting  
27 SLP students who may be members of the LGBTQ+ community. More work in  
28 this important area needs to be done.

### 29 30 **Closing Reflections**

#### 31 32 **Dawn and Susan, professors**

33  
34 In closing, we realize we are novices on this topic. The process of working on this article has  
35 truly opened our eyes to how much more we have to learn. Perhaps we have unknowingly made  
36 missteps in the way we have used and defined terms. We continue to practice vulnerability  
37 which temporarily places us in a space that feels unsafe, yet it can actually be a space of strength  
38 and learning. We encourage our colleagues in academia to be vulnerable, model cultural  
39 humility, and seek opportunities to learn from their students.

#### 40 41 **Anna and Erin, students**

42  
43 Being invited to contribute to this article was an amazing opportunity for our voices to be heard  
44 and to continue the conversation among fellow speech language pathologists. There is little to no  
45 research on LGBTQ+ individuals especially with a speech therapy focus. We are hopeful that

1 this article and continuing to talk about the importance of LGBTQ+ education and advocacy in  
2 healthcare and speech-language pathology will improve as we move forward.

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37

# Cultural Humility: A Tool for Social Workers When Working with Diverse Populations

Belkys Sanchez

**Abstract:** Although we have cultural competency-based educational lessons and trainings in our preparation to become social workers, it has long been considered that achieving cultural competency is impossible. Through cultural humility, one can be more culturally responsive as one achieves a level of openness and, therefore, be more successful when working with diverse populations. In this paper, I walk through some examples of my attempts to be culturally humble when working with diverse populations and how self-reflection has helped to foster this development.

**Keywords:** cultural humility, competency, awareness, responsiveness, effectiveness of treatment, diversity, power differential, reflection, intervention

## Introduction

In the interest of this reflective paper on cultural humility and my experience as a licensed clinical social worker, I think it is important to begin with clarifying the perspective through which I am viewing cultural humility. I believe that cultural humility is an important concept to incorporate in social work education and throughout the development of social work careers. In order to be prepared for the rapid changes of society, social workers need to be open and flexible to those changes and adapt accordingly. The lens through which I am viewing this is tinged with a social reconstructionism philosophy. “Social reconstructionism argues that education can and should be used to create a new, more democratic, more humane, and more equitable society” (Gutek, 2013, p. 390). With this lens and these examples in practice, I attempt to illustrate how cultural humility can be an effective instrument in better serving diverse populations.

Cultural competence comes with the idea that one can achieve a level of proficiency as it pertains to diverse cultures. It is implied that cultural competence can be achieved by becoming self-conscious of assumptions, understanding human behavior and the diverse cultures of clients, and, lastly, understanding and acknowledging organizations’ denial of diversity (Mlcek, 2013). On the other hand, cultural humility can be used to explain how well a provider or organization is open to others in relation to their social, cultural, and linguistic identity, which is very much part of individuals receiving or not receiving services. Cultural humility takes into account the fluidity and subjectivity of culture and challenges both individuals and institutions to address inequalities (Fisher-Borne et al., 2015). This is important because, as noted by Fisher-Borne et al. (2015), in order to become culturally competent, one needs to be culturally humble. Furthermore, there are discussions in reference to it being impossible to achieve cultural competency, as it assumes an entirety stance.

As previously stated, cultural humility is the ability to be open to others in relation to an individual’s social, cultural, and linguistic identity. Haidt (2013), in his book *The Righteous Mind: Why Good People Are Divided by Politics and Religion*, brings up a good question to us

1 as individuals: Are we really able to step outside the box and not be “for” or “against” anything?  
2 He implies that we could understand where a person’s reasoning may be coming from because  
3 of their moral foundation. Could we acknowledge that we may not understand a person’s  
4 reasoning for what they are “for” and/or “against”? Is there some way of stepping out of our own  
5 moral matrix, and if so, what does that look like, where is it, and how do we get to it? To me,  
6 this challenge associates perfectly with the concept of cultural humility. In order to be a more  
7 culturally humble social worker, a social worker needs to step out of their moral matrix. As a  
8 social worker, it is my duty and responsibility to be more culturally responsive, and for that, I  
9 must have an openness to diverse cultures, which is better named cultural humility.

10  
11 In order to be more culturally responsive, I have reflected primarily on the notion of the  
12 top-bottom approach. Through my practice with diverse populations, I noticed that minority  
13 populations tended to view me as an expert—they looked at me for guidance and even to tell  
14 them what to do directly. Although I have lots of training and understanding about human  
15 behavior, I have found through practice that every client is different and an expert in their own  
16 life. Even if they are experiencing symptoms like those described by the DSM-V, their  
17 experience is still very unique and the way it manifests is interpreted and managed very  
18 differently. For that reason, I make it a point to explain to my clients in their initial session that I  
19 am not an expert in them as an individual, that they are the experts of themselves—however, I  
20 am there to facilitate a process for them through some interventions and models I have learned  
21 that may be helpful to them. I always start with something along the lines of this as my  
22 introduction to my clients:

23  
24 “I am a woman, a mother of three boys, a wife, a daughter, a sister, an auntie, a cousin, a  
25 niece, a friend, and a social worker. In my different roles throughout my life I have  
26 learned different things about myself and about others.”

27  
28 I begin with this introduction because my goal is to balance the power differential as much as  
29 possible and avoid the top-bottom approach. More immediately, I began using this because I  
30 admired other professionals doing something similar, “showing their human side.” As I think  
31 back, one feedback stands out to me from a young individual I served who stated they felt a  
32 sense of relief hearing my introduction. The individual shared a previous experience with  
33 another provider that made them feel a lack of connection or a lack of humanity, specifically  
34 stating, “I wasn’t sure that provider actually could understand.” This validates the reason I make  
35 this statement to my clients. It varies and is adjusted depending on many factors—however, in  
36 general, the statement I want to come across is that I am as human as they are, and I am here to  
37 serve them.

38  
39 When I encountered professionals like my professors, supervisors, and other colleagues who  
40 made me feel like I could really talk to them, they made themselves more approachable and  
41 therefore more fruitful conversations occurred. For example, with my professors, as experts with  
42 many years of experience, I felt that my education experience was a collaborative approach  
43 rather than an essentialism or perennialism philosophy of education approach. The students were  
44 very much part of the learning process, and I consider this to be equally important in clinical  
45 practice. The work that I do with my clients is a collaborative approach where I am going to

1 contribute some of my skills and expertise to help them and they are going to contribute their  
2 experience in order for the process to progress. This ties in very well with the social  
3 reconstructionism philosophy, where, as a professional, I am attempting to create that new  
4 society Gutek (2013) discusses.

5

6 As a woman, I have encountered moments of discrimination and others, though rarely, of  
7 privilege. As a mother, auntie, cousin, niece, and friend, I have encountered moments of  
8 injustice and desires to advocate. As a wife, I have experienced diverse joys, injustices, and  
9 difficulties. As a friend and sister, I have experienced affinity and on some occasions difference  
10 of opinion. Many of my scenarios in my personal life I can also relate to my professional life. I  
11 have noticed that as we adopt the mentality of experts in fields or interventions, we disconnect  
12 from our most common connection: being human. I believe that introducing myself to my clients  
13 is part of building rapport, and I think the most genuine way I can connect with them from the  
14 very beginning is by eliminating this top-bottom approach and setting the stage to be balanced  
15 by validating each individual's role and expertise in the therapeutic relationship.

16

17 In recent years, I have had a diverse population with which I have been intentional in  
18 introducing myself in a similar manner. The previously mentioned scenario comes to mind,  
19 where an individual had expressed their feelings about my introduction. This individual was one  
20 of my younger adult clients who had met with other mental health providers. In these  
21 experiences, the individual reported harboring personal distrust and discomfort, feeling  
22 investigated and judged, and sensing pretentiousness from the professionals encountered. The  
23 individual stated that from my introduction there was a feeling of comfort in knowing that I was  
24 a normal human being who could be related to, not someone who knew it all and had it all.

25

26 As a social worker, I have had the fortune of being trained in diverse interventions through the  
27 agencies I have worked in. Because of my family upbringing, I have the fortune of being  
28 bilingual, and because of some privileges, I have also had the fortune to travel in the United  
29 States and abroad. These privileges can also give me the opportunity to claim expertise in some  
30 areas; however, I do not believe myself to be an expert in people's lives. I believe that  
31 throughout my training I have gained tools and skills that may be helpful to individuals  
32 experiencing tough situations, but in their own lives the only experts are themselves. I believe  
33 that in order for me to provide a service to each individual that comes through my office, I have  
34 to have an openness or a humility to understand that each individual that enters is exactly that:  
35 an individual. This means that although they may be Latinx, there is more to it—or even more  
36 specific, if they are Dominican, there is more to it. Not all Latinxs speak Spanish, not all Latinxs  
37 are from a specific religion, not all Latinxs have experienced the same hardships, not all  
38 Dominicans like to dance and eat *mangu*. My clients' experiences shape who they are as  
39 individuals, and they are the ones who hold the key to learning more about them through my  
40 facilitation of this process.

41

42 The importance of knowing the cultural aspects that affect diverse communities helps us to be  
43 more culturally responsive as social workers. Being culturally humble when performing  
44 interventions with diverse populations means accepting that we may not understand fully the  
45 symptoms being experienced by individuals as described in our clinical textbooks. Furthermore,



1 the way they are managed and eradicated will be different from individual to individual. As a  
2 social worker, it is important to acknowledge that the experiences of diverse communities with  
3 the environment and other social aspects of their lives are things we may never fully understand.  
4 Helping these individuals may take more than just applying an intervention for symptoms of  
5 depression, anxiety, oppositional defiant disorders, etc.

6  
7 An example from my own practice is a client who was showing behavioral issues in the  
8 educational setting they attended. This particular client came from a Latin American country  
9 with their mother due to being persecuted by gangs of their particular town. The client's mother,  
10 to keep herself and the client safe, began a journey towards the United States of America. In this  
11 journey, the client's mother was repeatedly raped, and the client was a witness. This horrible  
12 experience made this mother disconnected emotionally from the client. She provided primary  
13 needs for the client; however, her emotional disconnect made it difficult for the client to learn  
14 some appropriate behaviors. This became a problem when the client began to attend an  
15 educational setting. When the client's mother came to my practice, she had experienced previous  
16 therapist attempts to help her with her child's behavior. The client's mother would not attend  
17 sessions regularly. Interventions like play therapy and parent-child interactive therapy were  
18 attempted but not successful. The treatments for this client were all directed towards the client,  
19 but the mother's story was not being taken into account. I went on to treat this mother and began  
20 to utilize parent-child interactive therapy while both considering that the mother was not going  
21 to be able to follow the intervention 100 percent and connecting her to other resources to receive  
22 her own support.

23  
24 The model was adapted as I considered it to be necessary for this mother's needs and the client's  
25 needs. For example, because this intervention is very strict regarding intonation, it requests that  
26 statements which might be misinterpreted as questions be restated properly in order to avoid  
27 confusion. However, I had to be culturally humble and understand that for this particular culture  
28 very different from mine, I could be hearing a question. Instead of viewing it from my own  
29 culture, I engaged in conversations that allowed her to clarify whether she had asked a question  
30 and allowed me to provide psychoeducation that helped the mother understand why we wanted  
31 to keep the fidelity of the model by not asking questions, while also respecting that the mother's  
32 intonations may not have been intended as questions. This client's mother currently reports the  
33 child is doing very well in the educational setting; however, there is still more to be done.

34  
35 As social workers, we know our code of ethics states the responsibilities we have to the clients.  
36 In terms of cultural awareness and social diversity: "Social workers should understand culture  
37 and its function in human behavior and society, recognizing the strengths that exist in all  
38 cultures" (NASW, 2017, Ethical Standards 1.05a). This ties in perfectly with the idea of this  
39 paper. When we look at the client's culture, we then have a better chance to support and help our  
40 clients based on the cultural aspects of their lives that are very significant and can contribute to  
41 their behaviors and/or symptoms. These can also be part of the strength the client needs in order  
42 to have a better treatment outcome. Furthermore, this section also states, "Social workers should  
43 have a knowledge base of their clients' cultures and be able to demonstrate competence in the  
44 provision of services that are sensitive to clients' cultures and to differences among people and  
45 cultural groups" (NASW, 2017, Ethical Standards 1.05b). This brings up the question of how

1 successful a professional of mental health can really be when they are not in harmony with their  
2 client. The professional could be less in tune with their client if they are not sufficiently  
3 culturally humble to acknowledge their lack of understanding of the client's culture. This is why  
4 it is so important to be culturally humble, to be able to work towards cultural competency.

5  
6 This previous statement raises the question of the cultural appropriateness of interventions and  
7 their effectiveness. Current scientific debate exists regarding the need to culturally adapt  
8 efficacious interventions before dissemination among ethnic minorities. Some type of adaptation  
9 must be required because there are many aspects, for example, of the Latinx culture, that are  
10 important when it comes to serving this community. Furthermore, Smith et al. (2010) stated:

11  
12       The debate has been recently augmented by meta-analytic research findings that show  
13       that culturally adapted treatments have a greater effect than traditional treatments . . . ,  
14       that more cultural adaptation results in better treatment outcomes, and that most  
15       successful implementations were conducted with single minority ethnic groups. (as cited  
16       in Rodríguez et al., 2011, p. 170)

17  
18 This proves that that there is a need to adapt interventions for specific diverse communities.

19  
20 Furthermore, for example, the Latinx population includes many countries which within  
21 themselves have many subcultures. As a practicing clinician, it has been a challenge at times  
22 understanding how to keep fidelity to a specific model that has proven to be successful, while  
23 also adapting it to be culturally appropriate while serving different Latinx cultures. "Latinx" is a  
24 term that is used to refer to an individual's relationship with a Latin American country, and it is  
25 important to recognize that Latinxs are not a homogenous group. Therefore, when we are  
26 adapting interventions to serve the Latinx community, how can we be sure that we have adapted  
27 it appropriately?

28  
29 The cultural and ethnic backgrounds of Latinxs are very diverse, and it is for this reason it is  
30 important for social workers to have cultural humility when executing interventions with Latinx  
31 clients. Domenech-Rodríguez and Wieling (2004) stated that research with Latinx parents has  
32 demonstrated the importance of adapting existing interventions for Latinx populations by  
33 ensuring that program content is culturally relevant as well as linguistically appropriate.

34  
35 Being bilingual in Spanish and English is not enough. As a clinician, I find myself needing to  
36 learn more about other cultures to understand first where the issues may have surfaced from and  
37 how certain things make sense to the individual from their cultural lens. Once I am able to  
38 understand these aspects from the individual's lens, then I am more culturally equipped to  
39 appropriately adjust the model to meet the client's needs. For example, I had a client who was  
40 struggling after suffering a traumatic event. One of the biggest struggles for this individual was  
41 visual hallucinations. Through many therapeutic sessions that involved asking questions as they  
42 related to the individual's culture, the way his hallucinations went away was with a practice from  
43 his culture and spiritual beliefs. Since as the individual's therapist I showed interest in the  
44 practices and beliefs of his culture and also validated the need for this practice, he returned to  
45 about five more sessions and we then discharged successfully as the individual felt better and

1 had resolved the symptoms that came from the experience of trauma. This practice was  
2 unconventional and different from my understanding; however, my viewpoint was that I needed  
3 to be culturally humble to understand that I did *not* fully understand. Regardless, I could be  
4 respectful of the individual's culture. This means that I am always learning from my clients, and  
5 I am always evolving and adapting to the specific client being served and making sure that my  
6 approach is the appropriate one.

7  
8 Santisteban et al. stated that interventions for Latinx immigrants should also increase  
9 individuals' motivation to participate by building alliances, developing trust, and effectively  
10 communicating the benefits of mental health interventions (as cited in Cardona et al., 2009). In  
11 my practice with a previously mentioned client and mother, I explained to this mother the  
12 intervention I was going to use and from the beginning, as a social worker attempting to be  
13 culturally humble, I acknowledged the language component. The first language of this mother  
14 was a dialect from her country of origin, and many words I was not able to understand fully. The  
15 way I addressed this was by telling the client that at times I may need her to tell me what  
16 something meant. Also, in the language component for this particular intervention, there would  
17 be no questions asked while in the session directed at the child. However, the mother's inflection  
18 could often be interpreted as a question, and it was a learning process for me to understand when  
19 a question was being asked or when it was just her way of speaking. As previously explained, I  
20 engaged in conversation that attempted to keep fidelity to the model while also being open to the  
21 individual's cultural language.

22  
23 This is one example in practice of how cultural humility was attempted. As a social worker, my  
24 purpose was to be honest with my client about the fact that her culture was not something I knew  
25 much about—however, my intention was to learn with her in order to provide her with the best  
26 adapted version of the intervention to suit the needs of the client. Cardona et al. (2009) discuss  
27 that evidence-based interventions developed with little or no inclusion of ethnic minorities  
28 should be culturally adapted before dissemination among diverse populations.

29  
30 As social workers, we are trained to view things from a multidimensional perspective, which is  
31 the way the presence of Latinxs in this country can be appreciated (Delgado, 2007). When we  
32 look at immigration and the reasons behind some Latinos being in the United States, we further  
33 see the impact of politics in this community. Then we can see that the cultural adaptation of  
34 interventions is important through a culturally humble lens. Cultural adaptation is defined as the  
35 systematic modification of an evidence-based treatment (EBT) or intervention protocol to  
36 consider language, culture, and context in such a way that it is compatible with the client's  
37 cultural patterns, meanings, and values (Bernal et al. 2009).

38  
39 Most treatment research with adults and children does not permit generalization of ethnic  
40 minority populations (Bernal et al., 1995). The fact that this is not allowed raises the question:  
41 How do social workers effectively provide interventions to diverse communities when, in their  
42 practice, the interventions designed are not applicable to all—for example, to ethnic minorities?  
43 This calls for the need to develop cultural humility as a model that helps to adapt existing  
44 interventions to provide treatment to the Latinx community. Latinx clients and Latinx families  
45 are like other cases and clients in this sense; no two cases will ever be completely the same.

1 It is important to acknowledge the influence of culture on individuals and how this may manifest  
2 in symptoms and affect treatment so that cultural adaptation is considered. An evidenced-based  
3 cultural adaptation has the potential to provide a methodology to modify treatments in a  
4 systematic manner so that the culture and context of diverse groups are considered (Bernal et al.,  
5 2009). Once an evidence-based cultural adaptation model is created with cultural humility as one  
6 of the main tenants, we may find a way to keep fidelity to models and effectiveness in treatment  
7 when treating the Latinx community (Domenech Rodríguez et al., 2011).

8  
9 In conclusion, I believe that through a culturally humble lens, I have found my own growth as I  
10 self-reflect on ongoing ways to better serve diverse communities. Social workers have an ability  
11 through a few of our primary perspectives, like person-centered, person-in-environment, and  
12 strength-based, to foster and further develop cultural humility. As Elias-Jimenez and  
13 Knudsin-Martin stated (2016), in order to practice from a multicultural and culturally humble  
14 perspective, it is vital to develop mutually respectful relationships and listen to the voices of  
15 socially devalued groups. Culturally adapted interventions are necessary to effectively treat  
16 diverse communities. Through a cultural humility lens, we are promoting a lifelong learning  
17 stance needed in order to really advance with diversity and social change.

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29

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32

1  
2 **Cultural Humility in Community Practice:**  
3 **Reflections from the Neighborhood Story Project**  
4

5 Amie Thurber  
6

7 **Abstract:** Although cultural humility is frequently emphasized in social work education as a  
8 lifelong commitment to reflection and action, there are few examples of what this looks like in  
9 practice—particularly outside the scope of clinical health settings. This paper situates the need  
10 for practitioner reflections on cultural humility and offers an autoethnographic case study of  
11 efforts to cultivate cultural humility in myself and among participants in a neighborhood-based  
12 action research project. I consider cultural humility from three relational positions: holding  
13 oneself accountable, creating conditions for cultural humility within groups, and acknowledging  
14 how group members co-create conditions for cultural humility.  
15

16 **Keywords:** community practice, cultural humility, participatory action research, neighborhood  
17 change  
18

19 *Ms. TK<sup>1</sup>: I was like, “Who are these people? What do they want?” Those was my*  
20 *concern. “Is they trying to put us in a trick bag or what? Can we trust them?”*  
21

22 *Amie: And “these people” is me, right?*  
23

24 *Ms. TK: “These people” is Amie. This is you, Amie, I’m talking about. You “the people.”*  
25

26 In social work classes, cultural humility is often introduced as a reflective stance, a process of  
27 lifelong learning, and a commitment to recognizing and—to the greatest degree  
28 possible—transforming unequal power relations. We caution students to aspire towards cultural  
29 humility much like following the North Star; the concept serves as a guide, not a destination. But  
30 what does cultural humility look like in practice, particularly in the messy practice of community  
31 work? While a good deal has been written about integrating cultural humility into social work  
32 education, there are few examples that consider what it looks like for seasoned practitioners.  
33 And yet, if cultural humility is truly understood as an ongoing process, reflections on its  
34 application must not be relegated to student assignments and in-class activities. After briefly  
35 exploring the genesis of cultural humility, the following account traces my experiences  
36 cultivating cultural humility in myself and within groups of residents as we worked together to  
37 improve community well-being.  
38

39 **The Genesis of Cultural Humility**  
40

41 “Cultural humility” emerged as an alternative to “cultural competence” in preparing health  
42 professionals to provide quality care, particularly to members of historically marginalized

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<sup>1</sup> All participants were given the option to have their names or pseudonyms used. Their personal choices are reflected herein.

1 groups. Whereas “competence” suggests a finite set of tools that can be mastered to ensure  
2 effective provision of service, the word “humility” conjures a recognition of one’s own fallibility  
3 and an openness to continued learning. Physicians Tervalon and Murray-García (1998) first  
4 introduced cultural humility as “a commitment and active engagement in a lifelong process that  
5 individuals enter into on an ongoing basis with patients, communities, colleagues, and with  
6 themselves” (p. 118) and describe the core elements of cultural humility as reflection on one’s  
7 own cultural backgrounds and assumptions, respect for others’ cultural views, and recognition of  
8 the power imbalance in the provider-patient relationship. In the years since, cultural humility has  
9 gained traction across a number of health fields and helping professions, and definitions of the  
10 concept have propagated (e.g., Foronda et al., 2016). Although most describe cultural humility  
11 as an internal, individual process, social work scholars Fisher-Borne et al. (2015) suggest a more  
12 holistic conceptualization, comprised of three elements: “reflection, institutional and individual  
13 accountability, and the mitigation of systemic power imbalances” (p. 173). While maintaining  
14 the core elements from Tervalon and Murray-García’s original framework, this definition  
15 extends beyond individual reflection by linking thinking to action and recognizes that racialized  
16 and other health disparities result from both individual and institutional practices. Given that  
17 social workers are called not simply to observe systems of oppression but to endeavor to create  
18 more just social relations, the tri-part definition of cultural humility offered by Fisher-Borne et  
19 al. (2015) has particular utility for the field.

20  
21 Over the last twenty years, the literature on cultural humility has facilitated an important shift  
22 within helping professions. Rather than asking what they need to understand about marginalized  
23 communities in order to provide effective service, practitioners increasingly ask, “What in my  
24 practice and organization creates barriers to effective service, and how can I address those  
25 barriers?” However, there are two noteworthy limitations in this body of work. First, the  
26 literature on cultural humility overwhelmingly focuses on implications for educational settings  
27 and the preparation of future practitioners and clinicians. The relative inattention to practice  
28 settings and the experiences of current practitioners problematically re-inscribes the  
29 “competence model” that proponents of cultural humility have sought to disrupt. It additionally  
30 reinforces binary thinking around student/teacher and education/practice. Such framing suggests  
31 that students—not current practitioners—should consider the relevance or applicability of the  
32 concept and undermines the conceptual integrity of cultural humility as an openness to continued  
33 growth. If cultural humility is truly a process of lifelong learning, then our progress will be  
34 marked by insufficiencies and errors, by mistakes and difficulties, and it is our grappling with  
35 these that informs our—and our colleagues’—growth.

36  
37 A second limitation has been a narrow focus on the relevance of cultural humility in clinical  
38 settings, where the roles between help-seeker and helping professional (i.e. doctor, nurse, social  
39 worker, therapist) are distinct, and the ethical responsibility to embody cultural humility is  
40 one-directional. That is, the social worker is expected to behave towards her client in ways that  
41 reflect cultural humility, though the client may not in return and is not required to. There are few  
42 examples of applying cultural humility in community practice settings, which often involves  
43 complex interactions between and among various parties (cf. Curry-Stevens, 2012). Whether  
44 working in community organizing, organizational change efforts, or policy change, the social  
45 worker must center cultural humility in their interactions with others, while creating conditions

1 within which all members of a group attend to self-reflection, reciprocal accountability, and the  
2 mitigation of power imbalances (Fisher-Borne et al., 2015). Thus, in addition to the general need  
3 for increased attention to cultural humility in practice settings, there is a particular need for  
4 reflective case studies that make processes of grappling with cultural humility in *community*  
5 *practice* visible—not only to our students, but to ourselves and other practitioners. The  
6 following case study picks up that charge, offering my reflections on cultivating cultural  
7 humility in myself and within groups of residents participating in a community project.

### 8 9 **Context of The Neighborhood Story Project**

10  
11 In recent years, I have been particularly concerned with the negative impacts of gentrification  
12 (the transformation of low-income neighborhoods into areas targeting middle- and upper-income  
13 residents) on community well-being, particularly within low-income communities of color. My  
14 interests in this area reflect entanglements of my personal and professional life. I grew up a  
15 white child on the edges of one of the most robust black neighborhoods of Portland, Oregon,  
16 during the early years of gentrification, and as an adult moved my white family into a rapidly  
17 gentrifying neighborhood in Nashville, Tennessee. Along the way, I have witnessed, studied,  
18 and been implicated in the constellation of harms that follow gentrification (e.g., Thurber, 2018):  
19 As housing values rise, so do property taxes and rental rates, and low-income residents may be  
20 displaced or cost burdened. Friends and family members may be forced out, corner markets  
21 replaced by niche boutiques, and residents may lose their sense of belonging, even if they remain  
22 in place. As I worked alongside residents, city-wide organizing groups, and policy-makers to  
23 address these harms, I became increasingly troubled that those who were most directly affected  
24 by the rapid economic and demographic changes in their neighborhoods are often the least  
25 systematically involved both in defining the problems they experience and imagining possible  
26 solutions. I designed The Neighborhood Story Project in response to this exclusion, as one way  
27 to directly engage residents of gentrifying neighborhoods in responding to the changes in their  
28 communities.

29  
30 Each Neighborhood Story Project begins with the formation of a leadership team of eight to  
31 twelve residents. This team participates in a facilitated twelve-week process to design and  
32 execute a community research project. Over the course of weekly, two-hour meetings,  
33 participants begin by getting to know one another and develop a collective line of inquiry related  
34 to their neighborhood. In the second phase of the project, members collect data to explore their  
35 research questions (such as interviews with the community members, contemporary and historic  
36 photographs, and archival materials). In the final phase, they determine what they want to do  
37 with what they have learned and disseminate their findings with their broader community.

38  
39 Several practice traditions undergird the design of The Neighborhood Story Project: group work,  
40 popular education, public humanities, and critical participatory action research (critical PAR).  
41 The value of cultural humility is threaded through each of these traditions, though it is  
42 particularly salient in critical PAR. Critical PAR falls under the broad umbrella of “action  
43 research”; it is among numerous approaches to systematic inquiry that are designed to produce  
44 actionable findings within a particular setting, such as a school, workplace, organization, or  
45 neighborhood. Many of these approaches are considered “participatory” in that researchers



1 collaborate with members of the setting under investigation to design and implement the  
2 research. Critical PAR is further distinguished by explicit attention to power, both in the subject  
3 of study and the process of research (Torre et al., 2012). In the words of Torre and Fine (2011),  
4 adopting a Critical PAR stance requires an “acute analyses of power, domination, oppression,  
5 and resistance”; alongside this investigation of how communities are shaped by power, the  
6 authors also call for the “complex wrestling with researcher objectivity, subjectivity, and  
7 positionality” (p. 117). The simultaneity of looking outward and inward, to confronting systems  
8 of oppression in the world around us and as manifest in our own practice, reflects a deep  
9 commitment to cultural humility.

10  
11 Over the course of 2016, I facilitated Neighborhood Story Projects in three gentrifying Nashville  
12 neighborhoods. Only a couple miles apart from one another, each area historically had a robust  
13 black community—including residential, educational, commercial, and spiritual  
14 institutions—and high levels of affordable housing. In the last fifteen years, housing values in  
15 these neighborhoods have rapidly increased, and the areas are now attracting younger, whiter  
16 and wealthier residents. Reaching out to existing neighborhood groups, I advertised the  
17 Neighborhood Story Project as a way for those who were concerned about the changes in their  
18 community to learn more and take action. In total, twenty-eight people participated in one of the  
19 three Neighborhood Story Projects. Though demographics varied by group, participants were  
20 predominantly black women who had lived most of their lives in their neighborhood.  
21 Participants ranged in life stage from high school seniors to elders and were nearly evenly split  
22 between homeowners and renters.

23  
24 Despite the similarities between the three neighborhoods and project participants, each  
25 Neighborhood Story Project ultimately jelled around distinct action research projects: one team  
26 was primarily concerned with the frayed social ties in their community and created an interactive  
27 community exhibition where residents of various tenures came to learn and share from one  
28 another. Another team, discouraged by damage-based narratives of their neighborhood,  
29 completed a feature-length documentary film to retell their place-history. A third team homed in  
30 on development-fueled displacement and created a set of community educational and organizing  
31 tools to mobilize neighbors toward resisting unwanted development. Local grant funding  
32 provided project support, including a modest stipend for all project participants in recognition of  
33 their community work. (For more about these projects, see Thurber, 2019).

### **Study Methods**

34  
35  
36  
37 I played multiple roles in the projects, having designed the intervention, facilitated the three  
38 projects, and also studied the process and outcomes. As a scholar-practitioner, I wanted to  
39 understand how participants experienced the Neighborhood Story Project, and how this model  
40 might be of use to other communities (see Thurber, 2019). Following constructivist design  
41 principles, I studied the project through close observation of naturalistic processes over the  
42 course of each twelve-week project (Creswell, 2007; Lincoln & Guba, 1985). In addition, I  
43 conducted a focus group with each team at the conclusion of their project, followed by  
44 interviews with each team member three to twelve months after their project ended. A  
45 collaborating researcher participated in each project and contributed to data collection and early

1 analysis. The resulting multi-case study of three Neighborhood Story Projects produced a rich  
2 corpus of data, including audio recordings, transcripts, and field notes from each weekly session,  
3 focus group, and interview.

4

5 Given my multiple roles, this inquiry was necessarily something of a self-study. As the  
6 renowned community psychologist Seymour Sarason (2004) notes, “[T]he community  
7 interventionist is a very complicated variable” (p. 276). Following Langhout (2015), I  
8 endeavored to make myself visible as an interventionist and to critique my own practice in field  
9 notes, deliberations with collaborating researchers, and data analysis. Here, I focus on how I and  
10 members of the Neighborhood Story Projects grappled with cultural humility during our work  
11 together.

12

13

### **Tracing Cultural Humility in Community Practice**

14

15 I offer reflections in three parts. First, I consider my efforts to hold myself accountable to  
16 cultural humility. The second section examines my efforts to create conditions for cultural  
17 humility between members. The final section explores how members reciprocally created  
18 conditions for cultural humility within the groups. My intention is to surface points of tensions,  
19 learning edges, and moments of grappling related to the core dimensions of cultural humility:  
20 self-reflection, accountability, and the mitigation of power imbalances. At times, the challenges  
21 described herein are generic (they could arise in any group, with any facilitator). Others are  
22 specific, resulting from my particular strengths, weaknesses, biases, and positionality. My aim is  
23 not to offer “fixes,” but rather to make transparent my imperfect processes of reaching toward  
24 cultural humility in community practice, so that others might anticipate similar dilemmas and  
25 contemplate their own possible responses.

26

### **Holding Myself Accountable to Cultural Humility**

27

28  
29 Implementing Neighborhood Story Projects in three gentrifying neighborhoods required gaining  
30 entry into each community, building relationships with community partners to host each project,  
31 recruiting participants, and ultimately facilitating each three-month action research project.  
32 Holding myself accountable to cultural humility required working to earn team members’ trust,  
33 consistently interrogating my own biases and assumptions, and actively realigning power  
34 relations within the groups.

35

### ***Expect That Trust Will Be Earned***

36

37  
38 Though I had some connections in each neighborhood, I entered the Neighborhood Story  
39 Projects as an outsider. I have much more in common with those moving into gentrifying  
40 neighborhoods than those who have remained or been displaced. Unlike most of the participants,  
41 I had no longstanding ties to their neighborhoods. I was one of the only white people in each  
42 project (five of the twenty-eight participants were white), and though about half of the  
43 participants were homeowners, I was likely the only person who could have afforded to buy a  
44 home in any of the neighborhoods in the current housing market. Further, my engagement with  
45 the Neighborhood Story Project was part of my doctoral work, and I was working in

1 communities where academic researchers have a history of over-promising and under-delivering.  
2 In one neighborhood, for example, I was asked what ever happened to the oral histories that had  
3 been collected some years prior. Unfamiliar with the study, I looked into the question only to  
4 find that a former professor in my very own department had collected a series of oral histories  
5 with residents—many of whom were respected elders who had since passed. The stories had left  
6 town with the researcher and were not archived in a way that allowed for open access. The net  
7 effect of these differences in social location between myself and program participants was that a  
8 number of members entered the Neighborhood Story Project with a healthy skepticism toward  
9 the project and me.

10

11 At times this skepticism was expressed as curiosity. Before sitting down at the first gathering,  
12 one member wanted to know my motivation for starting the Neighborhood Story Project. He  
13 said, “Everything has a nucleus. Nothing can live without a nucleus. So, what’s the nucleus?”  
14 Others were more overtly suspicious of my involvement in their communities. At another initial  
15 gathering, a woman asked pointedly, “I want to know how this is going to benefit the  
16 neighborhood, and not just be some project that helps you get your degree.” The epigraph at the  
17 start of this essay was a particularly pointed expression of this suspicion. Months after the  
18 project concluded, I asked Ms. TK if she had initially had any concerns about participating:

19

20 Ms. TK: I was like, “Who are these people? What do they want?” Those was my concern.  
21 “Is they trying to put us in a trick bag or what? Can we trust them?”

22

23 Amie: And “these people” is me, right?

24

25 Ms. TK: “These people” is Amie. This is you, Amie, I’m talking about. You “the people.”

26

27 Although Ms. TK did not explicitly mention my whiteness, several others did. During our  
28 follow-up interviews, one woman explained that she had initially wondered, “Who’s this white  
29 lady?” Establishing my trustworthiness necessarily took time. I navigated this by being  
30 forthright with members about my own concerns and commitments, tracing my own experiences  
31 growing up in a gentrifying neighborhood in Portland, Oregon, and my worries about the way  
32 gentrification damaged communities. As a relative newcomer to Nashville, and an outsider in  
33 two of the three areas, I deferred to members’ knowledge of their neighborhoods. My  
34 transparency and demonstrated respect for members’ expertise helped to create a foundation for  
35 relationship-building.

36

### 37 ***Interrogate Internal Biases and Assumptions***

38

39 Throughout the projects, I strove to be vigilant about how my own biases affected my  
40 perceptions and interactions with members, intentionally interrogating my reactions in field  
41 notes. For example, as we began the second session in one Neighborhood Story Project, I was  
42 disturbed that few people from the first week had returned. That night, I wrote in my field notes:

43

44 I was feeling some anxiety at the start of the meeting . . . *where is everyone?* Thoughts  
45 flashed through my mind: *Had they got scared away somehow? Had they only come for*



1 film, I reflected:

2

3 I asked about how to organize the film—over time or by theme. In the interest of time, I  
4 heavily suggested that we organize it historically, which made sense to the group. I  
5 played a more decisive/leadership role here than I would have liked should we have had  
6 more time. While I think the group would have come up with the same outcome—we  
7 have been circling around this plan for a while—in the end it felt a bit like ‘my decision’  
8 or at least my suggestion.

9

10 At other times, I was aware of member suggestions that I did not take up or encourage the group  
11 to consider. Critical reflection, both independently and with collaborating researchers, helped me  
12 to discern when I might be overusing my influence or when additional structure and leadership  
13 was necessary. In addition to maintaining vigilance regarding my use of power within the group,  
14 I also sought structural realignment of power.

15

16 In traditional social science research, the stories and images that researchers gather often become  
17 the property of the researcher. When a community member consents to be interviewed, they  
18 “give away” their stories, often to the great benefit of the researcher—whose career is built on  
19 publications. Given the guiding values of the Neighborhood Story Project, I sought to maximize  
20 community members’ control over how their personal stories were used and stored and to ensure  
21 open access to that data. Each Neighborhood Story Project was an action research project, and  
22 team members were the primary researchers. It was they—not I—who collected data to answer  
23 the questions they had generated, often through interviews with their neighbors. Team members  
24 provided interviewees with the opportunity to copyright their interview under a Creative  
25 Commons Attribution-NonCommercial-ShareAlike 3.0 Unported License. With this license, the  
26 interviewee maintains ownership over their own interview while setting the terms under which  
27 others can access and use their material. With participants’ consent, all data collected by the  
28 Neighborhood Story Project teams are now archived at the Nashville Public Library.

29

### 30 **Creating Conditions for Cultural Humility Within the Group**

31

32 Facilitating any small or large group process involves both navigating one’s relationship with  
33 participants and creating conditions within which participants relate to one another. A lack of  
34 cultural humility between members can undercut group cohesion, stifle collective learning and  
35 action, and replicate asymmetrical power relations. As we worked together over twelve weeks, I  
36 strove to hold group members accountable to cultural humility by addressing dominant  
37 behaviors within the group and by encouraging the consideration of alternative perspectives.

38

### 39 ***Address Intergroup Dominant Behaviors***

40

41 Microaggressions are understood to be seemingly small acts of oppression, such as a man  
42 dismissing the contributions of a woman, a white person interrupting a colleague of color, a  
43 straight person making light of the safety concerns of a queer friend. Such behaviors  
44 may—regardless of intention—function to marginalize, silence, or diminish another person.  
45 Further, given the degree to which microaggressions permeate the lives of members of

1 marginalized groups, such experiences accumulate and often have demonstrated deleterious  
2 physical and mental health effects (Sue, 2010).

3  
4 Although two of the three Neighborhood Story Projects were fairly homogenous, the third,  
5 located at a high school, was particularly diverse in ethnicity, gender, and age. The opportunity  
6 to work across generational lines was unique and ultimately deeply appreciated. However, this  
7 diversity also heightened the possibility of inter-group tension. Mindful of the possibilities for  
8 microaggressions, I facilitated a caucus activity where youth and adults (many of whom were  
9 elders) separately considered what members of the other group could do to demonstrate that they  
10 are respected and valued. Each group then shared these reflections with one another. For  
11 example, the youth caucus wrote, “Listen to us and don’t treat us like we are inferior,” and a  
12 member of the adult caucus shared, “Don’t think I’m too old to relate or assume I won’t listen.”  
13 Many participants appreciated this foundational conversation. Just two weeks into the project,  
14 Jaime, a high school student, commented,

15  
16 I like how the group is very respectful of each other because I feel like yeah, I’m in a  
17 group of adults, but they don’t look down on me because I’m seventeen. They see me as  
18 their peer, not a child. I definitely like that.

19  
20 Several weeks later, Gary, an alumnus, reflected, “I remember when we first came together and  
21 how we were kind of separated, young and the mature . . . It’s no longer ‘these are kids and  
22 we’re the adults,’ and ‘listen to us,’ . . . That’s my favorite thing . . . we’re all a family.”

23  
24 And yet, despite the high value the group placed on working together across generational lines,  
25 the adults frequently interrupted the youth. As facilitator, I interpreted these interruptions as  
26 evidence of the adults’ enthusiasm to engage in the activity at hand. And yet, this behavior  
27 marginalized the voices of youth team members. At times, I indirectly managed these  
28 expressions of dominance by redirecting the conversation back to the young person who was  
29 interrupted. Other times I was more direct. During a particularly animated discussion in which a  
30 pair of adults were continuously interrupting youth, I stepped in, saying, “Hold up—kids aren’t  
31 talking.” The adults quickly self-corrected and became more mindful of their participation.  
32 However, the challenge to hold space for youth voices—despite the strong ties that had formed  
33 over the twelve weeks—demonstrates the persistence of this pattern of dominance, and the  
34 importance of creating conditions within which group members can attend to their own biases,  
35 beliefs, and microaggressive behaviors.

### 36 ***Encourage the Consideration of Other Perspectives***

37  
38  
39 Any community work involves insiders and outsiders; within the Neighborhood Story Project it  
40 was important to cultivate conditions for cultural humility between participants, as well as  
41 toward the broader community in which our work occurred. Given that the projects involved  
42 data collection, members often gained information that spontaneously caused them to challenge  
43 previously held beliefs. For example, after interviewing several people on her block, an elder  
44 black woman participant voiced her surprise at the economic vulnerability of her young white  
45 neighbors. She reflected, “You may think, well, okay, honestly, you’re Caucasian and never

1 would I have thought that you were concerned that you might have to leave out of this  
2 neighborhood because you can't afford it." Listening to her neighbors helped her to reevaluate  
3 her assumptions and nuanced her understanding of how gentrification was impacting her  
4 neighborhood.

5

6 Other times, I played a more active role in helping participants remain open to alternative  
7 perspectives. For example, the Stratford Story Project centered around a high school and was  
8 primarily concerned with countering the dominant, stigmatizing narrative of the school and its  
9 students. However, as members collected interviews, they encountered conflicting views of the  
10 school from alumni, students, teachers, and neighbors. At the close of one weekly meeting, a  
11 student offered that his hope for our project was "that we just get the, finally get all the facts  
12 straight. Get the true story." In response, I offered:

13

14 Your hope is that we get the facts straight and tell the true story, and I appreciate that.  
15 And, where I sit, there is no true story, and there are no "facts"—there are many stories  
16 and there's many ways of interpreting data . . . My hope is we can tell a different story,  
17 not because it will be the *only* story or the *right* story but a different story, and it's one  
18 that hasn't been told.

19

20 We returned to this distinction—between telling "a" Stratford story and telling "the" Stratford  
21 story—time and again. Conceptualizing the project as a counter-story (rather than a "true" story)  
22 prepared the team for some critical responses from viewers who felt the documentary film was  
23 incomplete. In each of the three projects, cultivating a spirit of cultural humility required helping  
24 members develop a thoughtful analysis of their neighborhood while recognizing that their own  
25 understandings will always be partial.

26

### **Recognizing Reciprocity in Cultivating Cultural Humility**

27

28  
29 The previous sections focused on my efforts as a facilitator to foster cultural humility within  
30 myself and the group. Although a community practitioner bears unique responsibility for  
31 creating these conditions, it is also true that group members actively shape their environment,  
32 calling on one another—and on facilitators—to reflect on one's blind spots, to create more  
33 equitable social relations, and to modify practices in order to more fully disperse power. Indeed,  
34 a key aspect of cultural humility in community practice is letting others take the lead and letting  
35 oneself be led. Over the course of the Neighborhood Story Project, I was continually impressed  
36 by how members created conditions for self-reflection for one another and how members  
37 supported and invested in my development and growth.

38

### ***Recognize Ways Members Cultivate Humility for and with One Another***

39

40  
41 Within the first few weeks of each Neighborhood Story Project, I began closing each meeting by  
42 inviting members to share a personal highlight from our time together. These ritualized endings  
43 became opportunities for members to appreciate one another and to articulate what they were  
44 learning from their collaborators. The following exchange among members occurred in the  
45 second week of one project:

1 Suzie: I just really appreciate the depth of knowledge within the group here. It's  
2 invigorating.

3  
4 Mary: I think I was a little surprised of the stuff that I knew that I didn't think I knew,  
5 especially since I'm the youngest one here, as far as I've been living here about ten years.  
6 I've been involved. I've definitely been involved.

7  
8 Avy: That's great.

9  
10 Amie: Others?

11  
12 TK: What I like about the group is it's a loving group. We're not rude to each other and I  
13 really like that. That means a lot to me.

14  
15 Shirley: I like how everyone listens to me when I'm talking. Everyone is just really nice  
16 to me. I like that. It makes me want to come here instead.

17  
18 TK: You're right. You're right.

19  
20 Mary: What's not to like? There you go.

21  
22 Austin: I would echo that. I go to a lot of meetings. To me, this doesn't feel like a  
23 meeting. I like that, that it feels like we're just sharing with each other and learning from  
24 each other and it doesn't feel like a meeting.

25  
26 Avy: Now by the time Shirley said what she said and Miss TK and then Austin, I just got  
27 chill bumps because Austin is so, he's right... I am so excited and I am just floored with  
28 how well we are working together and the respect. It's like there's already camaraderie.

29  
30 Notably, in just the second week, members were already deeply appreciative of one another, and  
31 of the conditions they were co-creating to learn from and with each other. Though I as facilitator  
32 created space for the appreciations to be verbalized, what members were appreciating were their  
33 own collective efforts.

### 34 *Acknowledge Others' Investment in Your Own Development*

35  
36  
37 Despite the high premium Western academic traditions place on seemingly individual  
38 intellectual contributions, all learning is relational. It is not possible to do justice to all that I  
39 learned from members of the Neighborhood Story Project. Their place-stories deepened my  
40 knowledge of Nashville and transformed my experience of living in the city. The ways that  
41 members talked about the effects of gentrification heightened my sensitivity and honed my  
42 scholarly interests. I am a different neighbor, researcher, and practitioner because of what I  
43 learned from these collaborators. The degree to which members encouraged and supported me is  
44 also noteworthy; just as they invested in one another and in their communities, they invested in  
45 me.



1 My first session in one of the Neighborhood Story Projects offers an example. As the room filled  
2 up with twelve people I did not know, Ms. Mary—who I had met only minutes before—caught  
3 my eye and said, “It takes courage to show up at a group you don’t know and invite people to be  
4 part of something.” Nearly a year later, as we met to review an early draft of my dissertation,  
5 Ms. Mary reflected back on this initial encounter: “I remember that first meeting, you was the  
6 only little white girl there, and most the rest of us already knew each other. It was obvious to me  
7 that you were the one that needed encouraging.” She was right. Having my vulnerability seen by  
8 these team members was both affirming and reassuring; they buoyed my resolve to keep pushing  
9 myself and the projects forward. Part of recognizing the reciprocal nature of creating conditions  
10 for cultural humility is letting people know the difference they make to you. During the tearful  
11 closing session with the first Neighborhood Story Project team, I tried to put some of this into  
12 words:

13

14 If I get a PhD, it’s because of you. Seriously. This is my dissertation research, and I’m  
15 doing this project to see what do these kinds of projects do, what difference do they make,  
16 and this is the first one . . . I’ve been the leader in some ways, but I am a student and you  
17 are my teachers here. I’m learning from you how this works, if it works, if it makes a  
18 difference, how to make it better, and so I’m incredibly indebted to you for this  
19 opportunity. You are all part of my—what we call—committee. You’re all on my  
20 committee . . . You’re helping me grow in huge ways, so thank you for taking the risk and  
21 making the commitment and investing the time and investing your heart.

22

23 As the projects progressed, I continued to feel grateful, indebted, and lucky to be mentored by  
24 such an outstanding group of neighbors who invested in me, as well as their communities. And  
25 though not formally on my Dissertation Committee, a number of the Neighborhood Story Project  
26 participants came to my dissertation defense, some many months after our formal work together  
27 ended, to celebrate the collective learnings from our work together.

28

29

### **Conclusions**

30

31 The above reflections are specific—I am a single practitioner, with a distinct history and  
32 positionality, who facilitated a particular neighborhood intervention with a unique set of  
33 collaborators. And yet, others may find resonances in these reflections with their own projects  
34 and community contexts. Moreover, community practitioners may find utility in considering  
35 cultural humility from three relational positions I have traced above, considering how we can  
36 hold ourselves accountable to cultural humility, create conditions for cultural humility within  
37 groups, and acknowledge how group members co-create cultural humility for one another.

38

39 Where many accounts of cultural humility suggest an internal, individual process, adopting a  
40 more relational understanding of cultural humility better aligns with group and community work,  
41 which is—by design—dynamic, unpredictable, and multisystemic, in that it reflects interactions  
42 between individual, intergroup, and community levels (Rubel & Okech, 2017). Ethical  
43 community practitioners must be accountable to themselves, critically interrogating and  
44 amending their practices as they contend with their biases and imagine how to redistribute power  
45 in their collaborative work. They must also be accountable to those with whom they work,

1 offering leadership when needed to create conditions for all members to reflect on their  
2 assumptions and to consider how inequities manifest both within their own collectives as well as  
3 within the larger community. And they are equally accountable to follow the leadership of their  
4 collaborators, to remember that in community practice the roles of teachers and learners, leaders  
5 and followers are often shared, and though they may be facilitating change, they simultaneously  
6 will be guided to greater learning by those with whom they work.

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23  
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26

1  
2 **I Am with You in Your Pain:**  
3 **Privilege, Humanity, and Cultural Humility in Social Work**  
4

5 Cindy Hunter  
6

7 **Abstract:** In this narrative, I, a social work professor, share the empowerment process I teach  
8 undergraduate social work students as well as how I practice that process myself. I reconnect  
9 with a community in El Salvador where I had worked for five years. I discover that cultural  
10 humility dilemmas occur when professional and personal boundaries, community life, and  
11 academic expectations have conflicting demands. Ethical relationships remain most important as  
12 lessons for teaching and practice are shared.  
13

14 **Keywords:** cultural humility, ethics, El Salvador, cross cultural relationships, international social  
15 work  
16

17 **Introduction**  
18

19 In the photograph on my bulletin board, I am the tall white person in the middle of the back row  
20 among a group of shorter brown women. The image makes the human side of my mouth curl  
21 into a smile and the social justice side stretch into a cringe. The depth of those relationships and  
22 the mutual trust, care, and respect we have for each other is authentic. However, the history and  
23 current practice of colonization and dominance of North Americans from the United States over  
24 Central Americans is powerfully real. My presence represents both the possibility of  
25 cross-culture collaboration *and* the existence of structural oppression. The people of El Salvador  
26 have survived generational trauma starting back from colonization to massacres of indigenous  
27 people in the 1930s, the Civil War in the '80s, and organized gang violence today (Martínez,  
28 2017). The juxtaposition of personal and political realities permeates this paper.  
29

30 As a social worker, it is an obligation of the professional to share stories of reality so that others  
31 can learn, empathize, or improve their professional practice. Yet, as I am a white, middle-class,  
32 academically educated woman, one can understandably question my right to be in someone  
33 else's community and then share with others my understanding of their experiences. I have  
34 unjust power as a creator of discourse. I am partly an insider (Rubin & Rubin, 2005) to that  
35 world through five years of lived experience there. I invested my life and work in El Salvador; I  
36 birthed a child and raised a family in that community and built and maintained many  
37 relationships with people there. Yet, it is not my land by history or justice. I must interrogate my  
38 role in sharing the insights gained from such privileged access. In light of our nation's  
39 misinformation about migration from Central America to the North, I feel compelled to  
40 disseminate direct knowledge about my experiences. I recognize that stories are shared in  
41 confidence that must not be betrayed. My identity as a trusted companion overlaps with my  
42 memberships in the oppressor group and academia. While my intention is to increase empathy  
43 and knowledge of the reader (educators, policymakers, advocates) for the benefit of Salvadorans,  
44 the writing of this reflection also advances my academic career. Jenab (2016) asked, "Is there  
45 ever truly an ethical way of presenting someone's suffering? The ethics of speaking for others,  
46 of sharing and benefitting from someone's own words, is not a definitive set of rules" (para. 15).

1 Who will gain from sharing these stories of resilience and growth? What benefit can this have on  
2 the lives of the people of that community? I invite these questions to any social worker wishing  
3 to research, teach students, or practice at a community level in a community to which they aren't  
4 native. These potentially paralyzing dilemmas are twists in my own journey toward cultural  
5 humility or informed unknowing where power, culture, and history necessarily impact  
6 relationships. Cultural humility entails self-reflection on one's own absorbed stereotypes, a  
7 curiosity to understand other cultural frames of reference, and an openness to realize one cannot  
8 fully understand another's cultural experience (Ortega & Faller, 2011). A social worker's  
9 identity (race, gender identity, socioeconomic status, etc.) impacts their worldview, and their  
10 professional identity is one intersecting factor.

11  
12 While working with community representatives in El Salvador and my university administrators  
13 in preparing for engaging in an international setting, I discovered that some academic and  
14 professional expectations conflicted with ideals of cultural humility in social work practice. I call  
15 these conflicts "cultural humility dilemmas." Cultural humility dilemmas appear in everyday  
16 decision-making moments when the responsibilities of a social worker's identity come into  
17 conflict with a client's cultural reality. The concept is informed by "everyday ethics." Identified  
18 in community-based participatory research, "everyday ethics" is the practice of negotiating  
19 ethical challenges that arise through engagement as an impartial deliberator and an embedded  
20 participant. This practice considers how relationships, responsibilities, values, and commitments  
21 frame how one sees, judges, and acts in particular situations (Banks et al., 2013).

### Context

22  
23  
24  
25 In the mid-1990s, I was a young professional, wife, and mother of three, living and working with  
26 my husband in a community on the outskirts of the capital city in El Salvador. Makeshift houses  
27 were spread along the shoulder of the railroad tracks owned by the government, their occupants  
28 having been displaced by war and again by a hurricane. I lived there as a neighbor and  
29 development worker, invited by a community church and stipended by an international Christian  
30 church organization. My role was to support community health workers, collaborate with women  
31 artisans on small business initiatives, and assist with other community projects.

32  
33 Prior to the 10-week educational leave, the relationship between my family and members of this  
34 community spanned 22 years: five years of daily working on-site and 17 years of biennial visits,  
35 including two educational trips with students. In the United States, my family has hosted many  
36 people from the community, and we have visited people who have migrated from El Salvador to  
37 live in the US. Electronic communication between visits keeps us connected. This story, thus,  
38 spans time, generations, and country borders.

39  
40 Two years after returning to the United States, I became a social work educator. Social work  
41 education has evolved over the years from a problem-solving model to an empowerment  
42 approach (Miley et al., 2017). This shift spurred the use of new textbooks, vocabulary, and  
43 practice lenses in teaching generalist social work practice skills. I proposed an educational leave  
44 to my university, with the purpose of renewing practice skills in my specialization with  
45 displaced populations and to refresh my competence in working from the empowerment

1 approach. The goal of the educational leave was to adapt and deliver two small business  
2 improvement workshops that are infused with women’s empowerment principles. Secondly, I  
3 hoped to document with the participants the impact of the training. These goals seemed relevant  
4 in that they built upon work and relationships already intact using a curriculum that had been  
5 developed and piloted in Spanish (Smith & Shankar, 2015).

### **A Framework for Reflecting on Cultural Humility**

6  
7  
8  
9 The empowerment approach dovetails gracefully with the conceptual framework for cultural  
10 humility in social work that was proposed by Fisher-Borne et al. (2015). Context,  
11 strengths-orientation, collaboration, politics, work at multiple system levels, and reflective  
12 practice are stated characteristics of the empowerment approach (Miley et al., 2017). The  
13 cultural humility model includes three core elements: institutional and individual accountability,  
14 lifelong learning and critical reflection, and mitigating power imbalances. Fisher-Borne et al.  
15 (2015) contend that there must be active and responsible self-reflection on the parts of both the  
16 individual and the institution in order to affect long-term accountability and change. The  
17 approach highlights ongoing learning and reflection, leading not only to the acknowledgment of  
18 power imbalances, but to the creation of individual and organizational-level change strategies  
19 that address issues of power and privilege. Self-reflection on one’s own cultural humility seems  
20 like a conundrum, since one must put one’s self in the center of the narrative. But reflection of  
21 one’s own values, beliefs, and biases is the signature habit of cultural humility practice.

### **Institutional Factors**

22  
23  
24  
25 The cultural humility framework prompts reflection on the part of individuals and institutions.  
26 This section is my reflection related to institutional processes and limitations that could serve to  
27 prompt institutional reflection, accountability, and change. I follow it with an analysis of my  
28 own positionality as an insider-outsider in the practice context.

29  
30 One of the first cultural humility dilemmas I faced in proposing an educational leave in a  
31 community setting was enacting a role of an academic instigating a potential project. The  
32 challenge was communicating authentically with community leaders about project possibilities  
33 while still developing and seeking the approval of the university for an educational leave.  
34 Acquiring educational leave is competitive at our university and depends on a strong project  
35 proposal. A project proposal depends on clear communication, collaboration, and input of the  
36 community members with whom one is proposing to work. In my case, discussions with  
37 community members about project ideas had to be tempered with the caveat that our plans could  
38 only come about if my university granted me leave—the message being that the university had  
39 final authority over the plan, not the community. Most members of this community know me as  
40 a volunteer organizer, not as a “professor,” so these conditions created a new awkwardness in  
41 our relationship. Community contacts and I wrestled with the artificial constraints of a linear  
42 proposal outline (goals, plans, and expected outcomes) and the knowledge that the project would  
43 need to respond to the individuals and community realities in real time. Planning for a potential  
44 project started over many years of brief discussions during my visits there, then moved to emails  
45 and phone calls to develop ideas that were tentative at best. It would not be fair to raise

1 expectations or request an investment of time from my Salvadoran counterparts with no promise  
2 of follow-through. But university permission is based on a concrete plan of action, not on an  
3 iterative process of “let’s see what develops as we assess the resources and needs on the  
4 ground,” or on a “relational dynamics” approach. Fortunately, the two main community contact  
5 people who were most capable of planning over electronic media were also familiar with the  
6 uncertainty of proposals and grant-writing and helped me form an acceptable request. I planned  
7 to train a small group of women as trainers, then together we would conduct the full workshop  
8 with a larger group of small business owners and, finally, measure the outcome.

9  
10 Measuring success is tricky. According to the literature, women experiencing empowerment  
11 sometimes make changes like improving their businesses or leaving abusive relationships  
12 (Shankar et al., 2015). From my own knowledge of the community, I added my own  
13 possibilities. I hoped people would increase their income or help their children finish a higher  
14 level of education. I was also aware that any change carries risk and that people would only  
15 make small incremental progress to test the waters. Making more money on a small business  
16 enhances the risk of calling more attention to the business for gang members to threaten and  
17 extort. The journey from home to school crosses gang territory lines, putting their children in  
18 danger. But I have also seen how a little more confidence or a few more dollars lead to  
19 unintentional successes. I wanted the process of the workshop to develop organically with the  
20 women and to encourage them to have input on deciding processes and outcomes.

21  
22 Once the educational leave was granted, an additional dilemma arose: striving for cultural  
23 humility from a practice perspective; that is, critically understanding my place in the system. It  
24 was not clear in planning where I was on the spectrum from a community member insider to an  
25 outsider. Weighing on the “outsider” end were personal factors of being from the  
26 colonizer/oppressor race and country, being non-native to that country and language, and being  
27 of higher socio-economic status and a higher level of academic education. Some factors that  
28 bring me toward the insider end include the following: being invited to stay in the area by  
29 community members and a local organization, maintaining language acquisition, having a  
30 history of daily presence in the community over a five-year period and subsequent visits, holding  
31 a standard of living in that country on par with local teachers and nurses, and raising children  
32 together with community members.

33  
34 To give a picture of this, in my years living in the community and during visits, I experienced  
35 daily interactions with people of all ages and mostly of very low income. A one-mile walk from  
36 my house to the end of the geographic range of railroad track that was our catchment area would  
37 entail a dozen or more greetings of folks as they hauled water from the community water spigot,  
38 headed to the market, or walked kids home from school. The same walk would invite about five  
39 deeper engagements—checking on a newborn and mother, hearing the details of last night’s  
40 gang activity, checking in on a project question, or extended joking with an elder about the price  
41 of beans. All interactions were face-to-face and most community business was conducted  
42 whenever I could encounter the person I needed to consult with, even if that meant being late for  
43 the meeting at the community center/church located at the end of the mile walk. Given this  
44 pattern, one can begin to understand the inadequacy of international calls, texts, and emails.

45

1 Invitations to return to spend more time in the community were common. Even though I had  
2 talked in person, emailed, and conference called with my friends and colleagues in the  
3 community about the possibility, and then certainty, of my pending extended visit, it would still  
4 take my physical presence over a period of time to reestablish trust and actuate a project. This  
5 was even truer in the reality of the current environment of increased gang violence in El  
6 Salvador, which has the highest non-warzone murder rate in the world (Martínez, 2017). The  
7 community I was about to enter was one of the epicenters of this violence and I could not  
8 assume that my community partners or I possessed the same freedom of motion or ease of  
9 conversation we had once enjoyed. During previous visits, I had just begun to understand how  
10 violence in a small community tears apart the very fabric of the relationships that make life  
11 bearable.

12  
13 There was enough money granted by the university to get me to the country, but not any funds to  
14 host trainings. Lack of funding is the norm in this community and lack of money for a project  
15 releases us from negotiating the influences of money in a financially impoverished community. I  
16 would engage in low cost, low stakes, and locally familiar terms. In short, I reconnected with  
17 two local women—a social worker and an artisan business owner. We adapted the training  
18 materials to make them locally relevant and hosted an eight-week series of meetings. We  
19 secured very cheap space in the “casa communal” or community arts center, to coach  
20 micro-business owners—such as walking vendors, hammock makers, and market produce  
21 sellers—in improving their income. The small-scale community development techniques built  
22 on strengths of already established businesspeople.

### **Power and Privilege**

23  
24  
25  
26 The process of working with the two training partners and other leaders involved a play-by-play  
27 consciousness of power and privilege as I struggled to assist but not to dominate or control the  
28 process. An example of ongoing cultural humility dilemmas in this triad was deciding how  
29 closely to adhere to a curriculum that had documented success in a Latin country or how much  
30 flexibility to have with the local adaptation. The three leaders had a copy, and we reviewed it  
31 together. We agreed to read each module as it was coming up on the training schedule for the  
32 larger group and to meet for planning several days before the session. My high-fidelity mindset  
33 had me reading each module in both English and Spanish and imagining how we would pull this  
34 off just right. That was what I had told the university I was doing here. The social worker, who  
35 had lots of experience in empowerment training and another part-time role, skimmed the module  
36 for the gist of the message. The small business owner kept the manual safely on display and  
37 unopened until our meetings. Our planning always started with small talk—and a lot of it. We  
38 discussed everything from family and community news to pains and successes. I would interrupt  
39 eventually with my interpretation of the module using the book’s vocabulary, the social worker  
40 would interpret the core concepts in a more local context, and the micro business owner, who for  
41 years trained local women in sewing and crafts, would pick up on one concept and explain how  
42 she employs it or not in her business. The first module or two I politely nudged, with little  
43 success, “sticking with the plan.” But the social worker’s educational icebreakers and the  
44 businesswoman’s advice on small business was popular and helpful. My professional role  
45 seemed to say, “Conduct a best practice workshop,” but the cultural reality showed that my role



1 was to create the space to help learning happen.

2

3 Power imbalance is a critical consideration prompted by the cultural humility framework  
4 (Fisher-Borne et al., 2015). The term assumes a balance that tips in one direction or another, in  
5 one side's favor and another side's disfavor, with the intent that the imbalance be somehow  
6 mitigated. However, a power analysis must consider a wide range of dynamics in order to name  
7 and honor the power that all system parts possess. I am rarely as aware of being a white woman  
8 from a university in the US with significant financial and educational status and the freedom of  
9 movement that those factors afford me, as when I am in El Salvador. My long-term relationship  
10 with community members gives me a certain kind of power, privilege, and access. As well, the  
11 power that my Salvadoran peers wield commands my dependence on them. These include local  
12 knowledge, community belonging, historical perspective, and power to accept or reject my  
13 presence in that space. This is not a figurative or heady interpretation of power. Their  
14 connections and knowledge of what I could do or where I could be, and their willingness to say  
15 yes or no to ideas and co-generate an appropriate training space, was immeasurably crucial to  
16 my safety and effectiveness. There was no quantifiable power to "balance," nor was there any  
17 guarantee that our given "powers" would serve us. Power of the local gangs and power of the  
18 police and Salvadoran government were immediate constraints. Gang powers impacted who  
19 could sit in a room together or what topics could be openly discussed.

20

21 The unjust power of the US government was a huge looming cultural dilemma for me. My  
22 government has been decimating this country for centuries. The US supported the  
23 non-democratic ruling oligarchy during the 1980s civil war, has put local farmers out of business  
24 by flooding the market with cheap corn surplus from the US, and more recently exported gangs  
25 to Central America, then blocked the exits for those trying to escape the violence and poverty.  
26 Salvadorans are in no way voiceless or powerless, but their cries for justice have so often been  
27 met with such brutality that silence is related to survival. My constant awareness of this history  
28 and the results instill doubt about my presence there in any professional capacity. Yet, the  
29 members of the community fully supported my presence and accompaniment.

30

31

### **Worker in Environment**

32

33 Being trusted with stories of families that span decades and borders crystalizes an awareness of  
34 the painful cost of the US immigration system. For transparency about myself as the learner and  
35 to do justice to the realities people are living in this community, the following stories are based  
36 on true events and all identifying factors are changed and the details remixed from multiple  
37 events to protect confidentiality. Stories demonstrate challenges of how I, as an  
38 "insider-outsider," strove for a culturally aware approach to social work, and they also inform  
39 readers of the bitter choices being made by community members.

40

41 My role for 10 weeks, beyond the workshop project, was dictated by the circumstances and  
42 interactions with community members. The majority of time was spent listening to and being  
43 present with people in streets and homes, where outside visitors are rare. Home visits were to  
44 greet old friends and recruit/support workshop participants. Unannounced, multipurpose visits  
45 are culturally appropriate ways of engaging in this community. The tension is that I am

1 constantly using my professional skills, but I am not anyone's social worker. There is no stating  
2 confidentiality (though it is assumed) and no explaining of informed consent. The blurry  
3 boundaries between friend and professional make it difficult to define what professional practice  
4 is in this context.

5

6 On one home visit, Rosa recounted to me the anguish of receiving a neighbor's phone call that  
7 Rosa's son had been shot. She had rushed across town to where his bullet-ridden body lay on the  
8 other side of the yellow police barrier tape. Stopped by officers, she was not allowed to approach  
9 her son until the investigation was complete. She sat sobbing and watching her son's body  
10 splayed in the oppressive afternoon sun, longing to hold his body in her arms, to shield him from  
11 the sun and shoo away the flies. This was the son, she said, who had *not* gotten involved with the  
12 gangs, who had *not* been in prison, who had *finished* high school (few youths finish high school  
13 in this community). But none of this mattered to the gang members who killed him. Rosa already  
14 anguished daily over the loss of her first-born son who had died in prison 15 years ago and over  
15 her oldest daughter who had gone North eight years ago to escape violence and earn money to  
16 send home. Her hope in this middle son had given her own life meaning.

17

18 It was late morning on the day that Rosa shared her trauma. I was delayed in visiting and it was  
19 only a few days before I would be heading back to the US. I quickly recognized my  
20 heartbreaking mistake of a late arrival. Folks in this community have a more fluid sense of time  
21 than my North American time orientation. It is always hard for me to distinguish if an invitation  
22 is for a fixed time-and-date or a "stop by when you can." I missed that Rosa's breakfast  
23 invitation was meant to be a fixed time. We had seen each other many times during these weeks  
24 already. I often stopped for a shady swing on her hammock before or after other home visits, so  
25 this seemed like just another visit. It was not. Not only did I come late, but I had a visitor with  
26 me—a North American teacher learning what she could about the country in the span of a spring  
27 break. Rosa scolded me for my late arrival but invited us both into the house.

28

29 We were in the dark room—a sitting room/bedroom/kitchen/everything-in-one room. I can't  
30 remember how or why the conversation started. It seemed she needed to tell me the details of the  
31 story that were too painful, until now, to utter. She needed me to know. So I listened, prompted  
32 questions about how she got through this, acknowledged her grief and loss, and cried with her.  
33 My guest, who also spoke Spanish, sat on the other side of the room in the chair offered to her,  
34 mute but compassionately listening. Rosa told details about how her son was trying to protect  
35 someone else's dignity; how that "someone else" had been a close family friend but is now  
36 estranged. Rosa has not been well since the assassination and can barely leave the house now  
37 because of her nerves. She spoke of guilt haunting her because when another neighbor's son was  
38 killed a few weeks ago, she did not have the courage to go comfort the friend because of her own  
39 unbearable grief. She cannot tell anyone about what she knows about who killed her son because  
40 there is no one left to trust.

41

42 In my time there, many other people confided in me why and how they thought an assassination  
43 of a loved one had occurred. In a desperate search for meaning they blame other mothers for not  
44 raising their children well, or gang members' parents for leaving them as children for their  
45 grandparents to raise while they go North to find work. They blame the economy for no jobs for

1 their children, or gang members, including many who are neighbors and have been known from  
2 birth, who recruit or kill their children. They point fingers at political parties or government  
3 policies. In Salvadoran activist and ex-patriate circles, I had heard about my own government's  
4 contribution to the violence. A long history of US financial support for the civil war and decades  
5 of deportation of gang members back into El Salvador did not bring people to justice for war  
6 crimes or address the underlying causes of the war—misdistribution of wealth and extreme  
7 poverty.

8

9 In this particular community, many people are afraid of the police and military, who conduct  
10 random raids on homes and community gathering places. Heavily armed police, well known for  
11 being infiltrated by gang members, are said to shoot into groups of boys in areas of dense  
12 housing, where stray bullets kill bystanders. Police randomly search young men moving in and  
13 out of this community, the poorest section in this town. In order to prevent abuse by law  
14 enforcement, there is a strong cell phone alert network among adults who rush to their children's  
15 defense if they are stopped and frisked by police. It was said that police will randomly take  
16 youth from the neighborhood directly to jail and it is very hard and expensive to get them out.

17

18 I encountered the complex environment of fear and mistrust walking on the outer edge of the  
19 community one day. The police had stopped a young man. I continued to walk toward the scene  
20 and stopped to be a witness and accompany his mother, who I knew. She had been called by a  
21 relative whom saw the police stop her son. She stood there, cradling her son's sick child for  
22 whom he was making a late afternoon trip to the pharmacy for medicine to alleviate her fever.  
23 The police were brusquely searching his body for tattoos or weapons or anything incriminating.  
24 Perhaps because of the mother's brave pleading and possibly my white-foreigner presence, the  
25 officers decided not to arrest the young man when no evidence was found. The mother broke  
26 down in tears only after the police left. A life-changing crisis was averted.

27

28 These events offer insight as to why, during the visit with Rosa that morning, I was neither  
29 expecting nor surprised by the outpour of her story and emotion. I certainly would not have  
30 arrived late or taken a visitor along had I better understood her invitation. Rosa and I had  
31 recognized and mourned her son's death many times through shedding of tears and several long  
32 embraces but, until now, she had not articulated what happened. I was letting her lead, to share  
33 what and when she wanted to. I imagine Rosa trusted our relationship because for five years we  
34 had raised our children together, attended to her sister's sickness and death together, and  
35 collaborated on income generation projects and church events. Many years later after I moved  
36 back to the US and started teaching, she and others helped host student groups on service  
37 learning trips to the community. On this current trip back, she welcomed me and regularly  
38 re-oriented me to complicated extended family and community dynamics. We have history. On  
39 this morning of sharing, it was just the right time. I felt traumatized by the raw images of death  
40 and saddened by the knowledge of broken community relationships that were once strong. I also  
41 felt capable of listening, hearing, and holding a space for Rosa's despair and grief to flow. Rosa  
42 trusted me because I was an insider and an outsider.

43

44

45

## **Individual and Institutional Change**

1  
2  
3 The expectations of a formal social work process or the university's linear proposal format are  
4 foreign to this context. It would be self-centered and disempowering to force fidelity onto a  
5 workshop curriculum. Home visiting to recruit and support business owners often became  
6 personal crisis intervention sessions. I could not have recorded or taken careful notes in the  
7 context of those pre-established relationships. The workshops I set out to organize did happen  
8 and there were gains and lessons learned. Nevertheless, even those sessions grew out of what my  
9 counterparts dictated once I arrived. I could not have pre-identified the co-trainers. Even if I  
10 could, we would not have been able to predict who would participate and what they would have  
11 needed in that workshop space. Academic expectations are culture-based and not in tune with  
12 these realities.

13  
14 Community-level social work in El Salvador clarified for me the primacy of relationship that is  
15 developed and solidified with time. The connection between Rosa and myself challenges and  
16 reinforces professional ethical standards of boundaries and dual relationships. It is not always  
17 clear who is "helping" and who is "receiving." This type of work requires long-term interaction  
18 with the individuals who make up the community. It requires physical insertion into a space in  
19 order to experience problem-solving and celebration with its members. Culturally humble  
20 engagement is almost impossible without some aspect of fuzzy boundaries that allow for  
21 relationships that are meaningful. "Unidirectional focus" is a myth: I may have had all good  
22 intentions to contribute, but I certainly gained immeasurably from my experience, and my  
23 counterparts also gained not just from me but from their role in helping me. Professional ethics  
24 are culture-based and need to evolve to embrace relational societies' cultural realities while still  
25 protecting vulnerable populations.

26  
27 There is a local concept of listening presence called "acompañar," or accompaniment. It means  
28 to "be with." That is it—just be present. Show up in person and listen. "Te acompaño en tu  
29 dolor" means "I am with you in your pain." Social workers witness the realities in which people  
30 live. Showing up and listening or bearing witness can be a powerful action. It is a way of  
31 showing support and honoring people's realities. As an insider, I felt it was my obligation. As an  
32 outsider, I sensed accompaniment was one of the few things I could do that would not carry the  
33 risk of significant and possibly deadly repercussions. The Central American concept of  
34 accompaniment could be included in the teaching of interventions in social work education  
35 because it is a way we help people—not through fixing, but through affirming them and their  
36 experience as human beings and allowing them to vent safely.

37  
38 I was sharing in a small part of Rosa's pain. Over time we have carried each other's stories and  
39 pain as part of our lived history. I cared deeply about her son that was killed; he was the same  
40 age as my son. They played together as children. In recent years, Rosa kept a watchful eye on  
41 my own young adult child who returned for months at a time to live in the community. As a  
42 community social worker, I may have crossed the boundary between friend and social worker.  
43 Social workers owe it to the people with whom we work and to our profession to recognize the  
44 messiness of rigid boundaries and advocate for new "paradigms of presence" with our client  
45 systems. It is right to be present to one another: I to Rosa and her to me, as she was in my quest

1 to reintegrate into the community. We lack humility if we do not allow people to offer or  
2 reciprocate that support if and when they feel moved. This approach to social work practice  
3 pushes the ethical boundaries of dual relationships and the research principle of objectivity.  
4 These boundaries need to be examined and challenged.

5

6 Inserting oneself into community is messier than what our textbook frameworks or research  
7 protocols demand. Little of what I did fits neatly into the constructs of social work practice. The  
8 need to conform to the community's lax spontaneity simply contradicted rigid, quantitative  
9 study, and for all these uncertainties, the Institutional Review Board did not approve this  
10 development project as meeting the rigors of a research protocol. Terms like boundaries, cultural  
11 competence, cultural humility, informed consent, social work roles, and micro/macro continuum  
12 all compartmentalize the experience and do not capture the whole. To prepare students for  
13 practice, educators must help them negotiate the ambiguity of prescribed change processes and  
14 the complexities of their own intersectional identities, which are sources of both privilege and  
15 oppression.

16

17

### **Conclusion**

18

19 Many "humility dilemmas" presented themselves for me while practicing in this environment  
20 again. It was a very familiar space but still starkly different than it was 20 years ago. I speculated  
21 as to whether I was still as privileged as I used to be to freely cross the imposed line between  
22 gang territories while others in the community could not. I questioned myself about who else I  
23 might be putting at risk: friends, my host family, visitors, or others I had not considered. If any  
24 of my trusted allies had suggested that my presence was putting anyone at risk, I would have left  
25 immediately. However, many leaders encouraged and supported my visit. They offered rules for  
26 engagement, like where I had to be by dusk, and what pictures not to take, and what pathways to  
27 avoid. I questioned my own altruism and wondered about my responsibility as a receptacle of  
28 these stories. As a social worker, I maintained community members' confidentiality. It was very  
29 tricky not to share people's trusted stories while still joining in with the collective storytelling  
30 that is part of the community grieving process. I was well aware that gossip could cost lives  
31 here. In addition, I did not hear a single story of grief and death that was not complicated by the  
32 indignities of poverty that exacerbate the pain. Vicarious trauma was real for me. I absorbed  
33 others' pain and tragedy in this context where I could do little about the system that perpetuates  
34 the violence.

35

36 From the perspective of an educator, this experience required me to do what I ask of my  
37 students—critically examine details and have no doubt there is something of value in every  
38 practice experience. I must guard people's identities but tell stories that reflect their reality to  
39 influence social workers, university boards, researchers and other decision-makers, immigration  
40 reform foes and advocates, and others impacting the lives of Salvadorans finding their way  
41 North to escape unbearable violence.

42

43 Social workers are partners in social change, be it through research, social work practice, or  
44 teaching. We have to try out bold stances and challenge our own status quo, even if that means  
45 critiquing our professional ethics to help gain clarity on boundaries (as that word takes on new

1 meaning in professional intercultural relationships). Cultural humility is a precursor to  
2 challenging inequities and promoting social justice. In relationship-building, cultural humility  
3 means holding an awareness of when to act and when to stand back while others pace, lead, and  
4 reciprocate. It means to notice and name strengths in others. I do not doubt that an  
5 insider/outsider presence can contribute to hope as we discover and name bits of light in dark  
6 places.

7  
8       If each day falls  
9       inside each night,  
10       there exists a well  
11       where clarity is imprisoned.  
12       We need to sit on the rim  
13       of the well of darkness  
14       and fish for fallen light  
15       with patience. (Neruda, n.d.)

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1  
2 **Promoting Multicultural Humility:**  
3 **A Strategy for Building a Foundational Building Block for**  
4 **Multiculturally Informed Supervision**

5  
6 Tanya Renee Greathouse

7  
8 **Abstract:** Using a qualitative, narrative illustration, this article focuses on how supervisors can  
9 identify and articulate their intersectional social location to promote multicultural humility.

10  
11 **Keywords:** clinical supervision, multicultural awareness, multicultural humility

12  
13 This article introduces an exercise to create a multiculturally informed clinical (MCIC)  
14 supervision foundation that encourages multicultural introspection of the supervisor and  
15 supervisee to promote multicultural humility. Attention is given to the premise that supervision  
16 is a practiced skill that requires clinicians to be knowledgeable and comfortable with their  
17 intersectional social location in order to promote their supervisees' growth as MCIC social  
18 workers. MCIC social work supervisors need to support and help their supervisees develop  
19 cultural acceptance and cultural adaptation as referenced in the NASW Code of Ethics (2017).  
20 Hair (2015) explains that reflexively questioning supervisees about their interpretations of  
21 situations allows supervisors and social workers to "explore how visible characteristics such as  
22 gender, ableness, age, and race influence how well social workers notice and name diversity and  
23 strive to relationally engage fairly and equitably with others" (p. 366). This practice encourages  
24 cultural humility that promotes a curiosity of cultural patterns of behavior, thus allowing the  
25 culturally adaptive supervisor to help their supervisee work across communities while embracing  
26 diverse cultural frameworks. Supervision from a multicultural humility perspective integrates  
27 one's cultural understanding, appreciation, and humility that support multiculturally accepting  
28 and adaptive approaches to clinical social work. This reading is beneficial for clinical  
29 supervisors, educators, mentors, and supervisees who are committed to building their capacity to  
30 supervise through a multicultural lens that promotes cultural humility.

31  
32 **Promoting Multicultural Awareness**

33  
34 I have found that introducing my intersectional multi-faceted self to my supervisee encourages  
35 my supervisee to do the same. During my first supervisory meeting, I took the opportunity to  
36 introduce my intersectional social location to my supervisees, as I agree with Garran (2013) that  
37 there is a "continued need to examine power, privilege and identity in multiple ways in order to  
38 deepen clinical understanding" (p. 314). I have found that when I begin relationship building  
39 with my supervisees using language that articulates my full intersectional self, my supervisees in  
40 turn use language to identify their full intersectional selves. This provides me an opportunity to  
41 gain insight into my supervisees' internal working model of multicultural humility as I listen  
42 closely to their word choices while they describe themselves, identifying their identities that  
43 carry privilege and those that are more marginalized. I listen for language that may be heard as  
44 microaggressions and/or discriminatory and take time to be curious about my supervisees' word  
45 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

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

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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.

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

2  
3 The supervisee states that they have heard pros and cons to sharing their intersectional social  
4 identities in their first encounter. As a Black female supervisor who supervises in predominately  
5 White communities, I do not have the privilege to wonder when I should talk about my  
6 intersectional self and when I should wait to disclose my intersectional self to my supervisee. I  
7 do not have the privilege to assess when I want to share my race with people; being comfortable  
8 with introducing one's intersectional self is an important step in becoming multiculturally aware.  
9 So the questions are these: Who carries the privilege to not identify themselves? Should we all  
10 appreciate our responsibility to introduce our intersectional selves? This qualitative case  
11 narrative demonstrates what an intersectional introduction that grounds one's social location  
12 looks like:

13  
14       Hi, nice to meet you. My name is Dr. R., and I look forward to us working together. As a  
15 Black, cisgender female who uses the pronouns of she, her, and hers, I have an  
16 appreciation of how class is fluid. I have the privilege of choosing to have yearly,  
17 recommended medical interventions and I am able to decide to engage in elective  
18 procedures as I choose. I try to utilize yoga and meditation to keep me grounded and I  
19 have the good fortune to enjoy a close rewarding relationship with my gay son and  
20 son-in-law. I would love to learn about your intersectional self.

21  
22 My presentation identifies my sex, gender, and ability status. I infer when people see me in  
23 person for the first time that they automatically label me as a Black female. My introduction  
24 articulates my educational privilege, doctoral degree, and identifies me as a Black, cisgender  
25 female who uses she, her, and hers pronouns. I also indicate that I have an appreciation for  
26 navigating various social economic classes and that I am able to engage in health maintenance  
27 procedures and to choose to have medical interventions to keep me healthy. Further, I identify  
28 myself as an ally to the LGBTQ+ population. This introduction included my social identities,  
29 privileged and/or marginalized statuses, and ally relationships, setting the stage for rich  
30 discussions about cultural similarities and differences. Becoming comfortable with introducing  
31 one's intersectional self is an important step in becoming a multiculturally aware supervisor.  
32 This process encourages relationships that support exploration of issues and vulnerability in the  
33 supervisory space, promoting multicultural humility.

34  
35 After sharing one's intersectional social location with each other, supervisory dyads should  
36 explore their responses to the exercise, moving from intellectual to affective. It is helpful for the  
37 supervisor to start with their personal narrative and then invite their supervisee to share theirs.  
38 This model allows for the supervisee to see their supervisor's vulnerabilities and then they in  
39 turn feel more willing to share their internal reflections. This experience will build the  
40 supervisor's capacity to "adequately address issues of race and culture to facilitate critical  
41 change in the treatment as well as in the development of the supervisee's self-esteem"  
42 (Tummala-Narra, 2004, p. 301). The goal of the first clinical supervisory meeting is to provide  
43 the foundation for developing common language around multicultural awareness and adaptation  
44 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

### 40 **Benefits of a Safe Supervisory Environment**

41

42 The establishment of this safe space encourages examination of supervisees’ vulnerabilities,  
43 transferences, and counter-transferences evoked by their clients, giving the supervisor the  
44 opportunity to help mitigate therapeutic enactments, impasses, failed therapeutic processes, and  
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

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# 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,

1 2013). It means having an accurate portrayal of what we can offer our clients while boldly  
2 asserting that they will increasingly become the expert of their own experience over the course  
3 of therapy.

4  
5 An important distinction of a culturally humble framework is that it is not an excuse for lack of  
6 knowledge and an ongoing willingness to intentionally seek out the latest research regarding  
7 how culture may inform clinical practices. So too, it is not merely making it the client's  
8 responsibility to educate us as practitioners about their experiences. Moving beyond competence  
9 models, again, allows us to hold in mind the variety of resources available in research that can  
10 anticipate potentially salient aspects of experience (Tervalon & Murray-García, 1998). At the  
11 same time, it allows us to be a reliable guide for clients in therapy to consider potentially  
12 relevant cultural considerations without foreclosing on the way these factors may intersect for  
13 different people.

### **Balancing Knowledge with Curiosity**

14  
15  
16  
17 We have offered clinical services through the Sexual and Gender Identity Clinic, a specialty  
18 clinic serving the needs of clients and their families who are navigating concerns related to  
19 sexuality, gender identity, and, in many cases, the intersection of these experiences with  
20 religious identity as people of faith. Cultural humility has been paramount to this work and has  
21 guided our clinical practice, research, supervision model, and advocacy efforts. We have found  
22 immense value in approaching our clients with tempered eagerness to know their stories and  
23 journey with them as they make meaning from their experiences. We have seen how this  
24 approach allows us to assist clients in integrating aspects of identity in meaningful ways, while  
25 considering the variety of ways individuals do so, and honoring client autonomy throughout the  
26 process of therapy.

27  
28 In our work with transgender and gender non-binary clients, we are often reminded that many  
29 clinicians are not informed regarding gender identity, gender dysphoria, and the range of  
30 emerging gender identities (American Psychological Association [APA], 2015)—also, that the  
31 research and scientific foundations are developing, as are clinical practices. Many of our  
32 clients—seen in the context of consultations and individual, group, couples, and family  
33 therapy—come to us demoralized by past interactions with mental health providers. It can be  
34 deeply frustrating for clients to have had to provide their previous therapist with what is, in some  
35 ways, basic information about their experiences. Oftentimes, they have had to explain  
36 themselves to multiple people, even on a daily basis. For therapy to be one more place where  
37 they have the responsibility of being the sole educator on their experience was exhausting and  
38 grieved us as clinicians. They experienced meaningful relief as they were offered a space where  
39 they could be sitting across from a person who had foundational knowledge about their gender  
40 identity, even while still having a great deal to understand about the aspects of their experience  
41 that were unique.

42  
43 Maintaining the nuance of curiosity was essential, though. As one transgender person put it, “If  
44 you have met one transgender person, you have met one transgender person.” We found this  
45 especially true as we bore witness to the journeys of individuals of a variety of ages, from a

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

7  
8 Cultural humility is demanding of clinicians. It forces us into the tension of the unknown, where  
9 we will likely be consistently surprised. This requires, especially in a training model, the use of  
10 supervision and consultation in an ongoing way to provide accountability for the framework we  
11 have adopted. It is a discipline to remain well-versed in the most updated research, especially in  
12 what can be a fast-changing field of study, but also to be willing to have more to learn from the  
13 clients we meet with. It is challenging because there is not a notion of comfort in having  
14 “arrived” at expertise—of course, this is also the joy of the work, in that it is intellectually  
15 stimulating.

### 16 17 **Multiple Stakeholders & Perspective Taking**

18  
19 Cultural humility as a foundation for consultations and therapy with families is professionally  
20 challenging, as well. Our work in gender identity has often included work with individuals and  
21 families with strong religious/spiritual identities, which can introduce unique complications  
22 (APA, 2015). Rather than championing one person’s perspective and dismissing those that  
23 disagree with them, cultural humility requires us to demonstrate cognitive complexity, which  
24 includes both patience and flexibility as we take in the perspectives of each person and move  
25 towards greater mutual understanding (Wilkinson, 2011). This growing ability to hold multiple  
26 perspectives (as we manage our own reactions to our clients) is a skill that we can then model for  
27 the families we meet.

28  
29 At the same time, the approach of cultural humility invites clinicians to consider our own beliefs,  
30 values, and biases; acknowledge how they may shape and, in some cases, impair our ability to  
31 understand our clients; and be mindful of the ways beliefs, values, and biases may inform our  
32 interactions with our clients in less helpful ways. Conversely, it is valuable to consider how  
33 these aspects of identity can provide meaningful resources to our clients and their families,  
34 including drawing out resources from faith communities to support client wellness over time  
35 (Porter et al., 2013).

### 36 37 **A Case Example—Cultural Humility in Practice**

38  
39 “Bry” is a transgender client we met when he was 16 years old. He was brought in for a  
40 consultation by his adoptive parents, “Steve” and “Nancy.” Steve and Nancy were in their  
41 mid-50s and Caucasian. Bry was also Caucasian. Bry used his given male name and pronouns,  
42 both at school and home, especially because his parents were uncomfortable with any other  
43 option. He was seeking an evaluation to determine whether his gender-related distress was due  
44 to gender dysphoria. His parents were hoping that they could understand his experience better,  
45 but were hesitant as to what steps he might want to take, including social transition or potential



1 medical and surgical interventions.

2

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

16

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

31

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

44

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

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

### **Multiple Pathways for Integration**

14  
15  
16  
17 We have worked with clients who were seeking to integrate their beliefs and values and lived  
18 experiences in a variety of ways. This has prompted for us an emphasis on taking seriously a  
19 client's experience of the world, including helping them to critically evaluate the way their  
20 worldview, beliefs, and values inform their gender identity development and the congruence  
21 they are seeking. With this in mind, it is important to explore with clients the degree to which  
22 their beliefs and values are weighed against their experiences. In the case of Bry and his parents,  
23 rather than assume that conventionally held religious beliefs and values are an obstacle to the  
24 exploration of gender identity, it has been helpful to inquire about the aspects of spirituality that  
25 offer support for individuals, especially people of faith. This can prompt meaningful  
26 conversation for clients who otherwise have fallen into black and white thinking that they either  
27 digest the faith tradition as it was taught to them by their parents, or they reject it resolutely.

28  
29 For some clients, having permission to critically evaluate their faith and how it has affected their  
30 identity development has been invaluable and meaningful clinical work. It has also been helpful  
31 to draw from the resources available to clients that are unique to them, which often emboldens  
32 them to see the multifaceted aspects of identity that make them resilient in the face of  
33 challenges. We have seen few distinctively Christian resources on the topic of gender identity  
34 for conventionally religious clients, but there are a few (e.g., Yarhouse & Sadusky, 2020). Thus,  
35 while acknowledging how certain systems, including faith traditions, have represented forces of  
36 potential unjust treatment to our clients, we have found it valuable to empower clients to turn to  
37 the adaptive resources that flow from their beliefs and values because they can be especially  
38 helpful in making meaning out of the challenges they face.

### **Cultural Humility in Training, Supervision and Advocacy**

39  
40  
41  
42 As mentioned earlier, we, like our clients, have been disappointed with the lack of adequate  
43 training, knowledge, and awareness, particularly in the area of gender identity. This makes it  
44 incredibly difficult for clinicians to attend to their client's presenting concerns adequately and to  
45 instill hope in their capacity to be reliable guides on this difficult terrain (APA, 2015). Thus, we

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

7  
8 We have provided consultation and supervision to graduate students and practicing clinicians in  
9 order to offer training in clinical work that attends to cultural diversity through a cultural  
10 humility framework. We have been intentional about initiating conversations in both individual  
11 and group supervision contexts that attend to the multitude of factors put forth in the  
12 “ADDRESSING” Model, such as age, developmental and acquired disability status,  
13 religion/spirituality, ethnicity, socioeconomic status, sexual orientation/identity, indigenous  
14 background, nation of origin, and gender identity (Hays, 2001). Rather than thinking of these as  
15 one-dimensional constructs, it is important to consider how the interaction of various aspects of  
16 identity can contribute to client distress—but also how they can be a pathway for  
17 meaning-making, growth, and empowerment. This has allowed us to offer a service to our  
18 clients by taking seriously the way even aspects of their identity that have been an avenue for  
19 oppression can be a pathway to thriving.

20  
21 Even beyond the clinical implications of supervising from a cultural humility framework,  
22 training in cultural humility around gender identity is at its best when it invites clinicians to  
23 strengthen their ability to reflect on their own biases, as well as the assumptions and aspects of  
24 privilege that will inform their work (Grubb et al., 2013). It is ultimately a call to think critically  
25 about their client’s experiences and to develop a richer understanding of what we know and do  
26 not know. In other words, “cultural humility does not focus on competence or confidence, and  
27 recognizes that the more you are exposed to cultures different from your own, you often realize  
28 how much you don’t know about others. That’s where humility comes in” (Yeager & Bauer-Wu,  
29 2013, p. 3). This understanding, rooted in a culturally humble approach to multicultural  
30 considerations, is essential to quality clinical care in the area of gender identity.

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1  
2  
3 **Cultural Humility:**  
4 **A Framework when Religious and Sexual Identities Conflict**

5 Rosanna Aijian and David Wang

6  
7 **Abstract:** This paper addresses a shift from a framework of cultural competence to cultural  
8 humility that took place for one clinical psychologist in training. The pressure to achieve cultural  
9 competence while in training and under supervision is a common experience among trainees, but  
10 one that can be altered through the encouragement and modeling of cultural humility. Training  
11 programs through supervision and faculty mentoring have the capacity to guide future clinicians  
12 to incorporate elements of cultural humility into their clinical work. This guidance provides  
13 space for trainees to become aware of their own values, beliefs, and schemas that impact their  
14 comfortability in engaging with diverse cultural identities. The process and experience of  
15 embracing cultural humility with its challenges and success is explored through the lens of one  
16 training practitioner as they navigate religious and sexual identities.

17  
18 **Keywords:** cultural humility, cultural identities, cultural competence

19  
20 **Introduction**

21  
22 The need to train health care professionals to meet the unique backgrounds and identities of a  
23 diverse population is being recognized across disciplines. The nursing and medical community  
24 has led the way in training and practicing a posture of cultural humility in their care. They found  
25 that an approach of humility was more fitting than that of competence as it builds upon the skill  
26 and knowledge expectations of multicultural competence to include factors such as awareness,  
27 motivations, and desire (Foronda et al., 2015). The distinction between cultural competence and  
28 cultural humility made by Tervalon and Murray-García (1998) underscores that humility  
29 “incorporates a lifelong commitment to self-evaluation and critique, to redressing the power  
30 imbalance in the physician client dynamic, and to developing mutually beneficial and  
31 non-paternalist partnerships with communities” (p. 123). An analysis of the literature on cultural  
32 humility has found that its key attributes include openness; self-awareness; egoless, supportive  
33 interaction; and self-reflection and critique (Foronda et al., 2015).

34  
35 Cultural humility offers an evolving framework in which to extend “optimal care” for clients as  
36 a continuous, ongoing, and self-reflective process becomes a way of being (Foronda et al.,  
37 2015). Foronda and colleagues (2015) found that a posture of cultural humility results in greater  
38 communication, decision-making, treatment, quality of life, and overall care. Cultural humility is  
39 a journey of personal transformation rather than a set of skills and facts about specific cultural  
40 groups and identities. The transformation that takes place as an individual pursues an orientation  
41 of cultural humility becomes a lifestyle in which an increasing awareness of power imbalances  
42 and choosing humility in daily interactions takes place (Foronda et al., 2015). This process takes  
43 time, effort, education, and reflection and should be fostered and developed while in training  
44 when unintentional and intentional biases and judgments can be identified (Tervalon &  
45 Murray-García, 1998). Training programs have the opportunity to instill in future health care

1 providers the orientation of cultural humility.

### 2 3 **Finding and Practicing Cultural Humility** 4

5 Practicing cultural humility and choosing such a framework for my own clinical work has been a  
6 natural progression. During my first year of training to be a clinical psychologist I frequently felt  
7 overwhelmed by my lack of skills and knowledge. In hindsight, it was normal that my level of  
8 skills and expertise was low, but the pressure to be competent and see positive therapy outcomes  
9 could feel overwhelming and daunting at times. Hook et al. (2017) highlight that students in  
10 pursuit of “competence” can feel anxious, insecure, pressured from supervisors, and afraid of  
11 being “incompetent” when facing multicultural identities. Further, these negative feelings and  
12 fears of not achieving the benchmarks of competence set forth in training may hold trainees back  
13 from embracing their discomfort and insecurities around multicultural identities (Hook et al.,  
14 2017).

15  
16 The language and terminology that is coupled with an understanding of multicultural  
17 competence establishes unattainable expectations that encourage perfectionistic goals that in turn  
18 defeat the core values of multicultural competence (Hook et al., 2017). Being a somewhat  
19 typical graduate student, I was competitive and driven, and I set high, elusive expectations for  
20 my competence. In addition to feeling overwhelmed by my lack of skills and knowledge for a  
21 diverse client load, I had a naïve hope that with enough hard work, the culmination of my  
22 coursework and practicum experience would have instilled in me a satisfactory level of  
23 competence.

24  
25 In theory, cultural humility sounds appealing and rich with positive outcomes. However, where  
26 does one learn the posture or practice of cultural humility? Much thought and training has been  
27 put into the idea of cultural competence, less so for cultural humility. Christian integrative  
28 clinical psychology training programs seem like a place in which a framework of cultural  
29 humility might be taught, and thus advance the field of psychology by contributing knowledge  
30 as well as practitioners. An environment such as a Christian training program that welcomes,  
31 encourages, and engages with the virtue of humility has great potential to cultivate and practice  
32 cultural humility.

33  
34 Pursuing a framework of cultural humility requires a degree of initiative that for many clinical  
35 trainees might not take place unless modeled and guided. I have found the cultivation of humility  
36 has been as arduous as it has been rewarding. The pressure of competence is always looming at  
37 the edges of every report, exam, and client. The constant pressure to perform and maintain  
38 professionalism is reinstated with each evaluation, and those who do well and meet levels of  
39 competency are praised and congratulated. I have found the pursuit of cultural humility at times  
40 requires trainees to acknowledge their shortcomings to supervisors and faculty. In articulating a  
41 lack of competence, however, the door for cultural humility can be opened. The response of  
42 supervisors and faculty in these moments is key in the shift from competence to humility.

43  
44 Even if my supervisors had not been pushing me to strive for greater levels of multicultural  
45 competence with my clients, I put that pressure on myself. I felt a fear and drive to do more,

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

9

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

20

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

27

28

### **Vignette**

29

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

40

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

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

11  
12 For several sessions and weeks Rachel brought up the pressure she felt to choose one of the  
13 identities, and that she, like other LGBTQ+ individuals in such circumstances, was beginning to  
14 internalize the belief that she was bad, unlovable, and must choose a life of either loneliness or  
15 sin (Super & Jacobson, 2012). The attraction and loss of the relationship with the roommate was  
16 just the beginning, as Rachel shared she was unsure of how to describe her sexual identity, but  
17 knew it was something that would not be welcome at church. Our work together helped Rachel  
18 identify the ways she was experiencing religious abuse (e.g. fear of being discovered and denied  
19 community, hearing messages from others that she was disappointing God, and that she was evil  
20 for having drawn her roommate into a sinful relationship). Processing the ways in which these  
21 experiences and beliefs were negatively impacting Rachel allowed for us to begin the work of  
22 exploring how her sexuality might fit into her religious and spiritual identity as well. The  
23 dichotomous thinking Rachel presented in therapy was not hard for me to follow; however, it  
24 required patience and constant self-reflection, as she was slow and fearful to see that her two  
25 cultural identities might be able to coexist.

26  
27 Pressing into and exploring the religious identity of an individual like Rachel is crucial. Her  
28 religious identity was the framework in which she was processing her current experience. The  
29 principles of cultural humility helped me maintain a posture of openness to how Rachel's  
30 spirituality influenced her process. She wavered frequently in how she believed God and those in  
31 her shared faith community perceived her.

32  
33 As the semester came to an end and termination was approaching, Rachel did not have a solid  
34 and clear perspective of how her sexual identity and religious identity would play out in the  
35 future. She had begun the semester feeling isolated, lonely, and fearful that she would only find  
36 rejection from others. The relational dynamic of therapy provided a place where Rachel was able  
37 to share who she was and feel validation and emotional connection. She was able to build upon  
38 the confidence and acceptance she gained in our relationship, and just before the end of the  
39 semester she shared her fears and conflict with a friend. Rachel had been worried she could only  
40 share a portion of her story, but the acceptance and safety she felt as she shared the comfortable  
41 rehearsed part of her conversation gave her the capacity to open up even more with her  
42 community.

43  
44 Through the course of the semester we learned from each other, and I discovered that cultural  
45 humility would take me where competency could not. At the time I lacked training and



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

8

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

10

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

15

16 Religions that provide support and a framework for those exploring and developing their sexual  
17 identities can foster “curative effects such as decreased anxiety, increased self-esteem, or greater  
18 integration of their sexual and religious identities” (Super & Jacobson, 2012, p. 181). Most  
19 individuals, however, experience a form of psychological suffering as their spirituality and  
20 religious beliefs undergo a sense of rejection, shame, condemnation, or guilt (Super & Jacobson,  
21 2012). The rejection that is felt by LGBTQ+ individuals as they try to integrate their intersecting  
22 cultural identities of spirituality and sexuality often results in them feeling condemned and  
23 hopeless in their efforts (Pitt, 2010). At the commencement of treatment, it was evident that  
24 Rachel was experiencing a sense of hopelessness as she held intersecting identities. For some,  
25 rejection and inability to integrate these identities results in religious abuse.

26

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

32

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

41

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

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

### **Reflections on Continuous Self-Critique**

12  
13  
14  
15 It was not until midway through my degree that I was confronted with cultural humility in a  
16 manner that revealed my need for self-reflection and critique. I had been thinking about cultural  
17 differences in broad terms, learning clinical skills, and trying to not feel like an impostor. As a  
18 practicum student I found myself assigned a transgender client and became overwhelmingly  
19 aware of how much I did not know. As a graduate student, sometimes I tried to "fake it 'til you  
20 make it," but I had the self-awareness to realize that was not going to happen this time. As a  
21 third-year student I had only had a handful of LGBTQ+ clients, and those experiences had not  
22 prepared me to respond to cultural markers or how to understand myself in those moments.

23  
24 I felt the challenge to press through my own discomfort and acknowledge that I was unsure of  
25 what to think or say or how to be. From the beginning I was open to working with this client and  
26 met the first step in the process of cultural humility (Foronda et al., 2015). My self-awareness  
27 made me acutely conscious of my own limitations as well as my undeveloped and vague values  
28 and beliefs. As a Christian, I realized I brought into the room worldviews and ideas that I had not  
29 taken the time to examine and process for myself. Embracing the third attribute of egoless  
30 interaction (Foronda et al., 2015) became easier as I got to know the life and experiences of my  
31 client, reminding me of my own value of equal human rights. Through the course of our  
32 relationship, supportive interaction—the fourth element—occurred, increasing my comfort and  
33 ability to pursue cultural markers (Foronda et al., 2015). However, I recognized before I had  
34 even scheduled the first appointment that I was going to need assistance with the final and  
35 perhaps most challenging element: self-reflection and critique. It was from the realization that I  
36 did not know how I thought or felt about working with this client that I began actively  
37 cultivating framework of cultural humility.

38  
39 My own cultural background needed evaluation, as it suddenly intersected with the cultural  
40 identity of my client. As a graduate student with a never-ending to do list, making time in my  
41 schedule for self-reflection on my strengths, biases, and struggles can be challenging if not  
42 unappealing. It is this aspect of self-reflection that can make cultural humility, for me, a  
43 challenge to practice. Further, pursuing a framework of cultural humility can seem lonely and  
44 exhausting at times. I realized I needed support and mentorship in order to enter into  
45 self-reflection and critique that would go deeper than surface level. Attending a faith-based

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

6  
7 There are other ways to go about building a framework of cultural humility than an independent  
8 study, but as a graduate student getting course credit certainly is advantageous. Faith-based  
9 programs require students to complete coursework that intentionally engages with their Christian  
10 values and worldview. The independent study was constructed with the guidance of a faculty  
11 member to accomplish such integrative work. Further, conversation highlighted that it was in  
12 values and knowledge that I felt the most need for growth. Thus, the independent study placed  
13 an emphasis on surveying literature pertaining to theology and transgender identity. Delving into  
14 literature of theology and LGBTQ+ topics proved necessary to set a foundation, but also  
15 revealed the great need for further research and academia on the relationship between theology  
16 and transgender identity. A reading list was composed and meetings set spanning the semester to  
17 discuss the impact the literature was having and ways in which I experienced my own values,  
18 attitudes, and beliefs evolving.

19  
20 I realized I did not know my own worldview in this area and had been conceptualizing from an  
21 outdated framework. I found a curiosity and zeal to invite others from my faith community into  
22 this process. A group of about eight individuals agreed to meet once a week over the course of  
23 the semester reading a portion of the literature and conversing on the emotions, thoughts, and  
24 reactions that emerged. This group of peers helped me realize that while we shared one cultural  
25 identity, there were many influences and other identities that shaped our individual perspectives.  
26 Our shared faith identity brought out elements such as a desire to be an advocate for the  
27 marginalized and challenge the bias that so quickly comes forth with theology and the LGBTQ+  
28 community.

29  
30 Delving into the literature on the LGBTQ+ community and theology in a quick search online  
31 brings up more reading, opinions, and models of care than might have initially even been  
32 desired. Knowing where to start and how to narrow down the options became significant in my  
33 search so that I might engage with literature that would actually help me form my own identity,  
34 perspective, and posture as both a Christian and a psychologist. Part of this journey towards  
35 cultural humility as a Christian in relationship with the LGBTQ+ community is owning the  
36 history of abuse and the mistreatment the church has inflicted and continues to inflict.

37  
38 Pressing into this literature while holding my own worldview caused me to become more  
39 self-aware of my values and how they might impact my work with those persons exploring their  
40 sexual orientation, gender identities, or behaviors. One takeaway from the literature for my  
41 clinical work is having the awareness that religion frequently places LGBTQ+ individuals in a  
42 bind where they feel far from God and uncertain of how to hold their religious and sexual  
43 identities simultaneously. Further, I realized I must acknowledge the pressure many LGBTQ+  
44 individuals feel and how they may anguish over choosing either their sexual identity or their  
45 religious identity (Valera & Taylor, 2010).

## Conclusion

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2  
3 Transitioning the emphasis away from competence to humility allowed for a posture of being  
4 present and curious with each new client, and this made way for attention to the relationship and  
5 therapeutic process. The impact of embracing and engaging each client's cultural identities has  
6 become more noticeable to me, thus encouraging me to look for cultural opportunities and to  
7 grow in my own cultural comfort (Hook et al., 2017).  
8

9 Taking on a multicultural orientation had a positive effect upon me interpersonally. Hook et al.  
10 (2017) highlight that a posture of cultural humility places the emphasis on the experiences and  
11 background of the other rather than on our own cultural perspective and limitations. Allowing  
12 my clinical work to become more and more about my clients rather than my own performance  
13 has changed how I experience them.  
14

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