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Critical Experiences of Being Humbled in Psychotherapy Training: An Interpretative Phenomenological Analysis

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Abstract

Therapists' cultural humility has shown promise for being a "trait like" quality that improves psychotherapy treatment for marginalized populations (Hook et al., 2016, Owen et al., 2016). However, researchers have emphasized that it is important to establish whether cultural humility can be fostered or developed through training (Davis et al., 2016). The purpose of this study was to understand the phenomenon of trainees being humbled in session during graduate school training and its potential relationship to trainee development. This is the first study to specifically examine the experience of being humbled by clients in session or that explores the potential connection between being humbled and therapists' humility, perceived cultural opportunities, and cultural comfort. Seven clinical and counseling psychology trainees were asked to describe their experience of being humbled in session by a client, which of their clients' and/or their own characteristics influenced their experience of being humbled, and whether they view being humbled as influencing their development. The findings suggest that experiences of being humbled instigated shifts away from a "way of doing" therapy and participants' focusing on themselves, to participants' developing a "way of being" with clients and focusing on clients' unique experiences. Given that cultural humility has demonstrated potential for improving psychotherapy relationships and outcomes with clients who have marginalized identities, it is beneficial to study precipitants that might increase trainees' cultural humility. Increasing the effectiveness of psychotherapy with marginalized populations is worthwhile for increasing equity and for helping those in society who are traditionally underserved. It is hoped that this study will encourage further research into whether cultural humility is a quality that can be trained, and if so, how.

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being humbled in session during graduate school training and its potential relationship to

trainee development. This is the first study to specifically examine the experience of

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CHAPTER ONE: LITERATURE REVIEW

For over 40 years, disparities in access to and effectiveness of psychotherapy treatment have been widely acknowledged among marginalized populations (Cook et al., 2007; Gonzales & Papadopoulos, 2010; U.S. Surgeon General, 2001; Whaley & Davis, 2007). For example, statistics show that racial/ethnic minority populations are underserved by the mental health system and those who enter therapy frequently drop out prematurely (Cheung & Snowden, 1990; Echemendia & Nunez, 2004; McCabe, 2002; Owen et al., 2012; Sue et al., 2019; Zane et al., 1994). In addition, research has demonstrated that some therapists achieve poorer outcomes with racial/ethnic minority clients compared to white clients on their caseloads (Hayes et al., 2016; Hayes, et al., 2015; Imel et al., 2011b; Owen et al., 2012). Similar treatment disparities and negative experiences have also been shown to extend to other marginalized populations, such as clients from lower socioeconomic statuses (Smith et al., 2011; Smith et al., 2013) and clients who identify as LGBTQ (Burgess et al., Eady et al., 2011; Shelton et al., 2011; Su et al., 2016; Veale et al., 2017). For these reasons, there has been a long-standing interest in facilitating the training of more multiculturally competent clinicians (Benuto et al., 2018; Korman, 1974; Pederson et al., 1996; Ratts et al., 2016; Sue, et al., 1982; Vera & Speight, 2003; Whaley & Davis, 2007).

There are three general approaches to addressing multicultural dynamics in psychotherapy (with some overlap): emphasizing the psychotherapist's multicultural competence (MCC), culturally adapting treatments, and focusing on therapeutic interactions (e.g., the process between therapist and client; Huey et al., 2014). The following chapter summarizes the primary support and criticisms of these prevailing models of MCC. Further, this chapter introduces a more recent process-oriented approach to cross-cultural therapy, called the multicultural orientation (MCO) framework. Indeed, one aspect of the MCO framework, therapists' cultural humility, will be the focus of the proposed phenomenological study.

Sue et al.'s MCC Model: Self-Awareness, Knowledge, and Skills

Today's predominate model of MCC emerged from Sue et al.'s (1982) position paper in which the authors identified three characteristics of a culturally competent counselor (hereinafter referred to as "Sue et al.'s MCC model"). The culturally competent counselor: has an awareness of their own assumptions, values, and biases; has knowledge about the worldview and socio-political environments of their clients; and utilizes appropriate intervention strategies and techniques. Although a more detailed set of foundational objectives were put forth in subsequent years, including articulating 31 specific multicultural competencies, the essential message of the original, tripartite model has not changed much in the time since then (Sue et al., 1982; Sue et al., 1992).

Under Sue et al.'s MCC model**,** the first step for a culturally competent counselor is to be actively engaged in becoming aware of their personal values and worldview (Sue et al., 1982; Sue et al., 1992). This ongoing process of "self-awareness" is hypothesized

to be the means by which a counselor can begin to understand their assumptions and biases about human behavior and how these potentially impact their client. For example, a privileged individual in the US might have grown up with a staunch belief in meritocracy only to realize that aspects of their identity, such as race and/or socioeconomic status, also contributed to their achievement. This growing awareness could become an important point of acknowledgement and understanding with clients whose achievement has been differentially affected by aspects of their identity.

Relatedly, the second step for a culturally competent counselor is to learn about, and take a non-judgmental stance towards cultural groups (Sue et al., 1982; Sue et al., 1992). For example, in the US and in the most prevalent types of therapy, there is an emphasis on individualism and autonomy, which runs counter to cultural values that rely on collectivism and interdependence. Thus, the "knowledge" component includes continuing to learn about a range of clients' worldviews, as well as socio-political systems and institutional barriers and that oppress clients. For example, an individual who has gained self-awareness about the ways in which their race and/or socioeconomic status has benefited them, might also begin to learn more specifically about tax policies that systematically provide more economic support to schools and children in wealthy neighborhoods. In turn, this individual might begin to think through and better understand how institutional barriers, such as large classroom sizes and lack of basic supplies (e.g., textbooks), impact a client's ability to achieve.

The third step for a culturally competent counselor is to actively develop and practice culturally relevant skills (Sue et al., 1982; Sue et al., 1992). For example,

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therapists might improve their effectiveness with some clients from certain backgrounds by taking more of an active role in the client's community or taking a more directive role in sessions. In addition, there may be specific skills that can help culturally competent counselors to address and discuss culture during therapy. Some of these skills overlap with general therapeutic practices such as forming a strong alliance and repairing ruptures (Bernal et al., 2009).

Multicultural Competence in Training and Practice

Twenty years after Sue et al. (1982) first proposed the MCC model, the American Psychological Association (APA) integrated multicultural competencies into all psychology-related activities, including education, practice, research, and policy, relying on a large base of information on critical cultural phenomena (APA, 2003). For example, the APA's (2002) guidelines were informed by hundreds of articles ranging from the first mention of culture as a variable in clinical practice (Korman, 1974), to topic areas such as intergroup bias (Gaertner & Dovidio, 2000), individual differences within a culture (Triandis & Singelis, 1998), the cultural construction of self and emotion (Markus & Kitayama, 2001), effective cross-cultural psychotherapy (Ibrahim, 1985), and all interactions as inherently cross-cultural (Fouad & Brown, 2000). The expectation of the resulting guidelines was that training more multiculturally competent providers would result in a more effective psychologists, and ultimately reduce treatment disparities.

Sue et al.'s MCC model has now been widely infused in the APA's recommendations for curricula, training and practice. It is worth noting that the APA's Multicultural Guidelines have been revised just once, in 2017 (APA, 2018). The revisions

were a positive step towards expanding the application of cross-cultural competencies to other identities (including [but not limited to] race, ethnicity, nationality, gender, age, sexual orientation, religion, disability, socioeconomic status, and size) and considering intersectionality. Nonetheless, as described more fully below, a prevailing criticism is that there has not been conclusive evidence that implementing this model improves psychotherapy process or outcomes for marginalized clients.

Multicultural Competence Studies

Since the inception of Sue et al.'s MCC model, researchers have consistently pointed out the dearth of process and outcome studies that assess the impact of multicultural competencies (MCCs [i.e., the skill with which MCC theory is implemented]; Owen et al., 2011). Additionally, the small number of studies that have been conducted have demonstrated inconsistent findings and have been criticized for methodological concerns. From this standpoint, there seems to be an overreliance on a model that has not been sufficiently tested, which calls into question its effectiveness.

Ponterotto et al. (2000) articulated the need for process and outcome studies that use real-life clients in diverse settings, as well as a revision of MCC measures. To this point, the majority of studies that have been done in this area have been conducted with analogue, rather than clinical clients, or with convenience samples, such as those found in universities (Huey et al., 2014). In the subsequent years, the same needs have continued to be reiterated by various other researchers, who also suggested that the lack of valid instrumentation for MCCs inhibits process and outcome studies (Arredondo et al., 2005; Drinane et al., 2016). Others have pointed out additional gaps in the literature, such as

whether specific training interventions impact observer-rated MCCs of graduate students (Worthington et al., 2007).

Consequently, as was so aptly noted 20 years ago, researchers still want to know: "Do counselors who possess these competencies evidence improved counseling outcomes with clients across cultures?" (Ponterotto et al., 2000; p. 641). To that end, the following section presents the research that supports therapists' MCCs alongside the primary criticisms of it.

Process and Outcome Studies

As it stands, the results of MCC psychotherapy outcome studies have been largely inconsistent (Soto et al., 2018; Tao et al., 2015). In addition, all of the studies included in extant meta-analyses were either cross-sectional and/or retrospective. That is, to date, no MCC studies have used longitudinal data, which is a major methodological limitation. Nevertheless, overall effect sizes of outcome studies demonstrate that MCCs account for approximately 8% of the variance in client outcomes (Tao et al., 2015). More specifically, Tao et al. (2015) performed a meta-analysis of 18 studies that examined the impact of therapist MCCs on client psychotherapy process and treatment outcomes. Of the 18 studies, 13 assessed MCCs via the most frequently used measure, the Counseling Inventory–Revised (CCCI-R; LaFromboise et al., 1991). Two of the studies assessed MCCs using the Cultural Humility Scale (CHS; Hook et al., 2013), which is a measure related to the MCO framework and will be discussed further in a separate section, below. The remaining studies assessed MCCs via direct (e.g., Multicultural Counseling

Inventory [MCI]; Sodowsky, et al., 1994) and indirect (e.g., Racial Microaggressions in Counseling Scale [RMCS]; Constantine, 2007) measures.

Process Studies. On average, Tao et al.'s findings suggest that therapist MCCs have a greater effect on process (r = .67) than outcome (r = .29). Specifically, overall effect sizes for client perceptions of therapist MCCs and processes were consistently large, ranging from r = .58 for client satisfaction, r = .61 for general competence, r = .62 for alliance, and r = .72 for session depth. For example, Fuertes et al. (2006) demonstrated that a client's perception of working alliance was strongly correlated with therapist MCCs (r = .73). Relatedly, Owen et al. (2010 and 2011a) found that working alliance mediated perceptions of microaggressions and therapy outcomes. That is, those clients who perceived microaggressions but had a strong working alliance, still reported psychological improvement.

Outcome Studies. In terms of specific treatment outcomes, Tao et al. (2015) found that correlations between MCCs and outcome variables such as symptoms or complaints related to a specific presenting issue (e.g., anxiety), as well as those that assess broader psychological functioning (e.g., well-being or clients' perception of change) mostly ranged from small to moderate. For example, Sarmiento (2012) found a small association (r = .12) between client rated therapist MCCs and anxiety. At the same time, Owen et al. (2011b) found a moderate association (r = .31) between client rated therapist MCCs and client well-being. Only one study found a large, positive relationship between MCCs and psychological symptoms, as well as social and personal improvement

(Hook et al., 2013). Regardless of the heterogeneity in effect size, Tao et al. (2015) noted that:

> the associations between client-rated [MCCs] and therapy outcomes were consistent with other correlational estimates cited in the literature on empirically supported therapeutic variables, such as therapeutic alliance, empathy, genuineness, goal census and collaboration, and alliance–rupture repair [e.g., Elliott et al., 2011; Horvath et al., 2011; Kolden et al., 2011; Norcross & Lambert, 2011; Safran et al., 2011; Tryon & Winograd, 2011] (2015, p. 344).

In general, these elements of the therapeutic relationship have been found to facilitate effective therapy as much as or more than manualized psychological interventions (Norcross & Hill, 2002). However, these estimates do not consider the proportion of variance attributed to therapists. Previous research has suggested that therapists who are more effective with clients are not rated as expressing more MCCs (Owen et al., 2011b). That is, therapists did not appear to evidence more "trait like" MCCs than other therapists (Worthington & Dillion, 2011).

Finally, Soto et al. (2018) performed a meta-analysis of 15 studies that examined the association between therapists' MCCs and client outcomes (clinical improvement and premature dropout vs. completion) of clients who were predominantly racial/ethnic minorities. Similar to the findings of Tao et al. (2015), the relationship between therapist MCCs and client outcomes was highly variable across studies with an overall average effect size of $r = .26$. Significantly, the five studies that used a measure of MCCs completed by the *therapist* indicated no effect, whereas the eight studies that used a measure of MCCs completed by the *client* indicated a large, statistically significant effect. Thus, as described more fully below, while some of these studies offer some

evidence of an effect of MCCs on mental health improvement, the inconsistency in results leaves questions about how therapists are implementing MCCs in session.

Culturally Adapted Empirically Supported Treatments

Empirically-supported treatments (ESTs) are typically tested through randomized control trials. However, two longstanding criticisms of psychotherapy research are that few EST studies are conducted with racial/ethnic minority populations and that the treatments may not be adapted to fit the needs and worldviews of marginalized clients (Constantine et al., 2008; Huey et al., 2014). Cultural adaptation is related to but distinct from Sue et al.'s MCC model. It is related in the sense that the skills aspect of Sue et al.'s MCC model indicates that some treatments might need to be adapted (Sue et al., 1992). However, whereas the focus on knowledge, awareness, and skills emphasizes the therapist's role (i.e., their MCCs) in treatment, cultural adaptation focuses on treatment interventions (Bernal et al., 2009). Specifically, cultural adaptations seek to make therapy *interventions* more congruent with a client's cultural beliefs, attitudes or behaviors (Huey et al., 2014).

Bernal et al. (1995) suggested eight dimensions to guide the cultural adaptation of existing interventions. For example, using the client's native language, pairing clients with therapists who share their ethnicity, and incorporating culturally familiar symbols and concepts are each considered "surface" structure adaptations because an existing mode of therapy is simply modified to better fit the client's cultural preferences. Further, applying cultural knowledge, discussing the presenting issue in a way that is consistent with a client's belief system, making sure treatment is compatible with a client's culture,

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and considering the impact of contextual processes are considered "deep" structure adaptations because they consider cultural values and traditions that affect the client's perceptions of a disorder's etiology or treatment.

Culturally Adapted Treatment Studies. An overarching criticism of culturally adapted treatment studies is that MCCs are often not known or assessed (Sue et al., 2009). Conversely, in studies that measure MCCs, it is often not reported whether those therapists are using cultural adaptations in their treatment practices (Sue et al., 2009). Another related issue is that the majority of studies that demonstrate successful outcomes with marginalized clients do not specify therapists' characteristics (i.e., personal qualities and/or identities that may impact treatment; Benish et al., 2011).

Benish et al. (2011) performed a direct-comparison meta-analysis of 21 bona fide psychotherapy treatments against those that were culturally adapted (i.e., using Bernal et al.'s 1995 criteria). This meta-analysis demonstrated that culturally adapted treatments outperformed non-adapted bona fide treatments (i.e., by $d = 0.32$). In addition, Benish et al. found that cultural adaptations that directly accounted for myth adaptation (i.e., fit with client's cultural understanding of their presenting issue) were more effective than those without ($d = 0.21$). Huey (2013) also performed a direct-comparison meta-analysis of 10 randomized control trials and included both culturally adapted as well as culturally sensitive treatments. Huey found that both of these so called "culturally tailored" treatments were effective when cultural factors were addressed implicitly ($d = 0.24$) rather than explicitly ($d = -0.42$). However, the overall effects on symptom reduction ($d = 0.01$) were non-significant. On the other hand, Soto et al. (2018) performed a systematic

meta-analysis of 99 culturally adapted treatments, including studies that clearly followed Bernal et al.'s criteria as well as those that "provided minimal descriptions and/or had restricted adaptations that focused on a few aspects of culture" (pp. 1911–1912). Of the studies analyzed by Soto et al., only 53 directly compared adapted and non-adapted treatments. While this wider comparison enabled these authors to include more studies in their meta-analysis, it likely contributed to greater heterogeneity in their findings, which indicated inconsistent results across studies. In addition, Soto et al. showed that taking into account publication bias reduced the overall effect size of culturally adapted treatments (i.e., from $d = 0.50$ to $d = 0.35$). Altogether, these findings seem to indicate that ESTs that account for myth adaptation and that address culture implicitly are most effective. However, the conclusions about the specific benefits of culturally adapted interventions are mixed (Huey et al., 2014).

Regardless of the criticisms and challenges associated with cultural adaptation, the philosophy behind ESTs depends on therapists being able to execute treatments in a precise way, but newer research suggests that therapists are not consistent in their adherence to treatment protocols and that flexibility in adherence can be a predictor of therapy outcomes (Boswell et al., 2013; Imel et al., 2011a; Owen & Hilsenroth, 2014). Thus, a new wave of psychotherapy research has suggested that we move away from ESTs to empirically support relationships (Norcross & Hill, 2004; Norcross & Lambert, 2011). This idea is intrinsic to the movement away from Multicultural Competence to Multicultural Orientation and is discussed further, below.

The Multicultural Orientation Framework

In contrast to MCCs and culturally adapted treatments, the focus of the

multicultural orientation (MCO) framework is not on skills and interventions that are

implemented with clients with specific cultural identities. Rather, the focus of the MCO

framework is on the therapist valuing cultural diversity and integrating that attitude

throughout the therapeutic process. That is, this framework is meant to help orient

therapists to engage in conversations about culture in a genuine, natural, and curious way.

Consequently, the MCO framework draws a fundamental distinction between

"competencies" and "orientation" (Owen, Tao, Leach, & Rodolfo, 2011).

MCO Framework: Cultural Humility, Cultural Opportunities and Cultural Comfort

As described in Owen et al. (2011c):

> Whereas multicultural competencies refer to how well a counselor has acquired
> knowledge and skills for work with culturally diverse clients, multicultural
> orientation refers to a counselor's way of being with a client, guided by the
> counselor's philosophy or values about the importance of cultural in the lives of
> his or her clients (p. 272).

As such, these researchers posit that a more appropriate and effective goal for cross-

cultural therapy might be to find ways to help practitioners find a better "way of being"

rather than a better "way of doing" (Owen et al., 2011c). The essence of the MCO

framework can be summed up in three parts: cultural humility, cultural comfort and

cultural opportunities.

Cultural humility is described as an awareness of one's limitations to

understanding a client's cultural background and experience (Hook et al., 2017). That is,

cultural humility is evidenced in an interpersonal stance that is other-oriented rather than

self-focused in regard to the cultural background and experience of the client. In this way, the culturally humble therapist is interested in and open to exploring the client's cultural background and experience.

As with the self-awareness aspect of MCCs, the therapist does not assume that their cultural perspective is the most correct, but rather recognizes the validity of other values and beliefs. However, unlike the knowledge and skills aspects of MCCs, there is not an expectation that the therapist acquire knowledge about discreet identities or that they culturally adapt interventions based on an identity (Mosher et al., 2017). Instead, the MCO framework expects that the therapist will be open-minded about the cultural and/or other contexts that are most salient to the client (Owen et al., 2016). For example, the same therapist described above—who believes that merit contributed to their achievement—would not be focused on their own experiences or what they imagine to be the experiences of their client, but rather, would fully immerse themselves in the background and experiences of their specific client.

As described in Mosher et al. (2017), this shift to "What is it like to be *this* [emphasis added] client?" encourages the therapist to recognize the client's context rather than making assumptions about it based on the therapist's limited frames of reference. This shift also relates to S. Sue's (1998) concept of dynamic sizing (i.e., flexibility in individualizing and generalizing clients) and aligns with literature and recent recommendations surrounding intersectionality (i.e., the simultaneous acknowledgment of multiple cultures and identities in relationship to one another; see Clauss-Ehlers et al., 2019; Cole, 2009; Crenshaw, 1990; Fisher-Borne et al., 2014).

The second aspect of the MCO framework, cultural opportunities, is described as the therapist's ability to attend to and elicit cultural opportunities in their work with clients (Hook et al., 2017). Cultural opportunities are seen as behavioral expressions of cultural humility, in that, being open to raising cultural topics demonstrates that the therapist believes the client's culture is important, valid, and something that clients should define for themselves (Davis et al., 2018). Further, the third aspect, cultural comfort, is described as a sense of ease when addressing cultural topics and engaging the client in a cultural discussion (Hook et al., 2017). A therapist's sense of cultural humility has been shown to directly influence whether they initiate cultural discussions with their clients (Owen et al., 2016). In addition, this characteristic is expected to relate positively to the quality of a discussion with the client about culture, and is hypothesized to be developed through experiences in and outside of client sessions (Hook et al., 2017).

Since the intended study seeks to explore being humbled in session as a developmental experience that awakens therapists' cultural humility, it will be this chapter's predominate focus, rather than the related constructs of cultural opportunities and cultural comfort. The following sections review the status of MCO research that measures the associations of therapist's humility on psychotherapy processes and outcomes, as well as the ways in which humility is hypothesized to connect to training and practice.

Multicultural Orientation Research

Inherent in the MCO framework is the premise that cultural humility is inextricably tied to effective multicultural processes and outcomes in psychotherapy

(Hook et al., 2013). In support of this premise, Hook et al. (2013) introduced the Cultural Humility Scale (CHS) and provided initial evidence for its reliability and validity. Using the CHS in two studies, Hook et al. demonstrated that client perceptions of therapist's humility were associated with developing a strong working alliance (i.e., process), as well as improvement in therapy (i.e., outcome). In particular, the second study showed that cultural humility predicted therapy outcomes even when controlling for MCCs (i.e., using the CCCI-R).

Since the development of the CHS, researchers have shown that client perceptions of cultural humility mediate the relationship between negative emotion due to ruptures (e.g., as in the case of microaggressions) and in relation to therapeutic process and outcomes (Davis et al., 2016). In another study, a client's perceived humility of their therapist was associated with fewer microaggressive experiences in therapy (Hook et al., 2016). Additionally, researchers have demonstrated that clients who rated their therapist as being more culturally humble also reported better therapy outcomes (Owen et al., 2014). As noted by Hook et al. (2013), paradoxically, a culturally humble therapist is less likely to assume competence, which allows them to approach each client with a respectful openness that is more amenable to understanding the unique intersection of various aspects of clients' identities.

Speaking to the constancy of cultural humility across clients, Owen et al. (2016) found that therapists accounted for 22% of the variance in their clients' ratings of cultural humility. In other words, clients of the same therapist had similar perceptions of the therapist's cultural humility. Owen et al.'s finding also suggests that some therapists were

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rated as being more culturally humble than other therapists. This therapist effect of cultural humility was foreshadowed by Owen (2013) as a necessary factor in effective psychotherapy, and is distinct from findings of client-rated therapist MCCs which have been shown to vary across clients of the same therapist (Owen et al., 2014).

The researchers in each of these studies acknowledge limitations that are similar to those described in relation to MCCs (i.e., conceptual and measurement concerns, and studies being limited to cross-sectional, correlational designs; Davis et al., 2018). However, in contrast to nearly four decades of MCC research, MCO constructs such as cultural humility, have demonstrated promising results. The extant research on the CHS in psychotherapy has demonstrated adequate reliability as well as construct validity with each use (Davis et al., 2018). Furthermore, researchers have begun applying the MCO framework beyond the client-therapist dyad to related areas such as supervision and education (Abbott et al., 2019; Hook et al., 2016; Patallo, 2019; Watkins et al., 2019a; Watkins et al., 2019b; Watkins & Mosher, 2020). Accordingly, researchers are optimistic that the MCO framework has the potential to respond to some of the challenges faced by MCC to improve cross-cultural psychotherapy process and outcomes (Davis et al., 2018).

As part of their recommendations for future MCO research, Owen et al. (2016) noted that it will be important to establish whether cultural humility is a therapist characteristic that can be developed or improved through training. In the last few years this recommendation has been echoed by other researchers who stated that MCO has the potential to improve decision-making about the structure and emphasis of training, and

how to foster and develop cultural humility in therapists in training (Davis et al., 2018; Mosher et al., 2017).

Cultural Humility in Training and Practice

Previous researchers have discussed the concept of cultural humility as a critical feature of and basis for cross-cultural training (Jennings et al., 2005; Tervalon & Murray-Garcia, 1998; Fisher-Borne et al., 2014). For example, Tervalon and Murray-Garcia (1998) noted that it is imperative for physician training to initiate a lifelong process of realistic and ongoing self-reflection. These researchers state that ideally this process will result in trainees who are flexible and humble enough to not rely on the false sense of security that stereotyping provides so that they will be able to newly assess the cultural dimensions of each client's experiences, and be able to acknowledge when there is something that they do not know.

Tervalon and Murray-Garcia (1998) go on to state that "an increase in knowledge without a consequent change in attitude and behavior is of questionable value" (p. 119). This view aligns with literature, which has demonstrated the need for practitioners to change their level of self-awareness, as well as their attitudes towards diverse clients (e.g., McIntosh, 1998; Neville et al., 2001). Tervalon and Murray-Garcia use the example that interviewing can be made more patient-focused by employing a less controlling, less authoritative style, which allows space for the client to communicate how their particular intersection of identities may relate to their presenting issue.

The Ideas posed by Tervalon and Murray-Garcia (1998) relate to the MCO framework in that the assumption is that increased humility will offer increased cultural

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opportunities and cultural comfort (Hook et al., 2013). In their book, *Cultural Humility:*
Engaging Diverse Identities in Therapy, Hook et al. (2017) state "We hope that by
encouraging you to begin the process of exploring your cultural identities and worldview,
you develop a natural tendency to be interested and curious about your cultural
experiences, as well as the cultural experiences of others" (p. 53). While hopeful, this
desire is not yet supported by research about trainees' actual developmental processes or
a deeper understanding of the antecedents of cultural humility. Given the emerging
implications of cultural humility on the therapeutic alliance, as well as its hypothesized
connection to therapists being able to recognize cultural opportunities and develop their
cultural comfort, understanding whether trainees can increase their cultural humility—
and if so, how that happens—has emerged as a crucial direction in MCO research.

Tormala et al. (2018) tested a developmental approach to increasing cultural
humility that employed cultural formation assignments as part of doctoral-level course.
Although others have written about interventions or approaches hypothesized to increase
cultural humility in trainees (see Fisher, 2020; Hernandez-Wolfe et al., 2015; Patallo,
2019; Watkins & Mosher, 2020), to the author's knowledge, this is the only published
study that directly tests such an intervention. The results of this study demonstrated
increases in knowledge related to MCCs, but only two of the four themes that Tormala et
al. hypothesized to relate to humility (i.e., cultural self-awareness and scientific-
mindedness).

Tormala et al.'s (2018) approach to increasing cultural humility in trainees does
not depart from existing training approaches that rely on coursework and professor

feedback. Further, Tormala et al.'s approach did not include an experiential component, which is a bedrock of most theories surrounding cross-cultural therapy training (see Case, 2007; Jones et al., 2013; Garriott et al., 2016; Neville et al., 1996; Pederson, 2004). Most significantly, the missing experiential component is what would be most relevant to this dissertation's hypothesis that being humbled by clients instigates an affective awakening that results in increased cultural humility. Thus, what remains unanswered in extant literature is the developmental *process* by which trainees may initiate this shift in self-awareness and client focus in order to increase their cultural humility.

Trainee Developmental Processes

The APA's (2012) competency benchmarks articulate standards for different levels of doctoral trainee development (i.e., readiness for practicum, readiness for internship, and readiness for entry to practice) across seven core professional competencies. The benchmarks within each of these core areas are used as a basis for defining and measuring trainee learning outcomes. One of the seven aspects, individual and cultural diversity, is based on Sue et al.'s MCC model. For example, practicum trainees are expected to demonstrate self-knowledge, awareness and understanding, whereas internship trainees are expected to proceed a step further by continually monitoring and applying knowledge of self and client in practice. As described by Fouad et al. (2009) the development of these benchmarks is the result of a shift to a culture of competence and assessment of competence. Consequently, these benchmarks identify specific expectations that trainees must demonstrate before qualifying for the next level of training.

Models of trainee development describe a parallel shift in self-focus to client focus, but fall short of explaining the antecedents or propellants of qualities, such as cultural humility, that may relate to these shifts. One of the most widely used models of trainee development and the one with the most empirical support is the Integrated Development Model (IDM; Inman & Ladany, 2008). The IDM conceptualizes trainee development as progressing through three levels, illustrated through a metaphor of therapist and client as fellow climbers (McNeill & Stoltenberg, 2016). In this metaphor, the therapist finds their client stranded in a crevasse. The Level 1 therapist is depicted as standing at the edge of a crevasse, yelling down advice to a stranded climber (i.e., their client). At Level 1, the therapist is attempting to assist their client "with little or no experience with or personal understanding of the [therapy] process" (p. 25; McNeill & Stoltenberg, 2016). The Level 2 therapist is described as climbing down into the crevasse to be with their client, but neither therapist nor client is sure of the way out. In the final stage, the Level 3 therapist is described as capable of being alongside the stranded client, while also communicating their understanding of the "emotional, cognitive, and environmental aspects of the problem" (p. 25; McNeill & Stoltenberg, 2016).

Early counselors are notorious for being in their own heads, worrying about their perceived level of confidence, and trying to problem solve. Level 1 therapists also desire clear cut answers to therapeutic challenges and struggle with nuance (McNeill & Stoltenberg, 2016). During Level 2, the therapist becomes more aware of self/other context, which can cause them to be overwhelmed by differences. Finally, in Level 3 the therapist is able to shift their focus and attend more fully to the client. McNeill and

Stoltenberg (2016) acknowledge that the learning environment provided in supervision and therapy sessions interacts with the level of the therapist, which results in change. Nonetheless, this model does not offer direction on the experiences or conditions that prompt these changes or the qualities of the therapists that might interact to promote or inhibit change.

In support of MCO's reframing of cross-cultural therapy, Davis et al., (2018) state "Sometimes competence language—focused more on an endpoint or destination—can cause therapists to attend to self-presentational concerns rather than the client's needs." In contrast, Davis et al. contend that:

> The language of humility primes therapists to focus all resources within their grasp toward optimizing attentiveness and responsiveness to the client's needs (i.e., being other-oriented), including regulation of ego involvement that might enhance self-consciousness (p. 91).

Moreover, it seems that that a shift towards humility would better support what has been found to be empirically helpful in therapy (i.e., supportive, exploratory, experiential-affective, and engaged techniques; Hilsenroth, 2007).

Sabnani et al. (1991) further criticized developmental models such as the IDM, for failing to incorporate White therapist's consciousness of racial-identity. These authors stated that multicultural training and practice:

> implicitly assumes that most cross-cultural counseling-related beliefs and attitudes, knowledge and skills can be adopted at any time, without taking into consideration the possibility that counselors within minority groups or the White middle-class majority differ among themselves in terms of their level of readiness for the assimilation of these learnings (p. 77).

Sabnani et al. (1991) contended that a therapist's racial identity development is central to the overall training process. Thus, to address this limitation in other models,

these authors proposed a hybrid cross-cultural training model that incorporates White racial-identity development. Unlike the APA benchmarks or the IDM's developmental levels, Sabnani et al.'s model included experiences and conditions that are hypothesized to prompt shifts in trainee development as separate stages. For example, they expanded the five, general stages of three White identity models (i.e., preexposure/precontact, conflict, prominority/antiracism, retreat into White culture, and redefinition and integration; see Hardiman, 1982; Helms, 1984; Ponterotto, 1988), to specifically delineate interaction with members of other cultures and knowledge gained elsewhere (e.g., in multicultural classes). Although Sabnani et al.'s model does not take into account intersectionality or the other aspects of trainees' identity development (e.g., gender, sexual, or other identities) that may differentially affect their readiness for training progress, it offers an initial glimpse into the types of cognitions, feelings and experiences that are hypothesized to enhance trainees' development.

White trainees in Stage 1 are characterized by their "lack of awareness as a racial being" (p. 82, Sabnani et al., 1991). In Stage 2, interactions with members of other cultures force the trainee to acknowledge their "Whiteness" and to examine their own cultural values. This acknowledgement prompts movement into Stage 3, which is characterized by an expansion of knowledge regarding race and racial matters. Stage 4 is characterized by taking a pro-minority stage as a means to alleviate feelings of guilt that come about in Stage 3. Movement out of Stage 4 is prompted by rejection from minority group members. At this point, Sabnani et al. (1991) stated that trainees have a "choice" to react to the perceived rejection by proceeding to Stage 5 (characterized as taking a pro-

White, antiminority stance) or to bypass Stage 5 and go straight to Stage 6 (characterized as a "culturally transcendent" worldview that balances one's own identity with respect for cultural differences). Interestingly, this description of the final shift, to Stage 5 or 6, does not include the conditions or experiences that cause trainees to proceed to Stage 6. These authors noted that "choice points," such as the one that occurs at Stage 4, may be mediated "unconsciously, or by personality characteristics (which include cognitive styles)" (p. 84). Sabnani et al. (1991) made explicit that the stages are not expected to occur in a strictly linear fashion—a trainee can move backwards and forwards or cycle through different stages several times and may become stuck at certain stages.

Sabnani et al.'s (1991) model lays the groundwork for understanding trainee development beyond the IDM and in relation to the MCO framework. For example, Sabnani et al.'s model helps us better understand issues such as the stage of racial identity development, that might prompt a trainee to retreat into themselves or to advance into the experiences of their clients. In addition, it seems that the movement from Stage 4 to Stage 5 or Stage 6 could be differentially affected by whether trainees experience an affective awakening (e.g., by being humbled by their clients in session).

Rationale for Phenomenological Approach

As explained by Creswell (2013), phenomenological approaches are best suited to developing a deeper understanding of a common experience in order to develop policies or practices around it. The research questions that came to mind for my topic, then, were phenomenological in nature and had potential implications for the MCO framework. I wanted to know: "What are the critical experiences of counseling psychology doctoral

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trainees being humbled in session?" and "What types of experiences increased their

perceptions of cultural opportunities and cultural comfort?"

The MCO framework has shown promise in addressing some of the shortcomings

of the MCC model for training and practice, however, it lacks a basis for whether or how

humility arises in trainees. To Husserl, the founder of phenomenology:

> no matter how refined the measurement or how ingenious the experimental
> techniques employed by empirical psychology, all its efforts are meaningless
> without a clear grasp of what it is that is being measured and correlated in the first
> place (McCall, 1983, p. 57).

Consequently, Husserl developed the phenomenological approach in order to grasp the

essence of experience (i.e., the set of invariant properties that underlie our individual,

subjective perceptions; Smith et al., 2009). For this reason, a phenomenological approach

seems appropriate.

Although more modern and hybrid approaches have evolved in recent years,

historically, there have been two primary branches of phenomenology—transcendental

and hermeneutic. Transcendental phenomenology is traditionally systematic and

descriptive, whereas hermeneutic is more iterative and interpretive. Husserl, and more

recently Moustakas (1994), are credited with the development of the transcendental

approach. It emphasizes bracketing of the researcher's experiences and a systematic

approach to data analysis (Smith et al., 2009). The hermeneutic departure of

phenomenology—explored by writers such as Gadamer (1975) and later furthered by van

Manen (1990)—questioned whether knowledge can exist outside of an interpretative

stance that is grounded in the lived world (e.g., in people, relationships and language).

From these authors' perspectives, a researcher's experience cannot be bracketed out and must therefore become part of the process. Indeed, van Manen (2016) states:

> If we simply try to forget or ignore what we already 'know,' we may find that the presuppositions persistently creep back into our reflections. It is better to make explicit our understandings, beliefs, biases, assumptions, presuppositions, and theories (p. 47).

Interpretative Phenomenological Analysis

Smith et al. (2009), by way of their Interpretative Phenomenological Analysis (IPA), propose that the intrapsychic aspects of transcendental phenomenology and the relational aspects of hermeneutics are uniquely positioned to complement each other. While Husserl focused on the essence of an experience, Smith et al. explain that the hermeneutic philosophers move us:

> towards a more interpretive and worldly position with a focus on understanding the perspectival directness of our involvement in the lived world—something which is personal to each of us, but which is a property of our relationships to the world and others, rather than to us as creatures in isolation (p. 21).

Through this convergence of transcendental and hermeneutic methods, IPA arrives at a systematic examination of the experiential that is an often missing, but necessary part of psychological research (Smith et al., 2009). As noted by van Manen (2016): "In our efforts to make sense of our lived experiences with theories and hypothesizing frameworks we are forgetting that it is living human beings who bring schemata and frameworks into being and not the reverse" (p. 45). Further, IPA is concerned with capturing the particular experiences as experienced for particular people (Smith et al., 2009). For these reasons, the IPA approach seems particularly well-suited to my topic. I am interested in knowing whether there is something more elemental and

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developmental in nature that underlies the constructs of the MCO framework, specifically

cultural humility, and getting at the essence of being humbled in session as it pertains to

doctoral level trainees. Again, van Manen seems right on point here:

> The point of phenomenological research is to 'borrow' other people's experiences
> and their reflections on their experiences in order to better be able to come to an
> understanding of the deeper meaning or significance of an aspect of human
> experience, in the context of the whole of human experience (2016, p. 62).

Intellectual Autobiography

When I was brainstorming topics for my dissertation, I reflected a great deal on

personal experiences that shaped my understanding of identity and worldview (e.g.,

growing up with extended families of both low and very high socio-economic statuses,

moving from my small town in Wyoming to Washington DC for college, living and

teaching in Madrid and Seoul, and managing an English as a Second Language program

in New York City). However, what seemed most relevant and transformative to my

personal development as a therapist was transferring from Columbia University to City

College of New York for my master's degree and then counseling students there.

Specifically, I had written previously about my experience of feeling truly humbled in

session with a client at City College, as well as other therapy experiences that have

impacted me since then. I also noticed that the experiences that I wrote about related to

the MCO framework (i.e., cultural humility, cultural opportunities, and cultural comfort).

During this process, I kept thinking about a quote from Hook et al.'s (2017) book,

Cultural Humility: Engaging Diverse Identities in Therapy, in which they state: "We

hope that by encouraging you to begin the process of exploring your cultural identities

and worldview, you develop a natural tendency to be interested and curious about your cultural experiences, as well as the cultural experiences of others" (p. 53). Given that doctoral students tend to come from more privileged backgrounds, I wondered if this might shelter us from more challenging experiences and thus limit our frame(s) of reference for working with clients who do not share our own identities. Further, as someone who has always been curious about others (some might say intensely so) and whose cross-cultural environments have always prompted me to reflect on my own and others' cultural identities, I wondered if—or how—someone who might not have this inclination and/or environmental opportunities might, "naturally develop" this tendency.

Simultaneously, I was taking a supervision class that got me thinking about how trainees develop and progress. As I continued to reflect on my experiences, I noticed that they connected directly to the trainee developmental levels outlined in the supervision model we were using (i.e., the IDM; McNeill & Stoltenberg, 2016). For example, the transition from level 2 and 3 is marked by self-focus shifting to "curiosity and empathy for the experience" of the client. However, there was no accompanying description about what might prompt this shift. I believe that my experiences of being humbled in session is what precipitated my transition from being a level 2 to a level 3 therapist, as well as an increase in my perception of cultural opportunities and cultural comfort. The combination of these insights prompted my interest in examining whether other doctoral-level trainees had humbling experiences that led to increased humility, as well as awareness of cultural opportunities and cultural comfort.

Reflexivity. As my dissertation continues to unfold, it will be important for me to continue to recognize and be transparent about personal perspectives that influence my research questions, data collection, analysis, and conclusions (Levitt et al., 2017). In addition, I will endeavor to remain reflexive about any assumptions or biases that could unduly influence this process. While executing my study may bring up additional viewpoints that I am not yet aware of, at present, I can think of three that may have influenced my perceptions.

First, by virtue of my socio-economic background and the working culture where I grew up in northeastern Wyoming, graduate school was not something that was encouraged by my family or home community. I believe that the combination of these circumstances contributed to my delay in applying to and enrolling in a master's program, as well as pursing my dream of attaining a PhD. That being said, I know that I can be simultaneously envious and judgmental of students who come from more socio-economically privileged backgrounds and from highly educated families. Envious because I wonder how my life might have turned out if I had grown up in such circumstances and judgmental because I often assume that these students have had to navigate fewer challenges than I have. This perception of myself as less economically and educationally advantaged growing up, was part of my own dynamic of being humbled in session with clients. For example, counseling students at City College contributed to my visceral-level awareness that while I had not had the privileges of many of my college classmates and work colleagues, I had also never faced experiences such as becoming homeless, living in a housing project where I was endangered by gun

violence, or attending school in a system that was shamefully underfunded and that did not operate in my first language. This shift in my perspective and my understanding of its impact on my own development, relates to my questioning whether humility is something that can be developed or trained, particularly in trainees who hold more privileged identities and/or who have lived largely sheltered lives.

Relatedly, as an older graduate student who has worked in diverse fields, as well as with individuals from both poles of the economic spectrum and from a range of countries and cultures, I sometimes view my younger colleagues as naïve and lacking a deeper-level and/or personal awareness of oppressive sociopolitical forces. Both of these biases were particularly palpable when I co-facilitated a master's level multicultural discussion section in which the majority of the students were wealthy, White women who had arrived to graduate school fresh out of college. Although it has been a couple of years since that experience and I believe that I have a better understanding of and empathy for the potential developmental level of students with these particular identities, I can imagine my assumptions re-surfacing while conducting this study. In addition, I already notice that my focus on these specific identities relates to my thinking about my study's inclusion and exclusion criteria, as well as its potential significance for psychotherapy training.

Finally, as someone who processes the world internally and derives a lot of meaning from reflecting on my feelings and experiences, I assign a positive value to those who function similarly and I sometimes have a negative reaction to individuals who are less reflective or who are more cognitively, rather than emotionally, inclined. This

last bias no doubt relates to my hypothesis that an affective, rather than a cognitive, awakening is a crucial antecedent to the development of humility. In any case, as described more fully in my methods chapter, although I maintain that intuition is an important and necessary part of exploring a phenomenon, I will strive to keep my assumptions in check by continually audio-recording my assumptions, re-interviewing participants after forming my initial impressions, and by working closely with an external reviewer.

Pilot Study

As part of my advanced qualitative class in Spring Quarter 2019, I conducted a focus group pilot study with doctoral-level trainees from my program. This focus group resulted in several insights that helped shape the direction of this study. First, each of the six participants was able to describe a time when they felt humbled in session, which supported my intuition that it is a phenomenon experienced by other trainees. Second, as I analyzed the transcript data, I was able to recognize ways in which each of my participant's personal identities and specific challenges potentially informed the experiences that humbled them, as well as their responses to being humbled. While most participants described responding to being humbled by finding ways to engage on a deeper level with the client (i.e., evidencing awareness of cultural opportunities and cultural comfort), in one particular instance, being humbled in session resulted in a participant feeling culturally uncomfortable and steering away from cultural opportunities. From my perspective, this occurrence related to this participant's level of trainee development and their individual privileges. For example, ways in which they

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may have been sheltered from more challenging experiences, as well as a potentially earlier stage of racial identity development. However, since my insights came from my knowledge of participants' lives and identities outside the context of the interview, it would have been helpful to follow up with these participants individually to see if the connections I made resonated with their experience.

In terms of future interviews, some pilot group participants noted that they may have shared more one-on-one, which aligns with the preferred procedure of IPA, and due to the personal nature of the topic seems like a better fit for this study (Smith et al., 2009). Additionally, for future interviews it will be important to get to know the context of participant's experience and to continue to check my assumptions about what is true from each participant's experience. For example, by following up with them after my initial analysis to see if the connections I am making ring true to their experiences. Indeed, as Moustakas (1990) describes, to know and understand the essence of any human experience, it is necessary to appreciate the frame of reference of the person who had the experience. Further, Moustakas states "Our most significant awarenesses are developed from our own internal searches and from our attunement and empathic understandings of others" (1990, p. 26). In this way, I intend to use my own experiences to better understand those of my participants. This process will be discussed further in that data analysis section, below.

Purpose of the Present Study

To date there are no studies that specifically examine the experience of being humbled by clients in session or that explore the potential connection between being

humbled and therapists' humility, perceived cultural opportunities and cultural comfort. The hypothesis of this dissertation is that being humbled by clients is a developmental experience that comes about when a trainee is faced with a client's identities and related experiences that both connect to and contrast with their own (e.g., as might be the case with a trainee and client with similar socio-economic statuses, but different racial/ethnic identities). This emphasis on an experiential encounter stemming an affective awakening aligns with other training literature. For example, Foronda et al.'s (2016) concept analysis of cultural humility described its antecedents as diversity, power imbalance and encounter. Additionally, Levitt and Piazza-Bonin (2017) performed a grounded theory study to understand how to train therapists to develop clinical wisdom. Interestingly, their emerging definition of clinical wisdom "taking the risk not to know" (p. 2) is nearly synonymous with Tervalon and Murray-Garcia's (1998) definition of humility. Levitt and Piazza-Bonin noted that that their primary finding was that clinically wise therapists use their own experiences of "living through emotional pain, anxiety, conflict, and relationships as tentative guides to identify points of exploration [such as ambiguity and vulnerability], yet allowed clients' responses and contexts to shape ensuing interventions" (p. 2). Here again, there is an emphasis on shifting from focus on the self to focus on the other. Furthermore, Levitt and Piazza-Bonin's work considers the dynamic of the therapist as an instrument, while simultaneously recognizing that in the face of differences and uncertainty, cultural humility, rather than cultural competence, is the key.

Accordingly, the purpose of this study is to understand the phenomenon of trainees being humbled in session during graduate school training and its relation to increases in trainees' humility, as well as the potentially related increases in their perceptions of cultural opportunities and cultural comfort.

There are three specific research questions:

1. What are the critical experiences of counseling doctoral trainees being humbled in session?

2. What trainee and/or client characteristics influenced their experience of being humbled?

3. How do trainees see being humbled as influencing their professional development, if at all?

CHAPTER TWO: METHOD

Participants

I recruited clinical and counseling psychology trainees to participate in my study by sending emails to APA division listservs (i.e., the Society for Counseling Psychology [Division 17] and the Society for the Advancement of Psychotherapy [Division 29]). I provided form emails in Appendix A. Those doctoral students that showed interest, completed a Qualtrics survey to establish whether they met my criteria (see Appendix B). All participants met the following requirements: 1) they had been humbled by a cultural dynamic in a client session, 2) they were currently enrolled in an APA-accredited clinical or counseling psychology doctoral program, and 3) they had completed at least two practicums.

Smith et al. (2009) asserted that a small sample size, of three to six participants, provides sufficient cases to enable the researcher to provide a detailed account of individual experience while not being overwhelmed by the quantity of data. Smith et al. noted that "it is more problematic to try to meet IPA's commitments with a sample which is 'too large,' than one that is 'too small'" (p. 51). This is due in large part to IPA's distinctive, idiographic commitment "to the detailed analysis of personal experience case-by-case so that, in the final report, the experience of each individual still has a presence and there is an articulation of both convergence and divergence within the study sample" (Smith, 2017). To this point, in their recommendations for promoting methodological

integrity in qualitative research, Levitt et al. (2017) stated that "adequacy of data depends not on numbers of participants, but on the quality and sufficiency of information as it provides close access to the richness of the subject matter" (p. 12).

Thus, in line with the recommendations articulated by Smith et al. (2009) and in accordance with recently published, phenomenology articles in counseling psychology (e.g., Bartholomew, et al., 2019; Houshmand et al., 2019), I targeted six to ten participants who had experienced the phenomenon of being humbled in session by clients. This number was meant to allow for micro-analysis of similarities and differences across cases (Smith et al., 2009). Although the term "saturation" is not specifically utilized in the IPA method, it is a common practice in other types of phenomenological analyses, particularly in counseling psychology. Wertz's (2005) definition of saturation (i.e., "redundancy of findings that fulfill the research goals"; p. 171) was used as a guide post to determine the final number of participants, which was seven.

As suggested by Levitt et al. (2017), the form of diversity should be considered in relation to the study goal. Since this study is concerned with understanding a particular phenomenon (i.e., being humbled in session) within a particular context (i.e., the training experiences of clinical and counseling psychology doctoral students), participants were selected based on purposeful homogeneous sampling. That is, from a fairly homogeneous sample for whom the research question will be meaningful.

As of 2015, women made up approximately 72% of the students in doctoral-only PhD departments and 76.2% of departments with both terminal masters and doctoral degrees (Cope, Michalski, & Fowler, 2016). Students in these psychology programs were

also predominately White (i.e., approximately 70%; Cope et al., 2016), and the majority (i.e., 59% of U.S. citizens and permanent residents) came from middle to upper middle class households (i.e., the total household income of their parents was in excess of $100,000 per year; Radwin et al., 2018). Finally, among 2007 college graduates with college-educated parents, 10% enrolled in doctoral programs, compared to 5% of first-generation college students (of whom one-third had already dropped out of college after 3 years; Cataldi et al., 2018).

Research has suggested that women's greater experiences with discrimination and prejudice predisposes them to greater ethnocultural empathy (i.e., empathy directed toward people from racial and ethnic groups who are different from one's own; Wang, 2003), as well as fewer color-blind attitudes (Spainerman, Poteat, Beer, & Armstrong, 2006). At the same time, research has also shown that individuals, including women, who are less aware of their White identity exhibit more racism (Pope-Davis & Ottava, 1994; Wang et al., 2003). In essence, although many doctoral-level psychology trainees are women, many may arrive to graduate school with privileges that may have shielded them from additional life experiences that lend themselves to exposure to and deeper-level understanding of oppression and inequality. In addition, Davis et al. (2018) suggested that "One important question to address [in MCO research] is the degree to which the privileged identities of the therapist affect MCO constructs" (p. 95).

Accordingly, participants were selected using the following criteria: 1) self-identify as being humbled by a cultural dynamic during at least one client in session, 2) currently enrolled in an APA-accredited clinical or counseling psychology doctoral

program, 3) have completed at least two practicums, and 4) self-identify (via the CHS, Sociocultural Wheel, and Power Lines exercises in Appendix A) as having a combination of marginalized and privileged identities. This study defined the experience of being humbled in session as trainees' practicum work with clients bringing about an awareness of trainees' inexperience with certain cultural topics, bringing about an awareness of their own privilege in particular area(s), and/or giving them an inkling of a larger, more complex reality than they had personally experienced.

The collective demographics of the participants were similar to those of a typical student cohort in a clinical or counseling psychology PhD program. The majority of participants identified as white, cisgender American women who came from middle to upper middle class socioeconomic statuses. Three participants identified persons of color, four identified as LGB, one identified as a cisgender man, one identified as a gender non-binary male, one was as an international student, one has dual citizenship in the US and the UK, and two came from low socioeconomic status.

Participants were currently enrolled in a clinical or counseling psychology PhD program from diverse areas of the country, including the South, the Midwest (East and West North Central), and the Northeast. Participants had a range of practicum experiences (i.e., Community Mental Health Centers, Department Clinics, Hospitals (in-patient and out-patient), a Private Practice, a Student Mental Health Center (at a community college), University Counseling Centers, and VA Medical Centers (PTSD outpatient, substance abuse disorder clinic, and psychiatric rehabilitation). All participants had completed at least three practicums and the majority had completed four.

Two participants entered their respective PhD programs with a master's degree, as well as some previous clinical experience.

Data Collection

As suggested by Smith et al. (2009), the primary method of data collection was in-depth, one-on-one interviews meant to elicit rich, detailed, first-person accounts of participants' experiences. This type of data was encouraged through the use of open questions and a semi-structured interview protocol that was used as a guide, rather than a script (Smith et al., 2009). The intention of this method was for participants to feel comfortable speaking at length about their experience of being humbled, as well as reflecting on the associated thoughts and feelings. As the researcher of this study, I also followed the general expectations of IPA to lead general direction of the interview while also following up on related topics that were raised by participants. Smith et al. noted that "unexpected turns are often the most valuable aspects of interviewing: on the one hand they tell us something we did not even anticipate needing to know; on the other, because they arise unprompted, they may well be of particular importance to the participant" (p. 58).

Interviews

IPA researchers often recruit a small, homogeneous group of participants, and collect data from them once (Smith et al., 2009). However, I took the approach of Smith (1994) of using the first interview as a prompt for further discussion in a second interview. As an update and improvement to my pilot study, this two-interview approach was meant to gather initial impressions of the phenomenon and then provide an

opportunity to clarify and further investigate those impressions. First and foremost, in both interviews, I aimed to develop rapport with my participants and to ask them about their experience of being humbled in session. Additionally, I sought to better understand the context of the participant in terms of their identities and how they see their development as a trainee. For example, I asked about personal experiences and identities that may inform participants' work with clients, as well as what humbled them. My interview structure is outlined in Table 1 and is detailed in Appendices D and E.

Table 1

Interview Structure

	Interview 1	Interview 2
Topics	Discussed experience of phenomenon, meaning-making, trainee development, and salient identities	Discussed initial connections between the participant's experience of being humbled in session, their perceived developmental level, their salient identities, and their client's identities
Purpose	To understand the elements of participant being humbled in session, explore how participant makes sense of their own (and likely their client's experiences), explore this experience's implications for training and development, explore identities that may relate to trainees' personal perceptions of privilege and oppression, and how they respond to client identities	To gather information that I missed in the first interview and to explore whether the connections I am making ring true to the participant
Focus	Research questions #1, #2, and #3	Research question #3

In terms of the specific interview questions, IPA's approach to interviewing is to come at the topic "sideways" (Smith et al., 2009). That is, rather than asking my research question directly, my goal as the researcher was to facilitate discussion that enabled me to answer my question later through analysis of the text. As suggested by Smith et al. (2009), I formulated an interview schedule (i.e., their term for that writing down the questions I will likely ask, in the likely order), and started with an open question that allows the participant to offer a fairly descriptive response. This approach was meant to help the participant feel at ease while also facilitating useful data. Further, I followed Smith et al.'s suggestion to break up the interview schedule into areas that I would like to cover (e.g., experience of phenomenon, meaning-making, and salient identities), to put the questions in an appropriate sequence (e.g., begin with questions to build rapport before asking more sensitive ones), to pay attention to phrasing (e.g., not using MCO terms like cultural opportunities since not all participants may be familiar with that construct), and that to discuss my questions with my advisor.

Smith et al. (2009) noted that six to 10 open questions, with possible prompts, tends to take approximately 45 to 90 minutes. As such, I scheduled 90 minutes for the first interviews and covered the topics outlined in Table 1 and detailed in Appendices D and E. For the second interviews, I scheduled another hour with each participant to discuss my initial analysis with them and to gather any relevant details that I felt I had missed in the first interview. Across both sets of interviews, I followed Smith et al.'s (2009) suggestions to ask open, rather than closed ended questions, to not make assumptions about the participants' experiences or concerns, and to not lead them

towards particular answers. I also endeavored to follow the recommendation of Smith et al. to offer the participants the opportunity to express themselves fully by limiting my self-disclosure to informal debriefings at the end of the interviews.

Zoom Videoconferencing. Given that we were in the midst of a global pandemic that necessitated social distancing, I conducted interviews via Zoom videoconferencing rather than in person. This decision was supported by a recent study that tested Zoom as a method for conducting qualitative interviews and found it to have more advantages than disadvantages (Archibald et al., 2019). I also followed the recommendations of Lobe et al. (2020), that addressed qualitative data collection since COVID-19, to contact participants at least one day in advance of the interview to make sure they have tested the specific application (in this case Zoom) and to send the technical and logistical requirements via email (see Appendix C).

Transcription

In IPA the quality of the transcription is important for both data analysis and data presentation. Thus, as required by IPA, I produced verbatim transcripts (i.e., I noted non-verbal utterances [such as laughter], significant pauses, and hesitations; Smith et al., 2009) of participants' interviews. This process is time intensive and took approximately 5 to 6 hours for every hour of transcript—slightly less than the 7 hours cited by Smith et al. (2009). In line with the guidelines noted by Smith et al. (2009), the in-depth process of analyzing the transcripts took several weeks to complete. The important aspects of this process are described more fully below.

Data Analysis

IPA does not have a definitive method for analyzing data. However, Smith et al. (2009) offered some direction, stating that:

> IPA can be characterized by a set of common practices [e.g., moving from the particular to the shared and from the descriptive to the interpretative] and principles [e.g., a commitment to an understanding of the participant's point of view, and the psychological focus on personal meaning-making in particular contexts] (p. 79).

Further, IPA encourages researchers to be "innovative" in their approach to data. Thus, I followed Smith et al.'s general outline of recommendations, but shifted my decisions to fit my specific data and personal process.

I began the data analysis process by audio recording my general impressions after conducting each interview and again after I had read the transcript (e.g., about the interview experience itself and my initial observations). The purpose of this was to bracket off my initial ideas so that I could return to them later and to keep track of any biases that may arise. As Smith et al. (2009) noted, audio recording is meant to help reduce feeling overwhelmed by ideas and possible connections so I could focus on the data from the transcript. From the beginning and throughout this process, I also utilized an external auditor with whom I discussed my perspectives, initial observations, and analysis. The auditor self-identifies as a queer Bengali woman, who is a person of color, a child of immigrants, and a helper. The auditor was familiar with both phenomenology and the MCO framework.

For the next step in my data analysis, I focused on one interview at a time, starting with the one that I found most "detailed, complex and engaging" (Smith et al., 2009, p.

82). For each of the interviews, I engaged in a close, line-by-line analysis, focusing my comments on descriptive (i.e., the content of the interview), linguistic (i.e., the participant's language), and conceptual (i.e., overarching ideas that are raised and questions that I have) areas. As anticipated, parts of the interview were found to be more significant than others, so I did not divide the text into meaning units. Smith et al. (2009) asserted that "The interpretations which [I] develop at this stage will inevitably draw on [my] own experiential and/or professional knowledge" (p. 89), which rang true to my experience. My initial annotations were distinguished from each other by using different colored highlights which were added to the right sides of the transcripts.

After noting my initial exploratory comments, I returned to the transcript at hand to analyze my annotations for emergent themes (i.e., interrelationships, connections and patterns; Smith et al., 2009). My emergent themes were recorded in separate documents for each participant, and intended to condense both the transcript and my exploratory comments, while maintaining the complexity of each. Each document also included tables of each participant's identities and background, as well as the corresponding identities and background of their clients. This process relates to a key aspect of the IPA method—the hermeneutic circle. The essence of the hermeneutic circle is that as I analyzed a part, I should do so in relation to the whole and vice-versa. The idea is that "To understand any given part, you look to the whole; to understand the whole, you look to the parts" (Smith et al., 2009, p. 27). For example, I analyzed evocative words and phrases, within the humbling experience and in the context of the participant's life, and later within a single transcript in the context of the other transcripts. In contrast to my

open-ended, and free-associated exploratory comments, my emergent themes sought to capture and reflect a concise statement of understanding.

For this first phase of analysis, the external auditor reviewed each of the 14 transcribed interviews (i.e., approximately 326 single-spaced pages). She highlighted areas that stood out to her as meaningful, raised questions about the participants and decisions that I made during the interviews, and commented on my line-by-line analysis of the descriptive, linguistic and conceptual areas of each transcript. The auditor highlighted elements such as connections and differences between participants and their clients that related to their experiences of being humbled, the visceral nature of their humbling experiences, and the ways in which the experience of being humbled changed participants. These elements, among others that she called attention to, became part of the analysis and were included in the table of emergent themes. The auditor also made note of impressions that she was forming of participants during the interviews and whether her impressions aligned with mine. For example, we both noticed when participants seemed to be intellectualizing or focusing more on the client rather than their own experience of being humbled during the interview. Further, she noted times when she noticed my biases entering into the interviews. For example, when I assumed that a participant's client who had an issue with weight was a woman. Finally, the auditor reviewed each of the seven "descriptive content" documents that I assembled for the participants to make sure that my summaries of their experiences of being humbled aligned with what happened in the transcripts. Portions of these descriptive content documents were later recombined with direct quotations in the idiosyncratic narratives part of the results section.

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After completing the above steps, I moved to the next transcript and started the process again. Smith et al. (2009) noted that "it is important to treat this case on its own terms, to do justice to its own individuality." In practice, I endeavored to bracket my assumptions by beginning my analysis with an audio recording of my assumptions (as described in step one, above). Further, given that each case is distinct, I sought to identify new themes. When I no longer identified new themes, I concluded that I had met saturation.

Once I had established a set of emergent themes for each participant, I searched for connections across the themes. Smith et al. (2009) detailed several approaches to this, but as with the other steps they describe, their strategies were not meant to be prescriptive. One of the strategies that I utilized was to combine all of the emergent themes together into one document to see if, or how, they related to each other. For example, I sought to identify patterns that resulted in a higher level of abstraction or that subsumed a series of related themes. In addition, I made lists of the key reflections and behaviors exhibited by participants—before, during and after—their experiences of being humbled and then created mind-maps to discern potential similarities and differences. For example, I created mind-maps based on the chronological order of themes, by polarizing the themes experienced by participants, and by contextualizing their unique experiences. The aim of this step was to develop a higher order structure of superordinate themes and contributed to the development of Table 3.

The final step in my analysis was to look again for patterns across cases. Similar to the process of tying together emergent themes, I approached this task by looking for

connections across cases and which themes seem most potent. In the end, I reconfigured and reordered the superordinate titles. Smith et al. (2009) point out that "Some of the best IPA has this dual quality—pointing to ways in which participants represent unique idiosyncratic instances but also shared higher order qualities" (p. 103). Here again I sought to develop a graphic representation that highlighted the superordinate themes, as well as their connection to each participant, which became Table 4.

For this final phase of analysis, the auditor reviewed the language for the superordinate themes across cases and compared those themes against example quotations for each category. The auditor commented that the arc of the superordinate themes was reflective of her review of the transcripts. She also acknowledged the fluidity within and between the phases of participants' experiences, and agreed that participants' nuanced experiences of being humbled were captured by the different phases across the spectrum of the superordinate themes.

Data Presentation

For the presentation portion of IPA, Smith et al. (2009) once again offered suggestions rather than prescriptions. As these authors suggested, as I began to write about each theme I continued to evolve and develop my interpretation. In this way, my analysis continued into the presentation phase. Smith et al. (2009) tied this writing process back to the hermeneutic dialogue described above—my intention was to make sense of the experience with the participants and, later, for the reader to make sense of all of it with me.

Overall, Smith et al. suggested a full narrative account which is "comprehensible, systematic and persuasive" to the reader. van Manen (2016) offered this advice: "In his or her phenomenological description, the researcher/writer must 'pull' the reader into the question in such a way that the reader cannot help but wonder about the nature of phenomenon in the way that the human scientist does" (pp. 87-88). Broadly speaking, I sought to pull the reader into my question by writing about being humbled in sessions with vivid, concrete experiential stories from the lives of my participants.

More specifically in terms of the structure, I began the results chapter with an overview of what was found in the form of an abbreviated table of themes (Table 2). Next, I expanded on my themes through an idiographic presentation in which I described each of the cases in turn, as well as the themes for each case. Finally, I concluded the presentation in terms of superordinate and subordinate themes, each time noting if and how they relate to each of the cases. In both iterations, whenever I introduced a case or a theme, I provided evidence for it by way of descriptions, quotations, and my own analysis. Here, my aim was to strike a balance between the *interpretative* aspects that I bought to the analysis as well as the *phenomenological* aspects brought by my participants. That is, a balance between the "I" and "P" of the IPA method.

Methodological Integrity

As suggested by Levitt et al. (2017) and described in chapter 1 of this study, it was important for me to remain aware of how my perspectives were influencing or guiding my analysis. To address this point, I had three primary checks in place (a) I audio-recorded and reflected on my assumptions and initial impressions of participants

before and after their interviews (b) I discussed my perspectives, initial observations, and analysis with an external auditor who is familiar with phenomenology and the MCO framework, and (c) I checked my initial impressions with my participants by conducting a second interview (Morrow, 2005; Smith, 1994). Further, and finally, I endeavored to present my data in a manner that is clearly grounded in my data (i.e., "through a balance of interpretative commentary and supportive evidence, that links across data, analysis and results" (Levitt et al., 2017, p. 14).

CHAPTER THREE: RESULTS

IPA seeks to document the unique, idiographic details of cases as well as common themes across participants. As a starting point for each of the participants, I began this section by providing an overview of participants' self-identified most central aspects of their identities, and their ratings of the salience and amount of power and privilege afforded by each self-disclosed identity. Next, I outlined the superordinate themes identified in this study, as well as the distribution of the superordinate themes across participants. I then provided individual idiographic narratives of participants' experiences of being humbled by their clients and highlighted aspects that apply to the relevant superordinate themes. Finally, I further detailed and described the superordinate themes to illustrate the shared and divergent aspects of participants experiences.

Participants

As part of the recruitment survey, each participant self-disclosed their own unique set of six identities "that feel most central to who they are." Table 2 details these six identities, as well as participants' ratings of the salience and amount of power and privilege afforded by each identity. Every participant included aspects of themselves that other participants did not share or choose to disclose (e.g., body size, survivor status, regional culture, and familial career path). Although some identities were more consistently reported than others (e.g., race, gender, and ethnicity), within these identities

existed additional nuances, and several participants chose to break down these categories even further (e.g., drawing distinctions between ethnicity and nationality or gender and gender identity). Also of note, were times when participants chose to leave out more commonly reported identities such as gender, sexuality, or SES. Such aspects were included in the narratives of participant's idiographic experiences of being humbled and will be discussed further, below.

Table 2

Perceived Salience and Amount of Power and Privilege Afforded by Participants' Self-Identified Most Central Aspects of Their Cultural Backgrounds

Participant Alias[a] (Age group)	Identity 1	Identity 2	Identity 3	Identity 4	Identity 5	Identity 6
Roselyn (20-25)	White	Female	Cis-(gendered)	Bisexual	High SES	Ability
Salience[b]	3	4	3	3	4	4
Power[c]	5	2	5	4	5	3
Elliot (25-30)	White	Cis-male	Nationality	Ability	Academic Identity	Atheist
Salience	4	4	5	4	4	3
Power	5	5	5	4	5	5
Luis (25-30)	Puerto Rican	Hispanic	Mixed Race	Queer	Low SES	Military Family
Salience	5	2	5	5	3	1
Power	2	1	2	1	1	3
Katherine (30-35)	White	Woman	Southern	Bisexual	Working Class	Irish
Salience	4	5	4	5	5	4
Power	5	3	3	3	3	4
Peng (20-25)	East Asian	Survivor	Intl Student	Woman	Taiwanese	Body Size
Salience	5	5	5	4	5	3
Power	2	1	1	2	1	4
Leah (25-30)	Jewish	Cis woman	Age	Upbringing	High SES	Nationality
Salience	5	5	4	3	3	4
Power	2	2	2	5	5	3
Natalia (25-30)	Biracial	Bisexual	Woman	Feminist	Spiritual	Occupation
Salience	5	5	5	5	4	4
Power	3	2	3	2	3	5

[a] All names are pseudonyms to protect anonymity
[b] Salience ranged from 1 (*not at all important*) to 5 (*very important*) to the participant's identity as a person
[c] Power and Privilege ranged from affording the participant a 1 (*low amount*) to a 5 (*high amount*)

Superordinate Themes Across Cases

The superordinate themes identified across cases were intentionally ordered on a continuum from a "way of doing" therapy (i.e., participant's focus on their own knowledge, awareness, and skills) with their client, to a "way of being" (i.e., participants approaching their client with openness, curiosity, and humility) with their client. In Table 3, I included short descriptions of the superordinate themes identified in this study. Within the phases of the continuum lies the "Experience of Being Humbled," here hypothesized to be a precipitant to trainees' multicultural development (i.e., learning to focus on clients, to approach them with humility, and to recognize and engage with cultural opportunities). The continuum concludes with "Self/Other Integration" which relates to a trainee's understanding of themselves in relation to their client and a sense of comfort and ease with approaching cultural dynamics in a therapeutic manner. The distribution of the superordinate themes across participants are presented in Table 3.

Table 3

Description of Superordinate Themes Across Participant Experiences of Being Humbled

Superordinate Theme	Description
Focus on Self	Participants described making assumptions about their role in therapy, or their clients' experiences, which resulted in the participants focusing on themselves rather than their clients. This stance lacked humility, as well as an openness to fully explore clients' experiences.
Shifting Focus to Other	Participants described the experience of being humbled as prompting an awareness of their assumptions and shifting their focus to their clients.
Displayed Humility	Participants reflected an in-session awareness of their limitations to understanding their clients' cultural background and experience.

Awareness of Cultural Opportunities	Participants described the experience of being humbled as contributing to their expanding awareness of themselves in relation to their clients and a desire to openly explore clients' unique experiences (i.e., cultural opportunities).
Focus on Other	Participants described managing self-focused emotions, and assumptions about their clients, by approaching their clients with openness and humility.
Self/Other Integration	Participants described approaching their clients with openness, as well as non-judgement of themselves and their clients. This way of being was centered in cultural humility, cultural comfort, and a desire to explore clients' unique experiences (i.e., cultural opportunities).

Table 4

Superordinate Themes Across Participant Experiences of Being Humbled

Superordinate Theme	Roselyn	Elliot	Luis	Katherine	Peng	Leah	Raquel
Focus on Self	X	X	X	X			
Shifting Focus to Other		X	X	X	X		
Displayed Humility		X	X	X	X	X	X
Awareness of Cultural Opportunities			X	X	X	X	X
Focus on Other			X	X	X	X	X
Self/Other Integration							X

Although the continuum is presented as having a beginning, middle, and end, the order of the sequence is not meant to imply that trainees will not continue to move back and forth between the phases or that there are no grey areas between the phases. Similarly, the continuum is not intended to suggest that once trainees have demonstrated a degree of integration in some aspects of their identities, or with some clients, that their potential for being humbled and learning more about themselves and others has concluded. Indeed, within the following idiographic narratives are examples of participants who display different themes while working with the same client during the same practicum year (Luis and Katherine) or during the same practicum year with different clients (Elliot), as well as participants who display the same themes with different clients, during different practicum years (Raquel).

Idiographic Narratives

The following section describes the individual experiences of participants being humbled by client sessions. The intention of these narratives is to illustrate the phenomenon of being humbled as it relates to the particularities of each participant and their chosen client(s). Each narrative opens with the participant's pseudonym, which is accompanied by a short quote or phrase that highlights a significant aspect of their experience of being humbled on an individual level. To introduce each participant, I begin with a description of their self-disclosed, six most salient identities, and how those identities relate to and intersect with their clients' identities. Then, I incorporate quotes from each participant to recount the arc of their experience of being humbled (i.e., precipitants, reactions in the moment, and meaning-making). For each participant, I

include the superordinate themes that were most salient to their experience of being humbled, as well as the "Cultural Opportunities" that participants potentially missed, or that they were able to engage with in session. I conclude each narrative with a "Developmental Impact" section which describes the what participants' took away from their experiences of being humbled. Please note that each superordinate theme includes a subtheme that is intended to be an idiosyncratic synopsis of the arc of the participants' experience. So, while many subthemes are similar across participants, there are also nuanced differences.

Roselyn: "Ignorance Can Be Harmful"

When Roselyn moved to the Midwest for graduate school it was "as if [she] as a person were suddenly wrong." As a White, cisgender female, who identifies as upper middle class, mostly able-bodied and bisexual, she wanted others in her new surroundings to accept that she does not have "stereotypically female traits." Instead, she found herself "pathologized by the way [she was] existing as a woman." Roselyn was the only participant who delineated gender into two salient identities (i.e., cis and female) and who did not rate the salience of any of her self-disclosed, most central identities as a 5. Roselyn rated her female and socioeconomic status (SES) identities as the most salient (i.e., a 4). However, she rated her female identity as carrying and the least amount of power and privilege (i.e., a 2) and her SES as carrying the greatest (i.e., a 5). Roselyn rated her White and cis identities as the least salient (i.e., each a 3) and as carrying the greatest amount of power and privilege (i.e., each a 5).

Roselyn's client was also upper middle class, but he identified as a Black, heterosexual, able-bodied, cisgender man. Her client's family had immigrated to the US during his youth, but Roselyn could not remember when or from which country in Africa. At the time of their work together, Roselyn was 22 years old and her client was 19. He was her first client, at her first practicum, in her university's counseling center.

Focus on Self: Lack of Humility and Inadequate Support

Roselyn's client presented to therapy wanting to feel less angry and to form more connections on campus. Roselyn identified with her client's "nerdiness" and his interest in video games, and focused on these commonalities to build rapport with him. Roselyn assumed that helping her client find a community that shared his interests and introverted interpersonal style would alleviate his sense of isolation. To date, Roselyn's training had been process-oriented and she had only learned about interpersonal and emotion-focused therapies. Electing to use the latter, she set a goal to destigmatize her client's anger by teaching him that it was an appropriate emotion, and that accepting it would make it easier to examine what was behind it.

During their first sessions together, Roselyn's client communicated that he would rather not focus on anger and that he wanted tools, rather than processing. Not knowing how to adapt her work to fit her client's needs, Roselyn continued to "push" her client to express his anger. Eventually, her client disclosed that as a Black man, anger was an uncomfortable emotion for him, particularly in social situations, and he re-emphasized he would rather not focus on it.

Roselyn shared that it was humbling to hear her client connect not wanting to feel anger "not to its unpleasantness—but to his specific identities." In that moment, Roselyn felt lost, underprepared, and tried to avoid seeming incompetent:

I tried to host a conversation about 'ok, how can we meet your needs?' But at the same time, I don't think I did a good job with it. I think I also felt nervous and a little bit like 'therapist knows what's right.' And I mean obviously that's not true [*smiles*]. I think that was a reflection of my incompetency at the time. And not wanting to feel lost and like I didn't know what to do, and so, instead, projecting more like I did know how to handle it.

Even though Roselyn recognized that her client was experiencing challenges that were not his "fault," Roselyn did not acknowledge or explore the potential connections between his identities and his sense of anger and isolation in his current environment. She explained: "I did not take the initiative to bring up more multicultural conversations, partially because I was worried that they would identify something, and then I would probably not know what to do with it, or ignore it anyway." Further, her training had taught her to question: "How can you change? Not, how [can] the world change around you?" So, she concentrated on identifying ways for her client to feel more "control" over his life. Roselyn also continued to focus on anger. This was her way of telling her client: "To focus on the emotion, focus on the things [he] can control, and I don't know what to do with the other stuff."

After four sessions, Roselyn's client did not return to therapy. She noted that this was the most humbling aspect of her experience: realizing that there was a consequence

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for not being able to meet her client where he was, and that as a therapist "ignorance can be harmful." Roselyn's focus on herself and trying to avoid seeming incompetent, resulted in a lack of cultural humility and impeded her from shifting her focus to her client's experiences.

Cultural Opportunities: Missed Connections and Differences in Identity

Roselyn was unaware of the cultural opportunities that existed with this client, which included connections and differences between their experiences. Significantly, Roselyn was facing her own sense of isolation at their Midwestern university, as well as challenges and discomfort trying to fit into that environment at that time. To Roselyn, there was a socially-constructed, restrictive, role-expectation for her "to be like a woman, as they're defining a woman." Elaborating on this expectation she explained:

> White women, especially in that environment, are supposed to be meek. They're supposed to be unchallenging; they're supposed to [have] all very stereotypical feminine interests. They're supposed to be completely, completely empathic, not have boundaries, not push anybody, almost ask permission.

With hindsight, Roselyn is now more curious about the potential precipitants of the sense of isolation she and her client experienced. Whereas she noted that her client's expression of anger might have resulted in him "leaning into a stereotype," expressing herself in the community seemed to defy cultural expectations. Further reflecting on the struggle to fit in, she hypothesized a different, but comparably restrictive role expectation experienced by people of color in that community:

It's hard to describe, but I feel like especially in [Midwestern state]—where it's

… significantly majority White—people of color, and especially Black and Latino

folks that I have met there, really almost need to prove their whiteness in order to

be added to the conversation. … And that's part of that 'Midwest nice,' is no

conflict will come up, nobody will come out saying that they see them as second

class, but they'll just really pull their attention away from that person, and almost

do it in a passive-aggressive way.

Roselyn went on to describe experiences in her graduate program of being asked to "lean

in" to being herself, but then being rejected for it:

There were some things where I felt like the culture [that] I was in was flipped on

its head and a lot of the ways I am as a person were suddenly wrong. And people

were telling me that wasn't the case. And it was like this invisible hand moving

the expectations of everybody but nobody recognized it. And I saw it [*moving

hand around*] but nobody else did. And they just kept saying 'lean into it.'

In these ways, the dynamic Roselyn experienced in her doctoral program seemed

to parallel her approach to her client (i.e., not acknowledging the salience of his identities

in the environment, and continuing to ask him to "lean into" his anger even though he

was telling her it was a source of pain and rejection). Roselyn summed up the double-

bind experienced by her and, potentially, her client: "They were saying, yeah, like, 'lean

into being different.' And then the environment didn't let me and it didn't allow

connection if I did."

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Developmental Impact: Increased Self-Awareness of "Colorblind" Attitudes

Roselyn is the only participant who was not able to recognize cultural opportunities with her client while they were still working together. Nonetheless, her experience of being humbled by this client was still impactful for her multicultural development. Reflecting later on her experiences growing up in a racially-ethnically diverse community, Roselyn noted that she had operated in a similarly "colorblind" fashion as she had with her client, which prevented her from having deeper insights about the impact of cultural differences.

> So, it wasn't like, I would go over to my friend's house and my friend was like being very proudly Mexican. It wasn't like, I would go over to their house and be like, 'this is just like my house.' But it was definitely that idea of … I really focus on what's similar between us. So, I didn't really have a separate respect for what they brought uniquely to the table or, like, cultural differences. I never really looked into that or had much empathy for that … It wasn't like I was trying to hide it under the carpet and be like, 'these [differences] don't exist' … they just weren't really on my radar very much.

Roselyn went on to share other examples of how her colorblindness impacted her through college and most of graduate school. Specific to the client who humbled her, Roselyn's colorblind attitude was evident in her lack of exploration around cultural differences and her avoidance of cultural topics. For example, she did not consider how her client's identities (e.g., being a cisgender Black man, a first-generation American, and immigrating from a predominately Black country to a predominately White country,

state, and city) may have influenced his sense of isolation in his current environment, or offer her client space to explore the nuances of his experience. After being humbled by her client, the resulting developmental impact was that Roselyn became better equipped to reflect on her personal experiences of marginalization as a touchpoint to understand her client's experiences. The most critical part of her growth since then has been to begin to notice the ways in which her clients' marginalization is uniquely distinct from her own and shaped by layers of intersectionality.

Elliot: "Putting Everything into Perspective"

Elliot described himself as "a White [cis]male who has had a lot of privileges." A dual citizen of the US and the UK, Elliot identifies as a "student/scholar/clinician," and an atheist. Elliot rated five out of six of his self-identified, most central identities as affording him the maximum amount of power and privilege (i.e., a 5). Indeed, the only identity that Elliot rated less than the maximum was ability. Rating it a 4, Elliot explained that although he is "physically healthy," he has "struggled with anxiety." Elliot met with the following client in his third year of doctoral training, at his second therapy-focused practicum, at a university counseling center.

Shifting Focus to Client: Connections, Differences, and Humility

The morning of Elliot's intake session with his new client, there had been rain and heavy traffic on his drive, which delayed his usual 45-minute commute time by 30 additional minutes. Elliot arrived to work feeling "frustrated and grumpy." Already there waiting for him was a white, cisgender man about his age (mid-20s). As his client began to recount his struggles driving with OCD, Elliot thought "Wow, my morning was fine."

During the intake, Elliot learned that whenever this client hit a pothole or a speedbump, he immediately feared that he had hit someone. His client would then drive around the same block, often for 6 to 7 hours at a time, constantly checking that he had not injured someone.

Elliot explained that the "sheer impact" of OCD on his client's life humbled him more than many of his other clients by putting Elliot's own difficulties (i.e., his time-consuming daily commute and his personal struggles with anxiety) into perspective. Elliot added "that was just a little moment, but then I think it shaped my relationship with the client because I think it allowed me to have more empathy with them, and it also … put everything into perspective." The takeaway for Elliot was not that he should dismiss his personal annoyances and challenges, but rather, learn how to put them aside during session, to shift his "focus on what the client is bringing in and what is going on for them."

Focus on Self: Differences and Assumptions

Navigating if, when, and how to bring himself and his identities into therapy precipitated another type of humbling moment for Elliot. At the same practicum setting, Elliot worked with a cisgender, African-American woman, who "believed in God." Elliot's client presented to therapy with grief, family issues, and suicide risk after losing her father to COVID. During their second or third session together, his client was describing her attempts to console her close friend, who was also an African-American cisgender woman, after her friend's break up with a White, heterosexual, cisgender man.

Sharing that it was a difficult conversation, his client noted that she had commented to her friend "That's why I don't date White boys."

Elliot explained his thinking and assumptions in that moment:

She's talking about, you know, her experiences with White people. I am a White people. That is obvious to both of us. … And so, in the moment, it was a case of like, 'Okay, you're expressing these things. So maybe my race is on your mind as you're talking about that.' And I'm aware that race can be, you know, much more salient for people who do not identify as White because it is something that they have to think about more often. Or, as I don't have to be constantly aware of my own. And so, it was a case of like, 'Oh, here's a chance to have a dialogue with, you know, a dialogue in a therapeutic relationship about what it's like for her to have a White, male therapist.'

Elliot decided to incorporate an immediacy intervention, asking his client: "What's it like for you to share that with me … as I am White?" Although Elliot's intent was to offer space for his client to express if she felt comfortable to discuss this topic with a White therapist, his client brushed off Elliot's acknowledgment of his personal identities as a "non-comment," stating: "You're my therapist. I am not trying to date you."

Elliot was "taken aback" by his lack of proficiency in the conversation and tried to move on from his intervention by noting to his client: "As long as you feel comfortable talking about it, we can continue." Feeling some defensiveness within himself, Elliot tried to "move on quickly" from his question rather than spending more time on it. Elliot noted that he thought "Either, she doesn't feel comfortable talking about [his identities]

or she doesn't think [his identities] are important to talk about. And in either case, it was a case of like, well, you're the client, so." Here, Elliot displayed a budding awareness of his limitations to navigating cultural topics in session and he began to shift his focus to his client's experience.

Cultural Opportunities: Knowledge of Intersectionality and Lack of Focus on Client

Initially, Elliot was aware of potential cultural opportunities that might exist with this client, but he lacked a focus on her experience. Reflecting later on the potential effect of his immediacy intervention, on his own and in supervision, Elliot wondered if he had "made [the client's] moment with a friend kind of more about [him], rather than letting her be in the moment." Elliot shared about the experience of being humbled in this session more in depth:

At that point, in my clinical experience, I felt relatively comfortable in working with clients from different cultural backgrounds. Because I have always felt very comfortable talking about race, talking about gender, talking about sexual orientation, any kind of inequality, or marginalized groups, representation issues, things like that, you know, I consider myself an ally. … And so, I just kind of assumed of myself that I could translate that good intention into being aware of the right ways to handle the cultural mismatches or differences in session. And so, when I got a kind of a kickback of 'Well, it's not about you,' essentially, it was a case of 'Oh, I need to do some more reflection on what it means to address cultural differences in session'… if I kind of point out, 'Hey, I'm a White guy, and I understand,' you know, very lackadaisically, then it's not enough. There has

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to be more intentionality behind it and more introspection on how I how I go about doing those things.

Although Elliot stated that he had an academic understanding of race from the standpoints of mental health, social justice, and a societal impact—these topics did not enter the therapy room with this client. Seemingly, Elliot's knowledge of intersectionality may not have been sufficient for exploring potential cultural opportunities in session. For example, he did not seek to explore more about his client's experience with White men or offer space to explore other potential nuances of her experience (e.g., how the substantial race gaps in COVID mortality rates for Black men may have complicated her grief surrounding her father's untimely death).

Developmental Impact: Shifting Focus to Client and Following Client's Lead

Reflecting on the developmental impact of this experience, Elliot shared that "if faced with the same scenario [today, he] would keep the focus on the client." He noted that it was helpful to receive "direct feedback" from his supervisor that the client did not seem ready to talk about that aspect of the therapeutic relationship. His supervisor also offered some additional "cues" to try that intervention in the future. For example, if the client says something like "Well, you probably wouldn't understand because [of your different identities] or specifically bringing up the fact that [his] race and agenda is different from theirs." That is, shifting his focus to the client and following her lead.

Luis: "We Were Both Mirroring This Lack of Openness"

Luis identifies as a mixed-race (i.e., Black and White), Hispanic, queer (i.e., gender non-binary masculine and "most sexually attracted to men who do not feel

attracted to women" but their sexuality is "time and moment dependent"), low SES,

Puerto Rican individual, who was raised in a multigenerational military family. Rating

their mixed-race, Puerto Rican, and queer identities as the most salient (i.e., a 5), they

rated the first two identities as carrying less power and privilege (i.e., each a 2) and their

queer identity as carrying the least amount (i.e., 1). Luis rated their Hispanic identity as

less salient (i.e., a 2) and as carrying the least amount of power and privilege (i.e., a 1).

Luis rated their "military family" identity as least salient (i.e., a 1) and as carrying the

greatest power and privilege (i.e., a 3).

Luis' client, also of mixed-race (i.e., Southeast Asian and White) and raised in a

military family, identifies as a cisgender, heterosexual, middle class, Filipina-American

woman. At the time of their work together, Luis was in their late-20s and entering the

second year of their doctoral program, and their client was in her mid-30s and had

recently left her career in the military. Luis worked with this client at a community

mental health clinic—that provides free services to military veterans and their families—

during their first doctoral-level practicum.

Focus on Self: Assumptions and Differences

As someone who is "White-skinned," Luis did not personally experience the

racism that Black Hispanic individuals face in Puerto Rico. Luis' personal experiences of

racism began when they moved to the US for their doctoral program.

> I started receiving discrimination for being Hispanic, which was new for me, so
>
> then that's something that also like helped me [begin to explore]: 'How do I …

engage in psychotherapy that takes into account my culture, my experience, and

other people's experiences of racism?'

Luis reflected that psychotherapy training often does a "poor job" of taking into account

cultural considerations. Luis also emphasized the lack of techniques, or ways to use

existing techniques, "to talk about larger structural issues and how they affect the way we

suffer."

Although Luis rated being raised in a military family as providing more power

and privilege than their other identities (i.e., due to the financial and educational

compensation offered to individuals in the military), Luis also recognized that they

harbor "biases" about the military's role in the history of colonialism in Puerto Rico and

the negative impact of military culture on Luis' family of origin (e.g., they feel that it

promoted multigenerational corporal punishment). Recognizing their perspective on the

military as a potential blind spot, Luis intentionally sought out military clients to

challenge themselves and their biases. Nevertheless, Luis explained that these biases, and

their personal experiences of discrimination related to other identities, caused Luis to

focus on their own experiences as a way to generate assumptions about what it meant for

their client to be in the military as a woman and a person of color.

Cultural Opportunities: Potential Connections and Assumptions of Similarities

In one particular session, Luis' client was reflecting on her experiences of

discrimination after being promoted in the military. While listening to their client, Luis

felt she was taking too much personal responsibility and blaming herself for the

discrimination she faced, so Luis offered their own interpretation of their client's circumstances:

> I put out the idea of 'I wonder how gender and race play out?' And so, she … then made this expression about how, like, I wouldn't understand military and how, like, other folk are discriminated [against] … in the same ways. And she decided to spend some time talking about military culture. And how, you know, some other people within her [military] community had experienced the same thing without being women, without being of her … same race or ethnicity.

Luis' client went on to express her frustration with Luis, and her belief that Luis could not understand her experience. In this moment, Luis noticed their client's body language shift:

> She had her arms around her … chest and, you know, she just closed her body a little bit. She's just like 'See, you don't understand me' and so, like, it wasn't just the verbal, but her … comportment and the way in which she used her body really communicated her … discomfort in the room.

Luis described feeling humbled by their client's frustration and suffering, as well as the realization that Luis was making assumptions about her experience.

> Not only was I not understanding her, but I was also, then, making my own assumptions about her experience. So … there's like a double frustration because I was not understanding it and then I was making my own theories about her suffering in my head.

Luis explained that seeing their client frustrated and upset made them realize that they "could be doing more for this person if [they] did things differently." The cultural opportunity was to be open to exploring the client's unique experiences with the client as the expert.

Shifting Focus to Client: Assumptions, Differences, and Humility

In that moment, Luis began to realize that they were not living up to their own values as a therapist—to learn from clients and to not take on the "expert role."

> I'm making assumptions about this person's life … [based on] my own kind of perspective about oppression and how they manifest, without taking her complex, lived experience into account. Like, maybe I wasn't listening well enough, to her complaint. But, also, that I just don't know enough about her culture as a military employee. And so, what came after that was me being more open to asking questions where before I felt like, for me to ask questions about her culture—like, her military culture, but also her Filipino culture—would have made her feel uncomfortable because I am her therapist and I should know these things before coming into the session or something like that.

Up until that point, Luis had assumed that exploring the client's unique experiences would be misinterpreted as a lack of knowledge or awareness.

Luis responded to their client by stating that they could see that she was upset by her body language and they apologized for not doing a better job at being curious and paying attention to what she was trying to communicate. Luis shared that they had some ideas about how they might better relate to her, but that they wanted to hear what the

client might find helpful, first. Luis believes that this turning point—of shifting their focus to the client—opened their client up to sharing more about her military and Filipino cultures. Further, Luis shared that their client was "grateful" that Luis both opened up about their limited knowledge of the military, and disclosed that some of their preconceived notions came from having military members in their family.

After this session, Luis received suggestions from their direct supervisor to listen to their client with "a more attuned ear" and for Luis to put away their "preconceived notions" of the client's experiences. Luis also sought external supervision from a trusted professor, who helped Luis to reflect on how Luis and the client were "both mirroring this lack of openness." Through these discussions, Luis was able to recognize how their reticence and "closedness" to hearing about military culture may have foreclosed opportunities to learn about the nuances of their client's experience. Luis also reflected on how raising issues of oppression may have been difficult for the client to hear, given the client's conservative beliefs and the political discourse around these issues.

Developmental Impact: Displaying Openness to the Client's Experience

Reflecting on their experience of being humbled, Luis felt a sense of sadness that they had essentially done what had been done to Luis as a teenager. Similar to Luis' first therapist, who assumed that the root of their issues was that they were gay, Luis assumed that they understood the root of the client's distress and focused on those aspects to the detriment of their relationship and the client's treatment. Luis stated that after this experience, they felt challenged to re-think their clinical practice and to consider whether they had other clients that felt similarly about their work with Luis. Finally, Luis felt

excited to be learning about and witnessing how their values (i.e., being more of a facilitator of an experience rather than an expert that is going to come in with their knowledge and skills to explain their clients' experiences to them) were *valuable* to the therapeutic relationship. In the case of this client, Luis initially displayed an overreliance on their knowledge, awareness, and skills. However, the developmental impact for Luis was recognizing the power of focusing on their client and displaying openness to her experience.

Katherine: "Little Glimmers of Connection"

Katherine identifies as a White, bisexual woman who was raised in a working-class, Irish household in the South. Katherine rated her gender and SES identities as most salient (i.e., each a 5) and as carrying the least amount of power and privilege (i.e., each a 3). She rated her race and ethnicity as slightly less salient (i.e., each a 4) but as carrying more power and privilege (i.e., a 5 and a 4, respectively). Katherine did not choose to include religion as one of her most central identities. She shared that she was raised Catholic, but that she currently has "no label" for how she views herself religiously or spiritually.

Growing up, Katherine's pain and suffering was rooted in her parents' alcoholism, and materialized as an eating disorder in her adolescence. Katherine's client was about the same age as Katherine had been when she started therapy (age 13), but her client came from a first-generation Pakistani-American, Muslim family. Her client's family was impacted by systemic poverty and immigration issues, her parents were recently divorced, and her mother suffered from a number of mental health issues.

Katherine noted that at the time they worked together her client identified as

heterosexual, but that she would not be surprised to learn that her client identified as

more sexually fluid later in life. Ultimately, Katherine diagnosed her client with a severe

case of obsessive-compulsive disorder (OCD), likely precipitated by the many

challenging and oppressive factors that were outside of her client's control. Katherine

worked with this client during her first year and practicum, in a community mental health

center.

Cultural Opportunities: Connections and Differences in Visibility

Katherine resonated with her client's outsider feeling. Similar to Katherine at that

age, her adolescent client exhibited a "critical social justice angle" and she had recently

begun to question her religious identity. Katherine's past experiences, of not knowing

how to integrate aspects of her own identities, aided in her conceptualization of her

client's identity exploration and enabled her to recognize cultural opportunities with this

client. Katherine also recognized that the combination of being White and having a

marginalized identity that is hidden, privileged her in a way that her client's racial and

ethnic presentation did not. Katherine explained:

> I also grew up in a family that was a bit unstable. … I had a lot of financial
>
> insecurity growing up and just navigating that [*purses lips*] … I was just always
>
> aware that there was a deep injustice. I was also always aware, too, I mean from a
>
> young age, of just how racially things were separated and what that means. But
>
> then, you know, I identify as bisexual. I also—I came out quite late in life even
>
> though I was aware of it, but just not feeling comfortable with that, and not

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knowing fully how to integrate that. So, I just, I think, even before folks were

talking about intersectionality, I had that awareness of it. And just the complexity

of it … And how privilege operates we are kind of able to blend in … for me

being bisexual, unless I tell people or I am in a relationship with a woman, no one

would know so there is a real privilege even [in] that kind of marginalized identity

… and then being a White woman within that.

Prior to working with this client, Katherine was able to reflect on her own experiences

and journey as someone with marginalized (i.e., coming from a low SES background and

identifying as bisexual) and privileged (e.g., White) identities. This self-awareness helped

her to recognize her client's identity exploration as a cultural opportunity and to perceive

some ways in which her client's journey would likely be distinct from her own. Beyond

that, she was interested in and open to exploring those *differences* with her client.

Focus on Client: Differences and Humility

During a discussion with her client about the movie *Black Panther*, differences

between their identities and experiences came sharply into focus. At this point in their

work together, Katherine and her client had an established relationship, so Katherine was

familiar with her client's issues around identity and fitting in. Moreover, Katherine had

just written a paper on representation. But hearing her client vocalize what it meant to her

to see "Black and brown people as the center characters on the movie screen" felt

different to Katherine. It was a "wow" moment. Recognizing their differences, Katherine

shared about this humbling experience:

It was almost like, 'Whoa, and I can intellectualize this all day long, but I can't fully experience that given my identity.' And, um, it was just really powerful. It kind of knocks you—knocks you off your feet for a second. That's how I would describe it.

Katherine also described how her sense of connection to the client's story, gave way to wanting know more about how the client's experiences differed from her own.

There definitely was a deep [*purses lips*] *connection* [be]cause I saw a part of my story in [the client's story]. But … I want to be very careful about this [be]cause everyone's story is unique and, again, how power and privilege operates really makes it that we have very different kind of experiences and there is no way I can understand experiences of other people who are from marginalized groups or who have experienced severe kind of forms of oppression. But there is an element of this inner connection where I think we can start to see glimpses of our story in others. … You know, yeah, I saw some instances … of this hard dynamic between … mother and daughter, you know, very different based on I have a very different social identities than this family. But when we start to see, again, I want to say these little glimmers of connection, I think that can open up this idea of 'Let me know more and let me hear about how this is different for you.'

Consequently, Katherine's take away was that these "little glimmers of connection" with her client stimulated a desire to know more and to hear about how her client's experiences were different from her own. Katherine's openness to and curiosity about the

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client's experience helped her to maintain her focus on the client. Katherine also evidenced some integration of herself, with her client.

Shifting Focus to Other: Differences, Assumptions, and Humility

In another session with her client's mother, Katherine described being humbled in a different way. Due to cultural differences between Katherine and her client's mother, and Katherine's skepticism of religion, Katherine came to session assuming that advocating for her client's OCD treatment would mean having to provide a lot of psychoeducation to the mother. She assumed that she would to need to be the "expert" in the room and to "take control" of the session. However, Katherine described being humbled by that not being the case. Whereas Katherine admits to coming into session with a level of "rigidity," she was struck by the mother's more fluid approach to conceptualizing and empowering her daughter.

> Intellectually, I knew that [the mother] would find some way to make meaning out of this where 'This is what God wanted, so this is how it is going to happen.' But in the moment, [the way the mother made meaning of] it felt new. That's where I think this humility comes—it was not like I was just learning it from a textbook because it is new … it is our interaction and it is her interaction with Allah … And if I were to see another client like this and they had another moment with a higher power it would be new. It could be the same identities, it could be the same presenting concern, all of that, but it is different because culture … has these kind of common themes, but it is also unique and it is unique in that moment. … So, I think cultural humility is, again, that presence. It's that 'Wow.'

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It's that opening up … because we know that culture looks different for everyone

based on intersectionality—based on what is going on.

Katherine explained that the mother's ability to make sense of her daughter's difficulties

through the lens of her Islamic faith, helped Katherine to "hold some complexity" within

her client's experience and to notice some specific strengths that her client's family had.

This instance of being humbled also helped Katherine to recognize additional challenges

that the family faced:

[We were] in a pretty diverse area of the country but even within that … you can

still feel like an outsider, and even though it is not European white dominant,

there is still this kind of in group and out group and how that operates and then …

such severe Islamophobia in this country as a whole, so how much shows up was

just all really, really powerful.

Katherine's experience of being humbled reinforced the primacy of cultural humility,

rather than knowledge, skills, and expertness, to understand her client's unique

experience.

Katherine shared that this unexpected and humbling turn of events—for her

client's mother to take control of the session—simultaneously "decentered [her] role" and

dispelled her assumptions, allowing Katherine to "let go of [her] agenda" and replace it

with a sense of curiosity and presence. Katherine described this experience of being

humbled as another "wow" moment that challenged her assumptions and opened up her

worldview: "Coming from my cultural standpoint, and just the program that I am in that

is very much influenced by … these European white norms [regarding individual

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therapy], the family came in even though we were trying to separate it!" Katherine emphasized the importance being open and present to client's experience rather than getting defensive. Thus, the humbling moment with the client's mother shifted Katherine's focus away from herself and to the needs of her client.

Developmental Impact: Not Having an Agenda

Katherine summed up the developmental impact of her work with this client as recognizing the importance of openness to the moment and not having an agenda. She shared that "My best work comes when I don't have an agenda. And when I am really just kind of open and going with folks." Further, Katherine noted the importance of therapists being open to these humbling, "wow" moments: "If you are aware, I think folks will realize these 'wow' moments are happening all of the time. It is just really easy to miss them."

Peng: "I had the mindset of 'I am not the privileged one'"

Peng identifies as an East Asian, Taiwanese woman who is an international student and a survivor of sexual violence. Peng rated the power and privilege of three identities (i.e., Taiwanese, international student, and survivor of sexual violence) as carrying a 1, and two other identities (i.e., East Asian and soman) a 2. She rated each of these identities as most salient (i.e., a 5), except for gender, which she rated a 4. She rated "small body size" as her least salient identity (i.e., a 3), and as carrying the greatest amount of power and privilege (i.e., a 4).

Peng's client, an East Asian, Taiwanese, male undergraduate, appeared to have a "similar body size" to Peng, but he disclosed in session that he had been "visibly

overweight" before he had bariatric surgery. Peng did not choose to include gender

identity, SES, or sexuality in her list of most salient identities; however, she identifies as

cis-gender, middle class, and straight. Her client identified as cisgender, of low SES, and

was "attracted to men and women" (but he did not identify as bisexual). Peng worked

with her client in the third year of her master's program, during her first practicum, at a

university counseling center.

What struck Peng immediately about her client is that he would never look her in

the eye. As their sessions progressed, he would often initiate conversations around being

"good looking or bad looking, thin or fat." He would also comment that Peng was totally

different from him. Peng shared that her client "would point out [her] privilege, but in a

subtle way, like, 'Oh, you are good looking, you are like sunshine, you are too bright, and

I cannot look at you.'"

Cultural Opportunities: Connections and Differences in Stigma

Initially, her client's comments caused Peng to reflect on her relationship to her

body and appearance. First and foremost, Peng was used to others commenting on her

weight, for various reasons. Growing up, Peng's mother was "very strict about her own

weight," and would often tell Peng that she was eating too much and comment whenever

Peng gained weight. A male acquaintance would say "hey, you are fat" whenever he saw

her. When Peng confronted him about it, he said that he was "just making a joke, because

he knows girls will get mad at that." Peng reflected on her perceptions of her weight and

appearance in middle school:

[At that time,] I think I am fat. Like, I don't have, like, thin legs, so I don't really like my body and I try to lose weight. I skip dinner for a few months and I successfully lose weight but then when I start eating dinner again, I get back to my same weight [*breathes in*]. So, that is one part for the weight. And [*clears throat*], and also for the beauty standard … I think I'm ugly so I refuse[d] taking any photographs. So, even for our … graduation yearbook, I refused taking any pictures [be]cause I don't want … my image—my ugly image—to stay there forever.

In high school, Peng started missing dinner again to lose weight. After she moved to the US for college, friends from home would see pictures of her on social media and ask if she was overly stressed, noting that her weight loss looked unhealthy. At this point, Peng came to the angry realization that whatever she weighs, someone will always have something to say about it.

Peng's understanding of her own, past experiences of navigating weight and body image helped her to recognize these issues as a cultural opportunity. At the same time, Peng was initially unsure of how her client's experiences may be different from her own. While working with this client, Peng sought spaces such as her individual supervision and peer group consultation at her practicum to discuss this client. Her supervisor encouraged her to be more curious about how her client's difficulties making eye contact might relate to his body image. Additionally, she found it helpful for a peer to note that "Weight is an identity that cannot be hidden." Peng shared that prior to her peer's comment she had not thought about identity as something that is more or less visible, and

that this consultation prompted her to seek more information about issues related to body size.

Shifting Focus to Client: Assumptions, Differences, and Humility

Around session five, Peng's client recounted comments that his parents had made about him before his bariatric surgery. Peng described this session as a "turning point" in her understanding of her client's perspective, and the uniquely insidious form of discrimination that he faced. Whereas Peng felt angered by what she characterized as his parents' "very rude" comments, her client promptly dismissed the comments as something that he was "used to" and normalized them as concern for his health. In that moment, Peng said she felt humbled by her growing awareness of the "reality" of weight stigma and its impact on her client. Reflecting on her client's internalized weight phobia, she explained:

> That also made me reflect on how this is a reality because weight phobia or weight bias is very normalize[d]. So, [be]cause I did not experience that, I can feel angry or frustrated with that but [my client is] being perpetrated by those [comments]. So, those [comments] are normalize[ed] in society, so they feel it's pretty normal and [like] 'Ok, it's their fault, not their parent[s'], or other people's fault.'

Peng noted that in that moment of being humbled she felt a mix of emotions. The first of which related to confusion and shock:

> I think one of my thoughts before is like 'Oh, the client had changed his body size and so now he does not have large body size anymore, so I thought now the issues

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might have been gone or decreased, at least decreased.' So, I was shocked that the

client's body image and the client's thoughts and feelings around himself still

remains the same. So, that is a part I feel shocked [by]. Another part I feel

shocked [by] is … how the parents make those comments that make the client feel

[that blaming him is] normal.

In this session, Peng began to appreciate the enduring impact of internalized weight

stigma and bias on her client, and to awaken to the differences in their experiences. This

appreciation, and her newfound awareness of the impact of weight stigma on his life,

assisted Peng in shifting her focus to her client.

Developmental Impact: Awakening to Differences in Privilege

Ostensibly, both Peng and her client had faced social pressures and comments

about their weight that negatively impacted their body image. However, through their

work together, Peng realized that there were distinct, and more or less privileged

dimensions, to their experiences. Peng elaborated on the difference between comments

related to beauty standards that she experienced, as someone who is considered "normal

range" of body size or weight, versus comments that are made under the guise of health

to someone, such as her client, who was considered "visibly overweight." Peng noted that

this awareness, changed her perspective of herself and her client:

I can see how there are two privilege[s]. The one is a body size privilege that I

have, which I have [because] I did not have to go through a lot of those

discrimination [experiences] or microaggression[s] that the client goes through.

And also, another thing is … 'pretty privilege' or 'good-looking privilege.' Like,

people … who meet beauty standards are more privileged than … people who don't meet the society['s] or the culture's beauty standard. So those are the two areas that I never reflect on before, but after meeting this client I started to do more—like, reflect on myself, like, how much privilege [I have] and how my experience is totally different from this client and … how I am able to avoid bias because of these privilege[s].

In that moment, Peng said she felt humbled by "how little I … know, about myself and the client … and how little I know about weight stigma or different types—this one in particular." Whereas in the past Peng had the mindset of "I am not the privileged one," having this client perceive her as privileged caused her to reflect more on "how [her] experience is totally different from this client" and "how [she is] able to avoid bias because of these privilege[s]." For Peng, the developmental impact of being humbled by this client was awakening to her own privilege. Gaining this awareness was essential for her to shift her focus to the client's experience.

Leah: "Tension between the Intersection"

Leah identifies as a cis-woman of French Jewish and German Jewish ancestry, who was raised in a supportive, upper-middle class family in a Northeastern suburb. Leah is the only participant who included her age (29) as among her six, self-disclosed most central identities. Leah rated gender and religion as the most salient of all of her identities (i.e., each a 5), age as slightly less salient (i.e., a 4), and all three identities as carrying the least amount of power and privilege (i.e., each a 2). Leah rated her SES and upbringing as

least salient (i.e., each a 3), but as carrying the greatest amount of power and privilege (i.e., each a 5).

Leah's client, also a cis-woman of high SES, is 4 years younger than Leah and identified as a first-generation Indian American Hindu, whose upbringing was spent moving back and forth between India and the US (i.e., the Midwest and the Northeast). Leah is in a monogamous relationship and rents an apartment with her partner. Leah's client owns her home with her husband, and his parents live with them. Leah disclosed that she did not include sexuality as a salient identity because it is something that she is "still trying to explore" within herself, however, "at the moment" she identifies as bisexual and her client identified as heterosexual. Leah worked with this client in her department's clinic, during her fourth practicum, which lasted through the fourth and fifth years of her doctoral program.

Cultural Opportunities: Connections and Intersectionality

Growing up, Leah questioned the strength and meaning of her Jewish identity, particularly around those who were more religiously observant. For example, while attending Jewish sleep away camp in the summers—with children whose families observed more orthodox practices than hers—she would wonder how much she could "identify" as Jewish. Leah explained that she would notice other children following more conservative Jewish norms (e.g., attending temple more often, following kosher eating, or reading Hebrew better than her) and compare herself:

> They seem to be more rooted in this than I am and what does that mean about
> how much I can identify as Jewish or what degree of Jewish am I? And it seems

like maybe I'm comparing, like, I am falling lower on the spectrum than this person is. Therefore, I feel some guilt or inadequacy, which really comes up more strongly around these people than my kind of normal, day-to-day life.

Leah's client experienced a related "pull" between what the client described as her "American identity versus her Indian identity." Moving back and forth between India and the US throughout her upbringing, her client's experience of these "two worlds" raised questions about the extent to which she could identify with each part of herself and the degree of confidence she felt in each setting. With non-Indian Americans, Leah noted that her client felt "pretty comfortable in her Indian American identity—she doesn't feel less than and can socialize and be herself—but when she is around other individuals who identify as Indian, she feels, like… quote, 'not Indian enough.'" Leah resonated with this aspect of her client's experience:

So, I guess what comes to mind is … specifically the piece about feeling a bit more confident, and it just doesn't come to the forefront of your mind, when you are interacting with people who are from different cultural backgrounds. … There is less of an emphasis on your identity and you are just kind of interacting in a social environment, you know, with a diverse group of people versus the moments when I am interacting with other Jewish-identifying individuals—especially if some of those individuals are more observant of the religion.

In this way, Leah identified with her client's tendency to make "upward comparisons" around those who seem more rooted in a shared identity and recognized this tendency as a cultural opportunity.

Focus on Client: Differences and Humility

In contrast to Leah's fleeting feelings of "guilt and inadequacy" when interacting with other Jewish-identifying individuals, Leah recognized that for her client, feeling "less Indian" instigated persistent distress and uncertainty around her Indian identity, and accompanying shame around her "American-ness." For example, during college, Leah's client "hid" behaviors from her parents that were more within American cultural norms, such as drinking alcohol, going out, and dating non-Indian men. Now 25, in an arranged marriage, and working a full-time job, her client described how watching a television series called *Indian Kitchen*, instigated feelings of shame that she was not taking on the role of a more "traditional Indian woman" (e.g., by staying at home to do the cooking and cleaning for the household).

Leah described feeling humbled by some of the norms and values in Indian culture that gave rise to her client's "shame." She noted that it was also humbling that someone roughly her age could be in a serious, committed marriage, purchase a house, and have their in-laws move in with them. Leah explained that these events were in great contrast to the cultural norms that exist for herself and her peers to still be "finding themselves" throughout their 20s, to move back in with their parents if necessary, and to marry much later in life.

In addition to being humbled by her and her client's "different life trajectories" Leah shared that it was humbling to become aware of personal biases that she held around arranged marriage.

I think I did have some biases around what that means and that like maybe … I

have associations with like 'Oh that seems old century. You know? [*laughs*] …

But I really hadn't, like, thought about it or … what that experience might

actually be like and what ways can this be like a really positive thing, you know?

And something people look forward to and want to have.

Leah noted that her client's arranged marriage was not distressing or an issue to her, so it

had been "less of a topic." Leah also acknowledged that her client loves her husband and

that they seem to have a very supportive and nurturing relationship. Nevertheless, Leah

was surprised and humbled to learn that arranged marriage is something that individuals

could look forward to and desire.

In these moments of being humbled, Leah's internal reaction was "Wow, you

know, thinking … this seems really challenging and … surprising in the sense like that

this was just an issue that I hadn't worked with a client on before." Leah disclosed a

"nervousness or insecurity" about whether she would be able to provide a space that felt

"safe, comfortable, and culturally empowering for her client." She went on to explain

how she approached these moments of being humbled:

I really, I think, tried to error on the side of humility and at the same time

openness to discussing these issues and exploring them in ways that feel

comfortable and relevant and useful to her. So, … my general tendency would be

to … really thank her for her openness and vulnerability in sharing this, and try to

encourage and emphasize that 'I am really open to continue to explore these

themes with you' and kind of continue to ask open-ended questions about how

this impacts her, what this means to her, and admit … transparently that 'I know less about what this might feel like to you and so, I am open to continue to explore [these themes] and … it's helpful to hear her kind of discuss what this really feels like given that this is a cultural background that is different from my own.'

Leah also described feeling honored and privileged, that her client felt comfortable to share these experiences with her, especially as a white therapist. Leah noted that working with minority populations and discussing cultural identity is both interesting and important to her, which made having a client who was so open to explore her cultural identity feel all the more exciting:

I was hopeful to have this opportunity to increase my multicultural orientation competency. [*smiles*] You know, you know, wanting to learn and grow— especially about a culture that I don't know as much about. But I still am and was really interested to learn more intimately what it means to be in that culture and also feel that tension between the intersection of her different cultures.

While working with this client, Leah found supervision to be the most supportive way to reflect on and making meaning of her client's experience and to maintain her focus on her client. She noted that her supervisor helped to think about how her client might be feeling in a more "detailed way" and to consider interventions to help her client find more self-acceptance and help to reduce her client's distress.

Developmental Impact: Awareness of Biases and Self-Compassion

Leah shared that in humbling moments like these, having more experience "under her belt," as well as an understanding process and outcome literature, has had the developmental impact of helping her to have more self-compassion in session when she feels like she should have an immediate answer. She stated "I think I've let myself off the hook, I guess, from needing to have all the answers, especially, and I can feel confident that given what I know about what makes therapy more or less effective." She shared that she keeps in mind that common factors are helpful interventions in themselves and that a solution to a client's problem might not be the most effective type of therapy.

Natalia: "A Drastic Difference between the Spaces [We] Get to Navigate"

Natalia identifies as a biracial (i.e., Mexican and White), bisexual, spiritual, feminist woman and mental health professional. Natalia rated her race, gender, and sexuality as carrying the maximum amount of salience (i.e., each a 5). She rated race and gender as carrying some power and privilege (i.e., a 3) and her sexuality as carrying the least amount (i.e., a 2). She rated her profession as least salient (i.e., a 4), but as carrying the greatest amount of power and privilege (i.e., a 5). Natalia did not choose to include SES as one of her most salient identities. However, she grew up in a "wealthy," upper middle class, Catholic family.

Natalia's client, a Black, Muslim, heterosexual, cisgender man, came from a "lower-class" background, did not have stable housing, and grew up living with different family members "like a foster kid." Both in their mid-20s at the time of their work together, Natalia was in the second year of her doctoral program, living in an apartment

with her partner. Her client, a military veteran, was recently married, expecting a baby, and had just bought his first house. Natalia worked with this client during her first "off-site" practicum experience, at a VA, in the second year of her PhD program.

Self/Client Integration: Differences and Awareness of Privilege

Natalia arrived to her doctoral program "oblivious" to many of the luxuries her parents' wealth had afforded her, such as living in gated communities and always having a three-car garage. In a discussion about her client's new house, Natalia was humbled by his pride that his home had a garage. Natalia explained how this moment caused her to reflect on her own privilege, and put her client's perspective into context:

> I mean, I think, internally, definitely reflecting on my own privilege, like 'Wow,' you know. *Yeah*, that is a privilege for so many reasons, right? Even in the sense of like—here … we get more hail and terrible weather sometimes and so I am like '[a garage] can protect your property … you don't have to get that fixed and get the hail out or, you know, keep your property safe from theft or whatever' … In my head the wheels were turning, like, 'duh' [be]cause this is [*laughs*] … a privilege.

Until that moment, Natalia had not realized that the "security and level of comfort that [she] had always had" informed what she imagined and expected for her own future. She explained that what was humbling was "a recognition of something [she] took for granted" or "that [she] didn't recognize necessarily as a privilege."

Natalia also felt "appreciative" that her client was able to share something so personal with her, particularly as a white-presenting woman.

That is what he really wanted to highlight, and so, I just wanted to be very

affirming. Like, 'This is very important to you and this is exciting, you know,

what are you planning to do with the garage?' And so, I mean, I definitely took

the time to talk about it and just, again, affirm him and congratulate him in a sense

on his big accomplishment.

Natalia's awareness and appreciation of the differences between herself and her client,

helped her to recognize this as a cultural opportunity and to maintain her focus on her

client.

Natalia stated that this experience of being humbled did not instigate feelings of

shame or embarrassment, but rather, disappointment with herself that she "should know

better." At the most basic level, this experience prompted Natalia to think more critically

about what SES means for her clients. Further, Natalia became more mindful that while

certain comforts may be commonplace for her, they may be novel, exciting, and an

important source of pride for others. Natalia noted that a touchstone for understanding

this significance, was to think about the value she placed in her own life on earning her

doctorate in psychology. Beyond that, she remained curious about what these differences

meant for her specific client. For example, Natalia recognized that, for this client, "There

was something about a garage, more than like the house that felt like he had made it—he

had succeeded. He had worked hard, like, this was a symbol I think for him of all of those

things."

Natalia and her client never discussed her race or racial presentation directly.

However, over the course of their work together, they explored themes related to her

client's experience as a Black man, such as his fears related to the police and police violence against the Black community. In these ways, Natalia was able notice differences between her and her client's experiences, and focused on remaining open to explore nuances within his unique circumstances. That is, she evidenced an integration of her client's experiences and her own.

Self/Client Integration: Differences and Awareness of Intersectionality

Two years later, during her fourth practicum at another VA, a client session humbled Natalia "in a different way." Natalia's other client, a white, gay, cisgender man in his 50s, was raised Mormon and Catholic, but did not identify with spirituality or religion. Natalia's client was currently an "unhoused" military veteran, members of his family had been murdered in his youth, and he was currently estranged from his mother and siblings. During their fourth session, Natalia and her client were processing a recent bias incident committed against her client by a staff member at the VA, and the client began to describe other instances of discrimination that he had suffered throughout his time in the military.

Although Natalia had endured micro-aggressions and discrimination related to her bisexuality from her family and peers, Natalia reflected that what was so significant and humbling about the session was realizing that she had never experienced anything close to the discrimination her client faced. For example, she noted that she had experienced bi-phobia or anti-bisexual specific discrimination, such as her parents telling her that she is young, ignorant or confused about her identity. However, she has never had someone say "I don't want to work with you" or "I hate you because of the way you identify." She

highlighted that the discrimination she faced also felt different for her because her parents were trying to understand and be supportive, and that they did not realize they were committing microaggressions and being dismissive.

> We're growing up in different times. Obviously, discrimination still exists, but … there's more, [*breathes in quickly*] fortunately, a bit more protections in place, right? … Also, just realizing I'm very privileged to be in the field that I'm in, in the spaces that I'm in. … I've had so many spaces to, like, *explore* my identity and, you know, talk about who I am safely. Like, I even reflected on how in my internship essays … I wrote that down, like, 'these are my identities, and these are salient to me and this is why they impact, you know, who I am as a counselor.' … and just thinking 'Wow, I just had the opportunity to do that and be so open [*breathes in*] and essentially out myself to every future co-worker [*laughs*] and supervisor and feeling comfortable doing that.' And my client is—even as of recent—facing workplace discrimination. [*breathes in*] So, just, like, 'Wow, there's just such a drastic difference between, the spaces that I get to navigate, versus you.'

In that moment of being humbled, Natalia felt a number of simultaneous emotions including anger, sadness, respect, and privileged in her own experience. Natalia also felt glad that she was able to provide a space for her client to talk about his experiences.

> I don't know how much he's talked about these experiences with other [*breathes in*] providers. … So, I think it was just important for him to have this space. I felt very, you know, comfortable but at the same time I think because I care so deeply

[*scoffs*] about like supporting, you know, the LGBTQ+ community, I think it was—it hit me harder, I think, than hearing about some other things. … It was like a very heavy session, for multiple reasons. … Again, like recognizing my privilege [*breathes in*] and like thinking about what like our elders in the sense of like had to go through. And seeing his resiliency it was also very like—very admirable like despite going through all of these things, like still wearing symbols of pride and owning his identity as a gay man. … It was just a very complex and meaningful session.

During their session, Natalia went on to highlight her client's resiliency within military culture where there had never been space for him or other veterans to be *out*, safely. Beyond that, Natalia showed she was listening.

[I was] just listening there. Listening and—showing also, like, body language and whatnot but, like, he was telling these really painful stories [*breathes in*] … I think that I communicated pretty clearly, like: 'I am here for you, I'll advocate for you, I'll be an ally for you.' And then I did tell him, I said 'I just want you to know that, you know, this is a safe space for you and … if you encounter, in this new living environment anything that makes you feel unsafe or uncomfortable especially … because of your sexual orientation … you can share that with me and I will advocate for you in whatever way that I can.'

Here again, as with the other session she described, Natalia displayed a simultaneous recognition of similarities and differences between herself and her client, evidencing the integration between herself with her client, as well as cultural opportunities. Natalia also

displayed an integrated awareness of her privilege in relation to the client, in that, she was able to remain with and explore her client's personal experiences.

Developmental Impact: You Are Never an Expert

With both of these clients, Natalia learned the importance of humbling experiences that illuminate blind spots and was able to integrate her expanded awareness into work with clients in the moment. Nevertheless, Natalia acknowledged a similar developmental impact with both clients that being multiculturally competent is a life-long learning process. She stated "You are never an expert, you are never gonna [sic], like, learn it all—systems are changing, cultures are changing, so I think that I will always feel that way." She noted at this point in her training she is focused on learning more about the ways that she can advocate for clients within the systems she works in, such as the VA, in a way that will not have negative repercussions for her clients or herself. For example, learning what resources are available and seeking out fellow allies within those systems.

Shared Experience of Being Humbled

All participants described aspects of their client that resonated with their personal identities or experience. Nonetheless, it was the recognition of differences between the participants and their clients that brought about the shared experience of being humbled. For example, participants were humbled by differences between themselves and their client related to the impact, visibility, stigma, or intersection of identities, which made an aspect of the clients' experiences feel completely new or uniquely distinct from participants' personal points of reference. Through this recognition of differences, all

participants became aware of assumptions that they made about their clients or themselves prior to their experiences of being humbled. Assumptions that prompted an overfocus on the self were described as being most detrimental to the client and the therapeutic relationship, whereas those assumptions that prompted a focus on the client were described as being most therapeutic. Additionally, keeping the focus on the client, after being humbled, demonstrated participants' developmental growth from a "way of doing" to a "way of being" with their clients.

All participants came away from the experience of being humbled having learned something critical about themselves, the client that humbled them, and their role in the therapeutic process. However, the timing of these insights and the therapist's ability to stay focused on their client differed by the participants' characteristics and circumstances. The following section details a number of shared and divergent connections across participant cases in the form of superordinate and subordinate themes. The purpose of these themes is to provide evidence for a shared experience of the phenomenon of being humbled by clients, as well as to explore how similarities and differences between participants may have contributed to differing inclinations towards focusing on the self, versus focusing on the client after they were humbled.

Focus on Self: Lack of Humility and Assumptions about Role

All participants spoke about a growing awareness of their own identities, as well as an increased awareness of themselves in relation to their client(s) throughout their training. However, over half of the participants described how a focus on the self (e.g., pressure to perform as an expert or to showcase knowledge or skills) during therapy

sessions negatively impacted their client. These participants reported that focusing on themselves during therapy, rather than focusing on the client, inhibited their understanding of the client, had a detrimental effect on their relationship with the client, or both. Focus on the self during the session manifested in two primary forms, the "Mask of Expertise" and "Needing to Provide the Direction," which are described more fully below.

"Mask of Expertise"

Two participants described feeling pressure to be perceived as the "expert" in the therapy room at the time that they were humbled. These participants described the pressure to perform as arising from various sources (e.g., developmental level, discomfort with uncertainty, perceived deficits in or expectations of their departments or practicum setting, and internal pressure to appear competent). As described in the participant narratives, with Roselyn's client, she simultaneously assumed that "therapist knows what's right," tried to avoid seeming incompetent, and as a result, she projected that she knew how to handle the client's concerns. Unfortunately, Roselyn's focus on herself resulted in her ignoring her client's needs, even after he disclosed them, and her client not returning to therapy. Roselyn later reflected:

> Being in [Midwestern state] the supervisors didn't really identify [the rupture] and didn't know what to make of it. And also, there's like the shame that comes along with hurting somebody, especially due to incompetency … that I completely just kept it to myself. And I think it probably would have been more productive to kind of talk to other people about it. … I just wasn't sure how those conversations

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would go. And so, like, hiding it's productive right? [*smiles, scoffs, shakes head*]

No—it's never productive, but, uh, it's one of those things [that] I just kind of

wanted to hide and then come back to and think about when I was, like, a more

experienced therapist and would know how to correct that situation. … And, also,

at the same time, I think that made it take a lot longer for me to recognize … what

I could have done and the level that it caused hurt.

Despite Roselyn's acknowledgment that hiding behind a mask of expertise contributed to

the rupture with her client—and delayed her growth—she focused on her perceived lack

of knowledge and skills as the missing links:

Looking back, it is incredibly obvious: I tried to be sensitive to his needs … but

from the orientation that I was working with, I was not being culturally sensitive

and I didn't know how to. … I was worried that the tools that I had weren't the

right ones and … I didn't know how to change them in order to fit where he was.

Although Roselyn expressed that she lacked "the tools" to meet her client's needs, it

seems that the missing link was actually cultural humility, or a *way of being* with her

client.

Relatedly, Luis expressed ambivalence about their role with their client at that

point in their training. Luis identified feeling pressure to put on a "mask of expertise" as a

way to display their knowledge and skills:

I mentioned earlier the feeling of being incompetent, and my second year I

probably had two semesters of clinical practice, which for me meant that I did not

necessarily feel like I knew what I was doing in the room. So, I think what I was

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most concerned about was learning skills and learning when and how and why to

use those skills. And I think it comes in relation to what I expressed earlier about

feeling like an expert and feeling, like, [I wanted to be] perceived by my patient

as an expert as well. So, but also by my peers and my professors, that I'm like,

you know, this person [*making robot arms*] who knows what they are doing.

In the moments after being humbled, Luis' reconsidered their role in the room, as

well as their client's:

Before [this client] I was like 'I need to gain all the different theories that I can

learn so I can provide a theory for this person.' But it's like … this person can

come up with her own theories with her own knowledge about her own

experience and so … re-thinking about my role in the room as maybe a facilitator

of an experience. A facilitator of her being able to explore things herself without

[me] being an expert, without putting my own preconceived assumptions.

Here Luis articulated something that Roselyn did not: that it was likely not a deficit of

knowledge or skills, but rather their assumptions about their role and lack of focus on

their clients, as experts of their own experience, that kept them from responding

therapeutically (i.e., in Roselyn's case or leading up to the rupture with their client in

Luis' case).

Needing to Provide the Direction

Elliot and Katherine were both able to focus on the experiences of the first clients

described in their participant narratives in which they both noticed "glimmers of

connection" between themselves and their clients. At the same time, both were attuned to

differences with their clients in such a way that enabled them to focus on their clients' experiences and to approach them with curiosity and humility. However, when confronted with a new client, in Elliot's case, or a new situation, in Katherine's case, both returned to an earlier developmental phase of making assumptions and focusing on themselves by assuming that they needed to provide direction to their clients.

With the second client who humbled Elliot, he assumed that his knowledge and awareness of marginalized identities and his comfort with "having a discourse" about aspects of identity had prepared him to know the "right ways to handle cultural mismatches or differences in session." Based on this self-focused perspective, he assumed he should lead or provide direction to the client in session. Relatedly, Katherine described developing assumptions from her program about needing to use her knowledge, awareness, and skills to provide direction to her client's mother. In both sessions, Elliot and Katherine came to similar realizations. Elliot realized he needed to follow his client's lead and Katherine learned she needed to let go of her agenda. Similar to Luis with their client, after being humbled, Elliot and Katherine were able to shift their attention away from themselves and to their clients.

Katherine went on to describe the "danger" of not being open with clients in these moments and getting defensive. She explained that:

> When we are intellectualizing all the time and we get out of our bodies and we just get to up here [*moves hands to head*] and then it's like what am I going to do, you know, let me think back to my culture and diversity 101 book … but I really do believe if the world was more open and present … it would be dramatically

different, but that is really hard to do especially when we are talking about identity. … We all have areas where we felt some sort of oppression or where we felt things come up that are triggering for us, so again, that is why I say just this idea of being humble and open to 'What is someone's complex, holistic experience?' And knowing that at some points, 'Oh, I am a human' and it's going to trigger something in me and I need that awareness in that moment just to be open with it and to allow that to happen. … I think that is a dangerous kind of position for therapists that we get really defensive and closed off … these 'wow moments' aren't always good. I mean they can hurt. It can also be like 'Whoa, like, am I contributing some harm, like what is going on here?' Especially with White racial identity, because there is so much harm in that legacy of it, but … [*purses lips*] that is why there is a sense of openness and curiosity that I think is just really important.

Here Katherine conveyed the importance of providing humility, rather than direction, to clients. Katherine emphasized the therapist's ability to stay open and curious about a client's experience, especially in the face of a therapist feeling defensive (e.g., as Roselyn and Elliot had) or realizing that they have made assumptions that could contribute to harming the client (e.g., as Roselyn, Luis, and Katherine did).

Shifting Focus to Client: Building Block for Humility and Managing Not Knowing

Those participants who were able to pivot from their own experience of being humbled to focusing on the client, felt better equipped to therapeutically respond to their client in the moment (i.e., from a position of humility rather than an expert stance). After

being humbled, Roselyn was the only participant who was not able to shift her focus to her client until he had stopped therapy. Elliot, Peng, and Luis benefited from outside support and reflection to refocus their attention on the client after being humbled, and in Luis' case to mend a rupture. Two supportive characteristics and conditions, "Outside Support" and "Awareness of Self in Relation to the Client," were described as contributing to trainees' ability to shift their focus to the client. These subordinate themes are described below.

Outside Support

As described above within the "Focus on the Self" theme, over half of the participants found that an overemphasis on competence (i.e., knowledge, awareness, and skills) and expertise (e.g., self-presentational concerns), in the participant's program, practicum, or field, was detrimental to their therapeutic relationship with clients. Relatedly, Roselyn expressed feeling hindered by a lack of outside support around, and attention to, multicultural concerns in her program, as well as in her first practicum setting:

> I felt like I just had no map of how to deal with any [multicultural] concerns and it was almost treated as though you won't see any non-majority identity very often, so the training's [sic] not really focused on that because it is so rare … and so if you have specific questions [*shrugs, shakes head*] supervisors didn't have answers, they didn't have direction.

Roselyn reported that her experience with the client in her narrative and the fact that he did not return to therapy "made [her] very hesitant to ask questions that [she] didn't know

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how to address." She explained: "As awful as it is, I think [working with that client] made me a little nervous to work with issues that were a little bit more multicultural in nature."

All of the other participants felt well-supported in at least one aspect of their multicultural development and were able to find outside support, identifying supervisors, mentors, colleagues, and/or peers who provided trusted feedback, support and guidance. This last piece, of having outside support in their multicultural development, was identified as essential to participants' comfort and willingness to engage in multicultural conversations, as well as their ability to navigate ruptures, and to address clients' presenting problems and specific needs. For example, with Elliot's first client he found he was able to make meaning in a few spaces:

> I think supervision was a big part of [making meaning]. So, being able to consult with my superiors at my UCC, but also … like the director of my clinical training program who is kind of like an informal supervisor to all of us. [And], you know, my fellow doc students, and kind of the experience they had at their practicum sites. All of those different places allowed me to just bounce off some of my own thoughts and feelings and anxieties around working with this, and other clients, and so doing so allowed me then to kind of like draw from the experiences of my colleagues and mentors, which then allowed me to take some of that back into the work that I was doing.

Similarly, in their participant narratives, Luis and Leah highlighted that they were encouraged to consider multicultural concerns within their programs—a primary source

for outside support for the participants in the early stages of development—and that they were invited to explore themselves in relation to their clients. In contrast, Peng shared that her program's multicultural course did not prepare her for reflecting on her body size or her pretty privilege. However, she expressed appreciation for the outside support she received through her peer group conference. Her peer's statement that "weight is an identity that cannot be hidden" was the first time Peng had thought about the distinction between visible and invisible identities, which prompted her to want to learn more about her client's unique circumstances and to consult with her supervisor.

Natalia explained how multicultural conversations were approached in her program and in her department's community counseling center:

We were encouraged more to think about, like, our identities, and how those intersect with, you know, our client's identities … It wasn't like we were ever shamed or, or anything, it was just like 'We're welcoming this, we need to think about this, we're going to talk about this in class, we're going to have discussions and have other people share … anything that they're noticing and [offer] insight. And so, it was a very collaborative experience … [during] my first year … we would sit down and really delve into it.

Natalia went on to explain how much of her growth came about during the five years of her program both within it and the "safe spaces" she sought outside of it:

I think my program has done a really good job, but also just my friends, like, I'm in an interracial relationship. And, you know, I've learned a lot about—you learn a lot through that, you know, just through making friends with people—different,

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again, races, ethnicities, religion[s], I mean, just so many things, I really think

that's where a lot of my growth has come from.

Here Natalia highlighted all of the spaces, both within and outside of her program, that

provided her outside support and that were important for her to begin to understand

herself. As described in Natalia's participant narrative, these "safe spaces" were

particularly impactful for her to be able to explore her own identities, begin to understand

herself in relation to her clients, and to be able to offer her client's a similarly open and

non-judgmental space.

Relatedly, Katherine shared that her individual supervisor's support was critical to

her ability to reflect on and making meaning of her experiences of being humbled.

She seemed like a real person. … Like, I didn't feel like an outsider with her. It

was the one place where I really felt just like very much seen … And, yeah, she

just really encouraged us to trust out clinical intuition and to go with it. … There

was warmth—there was—it was a relationship. … I know, everything is a

relationship, but it felt more than a supervision. It was like I also felt seen as a

person, not just as, like, a trainee.

Here Katherine described a supervisor who provided her with openness, humility, and

space to be seen (i.e., the qualities that Katherine sought to provide to her client).

Awareness of the Self in Relation to Others

Although all participants had a similar amount of doctoral training at the time of

our interview (i.e., at least two doctoral-level training experiences), their experiences of

being humbled came at different points in their training. Participants also described

differences in their most salient identities, awareness of and relationship to privilege, and

exposure to diversity and diversity training. For the majority of participants, having

previous personal and professional life experiences that had prompted some awareness of

their own privilege, as well as self-reflection and exploration of their own identities, was

instrumental in navigating humbling experiences with clients with humility. Further,

while the timing differed among participants, all participants described exposure to

diverse life experiences and perspectives of others that were different from their own, as

critical to recognizing and engaging with cultural opportunities.

Elliot was quick to acknowledge that his ability to empathize with experiences of

marginalization is limited to the "very minor bullying" that he experienced for having an

English accent in elementary school, which did not provide a touchpoint of understanding

with the second client in his narrative. Instead, Elliot explained that his understanding of

the experiences of people of color come largely from an academic perspective. For

example, his undergraduate research lab focused on stereotyping, prejudice, bias, and

intergroup relations, and his research under his doctoral-level advisor centered on the

experiences of women of color. Elliot distinguished between this "empirical view" into

the experiences that persons of color might have and the experiential understanding from

working directly with clients during his doctoral training. Elliot stated that when working

with clients he "harkens back" to idea that empirical and systemic knowledge is just a

grounding. Further, he noted that actually working directly with clients during his

doctoral training has had "the most significant impact on shifting [his] perspective in new

ways," by providing a more direct awareness of his own circumstances in relation to his clients.

In contrast to Elliot—Luis, Katherine, and Leah described the impact of experiences in their own upbringings and personal lives, before their doctoral programs, that helped them to develop self-awareness, and to begin to recognize and better relate to the cultural experiences of others. For example, Luis shared that having micro-aggressive experiences in therapy as an adolescent made them want to support clients like themself. Further, reading about and having first-hand experiences with cultural issues in Puerto Rico made them want to find a way to "subvert psychology to… heal the wounds inflicted by colonialism and racism."

Around age 7, Katherine began reading about the Holocaust and the Plight of the American Indian at her local library, which brought about awareness at an early age of the incredible suffering that others have faced, and at which point she began to recognize and actively question signs of injustice. Before entering her doctoral program, she traveled extensively and had opportunities to live in South Africa, Argentina, Uruguay, and South Korea. She also worked for several years with domestic violence survivors. Although each of these experiences presented opportunities to better understand and be humbled by the cultural experiences of others, Katherine stated that some of her most humbling experiences have happened "in [her] own backyard."

Leah discussed the personal impact of exploring her Jewish identity. She shared that learning about her maternal great, great grandparents passing away in a concentration camp is a touchstone for her: "Judaism and the Holocaust and things related to [*pauses*]

… cultural identity and … any type of prejudice or hatred or discrimination [*eyes fill with tears*] is just something that has been part of me from hearing these stories and learning about it." Further, learning about her paternal side of the family having roots in Russia and Lithuania made her think about the ways in which Judaism is not just a religion, but can be more of a nationality or ethnicity. Additionally, traveling with her family to different parts of the world, Leah met people from diverse backgrounds and was introduced to various languages and ways of life, which presented further opportunities and awareness to consider the cultural experiences of others in relation to her own.

For Leah and Luis, their awareness of themselves in relation to others continued to be strengthened in their academic and doctoral training. For example, after beginning their doctoral program, Luis began working with African-American communities that had been displaced or affected by gentrification, as well as gun and police violence. In addition, after Trump's victory in the 2016 election, they had non-clinical roles working with undocumented immigrants which "opened [their] eyes to larger cultural issues regarding suffering."

In contrast, Natalia explained that in spite of her personal experiences, her "eyes were not fully open" until her doctoral program. Specifically, when Natalia was growing up, her hometown community was in the midst of an opioid epidemic. She herself struggled with poly-substance abuse, she lost someone she had dated to a heroin overdose, and she had two long-term boyfriends return to rehab "many, many times" to no avail. Despite these experiences, Natalia described her home environment as stable and comfortable. In addition, in an effort to get Natalia to appreciate her financial

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privilege, Natalia's parents traveled with her to poor areas in Mexico and Central America, and they hosted less advantaged children through the Big Brothers Big Sisters organization. Now, looking back, she acknowledges her parents' well-meaning intentions to show her "how good [they had] it." At the same time, Natalia she recognizes that their actions actually had little impact on her understanding of privilege and were somewhat "white savior-y." Unlike her doctoral program, Natalia noted that her parents never highlighted experiences of discrimination based on nationality, race or ethnicity, and that sexual orientation, if acknowledged, was only discussed in a negative light. Within her doctoral program, Natalia shared that having the opportunity to explore who she is, and how her identities shaped her worldview, transformed her as a person.

Roselyn had few cultural experiences growing up or opportunities during her doctoral program, but after the experience of being humbled, she began to seek out friendships and practicum opportunities that expanded her awareness of others' different circumstances and experiences further. Roselyn reflected on these opportunities later in her program:

As I kind of grew into later years … I learned a lot on the job. Where [in my first practicum] I felt like most of the supervisors could only offer, like 'yes, be sensitive' [*laughs*], but not really much tangible to work with. … I think meeting people who had concerns that were very, very specific to being cultural concerns really helped me figure out how to, like, navigate that. … I also learned to really let [clients] lead the session and let them lead what terminology that they wanted to use. Let them lead what their needs were. And be really, really emphasizing

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questions and emphasizing reflections to make sure that [I] don't have any

opportunities to miss step A and also that [the client is] really guiding what they

need and [me] not making assumptions that [I] know what they need.

Here Roselyn demonstrated that by seeking out her own personal and professional

experiences, eventually, she was able to arrive at many of the same realizations as the

other participants by becoming more aware of others' situations in relation to her own,

such as following the client's lead and not making assumptions about clients' needs. At

the same time, now four years later, she stated that she still has "room to grow in

facilitating multicultural conversations."

Focus on Client: Managing Assumptions by Staying Open to Client's Experience

Four participants were able to recognize differences between themselves and their

clients in the moment, feel humbled, and stay with their client's experience. These

participants reported having an awareness of themselves in relation to their client that did

not distract them from approaching the client with openness and humility. The fear and

defensiveness displayed by participants who had less of an understanding of themselves

in relation to their specific client or who were focused on their competence, was replaced

by an excitement and an interest in exploring the client's experiences. This "Excitement

and Interest in Client Versus Fear and Defensiveness of Self" demonstrates the final

phase of moving from a "Way of Doing" to a "Way of Being" and is described further

below.

Excitement and Interest in Client Versus Fear and Defensiveness of Self

In their participant narratives, Roselyn and Luis described how acting from a fear of being seen as incompetent inhibited their ability to focus on their client. Similarly, Elliot noted his sense of defensiveness in responding to his client after being humbled. In contrast, participants who were able to shift or maintain their focus on the client, and approach their clients with humility, reacted to the experience of being humbled with other-oriented feelings of awe, interest, curiosity, and excitement. For example, in the moments after being humbled, Peng described a feeling of "awe" at her client's strength.

> I think [I was feeling] awe—awe at the client's strength. … The client [was] overcoming a lot of bias, or discrimination, or just those very rude comment[s] from … almost everyone in his life. So, I think that is, that is not an easy, easy situation. … That is particular[ly] difficult, and I think that the client had their own strengths of overcoming those and going through those.

Reflecting on her experience of being humbled by her client, Peng shared that she realized that her feeling of awe was related to her identity as a survivor of sexual violence. "I think as a survivor I know—like, I can try to imagine how hard it is to … overcome any types of hardship or [a] hard time." She explained that one of her core beliefs, informed by the philosophy of solution-focused therapy, is that "everyone is already trying their best in their difficult situation or everyone has their own strengths of overcoming the difficult situations. So, I think that is part of related to my identity as a survivor." In Peng's participant narrative, she acknowledged differences between herself and her client that brought about the experience of being humbled. In this instance, Peng

demonstrated an even deeper understanding of herself in relation to her client regarding her survivor status, a recognition of her client's hardships, and a belief that he has the ability to overcome them. These qualities contributed to Peng's ability to shift her focus to her client and to display humility.

Luis also shared how being humbled helped them to better understand themself in relation to their client, and that being humbled brought about simultaneous feelings of sadness, excitement, and feeling challenged that prompted a shift in focus to their client:

> Realizing that I wasn't living up to my own values as a therapist … made me sad. But in another way, it made me excited because I was realizing the value of my … *values* [*laughs*]. … Like, I could see it alive in the room. And that maybe my fear of being [un]professional, which comes with this whole idea that I need to know and that I need to do more in the room—can, like, I was able to put those anxieties in the back of my head a little bit more because then I could be using my own values in the room of being … more of a facilitator of an experience rather than someone that has the skills and knowledge, and I'm going to do therapy to you rather than thinking that there is a relational thing that we do together and that the patients themselves are agentic [and] knowledgeable.

Similar to Peng, the experience of being humbled, prompted Luis' to learn something about themselves in relation to their client. Specifically, Luis recognized that what was most valuable to their client was Luis' ability to help her more deeply explore her experiences. Rather than generating feelings of defensiveness, Luis felt challenged and excited to shift their focus to their client.

Additionally, in their participant narratives, Katherine and Leah described their interest in multicultural topics and how this excitement and curiosity prompted them to want to know more about their clients. Further, Katherine, Leah, and Natalia each spoke about feeling honored that their client shared their experiences with them. At most points with her client, Leah was able to use her excitement and interest in her client's culture to stay with her experience. However, Leah also had instances of judgement towards aspects of her client's culture. Leah explained how she approached these feelings in a way that kept her attention on her client:

> I tend to lean on trying to kind of be aware of my own cognitions and emotions in the room and self-regulate a bit as I am listening, and, and then try to just, you know, like, lean on curiosity and asking questions, and tried to fo—you know, like, these, my, these are my biases that, but they come from, like, my way of life, you know, my own culture, my own backgrounds. And that's not the same as this person. And so, I just ultimately, like wanting to be supportive and open and non-judgmental for this person, I think is how I try to overcome [my feelings of judgement in the moment].

Here, Leah demonstrated how she acknowledged differences between herself and the client, but that she leaned into her humility to keep her focus on the client's experience in the hopes of providing her client a supportive, non-judgmental space.

Natalia also shared about the similar feelings and focus she experienced in the moments after being humbled:

I think there wasn't a sense of nervousness, because I was just, like, just open to

learning more about [my clients'] experiences. So that, like, with … the second

one, it was more like, I just really cared about, like, making him feel safe, you

know, [be]cause I was like 'I don't even know if he's ever shared this with a

provider before.' So, I just, like, wanted to just be present and to just give him as

much space as possible to talk about it.

Reflecting back on her experience of being humbled, Natalia displayed a focus on her

clients, that was prompted by a desire to learn about their experiences and to be fully

present. As described in her participant narrative, Natalia was aware of differences

between herself and her client, but she was able to integrate that awareness for the benefit

of the client by keeping her attention on their experience, rather than being distracted by

her own.

This last piece, demonstrated how Natalia was able to integrate her awareness of

cultural opportunities, to recognize connections and differences between herself and her

client, to display humility, and to stay focused on her client's experience. This moment-

to-moment integration of "Cultural of Awareness of Cultural Opportunities" and "Focus

on the Client" demonstrated Natalia's integrated understanding of herself in relation to

her client, as well as a sense of comfort and ease with approaching these clients and

specific cultural dynamics in a therapeutic manner.

CHAPTER FOUR: DISCUSSION

This study was the first to examine the experiences of trainees being humbled in psychotherapy sessions as a potential precipitant to trainees' professional development. The central questions of this study were: 1) What are the critical experiences of clinical and counseling psychology doctoral trainees being humbled in session? 2) What trainee and/or client characteristics influenced trainees' experience of being humbled? 3) How do trainees see being humbled as influencing their professional development, if at all? This study defined the experience of being humbled in session as trainees' practicum work with clients bringing about awareness of trainees' inexperience with certain cultural topics, bringing about awareness of their own privilege in particular area(s), and/or giving them an inkling of a larger, more complex reality than they had personally experienced. Overall, the results of this study represent the first demonstration of how being humbled in psychotherapy sessions can function as a precipitant to trainees' learning to focus on clients, to approach them with cultural humility, and to engage with cultural opportunities.

Four key findings emerged from the present research. First, each of the participants in this study described humbling experiences as having an experiential quality that taught them something new about themselves, their client, or both. It is worth noting that most participants were familiar with academic literature or concepts related to

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the experiences that humbled them (e.g., visibility or intersectionality). However,

participants contrasted the experience of being humbled as providing a profound, "wow"

moment that a textbook, taking a class, or reflecting on their own experiences had not.

This finding is consistent with theories that emphasize the importance of including an

experiential component in multicultural therapy training to bring about an affective,

rather than a cognitive, experience (see Jones et al., 2013; Garriott et al., 2016; Neville et

al., 1996; Pederson, 2004). The finding also aligns with previous research that

demonstrated experiential learning helped trainees to acquire and improve their clinical

skills in distinct ways, such as increasing cognitive flexibility and multicultural

responsiveness (Falendar & Shafranske, 2014; Friedberg, Gorman, & Beidel, 2009;

Morris & Bilich-Eric, 2017; Priester et al., 2008). Such experiential exercises and

activities typically rely on trainees' imaginations (e.g., role-plays and simulation games)

or are designed to examine trainees' unconscious biases to aid in self-reflection (Jones et

al., 2013). However, the experience of being humbled in session likely extends beyond

these exercises by immersing trainees in a genuine, immediate experience that includes

the complexity of real-life clients. In sum, this finding indicates that being humbled in

session may offer opportunities for profound, affective learning experiences that can

continue to challenge trainees over time.

Second, participants' recognition of differences between at least one aspect of

their identities and their clients' identities (e.g., related to impact, visibility, stigma, or

intersection of identities) contributed to their experience of being humbled. For the

majority of participants, the experience of being humbled increased the salience of their

own identities and brought about awareness of their privilege in relation to their client. These findings relate to and build support for extant literature, broadly based on the contact hypothesis (Allport, 1954), that encourages trainees to connect with culturally different individuals and groups to build cultural humility (Hook et al., 2016). These findings are also generally consistent with cross-cultural training models, which hypothesize that interactions with members of other cultures prompt shifts in trainees' racial identity consciousness (Sabnani et al., 1991). Participants' identity consciousness was not measured in this study. However, participants were offered the opportunity to highlight the nuances of multiple identities simultaneously (i.e., participants selected identities that are most central to who they are, and then rated the salience of each identity and the amount of power and privilege afforded by each identity), as well as to discuss how differences between each participant and their client contributed to the participant's experience of being humbled. Given the diverse range of participant and client identities that related to the experience of being humbled in this study, the results further emphasized the importance of developing or revising existing training models to incorporate multiple and intersectional identity contexts, rather than limiting such considerations to White racial identity development (cf. Sabnani et al., 1991).

Third, all participants articulated ways in which being humbled by clients contributed to their development as a therapist, specifically, their "way of being" with clients. In particular, participants spoke about the experience of being humbled as prompting them to focus on their clients' experiences, attend to clients with humility, and to recognize and respond to cultural opportunities in session. The shift from a trainee's

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self-focus to a focus on their client aligns with trainee developmental models, such as the

IDM, which describe a shift in focus to the client that is accompanied by an increase in

the trainee's curiosity and empathy for their client's experience (Inman & Ladany, 2008).

However, the findings of the current study take the IDM a step further by identifying

being humbled in session as a precipitant that may explain or relate to these shifts.

Further, the findings indicate that experiences of being humbled instigated shifts away

from a "way of doing" therapy and participants' focusing on themselves, to participants'

developing a "way of being" with clients that was focused on clients' unique experiences.

Hook et al. (2017) hypothesized that through exploring their own cultural identities and

worldview trainees might develop a natural tendency to be interested in curious about

their own experiences and the experiences of others. However, that hypothesis was not

yet supported by research about trainees' actual developmental processes or a deeper

understanding of the antecedents of cultural humility. The findings of the current study

provide initial support for the experience of being humbled as a developmental

precipitant to trainees' learning to focus on their clients' experiences, to attend to clients

with humility, and to recognize and respond to cultural opportunities in session.

Finally, participants explained how their personal contexts increased or inhibited

their ability to focus on their client, display humility, attend to cultural opportunities, and

to make sense of their humbling experiences in sessions with clients. Speaking to their

individual contexts, participants reflected on the importance of previous personal and

professional experiences that provided exposure to the cultural experiences of others.

Participants also discussed ways in which their programs prepared them to navigate

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cross-cultural interactions in therapy sessions, and identified outside supports that helped them to make meaning of their experiences of being humbled. In particular, mentorship, clinical and peer supervision, and forming close relationships with individuals who hold different identities from participants, were identified as increasing their ability to make sense of and therapeutically respond to humbling experiences. This finding is consistent with studies that found students frequently refer to their practicum or supervisory clinical experiences as important to their multicultural development (Collins et al., 2015; Lee & Khawaja, 2013; Mena & Rogers, 2017; Pieterse et al., 2009). This finding also corroborates recommendations that multicultural training should include as much interpersonal contact across cultural groups as possible (Utsey et al., 2013). Together, these findings offer additional clinical and training implications, which are discussed further below.

Clinical and Training Implications

Participants described how humbling experiences in their practicum work with clients brought about awareness of their inexperience with certain cultural topics, brought about awareness of their own privilege in particular area(s), and/or gave them an inkling of a larger, more complex reality than they had personally experienced. Findings from this study raised several implications concerning trainees' experiences of being humbled and the conditions that precipitated a "way of being" that continually seeks to focus on clients' experiences, to approach clients with humility, and to engage with cultural opportunities. Specific implications and recommendations that are relevant to clinical and

counseling psychology doctoral programs and other considerations for trainees are discussed below.

Clinical and Counseling Psychology Doctoral Programs

The first three findings describe the phenomenon of being humbled in therapy sessions as a profound, affective experience that brings about awareness of the trainee in relation to their client, and instigates a developmental shift in their "way of being" with them. For those trainees operating from an earlier stage of development, humbling moments instigated a shift in their focus from themselves to the client, whereas for trainees in more advanced stages, it opened up awareness of and a desire to explore cultural opportunities. Given the potential of humbling moments to instigate developmental shifts, but the higher stakes involved with real clients, programs might consider incorporating novel forms of experiential learning outside of client sessions. It is well known that engaging trainees in lower risk, experiential exercises promotes safety and confidence as exercises build in complexity (Jones et al., 2013). Such structured experiences are likely also less threatening than real-world situations (Pedersen, 2004). Further, they may provide opportunities to practice focusing on the client or responding with humility. A new counseling skills training platform, Theravue (n.d.), offers trainees the opportunity to video record practice responses to a range of simulated client videos that vary by difficulty and presenting issue. In particular, client videos that relate to aspects of culture might be a helpful starting point for trainees to both increase the opportunities for such trainees to be humbled, but to also practice responding with humility and noticing cultural opportunities. In support of this recommendation, a recent

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multiple case study found that deliberate practice of the MCO framework using Theravue (n.d.) video vignettes increased observer ratings of trainees' cultural humility and engagement with cultural opportunities after 8 weeks (Agorsor et al., 2022).

Relatedly, in terms of implications for program curricula, research has suggested that breaking down aspects of therapeutic processes to make them a more explicit—rather than an implicit—part of training may be a more effective way to help trainees understand the therapeutic rationale and to improve in those areas through practice (Eubanks-Carter et al., 2015; Wu, 2019). For example, Wu (2019) recommended that graduate programs teach trainees about the impact of therapist responsiveness in their coursework and then provide opportunities for trainees to practice responsiveness. In a similar vein, it could be helpful for trainees to learn about the MCO framework in their foundational techniques or practicum classes, as well as about the tangible and empirically supported benefits of approaching clients with humility and engaging with cultural opportunities. This may encourage trainees to focus less on self-presentational concerns, of being an "expert" and help them refocus their energy on being with their clients.

Clinical Supervision

Alongside the outside supports identified in finding four, supervision emerged as an important source of modeling and meaning-making for participants around their experiences of being humbled. Participants in the present study who felt well-supported by their supervisors in their multicultural development reported feeling better equipped to respond therapeutically to clients in the moments after being humbled, as well as to

make-meaning of the experience in such a way that deepened their work with clients. The results of this study corroborate preliminary research about what trainees find most helpful and hindering in multicultural supervision (i.e., *who* a supervisor is and *how* trainees experienced their supervisor's presence; Wilcox et al., In Press). For example, Wilcox et al.'s (In Press) qualitative examination of MCO in clinical supervision found that supervisors' modeling engagement in their own development, comfortably attending to or creating cultural opportunities, and demonstrating openness and self-awareness, were identified as most helpful in supervision. Indeed, supervisors who are willing to consider their own positionality to examine potential blind spots and biases towards clients may encourage supervisees to do the same (Patallo, 2019). Together, participant insights from the current study alongside the findings of prior studies, suggest that supervisors should seek to model cultural humility and cultural comfort, and attend to rather than avoid or foreclose on cultural conversations in supervision.

Considerations for Trainees

Watkins et al. (2020) contend that "culture is inescapably in the room during every psychotherapy session." While the present study's results support this contention, some participants lacked awareness of cultural dynamics between themselves and their client, or those aspects were less immediately salient. Nevertheless, as discussed in the second finding, participants in the current study were humbled by a wide range of client identities. A common theme among the participants was that they did not share the identities of their client that related to their experience of being humbled. Most participants rated the identities that were most relevant to their experience of being

humbled as being less salient to them, but these identities provided them with greater power and privilege than other, more salient, identities. Further, a few participants chose not to include identities "as most central to who they are" that were clearly relevant to their worldview and experience of being humbled (e.g., being of high SES), or that were divergent from their perceptions of themselves, but likely relevant to their client's perceptions of them (e.g., presenting as a White male, but identifying as a mixed race, gender non-binary individual).

These findings have several implications for training and trainees. First and foremost, this study supports trainees' committing to a lifelong process of understanding themselves in relation to clients across multiple and intersecting dimensions, and being encouraged in this endeavor by their programs and in supervision. Within that, trainees may wish to pay special attention to their own identities that are less salient but that have more power and privilege in the therapy room, and to consider which of their identities might be assumed or be most salient and visible to their clients. Further, while multicultural exercises, such as the sociocultural wheel and the powerlines exercise (see Appendix B) used in the current study, can be useful for getting a baseline of a trainees' perceptions of themselves, ongoing self-reflection and humbling experiences may bring greater awareness to blind spots and identities that are less often acknowledged or studied, not to mention a greater awareness of the unique cultural experiences of their clients.

Moreover, these findings indicate that it is not sufficient to have an awareness of cultural dynamics or to feel comfortable engaging in multicultural conversations; rather,

these conversations are co-created and must place the focus on the client's experience. As discussed above, training experiences within clinical and counseling psychology doctoral programs vary, as does the quality and focus of supervision. The results of this study reveal the importance, and in some cases the necessity, of trainees seeking out their own spaces, relationships, and cultural experiences to continue to better understand themselves, and others, and themselves in relation to others. Individuals who have had exposure to diverse identities, as well as those who are more "colorblind" in their attitudes, would benefit from continuing to explore diverse identities throughout their training and beyond. For examples and suggestions, Hook et al., (2016) presented a variety of exercises for increasing comfort with cultural differences through cultural learning and exploration.

Limitations and Future Directions

There are at least six potential limitations concerning the results of this study. First, given that this was a qualitative study with a relatively small sample size of seven participants, the results are not meant to generalize to the broader population of clinical and counseling psychology doctoral students. Second, the author of this study interviewed the participants, transcribed the interviews, and coded the data. Then, a second individual, the external auditor, reviewed the data and analysis, and provided feedback. The external auditor served the purpose of "ensuring that the account produced is a credible one, not that it is the only credible one" (Smith et al., 2009, p. 183). Consequently, including an external auditor in the study was not the same has having inter-rater reliability between two or more individuals who coded the data independently.

Third, given that participants opted into this study, potential participant selection effects may have occurred. For example, the participants in this sample might have been more willing to reflect on their experiences or have more of an inclination towards being humbled in client sessions than typical trainees. Fourth, the participant sample was reflective of the student demographics of many clinical and counseling psychology doctoral programs and included participants from diverse backgrounds, who each held a combination of marginalized and privileged identities. However, recruiting a more homogeneous sample (e.g., all white, straight, cismen or all white, straight, ciswomen of a similar developmental level) may have facilitated a more in-depth analysis of similarities and differences to make a clearer theoretical statement about the developmental impact of being humbled by clients across participants who hold more privileged identities (i.e., with the intent to improve these trainees' psychotherapy processes and outcomes with clients who hold traditionally marginalized identities).

A fifth limitation concerns the retrospective nature of the study, which may have impacted participants' ability to fully and accurately recall relevant information specific to their experiences of being humbled. Future studies might consider approaching the research questions longitudinally by checking in with participants a few times during their first and second practicums to determine whether they experienced being humbled in session and to gather information about such experiences in real time. Such methods may shed further light on the timing, as well as the supportive or suppressing characteristics and conditions that contribute to trainees' multicultural development.

Finally, although this study was able to capture the in-depth, subjective experiences of several participants, it could be useful to view tape or to read transcripts of participants' humbling moments in client sessions to evaluate how a focus on the self, a focus on the client, and whether humility was displayed, impacted clinical processes in session from the perspective of an outside observer. For example, it could be that some participants reported feeling fully present and focused on their client, but that they came across as distracted, or that participants reported feeling defensive or anxious, but came across displaying humility and a sense of ease. Future studies might also include a measure to investigate clients' perceptions of their therapists' cultural humility and therapy outcomes, which might provide a more balanced and holistic view of participants' "way of being" with their clients.

Researcher Reflexivity

As described in my intellectual autobiography and in the methods section, coming into this study I was aware of a few biases that influenced my assumptions about the characteristics and experiences that might increase trainees' cultural humility. Some of my assumptions are supported by extant research about the differential impact of affective versus cognitive experiences, as well as research concerning constructs related to humility, such as ethnocultural empathy (Wang, 2003) and clinical wisdom (Levitt & Piazza-Bonin, 2017). Nevertheless, as the sole interviewer, transcriber, and primary coder in this study, my intention was to both acknowledge and to minimize the impact of any biases that arose during this process. Accordingly, I recorded my assumptions about each participant before starting their interview and my impressions of them after the interview.

Further, my intent in collecting, analyzing and presenting the data was to faithfully represent participants' experiences of being humbled. To that end, I asked each of the participants the same core questions and I met with them a second time to explore whether my understanding of their experience of being humbled aligned with their own. In addition, as part of my process, I included an external auditor who reviewed my impressions and provided feedback.

In reflecting on my research process, my fourth interview stands out as the one that made me reflect the most on the potential impact of my biases related to young, White, wealthy trainees (e.g., I sometimes view them as naïve and lacking a deeper-level and/or personal awareness of oppressive sociopolitical forces). As I did with every interview in this study, I recorded my assumptions about my fourth participant and then started the interview. However, midway through the interview I realized that I had confused the current participant, Roselyn, with another participant, Natalia, who I had yet to interview. Roselyn and Natalia share some similarities, such as being in their mid-20s, coming from wealthy backgrounds, and identifying as bisexual ciswomen. However, they also have salient differences, namely, Roselyn identifies as White and Natalia identifies as mixed-race.

Once I realized that I had confused the two participants, I wondered whether I had approached Roselyn's interview any differently than I would have had I known that she identified as White. For example, I was aware of research that suggests that women's experiences with discrimination and prejudice predisposes them to greater ethnocultural empathy (Wang, 2003), as well as fewer colorblind attitudes (Spainerman, Poteat, Beer,

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& Armstrong, 2006). At the same time, research has also shown that individuals, including women, who are less aware of their White identity exhibit more racism and might be less aware of cultural considerations relative to peers of color (Pope-Davis & Ottava, 1994; Wang et al., 2003). In light of this research and my biases, I wondered if believing Roselyn identified as mixed-race made me more curious and open to exploring her hesitancies around discussing race with her client than I would have had I known she identified as White. That is, whether believing she identified as mixed-race made me want to understand more about what made conversations about race difficult for her, specifically, rather than assuming that her discomfort related to her being White or having a lower level of White identity development.

I cannot know for sure how my preconceptions may have influenced Roselyn's interview or the information that she provided. Nonetheless, in examining my interviews with other White participants, who I interviewed before Roselyn, my auditor did not note any differences in the way I treated those participants. In terms of similarities, I also asked those participants follow-up questions and displayed curiosity about their experiences in conversations that touched on race with their clients. Further, in my subsequent interview with Natalia we explored racial and power dynamics that surfaced with her first client, such as Natalia presenting as White and her acknowledgement that she displayed a low level of awareness of her privileges before starting her doctoral program. In any case, as with all of my participants, Roselyn had many insights into the decisions that she made with her client and the developmental impact of being humbled by him that I sought to capture in my results section.

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Conclusion

The central contribution of this study was to establish the phenomenon of being humbled in psychotherapy sessions as a precipitant to trainees' professional development. The findings suggest that experiences of being humbled instigated shifts away from a "way of doing" therapy and participants' focusing on themselves, to participants' developing a "way of being" with clients and focusing on clients' unique experiences. The developmental impact of being humbled by a client revealed shared and divergent characteristics across participants' cases. Those participants who were initially focused on themselves, found that the experience of being humbled shifted their focus to their client and, with outside support, provided opportunities to engage clients with cultural humility and to better understand cultural opportunities. Those participants who were already focused on their client and were engaging them with humility, found that humbling moments invited engagement with cultural opportunities, as well as a deeper understanding and a visceral level of awareness of themselves in relation to their clients (e.g., related to impact, visibility, stigma, or intersection of identities).

The findings of this study support considering the pillars of the MCO framework in all levels of training, from the perspectives of clinical and counseling psychology doctoral programs, supervisors, and in trainees' psychotherapy sessions. This modeling approach would likely benefit trainees' ability to therapeutically respond to moments of being humbled, and to make-meaning of their experiences to deepen their work with clients. Further, finding ways to support trainees in learning how to approach clients with humility and helping them to explore their identities (particularly those that are least

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salient), in relation to their clients, would likely strength trainees' awareness of

engagement with cultural opportunities.

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APPENDICES

Appendix A: Email to APA Division Listservs

Dear [Listserv Coordinator or Training Director]:

My name is Mackenzie Jessen and I am a PhD student in Counseling Psychology at the University of Denver. I am seeking participants for my dissertation which is a qualitative study aimed at understanding the experience of being culturally humbled by clients during doctoral-level training. I writing to ask if you could share my participation request with [the Division ## or your program's] listserv. I am seeking students who are (a) currently enrolled in an APA-accredited clinical or counseling psychology doctoral program, (b) have completed at least two practicums, and (c) self-identify as being humbled by a cultural dynamic during at least one client in session.

For those qualified and interested in taking part in this study, I am requesting that they follow the Qualtrics link, below, that will enable me to collect further demographic and contact information for me to follow up with participants individually. Involvement in the study will include Zoom interviews in which the participant will describe their experiences of being humbled in session, as well as discussing personal characteristics that may have contributed to their experience of being humbled.

Please do not hesitate to contact me with any questions. I can be reached at [email address].

For those interested in my study, please follow this link: [Qualtrics link]

Best,
Mackenzie Jessen

Appendix B: Screening Survey for Participant Selection

Thank you for your interest in participating in this study, which aims to explore doctoral psychology trainee experiences of being humbled in session by clients.

This study is being conducted by Mackenzie Jessen, a PhD student at the University of Denver for her dissertation research. If you have any questions about the study, Mackenzie can be reached at [email address].

Completing this Qualtrics survey is the first step to determine if you meet the criteria for participating in the full study. The survey will take approximately 5 minutes to complete and will involve responding to a few questions about yourself and your experience as a doctoral trainee.

Participation in this survey is voluntary and the risks associated with completing it are minimal. If, however, you experience discomfort you may discontinue your participation at any time. It is your right to choose not to answer any questions that may make you feel uncomfortable.

Respondents who meet certain selection criteria will be contacted at the email address provided in the survey with further information and details about participation in the full study.

Name:

Email address:

Have you had the experience of being culturally humbled in session by a client?

Was this experience within the last year?

Are you currently enrolled in an APA-accredited doctoral program?

Is your program clinical or counseling psychology?

What degree will you have when you graduate (PhD, PsyD or EdD)?

Have you completed at least two practicums?

How many practicums have you completed, in total?

Did you complete a master's level practicum before beginning your doctoral program?

Did you enter your program with a master's degree?

Directions: *There are several different aspects of one's cultural background that may be important to a person, including (but not limited to) race, ethnicity, nationality, gender, age, sexual orientation, religion, disability, socioeconomic status, and size. Some things may be more central or important to one's identity as a person, whereas other things may be less central or important.*

Please identity the aspect of your cultural identity that is more central or important to you:

_____

How important is this aspect of your cultural background?

Not at all important		Somewhat important		Very important
1	2	3	4	5

If there is a 2nd aspect of your cultural background that is important to you, please list it:

_____

How important is this aspect of your cultural background?

| Not at all important		Somewhat important		Very important
1	2	3	4	5

If there is a 3rd aspect of your cultural background that is important to you, please list it:

_____

How important is this aspect of your cultural background?

| Not at all important		Somewhat important		Very important
1	2	3	4	5

Adapted from "Cultural Humility: Measuring Openness to Culturally Diverse Clients," by J. N. Hook, D. E. Davis, J. Owen, E. L. Worthington, Jr., and S. O. Utsey, 2013, *Journal of Counseling Psychology, 60*, p. 366. Copyright 2013 by the American Psychological Association.

Directions: *Think of the wheel, below, as a cultural picture of your life. The center represents the essence of who you are. The six blank circles surrounding the center represent various aspects of your cultural identity. Take some time to think about the aspects of your cultural identity that are important to you. These are the cultural identities that describe who you are. Write one part of your cultural identity in each circle. Now, consider the relationships and connections between your cultural identities and your experiences of privilege, power, and oppression, as well as how your cultural identities intersect and work together to create your cultural self.*
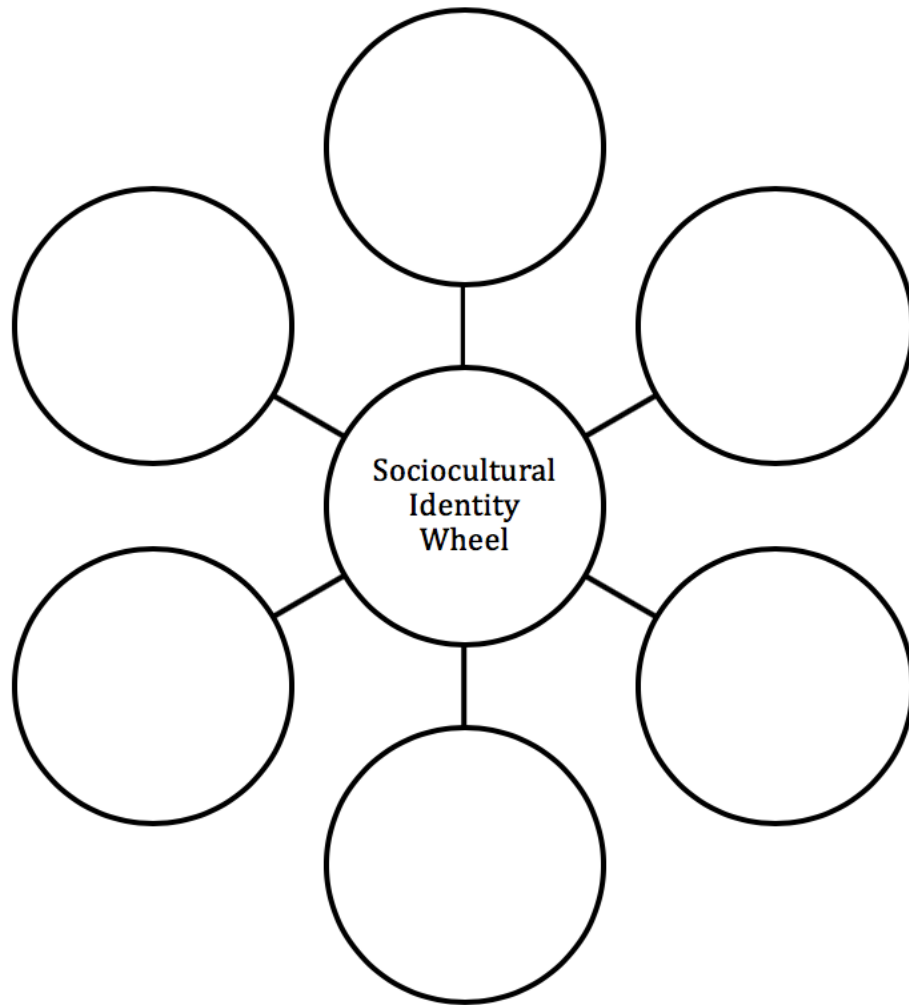

Sociocultural identity wheel. From Handbook of Multicultural Counseling Competencies (p. 14), by J.A.E. Cornish, B.A. Schreier, L.I. Nadkarni, L.M. Metzger, and E.R. Rodolfa (Eds.), 2010, Hoboken, NJ: John Wiley & Sons. Copyright 2010 by John Wiley & Sons.

Directions: *Pick six aspects of your cultural identity—they could be the six identities you chose for your sociocultural identity wheel—and write each of those identities in a rectangle. Then reflect about whether each particular identity affords you a high, medium, or low amount of power and privilege. Make a mark on the "powerline" that connects the rectangles to the larger "power oval." If the identity affords you a lot of power make a mark near close to the power oval. If it affords you a medium amount make a mark near the middle and if it affords you a low amount mark it closer to the rectangle.*
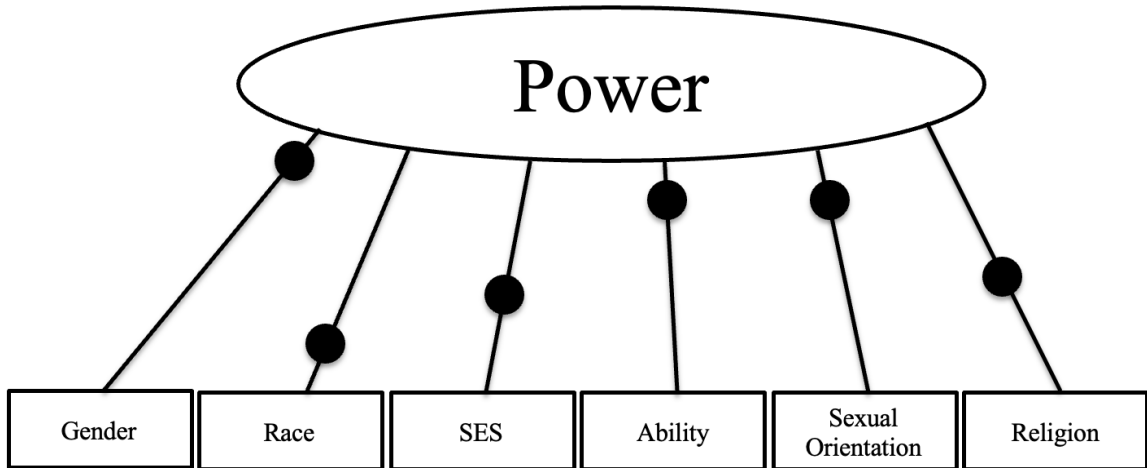
Power Lines (example)
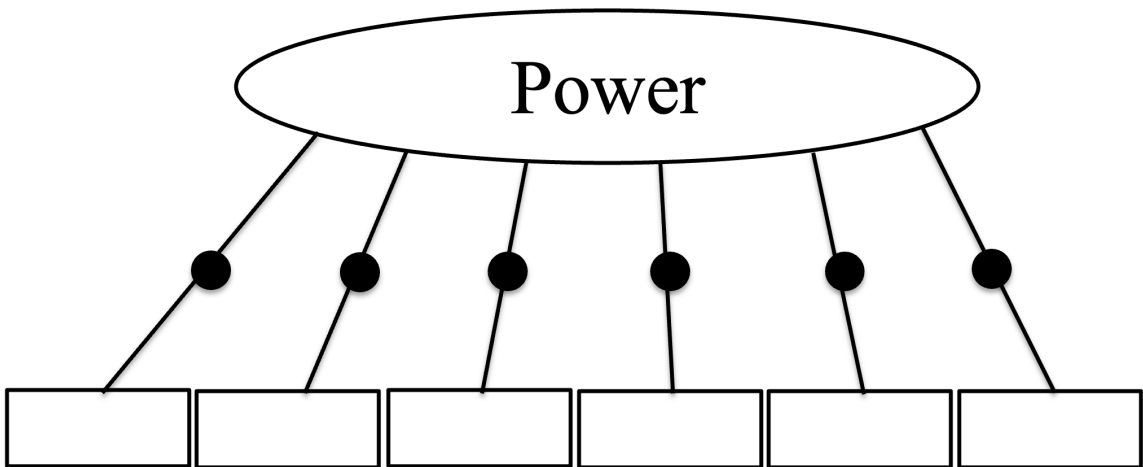
Power Lines. From "Cultural Humility: Engaging Diverse Identities," by J. N. Hook, D. E. Davis, J. Owen, and C. DeBlaere, 2013, p. 56. Copyright 2017 by the American Psychological Association.

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Appendix C: Email Prior to Interviews

Dear [First Name],
Thank you for agreeing to participate in my study! We are scheduled to meet via Zoom
tomorrow at [Time]! In preparation for the interview and to make sure things go as
smoothly as possible, please confirm the following three things: (1) connection to quality
internet preferably via a computer or another suitable device such as a tablet (2) working
speakers, microphone and camera (a headset might provide more privacy during the
conversation), (3) establish a private, quiet place you can be interviewed to lessen the
possibility of disruptions.

Here is the password protected link we will be using via Zoom: [link] and the password
[password].

Thanks again! Please reach out with any questions or concerns.

Best,
Mackenzie

Appendix D: Interview 1 Schedule

Interview Introduction:
Thank you for agreeing to let me interview you today. I received your email expressing your consent to participate in this interview. To protect your confidentiality, I printed a copy for my records and deleted the email from you. Before we get started, I want to remind you of a few things: (1) this interview is going to take about 90 minutes, (2) your participation is voluntary, so you can leave at any time and choose not to participate, and (3) I will be taping today's discussion so that I can listen to it again and transcribe it for my analysis. The interview will be recorded locally on my computer and I will delete it once I have finished my analysis. Finally, I plan to take some notes as we talk, but please let me know if it is distracting. My intention for this interview is for you to feel as comfortable and attended to as possible.

Research question: What are the main experiential features of being humbled in session?

"What have you experienced in terms of the phenomenon?" and "What contexts or situations have typically influenced or affected your experiences of the phenomenon?"

Questions	Rationale

Category 1: Warm-up Questions
I'd like to start out by hearing a little bit about you and your journey to becoming a psychologist.
  1. What drew you to becoming a psychologist? (could get at whether they consider themselves to be naturally curious)
  2. What opportunities have you had in the past to consider the cultural experiences of others?
	Make the participant feel comfortable and gather and/or clarify background information

Category 1: Experience of Phenomenon
I'd like to start out by understanding a little bit about your experience of being humbled in session. This first set of questions will help me learn more about this experience, as well as your thoughts and feeling about it.
  3. Tell me about a time when you felt humbled in session. What about the experience humbled you?
  4. How did you respond in the moment?
  5. How did you feel?
  6. What were you thinking about?
  7. What do you remember being most concerned with at this point in your training?
	Understand the elements of the participant being humbled in session

Category 2: Meaning-Making *Next, I'd like to understand your meaning-making process.*	Explore how the participant makes

8. What did you do and/or find supportive in reflecting on and making meaning of this experience? (*Prompt*: Did you discuss it with fellow classmates? Your supervisor or advisor? Your therapist?) 9. Did this client's situation remind you of anything you had personally experienced? (*Prompt:* Has anything similar come up since then? How did you handle it?)	sense of their own, and likely client's, experiences
<u>Category 3: Trainee Development</u> *Now, I'm going to ask you about your development as a trainee.* 10. How did you experience your humility then and now do you experience it now? (*Prompt:* Can you tell me how you feel when you don't have an immediate answer to a client?) 11. How, if at all, did this experience shift your work with clients? (*Prompt*: Can you tell me about your primary focus when you first started doing therapy? How about now? Can you tell me about your primary growth area(s) at your first practicum? How about now?) 12. How do you or might you feel if a client issue came up like this now? (*Prompt:* Can you give me an example?) 13. How might you respond now to such a client? (*Prompt:* Has anything similar come up since then? How did you handle it?) 14. How would you describe your theoretical orientation?	Explore this experience's implications for training and development
<u>Category 5: Summary and Wrap-Up</u> *As we wrap up our time together, I wanted to make sure to give you some time to share anything else that you would like me to know. In our remaining time together….* 15. Is there anything I haven't asked you that you would like to share? 16. Do you have additional thoughts about a question I asked earlier that you would like to revisit? 17. When I go back and transcribe this interview, what are you hoping really stands out to me?	Allow interviewee to highlight important points, clarify previous answers, and/or bring attention to particularly meaningful responses

Thank you so much for your time today! I really appreciate your willingness to share your experiences with me and to be part of my study. As we discussed, I will be contacting you in a couple of weeks to schedule a short follow up interview. If you have any questions before then please feel free to contact me. Thank you again.

Appendix E: Interview 2 Schedule

Interview Introduction:
Thank you for agreeing to let me interview you again today. Before we get started, I want to remind you of a few things: (1) this interview is going to take about 60 minutes, (2) your participation is voluntary, so you can leave at any time and choose not to participate, and (3) I will be taping today's discussion so that I can listen to it again and transcribe it for my analysis. The interview will be recorded locally on my computer and I will delete it once I have finished my analysis. Finally, I plan to take some notes as we talk, but please let me know if it is distracting. My intention for this interview is for you to feel as comfortable and attended to as possible.

Questions	Rationale

Category 1: Impressions for the first interview
Today, I'd discuss some of my observations about how your identities and level of development may relate to your experience of being humbled with this particular client and to get your thoughts… [Describe my impressions]
  1. What do you think about my impressions of your experience?
  2. What aspects feel aligned with your own experience?
  3. What aspects might you change?
	Check my impressions of the participant's experience of being humbled in session, as well as any connection it may have to their and their client's identities

Category 2: Salient Identities
Now, I'd like to transition into talking about your personal identities and how you see yourself.
  4. What aspects of your identity to feel most connected to this client?
  5. What aspects of your identity felt most disconnected from this client?
	Explore identities that may relate to trainees' personal perceptions of privilege and oppression, and how they respond to clients' identities

Category 3: Summary and Wrap-Up
As we wrap up our last interview, I wanted to check in again and to give you some time to share anything else that you would like me to know.
  6. Is there anything I haven't asked you that you would like to share?
  7. Do you have additional thoughts about a question I asked earlier that you would like to revisit?
  8. When I go back and transcribe this interview, what are you hoping really stands out to me?
	Allow interviewee to highlight important points, clarify previous answers, and/or bring attention to particularly meaningful responses

Table 1: Interview Structure

	Interview 1	Interview 2
Topics	Discussed experience of phenomenon, meaning-making, trainee development, and salient identities	Discussed initial connections between the participant's experience of being humbled in session, their perceived developmental level, their salient identities, and their client's identities
Purpose	To understand the elements of participant being humbled in session, explore how participant makes sense of their own (and likely their client's experiences), explore this experience's implications for training and development, explore identities that may relate to trainees' personal perceptions of privilege and oppression, and how they respond to client identities	To gather information that I missed in the first interview and to explore whether the connections I am making ring true to the participant
Focus	Research questions #1, #2, and #3	Research question #3

Table 2

Perceived Salience and Amount of Power and Privilege Afforded by Participants' Self-Identified Most Central Aspects of Their Cultural Backgrounds

Participant Alias[a] (Age group)	Identity 1	Identity 2	Identity 3	Identity 4	Identity 5	Identity 6
Roselyn (20-25)	White	Female	Cis-(gendered)	Bisexual	High SES	Ability
Salience[b]	3	4	3	3	4	4
Power[c]	5	2	5	4	5	3
Elliot (25-30)	White	Cis-male	Nationality	Ability	Academic Identity	Atheist
Salience	4	4	5	4	4	3
Power	5	5	5	4	5	5
Luis (25-30)	Puerto Rican	Hispanic	Mixed Race	Queer	Low SES	Military Family
Salience	5	2	5	5	3	1
Power	2	1	2	1	1	3
Katherine (30-35)	White	Woman	Southern	Bisexual	Working Class	Irish
Salience	4	5	4	5	5	4
Power	5	3	3	3	3	4
Peng (20-25)	East Asian	Survivor	Intl Student	Woman	Taiwanese	Body Size
Salience	5	5	5	4	5	3
Power	2	1	1	2	1	4
Leah (25-30)	Jewish	Cis woman	Age	Upbringing	High SES	Nationality
Salience	5	5	4	3	3	4
Power	2	2	2	5	5	3
Natalia (25-30)	Biracial	Bisexual	Woman	Feminist	Spiritual	Occupation
Salience	5	5	5	5	4	4
Power	3	2	3	2	3	5

[a] All names are pseudonyms to protect anonymity
[b] Salience ranged from 1 (*not at all important*) to 5 (*very important*) to the participant's identity as a person
[c] Power and Privilege ranged from affording the participant a 1 (*low amount*) to a 5 (*high amount*)

Table 3

Description of Superordinate Themes Across Participant Experiences of Being Humbled

Superordinate Theme	Description
Focus on Self	Participants described making assumptions about their role in therapy, or their clients' experiences, which resulted in the participants focusing on themselves rather than their clients. This stance lacked humility, as well as an openness to fully explore clients' experiences.
Shifting Focus to Other	Participants described the experience of being humbled as prompting an awareness of their assumptions and shifting their focus to their clients.
Displayed Humility	Participants reflected an in-session awareness of their limitations to understanding their clients' cultural background and experience.
Awareness of Cultural Opportunities	Participants described the experience of being humbled as contributing to their expanding awareness of themselves in relation to their clients and a desire to openly explore clients' unique experiences (i.e., cultural opportunities).
Focus on Other	Participants described managing self-focused emotions, and assumptions about their clients, by approaching their clients with openness and humility.
Self/Other Integration	Participants described approaching their clients with openness, as well as non-judgement of themselves and their clients. This way of being was centered in cultural humility, cultural comfort, and a desire to explore clients' unique experiences (i.e., cultural opportunities).

Table 4

Superordinate Themes Across Participant Experiences of Being Humbled

Superordinate Theme	Roselyn	Elliot	Luis	Katherine	Peng	Leah	Raquel
Focus on Self	X	X	X	X			
Shifting Focus to Other		X	X	X	X		
Displayed Humility		X	X	X	X	X	X
Awareness of Cultural Opportunities			X	X	X	X	X
Focus on Other			X	X	X	X	X
Self/Other Integration							X