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Privilege Awareness for Couple and Family Therapists: A Model for Training and Supervision

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Abstract

The purpose of this paper is to propose a privilege awareness model. This model considers multiple identities of privilege, and answers the following questions: (1) How do supervisors guide clinicians through privilege awareness raising? (2) What role do supervisors play as clinical trainees experience discomfort from this process? And (3) how can clinical faculty and supervisors facilitate privilege awareness with some level of consistency? This model has been adapted from the framework of multicultural education (Ortiz & Rhoads, 2011). The model provides a guide for therapists who may find it difficult to challenge dominant cultural narratives in themselves and in society—narratives perpetuated by cultures of privilege. Research suggests the privilege awareness process influences the therapeutic approach for clinicians in ways that increase multicultural competency in positive ways. This model can aid in the facilitation of that awareness raising.

Keywords: privilege, couple and family therapy, theory, clinical training, supervision

Privilege is here defined as greater access to unearned resources, largely due to certain identities being deemed more superior than others by dominant groups in society (Black & Stone, 2005). Educators and clinical scholars have found that the process of privilege awareness leaves people feeling a large range of emotions, including defensiveness, empathy, sadness, shame, compassion, and feeling personally attacked (Bridges et al., 2022a, Boatright-Horowitz, Marraccini, & Harps-Logan, 2012; DiAngelo, 2019). Educators and clinical scholars find that as awareness of privilege increases, negative biases and stereotypes about marginalized groups are reduced (Bridges et al., 2022b; Case, 2013; Nunn & Bolt, 2015).

Research indicates that clinicians who are more aware of the privilege they hold may be more likely to assess the impacts of marginalization for minority clients, and monitor their own language for microaggressions (Case, 2015; Chan, Cor & Band, 2018; Bridges et al., 2022b; Davis, 2014). When therapists are unaware of privileges they hold, they may be more likely to avoid conversations about identity, less likely to discuss and consider the influence of discrimination for

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for clients, and more likely to hold stereotypes (Case, 2015).

The purpose of this paper is to propose a privilege awareness model (PAM), which considers multiple identities of privilege, and answers the following questions: (1) How do supervisors guide clinicians through privilege awareness raising? (2) What role do supervisors play as clinical trainees experience discomfort from this process? And (3) how can clinical faculty and supervisors facilitate privilege awareness with some level of consistency?

Privilege Awareness

While privilege highlights the unearned advantages that come with certain social identities (McIntosh, 1988), we understand oppression as discrimination and lack of access to resources. Intersectionality takes a closer look at overlapping oppressed identities. The model here proposed focuses on privilege, and thus does not rely on intersectionality as a theoretical lens. The purpose of this is to not misrepresent the origins of intersectionality, which specifically centered women of color (Crenshaw, 1989).

Privilege Awareness for the Therapist

Drawing from literature in education and counseling fields, some consistent themes emerge about the privilege awareness process (Bridges et al., 2022a; Bridges et al., 2022b; DiAngelo, 2019; Combs, 2019; McGeorge & Carlson, 2011).

Growing awareness of privilege can lead to feelings of guilt, shame, denial, and avoidance (Boatright-Horowitz et al., 2012; Bridges et al., 2022a). Moreover, in counselor training, Walls and colleagues (2009) discovered that when therapists in training were exposed to material on heterosexual privilege and encouraged to complete exercises, this resulted in several reactions. It was not uncommon for students to feel anger and shame increase as awareness grew (Walls et al., 2009).

McGeorge and Carlson (2010) found that students relied on critical reflection to process their own positionality. Additionally, Bridges and colleagues (2022a) found that it was important for therapists to organize previous experiences or mistakes, including microaggressions or periods of ignorance. Experiences of oppression also acted as a catalyst to privilege awareness. Therapists holding marginalized identities described experiences of oppression that sensitized them early in life to the larger societal structures of power, privilege, and oppression (Bridges et al., 2022a).

Some scholars have recognized the crucial role of relational safety in clinical training around issues related to power, privilege, and oppression (Hernández & McDowell, 2010). Similarly, Bridges and colleagues (2022a) found that close relationships were one of the most positive influences for privilege awareness in therapists.

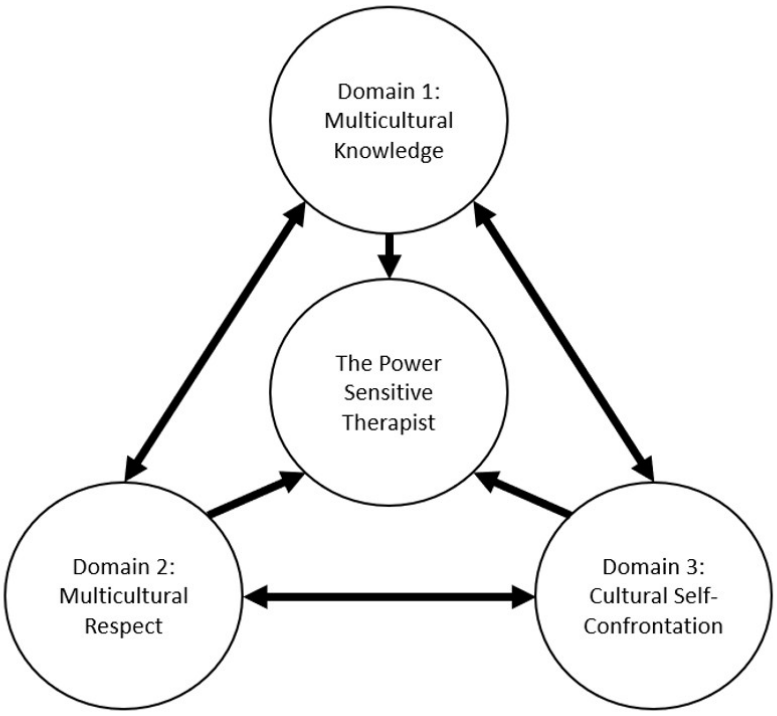
Privilege Awareness and the Clinical Process

When clinicians acknowledge privileges they hold, they may be more likely to assess the impacts of marginalization experienced by minority clients, monitor their selves for microaggressions, and adjust treatment to fit the unique needs of minority clients (Bridges, 2022b; Case, 2015; Chan et al. 2018). Awareness can also lead to creating a safer space for clients by demonstrating a warmer, more curious, and inviting stance (Bridges, 2022b). Therapists also credit their own privilege awareness to making policy and procedural changes in their clinical practices, including providing pro-bono work, and adjusting therapeutic contracts to represent diverse identities and family formations (Bridges, 2022b).

Privilege Awareness Model Theoretical Construction

The PAM (See Figure 1) here proposed, has been adapted from Ortiz and Rhoads' (2011) framework of multicultural education. The model provides a guide for therapists who may find it difficult to challenge dominant cultural narratives in them and in society—narratives perpetuated by cultures of privilege, including but not limited to the cultures of race/whiteness, patriarchy, heteronormativity, cisnormativity, monogamy, colonization, citizenship, English speaking/language, religious affiliation, being able-bodied, classism and capitalism. Before engaging supervisees or students in the process of privilege awareness, it is important to first consider the self-work required for this kind of clinical development.

Figure 1: Privilege Awareness Model



Supervision Working Alliance

The PAM encourages the supervisor or the instructor to develop awareness of their own social identities and understand how these identities influence their instructor, clinical, and/or supervisory roles (Aponte & Kissil, 2016). Adapted from the working alliance between therapist and client, Bordin (1983) proposed a very similar framework for the alliance between supervisor and supervisee, including 3 main components: (1) the bond between supervisor and supervisee, (2) agreed upon goals that guide supervision, and (3) tasks that are collaboratively established to reach those goals.

Incorporating privilege awareness in supervision requires relational safety (Hernández & McDowell, 2010). Developing a safe relationship within supervision can increase the likelihood that supervisees will engage in reflective practice, self-confront their own privileged identities, and self-confront the influence of these identities in their clinical practice.

As the one in the evaluative role, the supervisor has responsibility for making sure that goals, tasks, and overall expectations of the supervisory processes are clear. A privilege aware approach can sensitize the instructor or supervisor to power differentials existing between the supervisor and supervisee, especially when they hold a set of diverse social identities related to privilege and oppression (Hernández & McDowell , 2010). The degree to which this power differential is made transparent by the supervisor can act as a modeling intervention of self-confrontation and intentionality in clinical practice.

The Privilege Awareness Model

As supervisors and faculty engage in their own self work and as the alliance in supervision grows, the supervisory environment allows for self-confrontation. Facilitating privilege awareness relies on supervisees building a sense of awareness of culture in their environment, in themselves, and the dynamic relationship between the two.

Domain 1

Multicultural knowledge. This domain encourages couple and family therapists (CFT) to develop a systemic understanding of culture that considers groups, resources, and societal narratives as interconnected and dynamic. CFTs move from seeing culture as created by society to an understanding that they both influence culture and are influenced by it. Activities in this step can include learning about culture from an academic perspective, identifying culture in their own life, and observing it in the lives of others. This domain can be accomplished through several activities in formal and informal educational settings (assignments, readings, guest speakers, attending cultural events, and engaging in social media in more intentional ways).

Domain 2

Multicultural Respect. This domain encourages CFTs to move past the belief of one common culture, and advance in their understanding to acknowledge the existence of many cultures with equal value (Ortiz & Rhoads, 2011). This requires making space for different culturally informed beliefs, values, and paradigms. This can be accomplished in class, clinical and supervision settings. Assignments that ask students to attempt to step into the felt and lived experience of others can help build this kind of respect. Supervisors can also ask supervisees to consider the lived experiences of their clients and make explicit connections between presenting problems, systemic barriers to well-being, and resources of resilience within cultural identities.

Domain 3

Cultural Self-Confrontation. This domain encourages CFTs to develop an understanding of how privileged cultures are universalized as the norm in society, and that CFTs have the choice to invest or divest from them. The goal in this domain is to help students and supervisees understand that culture is something we all have, and some cultural values are believed to be superior or inferior in society based on historically perpetuated structures of inequality (Ortiz & Rhoads, 2011). This step can best be addressed in classes that emphasize multicultural competency and humility, but can also be addressed with assigned literature, supplemental reading, and conversations with others who have been disenfranchised or who have acknowledged their own privilege.

The Power Sensitive Therapist

Developing a power-sensitive clinical identity is placed at the center of the privilege awareness model. The main goal of the PAM is for CFTs to better understand the ways power, privilege, and oppression organize the experiences and access to resources for individuals, families, and communities. The power sensitive therapist allows their professional role to be directly influenced by their growing understanding and awareness of power, privilege, and oppression they become aware of in their personal life. Domains 1, 2, and 3 directly contribute to becoming a power sensitive therapist and can be developed by continuing education, like resources emphasizing queer-informed, anti-racist, and trauma-informed approaches. This development can also occur by expanding the professional role to address larger structural changes in the community, field, and society that help to remove barriers to well-being for communities and groups who have historically experienced marginalization.

Autoethnographic Application

Positionality (James Bridges, he/they)

As an individual holding mostly privileged identities, the process of privilege awareness takes on personal significance for me in my personal life and in my professional role as a clinician. I identify as a white, masculine-presenting, gender queer, polyamorous, academically educated, able-bodied, English speaking US citizen of colonizing-settler ancestry.

Model Application (James Bridges, he/they)

Domain 1

As a child and teen I didn't have language for what culture was, how it developed, and what role I had in the creation of it. I had experiences in childhood, adolescents, and young adulthood that would be considered multicultural experiences. The following are examples that would later influence how I made sense of culture: having a mother who spoke with a French accent, and received her citizenship while I was young; being active members of the Unification Church (or Moonies) until I was 6-7 years old; work trips with my father to New York City; having a best friend who immigrated to the United States from Japan; visiting France and Japan during high school; growing up in a very homogenous, white rural town in the northeast region of the United States; and growing up in a working class home.

My graduate degrees provided me with more cultural exposure through reading, assignments, instructional resources, and clinical training experience. In my master's degree I was introduced to literature that taught me about general characteristics of ethnic groups throughout the United States and the world. I also was introduced to clients who held identities that I had never had proximity to in childhood and adolescence. During my clinical training in community mental health, I had exposure to people recently incarcerated, individuals who identified as polyamorous, and queer folks of color in queer relationships living in conservative communities. All these experiences were new to me, and this feeling of newness was in large part due to my upbringing in a very homogenous rural town. It wasn't until I was in my clinical training that I could reflectively look back on these experiences and settings and make sense of it through a cultural lens, noting how I was being influenced by culture, and influencing my environment in return.

Domain 2

My default coping mechanism to this cultural existential frustration was to emphasize sameness. This paradigm led me to believe opportunity was shaped by action, rather than how people looked or identified. On the other hand, it was blinding me to the act of minimizing the differences between myself and others, which invalidated the experiences that opportunity is often given based on identity and culture.

Multicultural respect started to grow when I started to see and reflect on injustice and marginalization experienced by others. I understood cultural difference were not only defined by different practices, values, foods, identities, but also included the ways cultural groups have been considered more inferior or superior throughout history. For example, when immigration issues became more publicized in my young adult years, I observed negative stereotypes and false narratives about Arab nations and Central and South Americans. As I learned more about the history of marginalization for these groups, I started feeling empathy for their position, and also felt anger for the unjust ways they continued to be treated with regards to United States' policies on immigration.

Domain 3

A more intentional form of my own privilege awareness started during my graduate education and was facilitated by exposure to diverse populations as a therapist. This is when my belief of being cultureless was challenged the most. I began to see my privilege and what that privilege gave me. Literature, clinical experiences, faculty instruction, self-reflective exercises, and research invited me to confront my culture of whiteness, of masculine presenting privilege, and the culture of my English-speaking US citizen identity. As my own empathy grew for marginalized groups, I was increasingly more willing to reflect on what role I played in the power imbalances I saw in society. I considered how my socialization may have resulted in me holding beliefs that were sexist, homophobic, transphobic, ableist, classist, or xenophobic (to name a few). As an ongoing participant in society and culture, I also realized I would have to continue doing this work throughout my life.

Developing A Power-Sensitive Clinical Identity

My own recognition and deconstruction of privilege gave me the tools to start developing a power-sensitive clinical identity. I noticed that I was initially intimidated by clients who held identities that I had little exposure to. For example, I remember feeling anxiety at the thought of seeing an African American, lesbian couple in therapy because I believed I would not be equipped to help them. As power sensitivity increases, I have noticed that any apprehension or anxiety I have about client identities can lead me to a reflective process where I attempt to identify how these feelings are associated with my socialization in cultures of privilege. For me, a power-sensitive clinical identity has meant an increased sensitivity to the social contexts of my clients. I consider more frequently how the presenting issues clients report may be associated with marginalization or some form of disenfranchisement because of the identities they hold. Another result of my own privilege awareness has been increased transparency that I give to clients about the clinical process and the therapeutic relationship I am developing with them.

Positionality (Carmen Gray, she/they)

My awareness of both my privileged and marginalized identities have heavily influenced and shaped who I am as a clinician. I identify as a Black, Queer, able-bodied, masculine-presenting cisgender woman from a southern, Christian, middle-class upbringing. I am also an English-speaking American who has had the privilege of pursuing higher education and earning a graduate degree. As a feminist informed contextual family therapist, recognizing power structures and how they affect me and my clients is essential to understanding my clients' full context, and it gives me the information I need in order to help my clients develop ethical and just intra and interpersonal relationships.

My experience with privilege awareness has shown me that on an individual level, power dynamics shift depending on who is in the room and what identities they carry. Whenever I happen to be the most powerful in a space, my goal is to consider issues of access to avoid othering, and delegate power to those sharing the space with me to close the power differential and make our interactions

more equitable and collaborative when possible. I understand that privilege awareness is a continual process, and I hope to continue growing and broadening my approach as my awareness on this topic expands.

Model Application (Carmen Gray, she/they)

Domain 1

Growing up Black in the South, I became aware of differing cultures based on race and ethnicity quite young. My mother hails from Tuskegee, Alabama, a predominately Black town, home to Tuskegee University, one of the country's most prominent historically Black universities, where her parents met and graduated. Because of this, her Blackness was something that she was taught to love and revere. She and my father passed along that sense of racial pride in me and my brothers by surrounding us in our culture. From the church we attended to the organizations we joined, my parents were intentional about affirming our racial identity by putting us in spaces that were created to center and celebrate Black culture.

However, they also made it a point to educate my siblings and me about the different standards held for us and our white counterparts. The schools I attended as a child had mixed racial demographics including Black, Latino, Asian, and white students, but were largely staffed and led by white teachers and administrators. Because of this power dynamic, my mother made sure I understood that I could not "do everything they [white children] do" at school because my actions would not be given the same benefit of the doubt. Knowing that there were different expectations for me did not make me think white culture was superior or that my own was second-rate. Although, it did make me question what cultural messages white people received about their identity that led to this double standard. I also wondered how other people of color fit into the picture. The power dynamic between Black culture and white culture was always clearly laid out and defined, but there was little discussion about people who did not identify with either of these cultures. Not knowing much about these other cultures pushed me to ask more questions to explore what made them different.

Domain 2

Since I understood that my culture was not the dominant culture in America, and I was constantly exposed to mainstream white society through media and education from an early age, I never really questioned whether other cultures were legitimate. Other cultures simply existed like mine did. I understood what made my culture unique and worth celebrating as a Black person, so I figured this extended to other cultures as well. Plus, as a descendent of the African diaspora I would never deny people from other cultures their traditions to try and get them to conform to mine because I know what it is like to feel as if part of your history, customs, and language is lost due to assimilation.

Domain 3

I did not begin to really understand my privileged identities until I attended college and began meeting people from differing backgrounds. I saw how my class, education, religion, citizen

status, able-bodiedness, and cisgender identities gave me access to things or simply allowed me to avoid feeling othered in certain situations. My first major realizations about my privilege happened with class. While my family was not very wealthy, I was able to be comfortable and not worry about things like school supplies, food, clothes, or any other necessities because I knew I could count on my family to help me when I needed them. In theory, I knew that people struggled more financially than my family did, but I never really occupied the same spaces as people who experienced poverty until college. I met students who were working three jobs to make ends meet, getting emergency food from food banks, and struggling with how to pay rent or their tuition. I saw the stress that they were under and thought about how that affected their performance in class. College was already hard without having to worry about having your basic needs met.

From that point on, I started noticing other issues concerning access. During my undergraduate years, transgender and non-binary rights were becoming more of a national conversation. As a resident assistant working in housing, I saw how transgender students were treated when it came to room assignments which were based on sex and not gender identity. This was especially problematic in the community style residence halls where students could be discriminated against for choosing the bathroom that matched their gender identity. I also became very aware of my able-bodiedness in college because I had a friend who used a wheelchair as his primary means of travel. I did not consider how different it was for him to navigate the world until I saw him take an alternate route to our destination or not go at all because the space was wheelchair inaccessible. Before I became friends with him, I did not think of how exclusionary the world could be when it came to physical spaces and structures or even how temporary the state of able-bodiedness is.

After having these realizations about my privileges, I noticed the recurring theme of access being the issue for all these situations. It made me think about what I could do to address these access inequalities because I saw how much it affected people's quality of life. My sense of empathy was triggered because while I may not have known what it was like to struggle with finances, being misgendered, or mobility issues I knew what it felt like to be excluded because of the other marginalized identities I had. These realizations caused a real shift in my life because I recognized that even though I was only an individual there were things I could do to help balance the scales. I made the choice to actively invest my time and effort to shift the culture by joining political advocacy groups and volunteer organizations that focused on addressing accessibility issues in their many forms. My realizations were also what led to me to choose to become a marriage and family therapist over other mental health fields. I valued the focus that marriage and family therapists (MFT) put on systems in both the family and broader social context which would allow me to address issues of power, privilege, and oppression as a part of the therapeutic process.

Developing A Power-Sensitive Clinical Identity

As I mentioned before, I was drawn to MFT because I wanted to address issues of privilege and oppression in my therapeutic practice, so I sought out a master's program that offered a social

justice-oriented experience. I received my training as an MFT in a rural mountain town in western North Carolina. My clinical internship was at a local community mental health center working with a population that was largely white, heterosexual, less formally educated, and from a lower socioeconomic status. Because I have a mixture of privileged and marginalized identities, my development of a power-sensitive clinical identity was and still is an interesting balancing act.

In my experience at my master's internship, I found that I need to leverage my privileged and marginalized identities differently depending on the identities of my clients when developing a therapeutic relationship. For example, if I have white or male clients who question my authority as the professional in the room based on my race and/or gender, then I must lean into my educational background to address the behavior and even out the power differential. When I am working with clients who are Black or another person of color, I do not have to use my education as a tool to garner respect nearly as often. Usually, I am more concerned with delegating power and making sure that they understand that our relationship is collaborative, so they are comfortable opening-up to me. Regarding accessibility of services, I try to meet each individual clients' needs as best as I can. I recognize that it is my responsibility to remove as many barriers as possible that are within my power, so I adjust things like my language, interventions, cost, and availability to meet my clients where they are.

Training Implications

The model can be utilized in clinical training programs, especially in courses where multicultural competencies and multicultural humility is developed, and in clinical supervision. Faculty and supervisors can assess to what degree students and clinicians have self-confronted their own privileged identities. Additionally, faculty and supervisors should be conscious of the influence marginalization has on clinicians. It is possible that the experience of oppression results in meaning making for privilege that is very different than individuals who have experienced little to no identity-based discrimination.

Conclusion

The model proposed here is based on a small base of clinically focused literature. More research is needed in this area to better understand this developmental process. The argument that this process improves therapeutic outcomes is based on theory and clinician self-report. The PAM model here outlined provides the field of CFT with a map for clinicians, clinical training faculty, and supervisors interested in the work of privilege awareness. Research suggests the privilege awareness process influences the therapeutic approach for clinicians in ways that increase multicultural competency in positive ways. This model aids in the facilitation of that awareness raising and should be as accessible as possible.

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