



Episode 2: How to Practice with Cultural Humility

Transcription

Deja Clement 0:08

So hello and welcome back to another episode of practicing antiracism clinically. For today we are your hosts. I'm Deja Clement.

Gina Erato 0:17

And I'm Gina Erato.

Deja Clement 0:19

And we are so fortunate to be joined today by Dr. Han Ren. Did I pronounce that correctly?

Dr. Ren 0:24

That's right.

Deja Clement 0:26

Dr. Ren is a licensed psychologist and licensed specialist in school psychology and she's currently located in Austin, Texas. If you're always on tik tok, probably just like we are, probably too much - you may have even seen her there. She uses the platform to continue to discuss therapy, social inequities and additional resources for self care.

Dr. Ren, thank you for joining us. And can you tell us a little bit about how people can find you?

Dr. Ren 0:51

Yeah, thank you so much for having me. I am on TikTok and Instagram as Dr. Han Ren - pretty straightforward!

Deja Clement 0:58

So today, we'll be discussing cultural humility more broadly, as well as anti-racism work in clinical settings. And so like, for full transparency, Gina and I are fourth years in our program - a clinical psychology doctoral program. And so we've been doing roughly around three years of clinical training.

So when thinking about the topic of cultural humility, but also cultural competency, and just really integrating culture into therapy, it's something that we've always been interested in, but the field of psychology has so long to go to really understand these concepts, that we're just really wanting to know more about how to engage with cultural humility and anti-racism within the clinical setting, to really set us up to be culturally informed therapists.

Dr. Ren 1:46

Sounds great.

Gina Erato 1:47

And before we go into, like, the actual practice, and like the verb of what that can look like, we just wanted to have you define like, what do you conceptualize as, like cultural humility?

Dr. Ren 2:03

Yeah. I think, um, you know, people have different conceptualizations of it. For me, it's recognizing that I won't know what I don't know. And that there's a lot that I don't know. And just

because I don't know something, doesn't mean that it doesn't exist, or somebody else's lived experiences are going to align with mine. And so having that framework, when viewing culture is approaching every single clinical case as a cultural case, because it doesn't matter if they are, you know, aligned with mainstream majority culture or, you know, more marginalized. Everyone has culture and taking a humble stance to it means that I will never be truly competent when it comes to culture, because I can't know everything about every culture.

And it's being open to learning. It's asking questions, and being aware of what gets triggered within me when you know, clients bring things to me, and then not putting the labor back on them to educate me on their culture. You know, taking a culturally humble stance means when I find out, okay, this is something that I don't know. And now I know that I don't know it, I go and find out the you know, resources or information about it. And I bring it back to my clients and say, like, how does this fit with your lived experience?

It's always taking that stance of mutual respect, collaboration and curiosity when it comes to issues of culture.

Gina Erato 3:31

I love that I love this, like duality to it. Kind of like this overarching idea of like, I don't know what I don't know. And there's staying humble in this idea of we can't know everything. But if we don't know then that's our job. And we need to educate ourselves. It's really important. Yeah.

Deja Clement 3:51

And so, as we're kind of going through, you know, we're talking about this unlearning, and learning and kind of figuring out what we don't know and working with clients.

How do you feel like you integrate cultural humility within your life? So maybe this is just like, every day with friends, family, strangers in the street? I guess? I don't know. But then also within clinical work, I think you kind of touched on it a little bit with clients.

Dr. Ren 4:22

Yeah. Um, so I think there's, you know, there's this like desire to appear more informed or educated than we actually are. So people will say something. And we have kind of like an automatic impulse. We're like, 'Oh, yeah, I know what you're talking about' when like we actually don't. And those are great opportunities to just check ourselves, like actually, can you explain that? Or can you define that? Or, you know, where is a place where I might be able to look more into it? Or I like, make a note of it myself, and like, go Google it later. But you know, in that moment I try to say like, actually, I don't know a lot about that, but I'll find out and not, you know, take this like, hierarchical stance of like, 'Oh, yeah, of course, I know what you're talking about' when I don't, because I don't want to seem stupid, because that generally will set me up to look stupider in the long term. Um, so I mean, I try to incorporate that and you know, all of my interactions with people in life.

And then when it comes to clinical settings, when I do find out information about a person's lived experiences that I'm not really aware of. Now, I will say like, 'Okay, I'm going to look into this, and I'll get back to you, once I do.' And then when I go back to them, I ask, like, 'How does this fit with your experience? What is true for you?' Um, and I think like, you know, ironically, the places where I've made like, my biggest, like, missteps, when it comes to culture, with people with similar backgrounds as me, you know, it's easy to assume, okay, like, we have, you know, similar upbringing, similar culture, and therefore our lived experiences are going to align and then say something that like, is really like 'open mouth, insert foot.' And those are the times

when you know, oh, okay, that's a great reminder, right? That like culture is so nuanced. And so individual, even if we have similar backgrounds, our lived experiences may not be the exact same.

Deja Clement 6:28

Yeah, for sure. I loved so much of that, because I definitely think I've had those similar experiences. Those have been my most challenging clients, when they're of similar backgrounds, I get so excited, I'm like, 'Yes, we're gonna, we're gonna see eye to eye' and then it doesn't work out that way. And I'm like, 'oh, what did I just do?'

I think that's a process that you're really describing, whether it be in the clinical setting, but also, with like, again, just everyday life sounds like really having to be very vulnerable with yourself and with other people of just like, it sucks to admit that we're wrong, or that we don't know something. We don't want to seem dumb, but we also just want to seem smart. And so trying to kind of find balance, and it sounds like a lot of like checking your own emotions, checking your own, like insecurities. In order to really dive into this practice of being, or practicing cultural humility, just more broadly.

Dr. Ren 7:25

Absolutely. And I think like, you know, one's own, like perception of their, like, positionality also comes into play, you know, when I was in grad school, like, I was very aware of power differentials, and like, the need to appear really smart and on top of things, and, you know, that actually made me more hubris sometimes. And, you know, unwilling to acknowledge when I was wrong, or when I was anxious and getting really defensive. And it's, you know, it wasn't until I've just felt a little more comfortable in my own skin, and where I am in life more broadly, that I can be more vulnerable and open about what I don't know, and not have the fear that it'll come back on me somehow.

Deja Clement 8:17

You mentioned the topic of like, positionality. And when you are working with your clients, do you address positionality more directly? Or is it just more so like, this is like an unspoken thing that's happening in the therapy room with like, who you are as this person right now.

Dr. Ren 8:37

Um, I think it really depends on who I'm working with, you know, at this, at this stage, I tend to work with people who have a lot of agency and you know, higher positionality in their lives. And so it doesn't feel like there is as much of a differential, although I do talk about, like, the power differentials with you being the therapist versus the client, and, you know, the the sway that I hold in their lives. And so because of that, you know, oftentimes I like will preface my interpretations with like, 'correct me if I'm wrong,' or 'I could be off base here, but you know,' just to make the, just to emphasize that my clients are the experts in their own lives.

Well, if I'm working with someone who is, you know, in a very different positionality than me, then there can be more efforts to try to like build that rapport and to try to make it safe for them to correct me and to share their differences in opinions or you know what, I get things wrong. And that's also true for like, teens or younger people who tend to not have as much agency in their experiences overall.

Gina Erato 9:58

Yeah, I think that openness to collaboration is so important in building that rapport and also like a component within cultural human humility. And I was also thinking, maybe we could just take like a quick step back, and maybe also define positionality, as well, could be helpful.

Dr. Ren 10:19

So social positionality is the intersectionalities of all of your identities. So for me, I am a cisgendered, woman of Chinese American descent, I am an immigrant, I am financially secure, temporarily able bodied. I am educated, I live in an urban location with access to, you know, healthy, nutritious foods, you know, all of these different factors that impact my access to the world's resources, I live in a wealthy country. I know how to navigate social capital, those are examples of my social positionality.

Gina Erato 11:13

Yeah, thank you so much for sharing that and also hitting on all these different parts of culture that are kind of from the micro to the macro as well, and all these different systems that kind of impact how, as a clinician, we could like view different situations or experiences differently.

Deja Clement 11:32

I know that I've definitely found myself addressing my positionality, maybe more so in research, and every day than in a clinical setting, I don't think I've actually ever done it in a clinical setting. One, I think, before the pandemic, and before virtual teletherapy, it was like, 'Well, you know that I'm Black.' So like, how much more information do I have for you, and we typically, because we're a graduate student therapist, I'll say like, I'm also a graduate student, and I'm a therapist in this situation, or I'm also a researcher, and those types of things. Um, but I really loved how you kind of dived into all the different aspects of your life, like talking about finances, as well as education and disability status, all of those things, I think sometimes people leave out of their positionality concept within their head.

Dr. Ren 12:21

Absolutely. And I would say that, you know, as graduate students, like, it's not doesn't feel quite as safe to be so transparent about your positionality. Because maybe that's something you know, you're not sure how it will be received from your professors. And also, we are trained to be very much blank slates. And, you know, it wasn't even till like, really recently, after several years of independent practice, that after getting comfortable with the visibility of having a social media platform that I've been just even more open about other elements of my positionality of like, 'Hey, I'm a neurodivergent person.' And you know, that's not something I would have ever acknowledged who's like, 'Oh, yeah, I'm working on my own stuff,' just like everyone's working on their own stuff. And I'm like, 'No, like, I have ADHD, and I take medication for it,' you know, and it's like, to be able to be transparent to that degree is, comes with, it requires safety that has to be earned sometimes with just like, knowing where your power differentials lie.

Gina Erato 13:32

Absolutely. And I think this idea of positionality really fits into how like Deja and I and like preparing for this conversation were really talking about like, the process of cultural humility. And that one of the first steps is realizing what your lens on life looks like. And like how your experiences shape how you view the world. And we were even, like, just talking about different verbs like is cultural humility, a practice, a practice something that you can switch on and off and fall out of practice? Or is it more so like a lens and like glasses you put on that once you kind of put them on it shifts your perspective on seeing the world and I think positionality really kind of highlights that how we as clinicians, but also as people in all these different systems view these experiences.

Dr. Ren 14:28

Yeah, absolutely. I think of it as a framework, you know, you do everything through that framework. We're almost like an orientation, like a theoretical orientation.

Gina Erato 14:39

I love that. Like, I think we hadn't thrown out like, orientation, around like with that we're just kind of using like glasses or lens or perspective, but that is definitely like, I think a great conceptualization of just like how you're approaching therapy and just like interpersonal like, everything. Yeah.

Deja Clement 15:03

I'll go kind of like into, I think that leads us into our next question kind of really well of I guess - addressing cultural issues with our clients. And so for this question, I think really trying to provide situational context of the past year was super difficult for everybody for lots of different reasons. And of course, in the context of the previous election, or this past election, as well as the racial injustices that happened throughout this country over this past year, it felt like culture kind of kept coming up for different clinicians within our clinic specifically, but I'm sure clinicians all over the country are really like, do we talk about this? Do we not talk about what's going on?

As well as just really understanding that it looks different for different therapists. So for therapists of color, this is like, do I approach these topics with white clients? If they bring it up, of course, and like how to navigate that, but also, for white therapists? How do I approach these topics with clients of color, and really just wanting to see if you had any perspectives, or even ideas for people of how to approach these topics within those within this clinical setting, when those cultural issues are like really difficult to kind of broach?

Dr. Ren 16:23

Um, I really think of it as you know, you got to name it to tame it, right? You can't talk about issues around culture and positionality without naming your own positionality. And, you know, so it really depends on who I'm talking to. And like, what my client's identities are, if it's a client of color, generally, there's more familiarity, and you know, that comfort of like, Okay, if I bring up culture, it's going to be, for the most part, fairly well received - not always. But I can at least, we can always acknowledge that there are elements of our lived experiences that are different than like, you know, white Americans.

Um, but sometimes, you know, with my white clients, there's a lot of like, guilt and shame around and like, you know, am I putting this on you as, as my therapist, because you're a person of color, you're also going through this? And, you know, and when, when that comes up, like we talk about, like, these feelings of guilt and shame, and what does that mean? And what is my role to you, and then, you know, part of it is reassuring them that like, this is actually a great place to put it, because this is a paid relationship. And so if we can talk about it here, you don't have to talk about it with your friends of color. And also, like, I can share, you know, my experience and learnings, but also caveat that it's like, yeah, I experienced this as an Asian American woman. And that's not going to be your experience as a white woman, or whatever their identities may be.

But I think, starting by naming it, just paves the way to being able to talk about it more openly and freely. And I think another thing that I have adopted too, as a method of self protection, is that if my white clients are not there, they're not ready to talk about it, don't want to talk about it, you know, I will still bring up like, 'Hey, you know, these issues are going on,' especially if

they're talking about like, 'It's not fair with diversity in the workplace, because I'm a white man, I don't get anything.' Right. Like, if they're talking about that like, I'll suss it out with them and see where they are, and, you know, their change process, if they're even, you know, contemplating any sort of different approaches. And if they're not, I save myself the labor; I have, you know, made it okay for me to not put myself into harm's way just because I'm the therapist to try to shift a narrative that they are not open to evolving on yet. But I do plant seeds. I think of it that way. Okay.

Deja Clement 19:11

Yeah, I like that in terms of like planting seeds, and especially also like, naming it to tame it, of course, like, this past year, I think, felt really awkward to not address these things. It's like, we all know that these things are happening. We're all getting the alerts on our phone every two seconds when these things happen. So we can't not talk about it.

But also really trying, it sounds like, just really trying to find that line of meeting your client where they're at. So if they're ready to kind of dive into this topic and really talk about it, and it feels appropriate for the therapeutic setting, then it sounds like yes, you would talk about that. But if they're not, then it's like I'm not going to put myself at harm's way if they're not ready to and like doing that extra labor kind of like you described.

And I think our next question is really kind of trying to like, dive into - or maybe you could speak a little bit more to like, what does, what should this really look like for white therapists? Of course, we talked about, like, addressing your own positionality, and where you're at, with who you are as a person, but also really thinking about doing your own research, as well as just being really vulnerable in this space. But are there any additional things that you feel like maybe white therapists should do? In order to unpack any biases that they have, really checking themselves? And, again, just kind of going through this process?

Dr. Ren 20:41

Yeah, absolutely. Um, I had a TikTok on this, that, you know, had a lot of positive feedback, but then some people were like, yeah, you're the divisive one. But I think it's really important as the person who holds more power to name those dynamics that are in the room. So, you know, for white therapists, a lot of times are like, 'Well, my clients of color have never brought up race, therefore I'm doing a good job.' And they have this assumption that just because it's not, you know, being discussed in the context of therapy, it's not a pressing issue for that client, or a relevant issue for that client.

And so, um, you know, I encourage white therapists to say, like, 'Hey, I know that I am a white person, and you are a person of color, and therefore our lived experiences are different. I want to make sure that I'm doing everything that I can to make this a safer place for you to share. How does it feel to be sharing with me today?' And sort of setting that as an invitation for making it accessible to talk about race. And then you know, even if there is assumptions, like, you know, we all have assumptions, and checking with your client, like, you know, 'this may not apply to you, like, how does this resonate? How's this landing for you,' and really, taking the extra step to just making sure that you are attuned with your client, when we're talking about issues of race and culture.

Gina Erato 22:14

I love that you ended with the word attuned! The vocabulary today is just like really, really hitting me hard. And really trying to create that safe space without making assumptions, but like really

opening the door for this conversation. And again, kind of meeting them where they're at and what they feel comfortable with, whether that could be sharing or like not sharing.

Dr. Ren 22:39

Yes, yes, attunement is so key in all relationships.

Gina Erato 22:44

I love that. So loving the takeaway of like, 'name it to tame it,' I love a good like, tagline. I love a rhyme. But I think that really encapsulates, like the starting point of this process. So we wanted to talk about for clinicians in training, but all throughout their career - do you have any like, process of your own or recommendations to identify, but then also, like, eliminate and address your own biases, or like anyone's kind of process of eliminating or addressing biases?

Dr. Ren 23:26

Yeah, I mean, I think one of the most important elements of this work is that we cannot do it alone. Doing this alone is, you know, an individualist framework, which is exactly what we're trying to fight against when it comes to issues of collective liberation. And, you know, cultural culture, culture is by definition, a group of people. And so we have to do this with other people. Whether that means, you know, accountability partners, if you are of a majority status, or if you are, if you hold marginalized identities, like finding an affinity group of people who share similar experiences of oppression, and then being able to learn from people who are further along in their journeys than you.

I think this is a you know, hot topic where we're like, you know, why people sometimes say like, 'Well, I'm not gonna learn about race from other white people. I'm gonna only learn about it from people of color.' And like, Yes, I think it can be very misguided for like white people to lead, anti-racism, anti-oppressive trainings and, you know, movements, but white people have to be part of like the pack and like, helping along their fellow people, because otherwise the labor just falls on us. And that's, that's too much for any of us to bear especially when we're still having to live and survive in this world. And so you know, if you are further along in your In your process and journey as a white person, like, help your people out. You know, give them opportunities to ask questions and develop safe spaces to provide feedback. And if you are wanting to learn and do better, actively find out, you know, find communities where that you can be a part of where these types of conversations are welcomed.

You know, for example, like, there's, like groups where they work through the *Me and White Supremacy* book and they do the journal in the book together and, you know, examine issues of power and privilege. You know, if you're a person of color, there's the the racial, the *Racial Healing Handbook*, that you can work through with other people of color, we're just talking about ways that you can identify these systemic dynamics as they happen. I'm part of some online listservs, where, you know, people really like - in the here and now - call out like the microaggressions. And the, you know, places where like, white supremacy, culture and internalized racial inferiority or superiority show up, and it's so uncomfortable, because people step in it, and they feel like, you know, I'm being called out, but that's also just so much. That's part of the process, and so necessary.

And I think one way to kind of make this more palatable, is to learn that, you know, if you are stepping in it, and you're slighting people, like it's not personal, it's not an individualized thing that's happening, this is all structural. So when we are, you know, individualize, like individually

harming others, a lot of it's because of the structural systems that enable that to happen, and the way that we have internalized, you know, norms from the day that we were born living in this society. And so it's uncomfortable to acknowledge, like, 'Okay, this is how, like, I just, you know, perpetuate a white supremacy culture.' And it's not just you. And so the more that we can zoom out, the more open we can be to growth and learning.

Gina Erato 27:17

Absolutely. And really hearing like community is at the center of like, this work, and this really can't, we need to be action oriented, and active, but that can't happen like in silos.

Dr. Ren 27:35

Absolutely. Yeah, doesn't matter what your identity is, we have to do this together. And like truly the most, like difficult and also transformative groups that are doing this work together are the multiracial, non-hierarchical groups that are, you know, holding this together and like maintaining norms of mutual accountability.

Gina Erato 28:05

And thinking about it to kind of talk about on this community level, especially like, where we see the most success, kind of what those communities look like, what would kind of be like a foundational starting place where any one person could kind of maybe start to look inward and start to like, shift this perspective.

Dr. Ren 28:25

Yeah, I mean, reading - that's a huge part of this, just educating yourself on what this looks like. There's so many great books out now you know, that cover anti-racism and anti-oppressive practice, looking into the liberation psychology movement, if you're a clinician, you know, that that started in central South America.

Just making it, being committed to actively unlearning and dismantling how this looks within you, you know, one practice that I've been trying to, to implement is when I see things in media what I see like, you know, people interacting out in the world, I notice when I have like implicit assumptions about people, and I try to check myself and say, like, 'Okay, why am I making this assumption? Where did I learn this from? And is this serving me in terms of becoming a better person, a more culturally humble person.'

And, and for me, like, I have a lot of, I noticed that it comes up for me in terms of like, body size, ableism. You know, those are assumptions that like, we are so ingrained to have like, we live in such a fat phobic society that like, I will have assumptions. If I go to like a yoga class and my instructor is bigger. I'm like, 'Can you really hold a crow pose' like, I mean, and then I'll check myself and like, it's so uncomfortable. Like even say out loud, like, 'Oh, these are the thoughts that come through my mind.' But until I'm able to name it and like, like, 'Okay, why did I have that assumption?' You know, I will never be able to shift it.

And I think so many of us, we want to be that good ally, we want to be that like, you know, you know, good educated, "do no harm" person. But that actually leads to a lot of bypassing of the work that we have to do, or we get stuck in, like the shame and guilt of it. And then we, you know, also don't evolve because we're just like, don't even want to look at it.

Deja Clement 30:34

Yeah, it really reminds me of one of my favorite phrases, but like getting comfortable with being uncomfortable. And it sounds like a really effortful practice, like, this is not something that you

can just like mindlessly do. And like practice, like we said, like, it's really not a practice of this is like, 'Oh, I'm doing this thing once and now I'm like, good,' it's more so have like, this really deep dive into who you are as a person where some of these things coming from, did I learn this from society? Did I learn it from my family? What are all of these biases I have, and now I have to undo them. And we know, from even just like, habits, basically, those are really hard. And so again, like this is just such an effortful practice or process, I should say, that people have to go through. And it also sounds like, again, like some of the things that we talked about earlier of like, not wanting to say that you're a bad person. And I think you've even said it just now, it's like not taking this as a personal attack, this doesn't mean that you're a bad person, or that you're a bad clinician or a bad whoever, it just means that you have some internal work to do and that's okay.

Dr. Ren 31:39

Yeah, and we all do and, you know, holding kind of the non-duality of it. Like, I think one, one area that this has really shown up for me is, you know, as a clinician with a PhD and multiple Masters, like, I do hold education very highly. And I realized that I, you know, have unconscious and implicit biases when it comes to education, and what that means about the validity of a person's ability to heal others. And, you know, that is an assumption that is so uncomfortable, because like, then why did I go to all these years of school and go through this and, and like, I can hold like, okay, I do have this, like education in this framework. And, you know, this ability to interpret science better than the average lay person. And, you know, people who arrive to their healing roles through different pathways aren't necessarily inferior or less credible. It's harder to suss out the ones who are credible. But that's not necessarily for me to decide. And, you know, it's something that will take time, if I do, try to figure that out, I can not jump to conclusions based on you know, how a person appears on paper, for example.

Deja Clement 33:12

For sure, and I think, um, I think it's also like part of academia, but maybe psychology specifically of like, we want to so wholeheartedly believe, like, I'm the expert right now. And nobody else is, I'm the expert, because I've been doing years worth of training for this thing. I'm an expert, and you're not. And it's like, when we're doing things like cultural humility and cultural competency, that's not the case, you're, you're not the expert, and you just have to accept that.

Um, I think kind of on this same topic, maybe kind of zooming a little bit out of the clinical setting. As we have been doing this work, so I guess also full transparency, Gina and I are the leaders of our Student Diversity Committee. Um, so we work together in a lot of different contexts. But we have been kind of leading a lot of the efforts in our department of really doing some of this work, even if they're not in our clinical program. And so there's been some type of like, I guess the word would be like buy-in, like trying to get them to buy into this process, trying to understand why this is important. And so kind of wanting to know from you like, especially as you have this platform with TikTok and social media platforms, how do we get people to buy into doing this work? Is that something that we should be doing? Should we be trying to convince them that these things are important? Or is it more so again, kind of maybe what we discussed of like just meeting people where they're at? Does that make sense?

Dr. Ren 34:38

Yeah, that's such a great question. Because on the one hand, it's again, it's like the dialectics of doing this work. On the one hand like we are, there's only you know, so many of us and our resources are finite, and we don't want to waste energy on people who aren't here to hear what

we have to say. On the other hand, like people are becoming more and more polarized. And that is just, you know, a truth of the state of this country in the state of, you know, politics and policies here. And to like, let people be, so siloed and polarized is not going to bring us to any sort of middle ground.

So, I think this, this is, you know, there's like a pendulation here, right? Like, you do some work with the people that you know, are like, here to hear it. And then you like, kind of step out into this other side, where you're, like, maybe building some rapport with people who are very different from you. And, you know, meeting the underlying, I think existential fears is a good place to start. Because at the heart of it, we're all existentially fearful. We're all afraid that our way of life and our right to exist is going to be diminished and infringed on. And, certainly, you know, we have ideas about why that is, and, you know, perhaps why our, like notions that are maybe like, quote, unquote, more right than somebody else's. But those are, those are judgments or thoughts. And so just like, sort of, like meeting the emotional like underpinnings of like, 'No, we are all afraid,' and therefore, that's what's causing us to be defensive and armored up, and how can we meet someone else in their place of like, vulnerable, existential fear, and, like, hold that together, so that they're able to form a genuine relationship with us?

And have that be just a starting ground for maybe other conversations, or maybe they say, like, 'okay, you know, as a person of color, you are giving me a different experience.' So I am maybe more open to learning about this from other places as I evolve. So it's really planting seeds and being aware of the seeds that you plant everywhere you go.

This is a life example, it's not clinically relevant, but I think it's related. So during the pandemic, my family became camper people, we like, bought a travel trailer, because we can't travel anywhere, we can't get on planes, you know, and I have two kids, and we're trying to get them like, still like out into the world in a way that felt safe to us. And so there was a huge steep learning curve of like, how do you back this thing up? And how do you, like, you know, hook up your septic hose and all these things that like, as like city dwellers, like urban people, like, like, urban Chinese people, like is not really within our culture, but we're like, we're gonna take this leap of faith and do this. And so going into like, RV parks, and like state parks, you know, first of all, when you're back in that thing up, everyone's just like, staring at you. And it's so like, uncomfortable. And people like, would jump out and help us and like, try to, you know, like, guide us through and then like, you know, sometimes we're like, oh, we need like more like, you know, toilet enzymes and like, go over to the next trailer and the people like, here you go. And it really gave me a glimpse into a whole different segment of culture that I would never have glimpsed into otherwise. And it was really reassuring for me, because the people that I do surround myself with, in my day to day life, don't tend to have those types of cultural experiences and perhaps political leanings. Did we talk about politics? No, absolutely not. But it was nice to be able to make that human connection with other humans and see that, like, they are here to help me. They can be kind, and a lot of people will say, 'Oh, well, that's not enough.' And, you know, maybe not, but it's a place to start. And I felt like that was really affirming to me to like, feel just safer in my skin that I can go to these places that are just so outside of my day to day comfort zone. And like, see, you know, humanity being good.

Deja Clement 39:19

Yeah, I love that example. I'm also not a camping person. So I would for sure be so uncomfortable. Like, what do I do right now. But I love that.

And I think like really, like you said, kind of getting past that emotion to then be able to do the work is hard but so important. And also like this idea of like community like where everybody

who is in a community, is going to be at a different level. And again, like really just being okay with that. Not trying to pull them if they don't want to, and not creating more tension than maybe there already is.

But I think also maybe wanting to touch on a little bit of like, you know, once we get past that emotion, I think a lot of people, hopefully at this point in the, in this season of a pandemic, as I kind of like to say, people have gotten past the emotional aspects of things. And I think specifically for psychology, whether it be school psychology, clinical psychology, counseling psychology, and kind of any of these realms, it's like, once we've gotten past the emotion, then sometimes feedback might be like, 'Okay, well, what is the evidence for this thing? What is the evidence that like, this is something that we should be doing? What is the evidence that this is relevant to therapy? What is the evidence that this is like, just, I guess, accurate or 'worth it,' essentially?' What are your thoughts about that?

Dr. Ren 40:55

Hmm, I mean, that's intellectualizing as a defense, right? Like, you have clients who do that in session, when you're like, 'Well, how do you feel?' 'Well, I felt like I want to punch him in the face,' or like, 'I feel like that was bullshit.' Like, no, I mean, those aren't feelings.

Um, and I think sometimes we can really rest on our like, you know, ivory tower laurels when it comes to like, evidence-based practice and objectivity and like, science is objective, but like, science isn't objective, you look at like, you know, the racism of artificial intelligence, because the people who programmed these AI bots held implicit biases, or you look at, you know, like, just the deeply, you know, white supremacist roots of psychology, you know, like Benjamin Rush and drapetomania, and like, there's so many places where we can say like, 'Well, evidence at that time showed blah, blah, blah.' But now that we know better, that evidence no longer holds.

So what is the evidence that this current evidence is the evidence forever, and so holding that idea, and like recognizing, okay, if I'm really trying to find some strong cerebral intellectual, you know, counter arguments to things, maybe that means that it's triggering something that's like, deeply uncomfortable within me. And I can just sort of sit with the discomfort and grow curious about that, instead of needing to have like a black and white answer right now, you know, all of those as white supremacist, white supremacy, cultural values of urgency, objectivity, worship, the written word, like all these, these values that we really lean on, as, you know, markers of professionalism and being like, you know, good clinicians, you know, sometimes it really requires us to just grow curious about that discomfort.

And in terms of like people who, you know, challenged me to give them evidence, it's like, what are you really asking? Are you asking for, like, research and scholarly articles and like, authors? Because if we're asking for those resources, I can give those to you. Or are you asking for an excuse to not sit with the discomfort and a reason to dismiss this, you know, stage in your learning as not necessary so that you can bypass this shame and guilt and get straight to action, straight to work? And it's the people who like jump into action who do the most harm.

Deja Clement 43:35

Right. Yeah, it's a little bit of like, if you want the receipts I can for sure provide you with receipts. You know, love to hear what you have to say about that.

Dr. Ren 43:46

Yeah, absolutely. I can provide receipts, you know, like I've been, I've been, you know, doing, you know, certainly like not an expert by any means, but like, I have accrued a fair amount of receipts to be able to share that.

But a lot of times people aren't looking for the receipts, they're just looking for an excuse, they're looking for a reason to not have to do this work. And, you know, I feel like okay, well, maybe this is enough for today, I gave you some food for thought. And next time you come around this bend in the arc, you know, in the road, maybe you'll be ready to dive a little bit deeper, and I'll meet you there.

Deja Clement 44:23
Right, exactly.

Gina Erato 44:26

Yeah. And I feel like this kind of like evidence argument is just like we're talking about this avoidance of like, 'well, let's hear what you and these other people have to say about this. And then maybe I'll reflect on that depending on what you say.' But that like really is deflecting from starting to even think about or like name or before even like tame how you could like be involved in these systems are these like automatic, like programmed thoughts. Um, and with the academy just like valuing evidence, it seems like such like a normal like, okay thing to ask for, right? Because that's like how we're trained. It's like find the evidence. But in fact, like with this process, we're like, we really want to emphasize like lived experiences. And what we don't know, is actually I feel like more important than what we can like, quantify if you want to kind of think about it like that.

Dr. Ren 45:30

Yeah. It's a gatekeeping tactic, right? Like, it's, it's to keep like, clinicians of color where people, you know, like, just people who may come from different backgrounds from accessing the same piece of the pie that we have.

And, you know, on top of that, like, I really think of it as saying the same as like, 'Oh, I don't see color, right?' Like this. This like racial bias, this implicit bias, is something that's happening out there. It's not in here, it's not in our institution, it's not within me. So therefore, like, what I do this, and I learn this, I'm going to go on to help the people out there who are suffering and, and needing my saviorism. And so that bypassing is what perpetuates so much harm.

And so we really need to dismantle it, like I wouldn't even say like, you know, for like, fields like social work, and like nonprofits, right? The nonprofit industrial complex, like all of these different, like, places where we think like, we don't need to, like dive into our own thing, because we're good people who are helping others. But in order to truly help others, we have to be like, 'who actually needs the help? And why do they need the help?' Is it because of, you know, like, what are the systems that are in place that are perpetuating them needing help? And how does my involvement in this current system aid in that overreliance? Right? And so it is like everything that's happening out there, it sure as hell is happening in here.

Deja Clement 47:01
Right. Yeah. Really turning in. Go ahead, G.

Gina Erato 47:05

Yeah. And like adding on to that set of questions. Why do you think you're the person that needs to help? And I think as therapists that's a really tricky role, because we are your paid person to help. But that still can't be this same sort of like, this is all on me in my job, saviorism.

Dr. Ren 47:31

You know, we are all like one piece of this greater healing machine and therapy does not have a monopoly on healing. You know, I've definitely talked to therapists about it, but especially like psychiatrists, and psychologists, people who are more highly trained in evidence-based practice and more, you know, objectively scientific in their approach, or they will say, like, 'Oh, you're doing energy healing, you want to Reiki, you're doing Tarot, you're doing chiropractic, like acupuncture,' whatever, like all these other complementary alternative ways of healing and be like, 'Oh, well, you know, that's not welcomed here,' or, you know, like, 'Good luck with that you're wasting your time and money.'

But I think it's really hubris to think that anyone of us can know what would be healing and restorative for somebody else. I know plenty of people who like, really didn't connect with therapy, but they have a really rich yoga practice and a yoga community. And that's their healing, you know. So think of, you know, having the humility to think of ourselves and like our field, that's just like, one prong one approach in this, like very vast, multi-pronged approach to healing and growing and learning and like, furthering our development as humans. I think it's just necessary, we have to check ourselves sometimes.

Deja Clement 48:59

Right? I think what you're really touching on is like, humility, of, I guess, like the field of psychology very broadly - I'm encompassing everybody right now, clinical, school, counseling - everybody has to have humility more broadly. And that like really understanding that the current way that we do things is from this Westernized approach. And so when we're talking about things in the context of evidence, it's like the things that are currently 'not evidence-based' are also typically practices of marginalized cultures. So like you said, like Reiki and yoga and all of these different mindfulness practices that are super popular now or even like thinking of healing within the African American community. All of those things are not evidence-based, but they're not evidence-based because of the systemic inequities that exist within psychology. They're not, it's not that they're not evidence-based because they're not good. Like these are still things that are helpful for people. And there needs to be more research done on them. These things need to be implemented in more clinical spaces. For them to become evidence-based, but it's super hard for that to happen. And I think that's again, like the humility of the field that really highlighted.

Dr. Ren 50:09

I mean, even within the field, right, like CBT versus psychoanalysis, right? Like, there's, there's so much that is harder to quantify based on like relational attachment frameworks. But also like, you know, there's plenty of practitioners who have been using them forever and they're like, 'This works.' And so, you know, really knowing and accepting the limitations of our tools when it comes to quantifying what's evidence based?

Deja Clement 50:39

Right. Yeah, I agree. It's tricky. And it is so tricky. Yeah. As a clinician of color, as a researcher of color, it for sure, sometimes brings up those emotions, those angry emotions, and like, how do we change this thing? And it's super hard, especially like we talked about at the stage that Gina and I are at, we're grad students. So it can definitely sometimes feel like we're a little bit

helpless of like, there's really not much that I can do. But I can at least do the small micro-level thing in our department. But how much change can I have on that macro level?

Dr. Ren 51:13

Yeah. But like, the small changes is what's necessary and like all, like, truly, it's the dialectics of it. You know, it's like, I'm not saying that, like, I'm shunning evidence-based practice at all, like I actually really enjoy research and science, and I know how to interpret, you know, research, and produce research, and there is so much value in that. And how do you also make space for things that, you know, aren't quite there yet in terms of being measured? And do we have to measure every single thing in order for it to be valid?

Deja Clement 51:49

Right, yeah, exactly. Before we kind of dive into our final question, I technically have one more question, but I'm watching time. But before we dive into our final question, Gina, do you have anything to add? Before we transition?

Gina Erato 52:04

I think that was so beautiful, no additions, but really happy that came up in conversation.

Deja Clement 52:11

So part of us, you know, really doing this podcast is to highlight what this looks like at different levels of training. So someone now maybe first coming into grad school and wanting to kind of dive into these practices, but then maybe someone later on in their graduate careers, like Gina and I, but then postdoc and researcher, and maybe you go on to private practice, just like do you think this looks different at different levels? Or is it more so everybody kind of approach this from the same capacity that we just talked about, regardless of what level you're at? Does that question make sense?

Dr. Ren 52:44

Yeah, I mean, I think we really have to take into consideration the positionality question again, you know, like, if you don't have the clout and influence to make waves, like, don't be trying to make waves, like, yeah, I mean, when it comes to grad school, like, my biggest piece of advice is like, get out of there, like, not quit, but like graduate with your degree. So you can actually make waves with the, you know, socially sanctioned, you know, letters and status and power that your degree entails. And so when you're in grad school, like take notes, you know, it may not always feel safe to like object and try to, you know, say something or change the system. And truly, you will be changed by the system before you're able to change the system as a grad student, because you don't have that power.

But once you are out of grad school, there's a lot more that you can do. And there's a lot more, you know, specialized areas that you can get into, and you have, you know, the freedom to speak out on different topics without, you know, as much worry of being punished for it. But I mean, certainly that, like thought always exists, right? Like, just even in this podcast, I was like, 'And by the way, I do value science and research. And I know how it works,' you know, because like I don't want people to think like, 'Oh, she's a psychologist who like doesn't value science' because like, that's not true. It's like you can have multiple things be true at the same time. Like I earned that degree. I know how it works. And I'm also opening my horizons to the possibility and staying curious to different modalities and ways of learning. And so just sort of knowing

where you are and you know who your audiences and like what is realistic for the type of change that you can impact.

But that being said, you can always, always always unlearn, dismantle and impact change within yourself, no matter where you are in the process. Of course, it helps to have a community and it's necessary to have the community if you really want to spread it. But just because you are earlier in your learning process or earlier in grad school doesn't mean that, you know, it's too early to start.

Deja Clement 55:08

Yeah, I love that of like, no matter where you're at, you can do this work. It's just really identifying your positionality. But also for sure, wanting to emphasize we are all psychologists that love evidence, just want to also acknowledge that there is some inequity in that effort. We can all make the evidence base basically.

And so I'll be asking kind of our final question, which is a question that we ask each of our guests, who is someone in the field of psychology from a diverse or underrepresented community that you believe has excelled or just really done an amazing job that you feel like deserves to be shared or recognized?

Dr. Ren 55:47

Yeah, I want to give a shout out to my good friend, Melody Li. She is the founder of Inclusive Therapists, which is a community for, it's therapists directory for, you know, more inclusive, and progressive therapists. But it's also a you know, a community where therapists can interact with each other and engage in like trainings and fireside chats, and really learn and hold and support each other. And she also just does a lot of amazing mental health justice work. So she's a speaker, she's an educator, and she's a community organizer. And the way that she approaches this work is from this place of like, quiet humility, like, she is not one for the limelight. And she holds so much, you know, she exudes so much like, like, I don't wanna say power, but like, you know, like quiet power in the way that she carries herself. And I have just so much admiration for her. And the way that she approaches everything that she does is with the question of 'is this liberatory' you know, she doesn't, she doesn't do things for herself or for clout and fame, it's for her community. And you know, whatever access she gains, she invests it back within to her community. And so I just really have a lot of admiration for her as a person, a friend, but also as a leader in this field of decolonizing mental health.

Deja Clement 57:24

Yeah, it sounds like she really has presence and intention with everything that she does.

Dr. Ren 57:29

Absolutely, yeah.

Gina Erato 57:32

What just a beautiful spotlight of like, all of the work that she is doing, but I think that is so like, on topic with our conversation today too. Really seems like, anti-racism work seems really central to like, what motivates her.

Dr. Ren 57:52

Yeah.

Deja Clement 57:53

Awesome. And so that kind of brings us to the conclusion of our podcast and we want to thank Dr. Ren so much for being here today and discussing this topic with us. I know that I learned a lot from it, and I'm hoping that our listeners do as well. Thank you so much for having me.

Harley Layman 58:17

Thank you for listening to this episode of Practicing Anti-Racism Clinically. This podcast was funded by an award from the "APPIC Call to Action on Equity, Inclusion, Justice and Social Responsivity." Resources associated with today's episode can be found at our website at psychology.okstate.edu, that's psychology.okstate.edu. If you hover over the diversity tab, you can find the Student Diversity Committee. By clicking this link, you can find the Practice ARC podcast tab with all associated resources and supplemental materials for each episode.

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