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The Case for a Cultural Humility Framework in Social Work Practice

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ABSTRACT

A cultural humility framework – first proposed within the medical and nursing fields – aligns with collaborative, intersubjective, and anti-oppressive models of social work practice. It challenges practitioners to continually explore our own social location and how our identities shape beliefs regarding what is "normal," "healthy," or "right." It asks us to de-center our own knowledge in favor of prioritizing the clients' experience and urges ongoing vigilance to power imbalances and the impact of systems on both client and practitioner. This article provides a literature review of cultural humility, a conceptual framework, discussion of its differentiation from cultural competence, and suggestions for its implementation in social work practice.

KEYWORDS

Cultural humility; cultural competence; intersectionality; social identity; social justice; privilege; oppression

Social work has long been a leader in the fields of diversity and inclusion, continually seeking to evolve apace with our conceptions of the therapeutic relationship and our understanding of culture. For several decades, our predominant paradigm for cross-cultural social work has consisted of the "awareness, knowledge, and skills" model of "cultural competence," proposed by Sue et al. (1982), and adopted by many (American Psychological Association [APA], 1991; Arredondo et al., 1996; Clarke & Wan, 2011; Danso, 2015; Ponterotto & Alexander, 1996; Soto et al., 2018; Sue, 2001; Sue et al., 1992; Worthington, Soth-McNett, & Moreno, 2007; Yan & Wong, 2005). Cultural competence has been of invaluable assistance to the social work field, challenging us to examine how our practices "predominantly reflect the make-up and values of Western cultures" (Herring et al., 2013, as cited in Danso, 2018, p. 416), and to determine how best to work with clients whose cultural backgrounds differ from our own. Although cultural competence stands to remain a necessary and relevant concept for years to come, this paper contends that an area of practice as nuanced and vital as cross-cultural social work only benefits from the development of multiple, mutually-beneficial practice frameworks. The purpose of this article is therefore to explicate an additional practice framework for cross-cultural social work, one more aligned with current social work tenets of intersubjectivity, intersectionality, and collaborative, bi-directional practice models.

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The construct of cultural humility has been advocated by additional authors (Abell et al., 2015; Chang et al., 2012; Fisher-Borne et al., 2015; Ross, 2010; Tervalon & Murray-Garcia, 1998), and this article would not be possible without their original ideas. The present work seeks to more closely define and operationalize the construct of cultural humility; to provide a literature review of the term's use; to clarify its distinction from cultural competence; to offer suggestions as to how cultural humility might be practiced, and to make a case for its utility as a practice framework for all relationships, whether or not we would initially define them as "cross-cultural."

Defining "cultural"

Cultural humility defines culture broadly and inclusively, encompassing any identity that holds "a common set of values, beliefs, or practices" (Miller & Garran, 2017, p. 238). This definition includes skin color, ethnicity, religion, citizenship, gender identity, sexual identity, ability, size, socioeconomic status, addiction history, trauma survivorship, family constellation, and more: a definition vast enough to contain any identity our clients describe as influential to their lives. This vast definition of culture, combined with notions of intersectionality, would thereby submit that every therapeutic relationship is cross-cultural in some manner.

Defining humility

The word humility is defined by Merriam-Webster as "freedom from pride or arrogance: the quality or state of being humble" (Merriam-Webster, n.d. (b), with humble being defined as "not proud or haughty: not arrogant or assertive; reflecting, expressing, or offered in a spirit of deference." The Cambridge Dictionary (n.d.) states that humility is "the feeling or attitude that you have no special importance that makes you better than others." These definitions underscore the intentional use of this word: as a working definition, humility asks us to acknowledge that there are as many different ways of knowing and doing as there are individual human beings, and that no amount of knowledge or experience makes us more fit to decide what is right for anyone else. If we can practice humility as the above definitions describe, we can discover that the path to wellness is just as likely to be found by the client as it is by the seasoned practitioner.

Defining cultural humility

The construct of cultural humility consistent with the above definitions and advocated for here has its foundations in earlier articles, as will be described in the literature review. For the purposes of this paper, cultural humility has

been distilled to the following three principles, each of which will be discussed: (1) committing oneself to an ongoing process of compassionate self-awareness and inquiry, supported by a community of trusted and cognitively-diverse colleagues; (2) being open and teachable, striving to see cultures as our clients see them, rather than as we have come to know or define them; and (3) continually considering the social systems – and their attendant assignations of power and privilege – that have helped shape reality as both we and our clients experience it. The use of a cultural humility paradigm also assumes that the practitioner is aware of their considerable power – both real and perceived – within the worker/client relationship, and that we have a desire to equalize that imbalance to the greatest extent possible.

A cultural humility framework is aligned with many of the principles embodied by critical social work practice, which – as its name suggests – critically exposes both the overt and indirect impact of societal perceptions of oppressed populations on our clients (Adams et al., 2002). Anti-oppressive practice, described as a "constellation of strategies, theories, and practices that help people understand oppression and how to fight it" (Baines, 2007, as cited in Clarke & Wan, 2011, p. 14), also holds common characteristics to some aspects of a cultural humility model.

Cultural humility literature review

The term cultural humility originated within the medical and nursing fields. At the time of this paper's submission, 43 peer-reviewed articles had been published on the topic, 35 of which had been published within the last five years (PsycNet, 2019). Cultural humility was first proposed by Tervalon and Murray-Garcia in the field of physician training, as an adjunct to cultural competence that could supplement it with "an ongoing, courageous and honest process of self-critique and self-awareness … guiding trainees to identify and examine their own patterns of unintentional and intentional racism, classism, and homophobia …" (p. 120). Tervalon and Murray-Garcia's article has served as the most frequently-cited source among academic publications regarding this construct to date (Google Scholar, 2019). The authors defined cultural humility in the following terms: "a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the patient–physician dynamic, and to developing mutually beneficial and nonpaternalistic clinical and advocacy partnerships" (1998, p. 123). They expressed that a cultural humility framework becomes even more imperative when acknowledging the intersections of multiple identities, that it helps physicians listen to their patients' stories – to admit that "they do not know when they truly do not know" (p. 119). They also asserted that its practice would allow physicians to be less likely to make missteps that could

result in a patient terminating the relationship, and to be more able to apologize and learn from those missteps when they do occur (1998).

The next article on cultural humility also focused on its use within physician-patient communication, and defined cultural humility as follows:

> A process that requires humility as individuals continually engage in self-reflection and self-critique as lifelong learners and reflective practitioners, it requires humility in how physicians bring into check the power imbalances that exist in the dynamics of physician-patient communication by using patient-focused interviewing and care, and it is a process that requires humility to develop and maintain mutually respectful and dynamic partnerships with communities. (Juarez et al., 2006, pp. 97-98)

This definition echoes three of Tervalon and Murray-Garcia's core components of cultural humility: the imperative for ongoing self-reflection; an awareness of the power imbalances inherent in the patient–physician relationship, and the collaborative perspective of "patient as partner" (2006, p. 100). Their depiction of the physician/patient relationship as a collaboration reflects another core principle of cultural humility.

In 2010, the term was first utilized within the counseling field in an article advocating for the use of cultural humility in "community-based participatory research" (Ross, 2010, p. 315), asserting that this practice is necessary to form the "equitable partnerships" (p. 316) that make a successful working alliance possible. The author asserted that work between graduate students and geographic- or identity-based communities carries significant power differentials based on privileges of race, socioeconomic class, income, and other cultural identities of which the student or practitioner must always be aware. She contended that it is the practitioner's beliefs and attitudes – as opposed to their concrete knowledge about a particular culture, or lack thereof – that can perpetuate inequity and lead to ineffective practice and premature client termination, echoing Tervalon and Murray-Garcia. Ross conveyed that although some concrete knowledge of the respective population is beneficial, we must be willing to "relinquish the role of expert" (p. 318), and to have empathy and patience for the mistrust that is likely present within communities due to historical and institutional engagements with "helpers" (2010). Ross is the only author to acknowledge the colonializing roots of the "helping" professions and the need to remedy this power imbalance.

Ross conducted a small qualitative study (n = 12) using student reflection papers, which evidenced an association between practicing principles of cultural humility and students' increased ability to see themselves as a "student of the client" rather than an expert, and as a facilitator of a process rather than its leader. Ross observed that students experienced significant benefit from engaging in open discussion regarding their experiences and learning process. She

acknowledged the need for feedback and critical reflection in the course of "transform[ing] a student's experience into new knowledge and understanding" (p. 318), asserting that cultural humility cannot be practiced or experienced without this external perspective (2010). Finally, Ross contended that cultural humility must have an anti-oppressive, critical approach that challenges workers not only to self-reflect, but to reflect specifically on the ways that power is distributed historically, institutionally, and interpersonally (2010), aligning the construct more explicitly with anti-oppressive social work practice.

Ortega and Faller (2011) authored the next published article on cultural humility, becoming the first to do so within the field of social work, focusing specifically on the construct's utility within child welfare systems. The model of cultural humility they advocated is rooted more deeply in Tervalon and Murray-Garcia's original conceptualization: first, they stated that we must engage in a "process of realistic, ongoing self-appraisal of biases and stereotypes [that encourages workers] to assess the ways in which their own attitudes prevent them from learning from their clients" (2011, p. 32). They asserted that the success of the clinical relationship rests upon the worker's willingness to see that our own perspective is no more "correct" than that of our client, and that we must continually unearth the biases we hold that support this misconception. The second and third dimension Ortega and Faller proposed were openness and transcendence, both alluding to remaining mindful that no one person can know everything, and that there will always be aspects of life that function outside our own awareness as practitioners, but of which others (our clients, trusted colleagues) will be cognizant. It is a reminder of our cultural relativism: that others experience the world differently than we do, and we must be open to learning and prioritizing alternate perspectives.

In 2012, Chang, Simon, and Dong published an article geared toward the medical community, offering the "QIAN □ (Humbleness) curriculum: The importance of self-**Q**uestioning and critique, bi-directional cultural **I**mmersion, mutually **A**ctive-listening, and the flexibility of **N**egotiation" (p. 269). They applied their curriculum specifically to Chinese immigrants, but stated the same concepts would apply across cultures, asserting that healthcare professionals must be aware of power imbalances inherent in the working relationship, and take the patient's cultural factors and their attendant values and beliefs into account, echoing the ideas of Tervalon and Murray-Garcia, Juarez et al., Ross, and others.

In 2013, Hook, Davis, Owen, Worthington, and Utsey created and tested the only extant quantitative measure of cultural humility, the Cultural Humility Scale. The CHS is a 12-item Likert scale that seeks to measure clients' perceptions of their therapists' cultural humility, which the authors define as "having an interpersonal stance that is other-oriented rather than self-focused … therapists high in cultural humility are respectful of their

clients' cultural backgrounds and experiences, and open to clients' beliefs, values, and worldviews" (2013a, p. 354). The study asked participants to name three aspects of their "cultural background" that are most "central or important," defining culture as "including (but not limited to) race, ethnicity, nationality, gender, age, sexual orientation, religion, disability, socioeconomic status, and size" (Hook et al., 2013b, p. 1). The scale asks participants to rate their therapist with regard to these three identities on 12 items. The findings from Hook et al.'s study suggested that a client's perception of therapist cultural humility can mitigate the effects of a therapeutic power imbalance (Hook et al., 2013a). It also found support for their hypothesis that the stronger working alliance facilitated by cultural humility can serve as a "buffer between therapists' missteps and therapy outcomes" (p. 354) – backing Tervalon and Murray-Garcia's earlier assertions – and that client perception of therapist cultural humility was associated with the development of a stronger working alliance and greater improvement in therapy (Hook et al., 2013a).

In 2015 Fisher-Borne, Cain, and Martin published an article advocating the use of a cultural humility model in social work. They adopted Tervalon and Murray-Garcia's definition, proposing that cultural humility involves

> 'committing to an ongoing relationship with patients, communities, and colleagues' that requires 'humility as individuals continually engage in self-reflection and self-critique' (p. 118). Cultural humility takes into account the fluidity and subjectivity of culture and challenges both individuals and institutions to address inequalities … it challenges active engagement in a lifelong process (versus a discrete endpoint) that individuals enter into with clients, organizational structures, and within themselves. (p. 171)

Much of their article focused on how a cultural humility framework considers power differentials, challenging practitioners to acknowledge our own privilege and ethnocentrism and how these can interfere with our ability to partner with clients. They also addressed the imperative of cultural humility with regard to identity intersectionality, asking practitioners to hold space for the infinite complexity of how identities combine to become unique entities unto themselves.

Foronda, Baptiste, Reinholdt and Ousman (2016) authored a concept analysis by searching eight online databases for citations that included the terms "cultural humility" or "culturally humble," and found 62 articles published on the subject in English between 2009 and 2014. Their analysis resulted in findings they divided into three categories: attributes, antecedents, and consequences of cultural humility. The attributes they found to be associated with the concept were openness, self-awareness, egolessness, supportive interaction, self-reflection, and critique. The antecedents that were observed to precede a call for a cultural humility approach were the presence of diversity/multiculturalism and the presence of a power imbalance (2016).

The third category, consequences, synthesized the findings of using a cultural humility approach according to the various articles and included "mutual empowerment, partnerships, respect, optimal care, and lifelong learning" (p. 212). Their working definition of cultural humility as developed by the concept analysis was "a process of openness, self-awareness, being egoless, and incorporating self-reflection and critique" (p. 213).

Owen et al. (2016) examined therapists' "multicultural orientation (MCO)" using Hook et al.'s Cultural Humility Scale (2013b) in tandem with three additional measures. Their study found cultural humility to be positively associated with therapy outcomes, and that it served as a moderator between a client's perception of the therapist having missed cultural opportunities (i.e., not asking a question that could have led to increased understanding of the client's cultural identities) and the therapy outcome: when the therapist was rated as less culturally humble, there was a significant negative association between missed opportunities and outcome, but when a therapist was given a higher cultural humility rating, there was no association between missed opportunities and outcome (Owen et al., 2016). A significant contribution of Owen et al.'s (2016) article was its recognition of the benefit of a cultural humility lens even in relation to identities that are assigned greater privilege in U.S. society, such as cisgender male, upper-class or white-European identities. They asserted that these identities hold as much complexity as any other and that overgeneralizing about people who have these identities in common contributed to a lack of critical examination into what meanings, stereotypes, and assumptions these identities hold, and their respective impacts. The notions that holding privileged identities does not preclude one from experiencing oppression or adversity, and that this oversight promotes the split between a dominant, central group and the "other" are tenets of cultural humility that derive from this article.

Also in 2016, Davis et al. published an article further exploring Hook et al.'s (2013a) hypothesis regarding cultural humility's effect on the working alliance, studying the relationship between perceived cultural humility and the experience of microaggressions. Their study involved 128 participants who identified as part of a "racial/ethnic minority," (2016, p. 483) and had been in counseling within the prior year. Its findings supported their hypothesis that client perception of therapist cultural humility can serve as a "reparative mediator" between the therapist's expression of microaggressions – another example of a misstep on the practitioner's part – and the client's sense of safety within the counseling relationship, assisting the dyad in moving forward.

Most recently, Kivlighan et al. (2019) authored an article that adapted Owen et al.'s (2016) individually focused MCO to use within-group contexts to evaluate the cultural humility of the group therapist. One observation made in their article was the particular importance of adopting a cultural humility framework that invites discussion of participants' cultures and their respective

values within groups, as groups are by design cross-cultural in nature, even if participants appear superficially to be monocultural. Outcomes of their study revealed a significant association between clients' perceptions of therapist cultural humility and improvement in therapy (2016).

Differentiating cultural humility and cultural competence

The NASW's most recent iteration of their "Standards and Indicators for Cultural Competence in Social Work Practice" threads the term cultural humility throughout its text, beginning on the first page: "Cultural competence requires self-awareness, cultural humility, and the commitment to understanding and embracing culture as central to effective practice" (2015, p. 4). Cultural competence has been the touchstone for much of the field's discussion of cross-cultural practice, and still holds great relevance, but it seems noteworthy that over time, the NASW definition has evolved to incorporate cultural humility as a necessary and distinct facet of this work. Though an in-depth review of literature on cultural competence is beyond the scope of this paper, its origins support a cultural humility framework as an additional or complementary model for cross-cultural practice.

The initial definition of cultural competence was authored by Sue, Arredondo, and McDavis in their 1992 article, "Multicultural Counseling Competencies and Standards: A Call to the Profession." For its time within the field of psychology, this was a seminal work: a call to action finally acknowledging the dominant (and heretofore unexamined) practice of white-European, middle-class practitioners working with clients from "racial and ethnic minority populations" (1992, p. 477), and the consequential imperative to provide "multicultural awareness, knowledge, and skills" (1992, p. 477) training to improve client outcomes and reduce rates of attrition within these dyads. Sue et al.'s definition of "cultural" referred explicitly to "'Visible Racial Ethnic Minority Groups,' African Americans, American Indians, Asian Americans, and Hispanics and Latinos" (p. 478). Their definition of cultural competence included three components: the first of these was being aware of how a person's "assumptions about human behavior, values, biases, preconceived notions, personal limitations, and so forth … may be reflected in their work with racial and ethnic minorities" (p. 481). The second involved "… actively attempt[ing] to understand the worldview of his or her culturally different client without negative judgments (p. 481), and the third, "… actively developing and practicing appropriate, relevant, and sensitive intervention strategies and skills in working with his or her culturally different client" (p. 481). Sue et al.'s article was paradigm-shifting for its time, demanding that white-European practitioners acknowledge that their perspective was neither neutral nor inherently transferable to other racial and ethnic populations.

Over the years, this term expanded and shifted with regard to the populations it incorporated and the meaning assigned. As Danso remarks in his article, cultural competence has become "a catchphrase and an international flag of convenience" (2018, p. 415). As such, it has marshaled both great attention and significant critique. Criticisms of cultural competency have included the following: its emphasis on attempting to "know" and become "competent" in understanding another's culture or cultures (specifically someone from a centered, dominant culture familiarizing themselves with a marginalized culture) (Ben-Ari & Strier, 2010; Clarke & Wan, 2011; Dean, 2001; Dyche & Zayas, 1995); that it refers to self-awareness exclusively with regard to one's comfort (or lack thereof) with an "other" (Levin-Keini & Shlomo, 2017; Sue, 2006); that its original conceptualization narrowly defined the term "culture" to exclusively denote racial and ethnic identities (Azzopardi & McNeill, 2016; Fisher-Borne et al., 2015; Ridley, Baker & Hill, 2001); and that it lacks a transformative social justice agenda that endeavors to rectify experiences of marginalization (Fisher-Borne et al., 2015).

The present article argues that – definitions of culture notwithstanding – the notion of humility is fundamentally distinct from that of competence, representing a state of being open and teachable, versus that of being "effective" (Cross et al., 1989) or adequately skilled in working in a cross-cultural context. Although compelling arguments have been made for the potential plasticity of the term "cultural competence" (Danso, 2018), the word "competence" is grounded in its meaning of being "proper or rightly pertinent; having requisite or adequate ability or qualities" (Merriam-Webster, n.d.(a). One of the great hallmarks of language is our ability to refine it over time to more accurately reflect that which it seeks to describe, alongside the changes taking place within the culture to which it refers. The concept of humility is more closely aligned with intersubjective and collaborative conceptualizations of the practitioner–client relationship and other models of "co-creating" the relationship and its objectives. Concepts as nuanced and ever-evolving as culture and the client–practitioner relationship invite the presence of more than one framework, particularly if the frameworks complement one another, as the 2015 NASW Standards would suggest from their incorporation of both terms. Social work's attention to and respect for the cross-cultural nature of relationships is better-served by a "bigger toolbox" that includes cultural competence as well as cultural humility, and additional frameworks as our understanding evolves. The following sections discuss additional rationales for adopting a cultural humility framework in social work practice.

The inclusivity of a cultural humility framework

A framework of cultural humility asserts that no one who grows up in a social environment is without bias: we learn the perceived value of our and others' identities from the social systems we inhabit - from our families,

our educational systems, the medical establishment, law enforcement, the media, etc. Every single practitioner, without exception, has areas of conscious and unconscious ignorance or bias that we can strive to uncover in order to become stronger advocates and allies to our clients and ourselves, and expose the ways in which we have been consciously and unconsciously taught to misjudge one another. Cultural humility asks each of us to acknowledge our cultural relativism and to maintain a stance of open curiosity and willingness to be teachable, rather than to rely on what we think we already know. It is a compassionate stance that meets each of us where *we* are, as well as meeting the client where they are. Since there is no finish line to cultural humility and a primary component is the ongoing exploration of self, it merely asks that we keep moving along our own path of self-exploration and awareness, acknowledging that understanding our identity landscape and social location is an unending process in which deeper levels are revealed as we have the courage to keep inquiring.

On an institutional level, cultural humility asks that we interrogate identities that are culturally dominant or that have been assigned privilege with equal curiosity to those that have been marginalized, exoticized, or otherwise "othered:" a fundamental part of the "de-centering" process is to examine all identities with a critical lens, and to be vigilant to ways in which our language, theories, educational programs, publications, and workplaces reinforce or dismantle existing power structures.

Cultural humility and clients' right to self-determination

In order to ensure that we are prioritizing the client's agenda rather than either our organization's or our own, we must be perpetually vigilant to the hegemony of our (or the agency's) worldview and values. Cultural humility compels us to repeatedly remind ourselves that although we may be able to offer perspectives, information, and options of which our clients may not be aware, no one but the client ultimately knows what is best for them. Cultural humility entrusts us to engage in a persistent investigation into every aspect of our professional character that might impede our clients' sense of being valued and respected, and their right to self-determination. Without ongoing, compassionate self-reflection upon our own identity landscape, the social contexts we and our clients inhabit, and the values and beliefs that accompany those contexts, we are bound to impose our ethnocentric ideals on our clients, deliberately or unconsciously encouraging clients to be more "like us."

Cultural humility and the potential for transformative relationships

If we acknowledge that a therapeutic dyad is an interaction between two human beings (or a human being and a couple, group, or community), we

must also recognize that both parties will be affected by the exchange. Social work assumes the helm of scholarship acknowledging this bi-directional dynamic (Bressi & Vaden, 2017; Noonan, 1998; Yan & Wong, 2005). Utilizing a cultural humility framework positions our clients as collaborators, allowing us to accompany them on their path, rather than imposing the pressure or pretension of leading. This expression of humility means we cannot know the outcome of our work together, only that it will transform both of us. As Yan and Wong (2005) write,

> when the worker permits herself or himself to really experience and understand the client, she or he may be altered in that understanding … the worker learns from the client's experiences in ways that may make him or her a different person. On the other hand, the client may also find himself or herself changing when she or he experiences full understanding and acceptance from someone. (p. 186-187)

A stance of cultural humility encourages us to welcome this change, inviting vulnerability and uncertainty, but also authenticity and the possibility of greater trust and connection, greater client empowerment, and the potential for a more profound and lasting transformation.

Cultural humility and a transformational social justice agenda

There are innumerable ways that social work upholds and furthers social justice, or "the view that everyone deserves equal economic, political and social rights and opportunities" (Morgaine, 2014): at the core of all of them is the belief that what we do both aligns with our clients' best interests and objectives, and moves society toward greater equity. Adopting a cultural humility framework compels us to remain vigilant to these priorities, rather than allowing our own or our agency's objectives to take precedence. It helps us to avoid being complicit with a system that may, at times, be "intentionally or inadvertently working to maintain the status quo" (Kivel, 2000, p. 1), and asks us to share our power, to empower and partner with our clients in bringing about change. Such change can only be more effective and long-lasting when we are distributing power rather than monopolizing it.

A cultural humility framework encourages us to partner with clients in the dismantling of oppressive structures from a belief that their vantage point offers perspectives we cannot see (Juarez et al., 2006; Ortega & Faller, 2011); to assist them in finding solutions that derive from their lived experience, and that are more likely to be accomplished because they are the clients' ideas and priorities rather than our own. It reduces the likelihood of arrogance or imposition of our beliefs that can lead to so many undesired outcomes: blame, frustration, apathy, or premature termination, among others (Hook et al., 2013a; Tervalon & Murray-Garcia, 1998).

Working toward cultural humility: principles of culturally humble social work practice

This section returns to the article's earlier three-point definition of cultural humility – committing ourselves to an ongoing process of compassionate self-awareness and inquiry, supported by a community of trusted and cognitively-diverse colleagues; being open and teachable, striving to see cultures as our clients see them, rather than as we have come to know or define them; and continually considering the social structures that have helped shape reality as our clients experience it – suggesting specific skills for each component, as well as concrete examples. This is not intended to serve as an exhaustive or conclusive inventory, nor will every suggestion work for every practitioner, but it is hoped that the sections to follow will better clarify the concepts and their practice.

Commit ourselves to an ongoing process of compassionate self-awareness and inquiry, supported by a community of trusted and cognitively-diverse colleagues

This first principle encompasses two equally salient aspects of cultural humility. First, we are tasked with a commitment to ongoing, compassionate self-reflection: every article on cultural humility prioritized the imperative to continually explore one's own cultural identities, including their assignations of privilege and marginalization, and to question how identities impact our beliefs, attitudes, and the stereotypes and biases we hold (Juarez et al., 2006; Hook et al., 2013a; Ross, 2010; Shapiro et al., 2006; Tervalon & Murray-Garcia, 1998; Yan & Wong, 2005). Though our identities will influence the therapeutic relationship no matter how well we understand them, examining them with compassionate curiosity encourages us to be open to what we learn, to persist in this exploration, and to be more conscious and intentional in how our identities shape the work we do.

We are socialized beings who have been inculcated with messages about how certain identities are societally valued, both subtly and overtly. Our first thoughts about a person or situation are involuntary: reflections of what we have learned through the various social systems with which we interact. Part of the process of cultivating cultural humility is recognizing the sources of these first thoughts: not to judge them, but to develop a critical consciousness, to become "flexible and humble enough to let go of the false security that stereotyping brings" (Tervalon & Murray-Garcia, 1998, p. 119). Over time, we become better able to interrogate our first thoughts, less reactive to them, and we develop an increased capacity to create more distance between our thoughts and our responses. Exploring our own beliefs and biases requires courage and self-compassion for what we may find. If we look

upon what we discover with shame, contempt or impatience, we may foreclose on that exploration, and we are at greater risk of meeting our clients' related identities with similar disregard.

The second aspect of this principle – to seek others' perspectives as we engage in this self-exploration – is equally needed, and may be the most challenging aspect of practicing cultural humility for some. Several of the articles that advocated a cultural humility approach emphasized the critical importance of discussion, supervision, and a non-judgmental space to ask questions and process experiences (Juarez et al., 2006; Ross, 2010; Shapiro et al., 2006). Cultural humility asks us to recognize that we each have areas of "unconscious incompetence," where we do not know what we do not know, and only in the presence of a respected colleague, mentor, supervisor, therapist, or friend can this not-knowing be brought to our awareness. To state it another way, Yan and Wong wrote that "any assessment of the self that is based on self-awareness is made by the same self who is being assessed. Moreover, the self who is reflecting and the self who is being reflected on reside in the same social and historical space" (2005, pp. 185–186). When we practice in isolation or exist only in relationships with like-minded people serving as echo chambers, we are not afforded the privilege, wisdom, and humility of differing perspectives. Cultural humility cannot be practiced in the absence of a cognitively-diverse professional community: we must create supportive thinking environments with people who experience the world from differing vantage points to which our own vision can be widened. From a systems perspective, this is another way that cultural humility can contribute to dismantling oppression, as shared perspectives continue to promote a greater representation of identities and experiences and to debunk stereotypes.

Be open and teachable: strive to see cultures as our clients see them, rather than as we have come to know or define them

The second principle to cultivating cultural humility is the willingness to be a "student of the client;" to "adopt a position of respectful curiosity" (Shapiro et al., 2006, p. 36). Cultural humility is "other-oriented rather than self-focused in relation to aspects of cultural identity that are most important to the client" (Hook et al., 2013a, p. 354): it asks us to be open to the client's perspective and experience, rather than imposing our own story and meaning. To not impose our own story is more vulnerable, as we cannot then rely upon a predetermined response. We trust that together we will discover solutions we would not have conceived of alone, solutions that are a better fit with the client's abilities, resources, and needs.

A related component to this principle is the willingness to admit when we have made a misstep, whether with colleagues or clients (Hook et al., 2013a; Tervalon & Murray-Garcia, 1998). To be teachable means to be open to

making mistakes, even to welcome them as part of the learning process. We cannot grow without taking risks, and we cannot take risks without making mistakes. To admit when we have erred and commit to learning from our errors demonstrates humility and human fallibility. Our clients do not need practitioners who seem infallible: they need us to model how to be human, in all its vulnerability and imperfection. A heartfelt apology to a client may be the first time that client has witnessed someone accepting responsibility for a wrongdoing, and can be transformational in its own right.

Always bear in mind the social structures that have helped shape reality as our clients experience it

When social work is practiced at its highest level of integrity and intelligence, it is with the knowledge that a client's present situation can never be understood fully without bearing in mind the impact of the systems with which they interact. None of us exists in a vacuum: our behavior, beliefs, and perception of our own value are inextricably bound to and shaped by our environment. To practice cultural humility means to be ever-vigilant to this truth and to commit ourselves to a reflexive and thorough inquiry of the ways that the systems with which our clients interact have informed their lives, their belief systems, their relationships, their sense of self, and the conditions that have brought them to our care. Cultural humility, consistent with the ecological systems perspective so fundamental to social work, as well as with more-recent notions of trauma-informed practice, asks us to always take the client's environment into consideration; to ask what has happened to someone rather than what is "wrong" with them. In addition, it asks that we recognize the power dynamic present in the system between ourselves and the individual or group with whom we are speaking, and entreats us to use this power with judicious grace.

Responding to critiques of a cultural humility framework

The literature reflects few critiques of a cultural humility framework as yet, most of which speak to the concept's lack of concreteness or clear distinction from cultural competence, anti-oppressive practice frameworks, or critical theory, which this article has sought to resolve. The most thorough source of criticism concerning cultural humility is Danso's 2018 article questioning the utility of the term and arguing to instead expand the use of the term "cultural competence." His thesis takes several directions, one being an argument against cultural humility as merely a rebranding of anti-oppressive practice, another that cultural competence suffers from what he terms "construct fragmentation," wherein meanings and interpretations are ascribed to a given term that differ from the term's original definition (2018, p. 416).

Just as notions of culture are ever-evolving, so is the language used to represent those cultures, and over decades we have seen the myriad ways that certain terms have been joined or supplanted by others in order to better embody what they are designed to describe. Offering the term humility as an alternative or adjunct to competence reflects cultural shifts and an expanding understanding of the therapeutic relationship, and this paper endeavors to broaden our available practice resources, rather than to supplant one with another. The repeated use of the term cultural humility within the NASW Standards for Cultural Competence is reflective of this shift (2015) and illustrates that there is ample room in the social work lexicon for both terms.

Assumptions and limitations of a cultural humility framework

Working within a framework of cultural humility will not be universally appealing. This approach asks that practitioners adopt certain beliefs or perspectives that are in no way prerequisites for the practice of social work in general. A cultural humility framework assumes that the practitioner is willing to relinquish the role of expert, to see ourselves as inherently biased and as a product of the social systems we inhabit, and to allow that our best work is done in community rather than isolation, drawing on the perspectives and experience of others. These tenets run counter not only to cultural messages we may live by, but to models of education and practice that confer authority and expertise. In a paper on cultural humility, it is important to overtly articulate that in advancing this theory, there is no attempt being made to suggest that it be used ubiquitously.

It must be said without any intended irony that the theory presented in this paper is inevitably limited: by the author's present identities, perspective, and social location, as much as by the current zeitgeist within social work and beyond. It is hoped that this work will be useful but one day supplanted by something even more respectful, collaborative, and socially-just. As articulated within the section, "Working Toward Cultural Humility," implementation of this theory is ongoing and aspirational, more of a daily practice than a concrete, measurable objective, as inherent in its definition is the understanding that it can never be fully or permanently achieved.

As Hook et al. proposed through their Cultural Humility Scale (Hook et al., 2013b), cultural humility is likely a quality more accurately measured by client perception than by the practitioner, as social desirability bias suggests we may be inclined to think we are more culturally humble than our clients perceive. Although no specific approach to research is advocated, a qualitative study with an observational component may more accurately measure this concept.

Conclusion

This article sought to define and operationalize the construct of cultural humility; to provide a literature review of the term's use; to clarify its distinction from cultural competence; to offer suggestions as to how cultural humility might be practiced; and to make a case for its utility as a practice framework for all therapeutic relationships. Social work is the eminent field in recognizing the collaborative, bi-directional nature of this process, as well as the impact of systems on our perception of our clients and ourselves. We strive to see the client as an expert on their own lives; to see our clients' experiences through a lens of strengths and resilience; to acknowledge the vast and intersectional complexity of one's identity landscape, and to be tenaciously attuned to the myriad impacts of systems, power, and privilege. A cultural humility framework endeavors to support us in reaching these objectives. Cultural humility offers a set of dynamic, compassionate principles to guide us in embracing opportunities to continually learn about ourselves, our clients, and the social systems around us; to maintain a willingness to be open and teachable; to allow ourselves to be transformed by our relationships in ways we cannot foresee.

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