**CULTURAL HUMILITY**

**by Simon Moss**

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| **Introduction** |

 In the workplace, and in life generally, you will often need to interact with clients or colleagues from diverse communities and cultures. Academics might need to supervise candidates from diverse ethnic, economic, or religious communities, for example. Likewise, health practitioners, and indeed most employees who offer services, may need to assist clients from diverse communities and cultures. These clients may have developed values, beliefs, or preferences that diverge significantly from your perspectives. So

* How can you accommodate these diverse individuals most effectively?
* How can you circumvent the complications that such differences can elicit?

**Cultural humility**

 In previous decades, academics and practitioners tended to advocate the concept of cultural competence—knowledge and skills that enable individuals to respond most helpfully to diverse peoples. In recent years, however, many academics and practitioners have identified complications with the notion of cultural competence and have instead championed an alternative perspective: cultural humility. Cultural humility was first embraced by mental health practitioners but had since been applied to other health practitioners (Chang, Simon, & Dong, 2012), service employees, teachers (Cruess, Cruess, & Steinert, 2010), and people in general. This document outlines the features, benefits, and practice of cultural humility.

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| **Cultural humility versus cultural competence** |

 To enhance the capacity of service employees—including supervisors and health practitioners—to accommodate diverse cultures, many organizations have introduced a range of initiatives, such as training programs, to promote cultural competence. These initiatives and programs were designed to impart knowledge and skills about other cultures. In addition, participants of these programs learn how to adjust their behaviour and foster an atmosphere that accommodates these cultures. Nevertheless, in recent decades, this approach gradually attracted many critics (e.g., Fisher-Borne, Cain, & Martin, 2015; Hunt, 2001; Tervalon & Murray-García, 1998; Yeager & Bauer-Wu, 2013). To illustrate

* the first column in the following table outlines the concerns these critics raised
* the second column clarifies these concerns
* the third column presents some practices that could address these concerns

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| Concerns about culture competence | Details | Practices that address these concerns |
| The notion that you can be competent about a culture may erroneously imply that cultures are relatively homogenous  | * Each person is shaped by their culture uniquely
* Even the extent to which they reject or embrace the norms of a culture varies across individuals and is thus **heterogenous**
 | * When interacting with clients from a specific culture, do not assume they share the values, beliefs, or preferences that you believe typifies this culture
* Ask questions about their values, beliefs, and preferences if applicable
* Ask these individuals the extent to which they share the values, beliefs, and preferences of their culture
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| The notion that you can be competent about a culture may erroneously imply that cultures do not change appreciably over time | * Most cultures—that is, the values, beliefs, and perspectives of communities—are **dynamic**
* They shift continually over time as a consequence of many historical, social, economic, and political events
 | * When interacting with clients, do not assume your previous knowledge about a culture is still relevant now
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| The notion that you can be competent about a culture may erroneously imply that people tend to belong to only one culture or community | * Each person belongs to a dynamic blend of many ethnic, occupational, religious, and other communities
* Therefore, no practitioner can understand the culture of a person, because culture is **multidimensional**—and cannot be reduced to ethnicity for example
 | * When interacting with clients, ask these individuals to specify the groups, communities, or cultures to which they identify most closely; that is, which groups, communities, or cultures most affect their values and behaviors.
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| The pursuit of competence may diminish the inclination of individuals to concede their incompetence | * People who strive to pursue cultural competence may be reluctant to ask members of other cultures about their perspectives
* That is, these individuals may not acknowledge limitations in their knowledge
* Hence, the pursuit of cultural competence could actually increase the likelihood of misconceptions
 | * Ask questions about the cultural practices, beliefs, and values of the client
* That is, at times, assume the role of a learner rather than expert
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| The notion of cultural competence might imply your goal is to obtain knowledge about a culture rather than adopt a specific mindset  | * The knowledge that you acquire before an interaction does not guarantee a productive interaction
 | * Adopt a mindset in which you embrace discussions or information about cultures—including information that deviates from your preconceptions or preferences
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 The third column of the previous table epitomises some of the features of cultural humility. In particular, to adopt cultural humility, service employees, such as supervisors and health practitioners, should

* recognize that many of their assumptions and knowledge about the culture of clients may be limited, misguided, and biased
* ask questions to understand the clients better—such as their hopes, fears, and preferences— and to override misguided assumptions
* develop a mindset in which they are mindful, attentive, and empathetic rather than presumptuous (Hook et al 2017; Hook & Watkins, 2015)

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| **How to develop cultural humility** |

 Soon after the notion of cultural humility surfaced, researchers and practitioners began to clarify how individuals can develop this mindset. The following table outlines some practices that service providers, supervisors, and other employees can apply to demonstrate cultural humility.

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| Practice | Details |
| Contemplate your personal biases | * Identify your own stereotypes and biases around specific cultures and communities—such as people of specific classes, faiths, ethnicities, sexual orientations, and income brackets
* Challenge the unconscious tendency of many people to perceive their own cultures, values, beliefs, and knowledge as superior or correct
* Consider how your own positions of power or privileges might have shaped these stereotypes and biases (Mosher et al., 2017)
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| Contemplate your professional biases | * Recognize that some of your biases and misconceptions might emanate from your discipline or field
* For example, many training programs impart insights about differences across cultures—but this information might amplify the disparities or overlook the variations within cultures (Patallo, 2019)
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| Embrace opportunities to learn about specific cultures and diverse cultures in general; conceptualize this learning as a lifelong journey | * Learn about the experiences and effects of oppression, migration, and other dynamics that typify many diverse cultures
* Learn about the history, values, rituals, and norms of specific cultures, ultimately to appreciate the complexities and challenges of cultures
* Do not depend on one source; recognize that every member of a culture may develop a unique perspective
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| Do not inflate the knowledge you have gained | * Recognize that, despite extensive exposure to a community or culture, your knowledge and insight is still limited; that is, knowledge should foster humility rather than conceit (Hook et al. 2016 ; Abbott et al., 2019)
* Similarly, do not overestimate your knowledge and insight about a community merely because you have served or assisted other members of this community before
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| Recognize you might need more time to develop trust, rapport, and alliance  | * Many service providers, such as health practitioners, incorrectly assume that some communities, cultures, and minorities are inherently wary rather than trusting
* According to some research however, in practice, some minorities are more trusting than is the dominant culture until they attempt to access various services (Diala et al., 2000)
* But, because of stereotypes and discrimination, these services are often not as helpful as anticipated, culminating in cynicism rather than trust (Diala et al., 2000)
* These considerations imply that, after some time, trust might resurface and the alliance may improve
* The level of trust is thus malleable rather than an inherent feature of cultures or communities
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| Because of the potential of this mistrust, demonstrate some of the hallmarks of trust and respect, such as confidentiality  | * In health settings, for example, you might clarify and underscore the confidentiality of these conversations to a greater extent than usual—given that shame and fear might be more pronounced in diverse cultures because of unpleasant experiences in the past
* You may show respect by, at least initially, addressing these individuals formally, such as “Mr” or “Ms”
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| Recognize that behaviour that seems to indicate mistrust might simply indicate differences in communication or priorities | * To illustrate, in many cultures around the world, clients do not tend to disclose or discuss emotional symptoms, even to mental health practitioners
* Instead, they tend to disclose somatic or physical symptoms of mental health problems, including depression
* That is, they may have learned to orient their attention more to physical symptoms, rather than emotional symptoms, when speaking to health practitioners.
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| Occasionally, assume the role of a learner—in which your client helps you understand their culture  | * Acknowledge that your knowledge and insight about the relevant cultures might be limited
* Encourage the clients to impart this knowledge and insight

You might ask questions like* “What would you like me to know about this community? What are some misconceptions that may be common in the media?”
* “What do people in this community tend to feel about mental health problems? How have these beliefs shaped your opinions?”
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| Do not assume their culture dominates their identity  | * Although you should embrace the cultures of your clients, do not inflate the significance of these cultures
* For example, the religion, sexual orientation, or ethnicity of a person may not be a central part of their identity (Burckell & Goldfried, 2006)
* Do not, therefore, devote undue attention to these characteristics
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| Consult with relevant peers | * If uncertain of how to proceed, you may occasionally consult other professionals or colleagues who are members of this community or culture
* But do not assume that members of a community or culture appreciate the experiences and perspectives of all other members
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| **Benefits of cultural humility** |

 Many researchers and practitioners have promulgated the benefits of cultural humility. That is, cultural humility helps both the

* clients feel they can explore the implications of their culture—such as how their culture might affect their confidence in the workplace—called cultural opportunities
* service providers, such as supervisors or health practitioners, feel at ease when discussing matters that relate to culture—called cultural comfort (Hook et al 2017).

In addition, when service providers exhibit cultural humility, they recognize the limitations in their knowledge about cultures. Consequently, they become more receptive to information about cultures, enhancing their knowledge and insight over time (e.g., Abbott, Pelc, & Mercier, 2019). Indeed, many studies have substantiated the benefits of cultural humility. That is, cultural humility in service providers

* improves the therapeutic alliance between health practitioners and clients (Hook et al. 2013)
* improves the likelihood that clients will benefit from interactions with mental health practitioners (Hook et al. 2013)
* diminishes the likelihood they may offend or insult the client inadvertently (Davis et al., 2016)

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