An Excerpt from the *Cultural Humility: Engaging Diverse Identities in Therapy*

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***Multicultural Orientation***

This shift in focus from competence to humility aligns with recent theory and research on the importance of developing a strong multicultural orientation (MCO) for work with diverse clients (Hook et al., 2013; Owen, 2013; Owen, Tao et al., 2011). A MCO refers to how a therapist engages their relationships with their clients, colleagues, and society through valuing diverse worldviews, beliefs, and identities. *Multicultural competence* focuses on “ways of doing” therapy with diverse clients, including the effective implementation of cultural knowledge and skills. MCO, however, focuses on “ways of being” with diverse clients and includes (1) cultural humility, (2) cultural opportunities, and (3) cultural comfort (Owen, 2013).

Cultural humility is the bedrock of developing a strong MCO and reflects the focus and title of this book (Hook et al., 2013; Zhang et al., 2022). We want to acknowledge at the outset of this book that the concept of cultural humility draws on virtue language and appeals to values that we think could motivate growth in one’s ability to build trusting and healing relationships with clients across a range of cultural identities. By invoking virtue language, we also acknowledge that we are engaging in the human task of exchanging ideas about what is good, what is normative, and for whom those norms advantage as well as for whom they do not (Wolsterstorff, 2019). Virtue language only has power to the extent that it reflects a shared commitment to build relationships of mutuality, care, and respect—for the hope of healing and growth. For example, Martin Luther King Jr., mobilized courage for the civil rights movement by appealing to a vision for a “beloved community” (King & Washington, 1991). Virtue language is empty and perhaps even dangerous (e.g., setting up inevitable feelings of betrayal) if it does not reflect the hard work of a community to forge a real commitment to a shared moral vision of how to treat each other with the highest level of human dignity (c.f., Choe et al., 2024; Moon & Sandage, 2019). Expressions of virtues such as cultural humility (as well as the other aspects of the MCO model) require nuance based on the power dynamics associated with the relational and social context (e.g., identities and positionalities of the therapist and client), and we will have more to say about these issues throughout the book.

In the context of therapy, cultural humility involves an awareness of our human limitations. We each have biases in our understanding of ourselves and others. Cultural humility also involves an interpersonal stance that is oriented to the betterment of the client and the relationship. The culturally humble therapist is ready and willing to explore clients’ experiences, including how their cultural background and commitments might affect their presenting concern and the therapy process, as well as how their cultural background and commitments might provide support in their journey toward healing and health. The culturally humble therapist also honors the client’s agency and human dignity. They curb the natural tendency to jump to quick conclusions or assume they are right and others are wrong. Cultural humility also involves seeking to become trustworthy within the context of power dynamics. The culturally humble therapist is aware of the potential power differential between the therapist and client and takes steps to address this dynamic and empower the client as appropriate. At times, this might also mean working within systems of power to assist clients to navigate the oppression they may be experiencing.

The second aspect of MCO involves attending to and eliciting cultural opportunities in one’s work with clients (Owen et al., 2016). This idea is related to the concept of broaching the subjects of culture and diversity in the process of therapy (Day-Vines et al., 2021), and broaching can be an effective response when cultural opportunities arise in therapy. Therapists have several decision points during therapy, and many of these decisions involve deciding whether to engage a discussion about the client’s cultural background and identities (and potentially their own), as well as structural or systemic factors that may impact the client’s experience. These choice points, which are guided by the therapist’s MCO, can directly or indirectly communicate to the client that the therapist views culture as an important aspect of the client’s life that can be engaged in therapy. However, avoiding or moving away from a cultural opportunity can communicate that the client’s cultural identity is unimportant or invalid.