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MFT620- Ethnicity Impact Paper

This course has been one of the most challenging yet growing classes I have had during my time in Nyack. We live in an incredibly diverse country, and familial and marital issues do not discriminate. As a therapist, it is imperative to have some cultural competency to serve clients best. As we learned more about different cultures, I was shocked by the similarities and differences across the board. I was also nervous about working with some clients after learning more about their culture.

Of the many things I learned, one thing that surprised me was the similarities between people from African, Latin, Asian, and Mediterranean descent. Being collectivist cultures, the importance of family is strongly represented. They also share a hierarchy in the home where parents are authoritarians. Even marital relationships share a similar structure. Growing up and being well acquainted with Black's and Italians, I wasn't surprised to see the many similarities. Despite growing up around Asians, I did not have many friends of Asian descent. It was honestly one of the people groups that I had known about the least. This class highlighted to me that many Asians tend to stay within their communities, as even our Asian classmates had very little interaction with people from different ethnic backgrounds.

Despite the many shocking similarities between the Asian and Latin cultures, working with Asian clients worries me. I found Professor Shui to be extremely honest and informative. I felt she did an excellent job discussing the challenges that could happen when working with this people group. Me and Professor Shui have one thing in common, and that is our youthful appearance. Despite being on the cusp of twenty-eight years old, I still get mistaken for sixteen. Professor Shui discussed that many Asian clients are looking for an expert, and with my youthful appearance, I would have to be very factual and be the expert in the room to gain trust. I find that this is not as important in other cultures. I find that Blacks and Latinos are more inclined to come in already assuming the therapist is the expert due to the title.

Although I found this class incredibly beneficial, I was shocked at how angry I felt by the way my culture was portrayed. Being in such a diverse class as my peers spoke, I had realized that not everyone has been as fortunate as I to be exposed to the many different ethnic backgrounds as I have. For

some, this class was their first culturally immersive experience. I was angered to know that people would see clients from my culture and have that class to reference.

When speaking about Dominican descent, we talked about the mistreatment of Haitians, the men being philanderers, our food, and our culture being represented in a video by a white missionary. I empathized with Dr. Flores-Locke as speaking of all Latin cultures in such a short time is challenging. Latin America is vast. The different cultures and history are enough to obtain a whole bachelor's degree, so fitting it into a few weeks did not give it justice. It caused me to wonder how my Asian classmates felt when discussing their people group; I also wondered that for my Black classmates.

After that class, I spoke to my aunt, mother, and grandmother, sitting in the kitchen. I had asked them if they felt our culture was racist and that if they believed the majority of Dominican men were philanderers, and they said, "yes." Here I was challenged by what the teacher said. If it were a conversation between another Dominican and me, the jokes about how Dominican men cheat and the hurt it causes us to see how Haitians are treated would not have offended me. So why would it offend me in class?

I recognized the Dominican legacy of not sharing your dirt. Putting out the best version of yourself was violated, particularly in front of people with limited exposure to Dominican culture in their day-to-day. However, this class served as a significant motivating factor. I realized the importance of cultural competency. Even in the course, as we discussed Italian and Greek culture, Professor Joanides was very open about how the book is outdated. As people, we are continually evolving and changing. As a future therapist, I will have to keep my eyes open to continue to maintain curiosity when it comes to my client's ethnicity. I must remain teachable and seek to inform myself on matters that affect all different culture.

This class showed me the importance of being culturally sensitive and how important it will be in this line of work to be a successful LMFT. The most important thing I learned is how vital it is to be culturally competent. This career truly is multi-faceted, and one must not only be knowledgeable in theories but people. Before this class, I was more concerned with which approaches to use, asking the

right questions, choosing when to speak, and when to listen. However, much of that was focused on me, as the speaker. When, in reality, my efforts would be futile if my client's ethnic background and culture were not taken into account. Suppose I had a black client who initially came in because they felt very anxious about the coronavirus. I would be doing this client a great disservice if I did not address or explore how today's social and racial climate might also be contributing to some anxiety.

It was also fascinating to me the differences between the collectivist cultures and individualistic cultures and how different theories would work better with other clients where some methods would be less effective. It is essential to understand how some techniques would be quite offensive to one's culture if misused. For example, if a therapist were to suggest a temporary cut off until the client was more differentiated, it would be seen as a cultural betrayal if the client's family came from a collectivist culture.

It is quite interesting that although collectivist cultures take up the majority of the world, much of therapy is written and practiced by people who come from individualistic backgrounds. I wonder about the impacts that must have on many therapists. I wonder what theories work better for collectivist cultures or even for specific ethnic backgrounds. I believe the therapist is simply the facilitator for change, and I firmly believe clients are the experts of their own lives. This is much more of a Rogerian form of practice. Would this be effective with clients who are looking for me to be the expert? These are all factors that I would have never considered or pondered; however, after taking this class, I have become much more culturally sensitive.

Many times I have heard people say "people are just people." However, it is these very mentalities that lead others to be culturally insensitive. I was honestly shocked at how much culture could influence the therapeutic process. I am motivated and excited to learn more, to be more mindful. This journey to become a therapist has been hard, particularly in this time of coronavirus. Yet, at the same time, the need for therapists has never been more apparent. The times have significantly changed; I wonder what my black clients would be facing. As not only are they amid a pandemic, but their family members are dying at a higher rate as they make up a significant portion of essential workers, and racial

injustice and civil unrest are the spotlights every day. Much of this also rings true for the Latin American culture.

As society is shifting, another vital thing that was discussed in class is intercultural couples. The rate of intercultural couples is steadily increasing. Therapists need to be able to distinguish cultural norms from personal or familial norms and customs. Even within the same ethnic culture, no two families are the same. Many families have their own culture. However, intercultural couples face their own set of difficulties that may be more difficult if the cultures are very different. For example, if one partner comes from an individualistic culture while the other comes from a collectivist culture. One might feel they must deny themselves to meet the expectations of their partner and their family.

For example, if an American woman were to marry the eldest male in a family from Montenegro, she would have to live with her husband's parents. This could bring a host of issues as well as benefits. However, it might be difficult for her to come to terms with living with her in-laws her whole life, where if he were to compromise, he could fear being separated and shaming his family. Customs, norms, traditions, intercultural dating, and marriage: societies view on one's culture are essential topics to navigate in therapy. I am grateful that this class highlighted the importance of cultural competency.

One topic that is often not discussed and is massively under-represented in media is disability culture. Another critical question to address is the intersection between disability and ethnicity. Of all the important topics discussed in class, I found the lack of representation for the disabled community to be one of the most heartbreaking findings. Disabilities range from physical, neurological, mental, emotional, etc. The disabled community is exceptionally diverse. If we dive even further, we see that even within the same disabilities, there is much diversity. For example, Autism is on a spectrum and the gifting's and manifestations that typically come with this disability range from person to person.

An individual with disabilities has to navigate their ethnic culture and how their culture views their disability and how they are viewed by the disabled community and society at large. One of the most impacting discussions pertained to Native Americans having the highest disability rate in proportion to their population. Living on the Blackfeet reservation, this statistic did not surprise me. However, with the

high rate of poverty, alcoholism, and depression, my heart breaks for those with disabilities. I can't help to think that many resources and opportunities are not afforded to them.

Furthermore, the history of Native Americans in the United States is incredibly tragic. Many disabled individuals struggle with feeling misunderstood, invisible, and underrepresented. Many Native Americans share these similar sentiments.

We also discussed disability within the African American culture. It does not surprise me that Black Americans have a high rate of disabled individuals. Much like Native Americans, Black Americans have faced much trial and tribulation in The United States. Black American women have a higher infant mortality rate and premature birth, which can lead to congenital disabilities. Furthermore, during coronavirus, it became apparent that Black Americans make up a good portion of essential work, which often carries lots of stress, and many jobs are not the highest-earning, through stress and disease, many disabled African Americans acquired their disability.

When looking at these findings, it is hard not to want to change. The disabled community is grossly underrepresented. When we look at the intersectionality between ethnicity and disability, it is hard to ignore America's infrastructural issues. There is much change and growth that needs to occur in the United States for individuals with disabilities.