



NEJRSP

NEW ENGLAND JOURNAL OF
RELATIONAL & SYSTEMIC PRACTICE

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The New England Journal of Relational and Systemic Practice (NEJRSP) is a regional journal that disseminates pertinent relational and systemic information, giving mental health professionals the knowledge and expertise to enhance their practice.

***The New England Journal of Relational and Systemic Practice* publishes both innovations for practice and new developments, and practical information that trains current and future practitioners. We publish quarterly, and would love to present your writing.**

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The New England Journal for Relational and Systemic Practice is a production of the New England Association for Family and Systemic Therapy (NEAFAST).

NEAFAST is the professional home for family and systemic therapists in Massachusetts and surrounding states. NEAFAST is a membership organization of professionals dedicated to the advancement of family and systemic therapy through advocacy, networking, and education.

For more information about NEAFAST, please visit our website at www.neafast.org.

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THE NEW ENGLAND JOURNAL OF RELATIONAL AND SYSTEMIC PRACTICE: NAVIGATING ANTIRACISM IN FAMILY THERAPY

STEPHEN DUCLOS, M.Ed, LMFT

Editorial Team – New England Journal of Relational and Systemic Practice

If there was one thing that you could change that would make therapeutic conversations easier, what would it be? Would it be better if racism was diminished? What if we had a National Health Service? What if families were economically secure enough to develop better relationships with their children? What would happen if therapists did not have to be concerned about sexual assault in virtually all of the women that they treat? And what would happen if architects started drawing with accessibility in mind?

In this issue of NEJRSP, we interview therapists about their life and work. This is a reversal of their day to day activity but is central to the work of this journal. We are interested in the voices of therapists, not only through interviews, but also through writings, speeches, supervisions, and teachings. We are interested in what therapists are saying, what they are reading, and how they are adapting to changes in post-covid sociology and psychology. We were locked behind closed doors, and now we are locked behind a computer screen as well, unable to talk about what is happening to us, and how we are managing our work.

It seems essential to the editors of this journal that therapists have a voice of their own, and that it is freely expressed. Therapists see and hear things years before it becomes a part of the public dialogue. We see the effects of substance abuse, of ageism, of racism, of homophobia, of sexism, of privilege, of misogyny. We hear the accounts of doctors and nurses after their shift in a covid space. We understand the personal and family costs of a for-profit health insurance system, and a for-profit prison and justice system.

Let us hear you. Send in an essay, book review, piece of qualitative or quantitative research, teaching idea, new way of doing clinical supervision. Let us know what needs to change.



MY EXPERIENCES WITH RACISM: AN INTERVIEW WITH NIKKI

INTERVIEWER: JACQUELINE GAGLIARDI, M.Ed

Editorial Team – *New England Journal of Relational and Systemic Practice*

Editor's note: This interview has language that represents the authenticity of the description of these experiences.

Jackie Gagliardi: Nikki, thank you for doing this. I really appreciate that you want us to know about what it's like when people who are of color have to go through the system, and you'd like therapists to know what that's like. So I know you had mentioned before that you had gone through the system as a young girl.

Nikki: As a teenager, yeah.

Jackie Gagliardi: So do you want to start off by telling me a little bit about yourself and I know you had talked about race in terms of your mom and dad...I'm going to just let you talk.

Nikki: I was born in Chicago to a fully Puerto Rican, mainly Afro-Latino mother and a full white father. I dealt with racism at home. From my memory, the first time I met my father's father, he asked, "Who's this little spick?" And that was my introduction to my grandfather. My dad said it to my mom. Racism was made so normal having a father who was raised white. Not just white but like low-income white. They didn't have much, his mother was on welfare, she was a drug addict, my father was a drug addict. My mother was a pastor's daughter but had dealt with a fair amount...just because your family's in the church doesn't mean your family is living godly.

There was stuff going on in my mom's life as well at home even though there was all this God and Christianity. I always say it's important that when I talk about us, I talk about us in a Zodiac way: we're all fire signs. My dad was a Sagittarius, my mom is a Leo, and I'm an Aries. It was a weird dynamic to grow up with. My parents tried to create memories but also were so young and so misguided.

More than memories I saw the abuse and the pain that they had been handed down generationally and never dealt with. Mental health to their generation was, "You have to be crazy. And if you go see a doctor you're admitting that you're crazy and the family just thinks you're a lunatic."

My father had been through it, and I dealt with the remnants of it growing up in a household where my parents openly did drugs and drank in front of me and had parties. My dad was in a gang. Our house got robbed multiple times. I've seen my father and his brothers fight. We've had shovels thrown through our living room window. I saw my dad beat my mother for ten years. I know that I have a sister that is half my cousin—my dad had a sexual relationship with my mother's sister and I have a sister from that relationship. My parents had a very abusive, tumultuous, chaotic relationship.

My dad was physically abusive towards my mother. He was abusive towards random people in the streets. He was abusive towards animals. He was abusive in a violent way towards everyone but me. This doesn't mean he wasn't also an asshole to me, there's shit that he did to me as well. As far as his violence, it was for everybody; he really didn't care. I know that there's something deep within him and I'll never get to ask him what created that violence.

My mother was naive but also had a way...appearances, you know. She was in this terrible relationship but they had money, so everybody thought my mom lived well. My mom liked that people thought she lived well even though she was getting harassed at home behind the scenes. It took me a long time to realize that it was not normal. I thought it was. I thought that it was the same life everybody was living. I just assumed this is how it is. Everybody's parents do drugs, everybody's parents smoke and drink and do cocaine on the weekends and shit like that, everybody's mom and dad fight and do the things that my parents do. Their parents were coming to my house and doing those things with my parents, so I know your parents do 'em. I didn't know you were being saved from it at home. You know, your parents didn't give a shit to smoke around me; your parents didn't give a damn to get high with my parents around me; they didn't do it with you.

So...um, my dad was...my parents...my mom finally, I guess, had enough of the relationship, decided to divorce my father and left him on Christmas Eve of '94. Three months later, during my birthday, my day, they had split up and had a really big fight. My dad had become a heroin addict and he was fighting her over money, and she didn't want to give it to him. This is what I've been told—I wasn't present for the fight, I was asleep. He tried to burn her face...and that part I saw. He tried to do all types of things to her, hit her, threw her across the kitchen, he dumped a pitcher of Kool Aid on her head and then took her in the room and forced her to "do her wifely duties" like he would say. My mom left him that morning and she took me. She couldn't take my uncle Aaron who was like my brother and like a son she had raised; he was his brother. So she had to leave him.

We went to live with my aunt and my dad came to visit me around my birthday in March. He kidnapped me and got custody of me while they were filing for divorce. I was homeless with him while he was a heroin addict along with Aaron. We were just bouncing all over the place just looking for a place to live. In May of '95 my father was shot and killed by his drug dealer. I was staying at one of his friends' houses. I knew he was going to die that night. Like I knew it then, I knew that was the last time I was going to see my dad. I told him that it was the last time I would see him.

Jackie Gagliardi: How did you know that?

Nikki: I don't know how I knew, I just knew. There was something in my spirit that knew if my dad walked out of the house that night, that would be the last time that I would see him. He said something to me, and I told him "If you leave, I'll never see you again". My dad's last words were, "Wow, you're getting too smart for me," and I had just turned nine.

Jackie Gagliardi: Wow.

Nikki: He left that night and he never came back. I was with his friends and his friends had errands to run, so they were just like, "Well, he didn't come back, and his daughter is here so we'll just take her with us". When they came back they found my godfather's business card on their door and that's when my godparents and my mom found me and told me that my dad had been killed at midnight that morning pretty much. He was shot and killed at the neighborhood corner store where we all went. He was born, lived, and died in the same neighborhood of Chicago. I went to stay with my mom and then she took me to Lynn to visit family. One day I woke up and my mom wasn't there, and she had gone back to Chicago. She left me with my aunts out here in Lynn. My aunts here in Lynn took me to Puerto Rico to my grandmother. I didn't speak any Spanish at all, and my grandmother spoke no English at all. So I had to learn how to speak Spanish late in life. I spent about a year in Puerto Rico with my grandmother and my mom was in Chicago.

The timetable is fuzzy to me because I was like nine or ten years old. Then she came, and we lived out there for like another year. We moved back to Massachusetts and out here my mom started dating a very young man. He was seventeen, she was about thirty-one. While she was at work, he was molesting me at home. When I told her, she told me I was jealous of her relationship and that was the last time I ever told my mom something was going on with me. I was like thirteen...thirteen years old. They ended up breaking up because he cheated on her.

We moved again with family and my mom had to have a hysterectomy. We stayed with my sister's mom and my sister's family for a bit. Then they moved back to Puerto Rico. I still hadn't really overcome losing my father the way I lost him and the way that my parents' marriage had fallen apart. My world was like...my world wasn't great, and my world really was shit to begin with but it was my world; it was what I knew. And overnight it was not that anymore and I took it really, really hard.

For years, it just wore on me, and I couldn't make friends, and I felt...the family had a lot of judgments of my mother, and they passed those judgments onto me. I really didn't have their support. She was too busy at this point, she had broken up with the young boyfriend but she still wanted to live this life; she was a young widow. They weren't divorced by the time he...the divorce wasn't final when he passed. So, she's a young widow and she's been with this young man and now she wants to party, so my mom is out clubbing from Thursday to Sunday. I'm pretty much by myself and I don't really have friends to play with or hang out with. It's at this point that I decide that loneliness is not what I want and I attempted suicide. Actually, I celebrated in May this past month, I celebrated twenty years since my suicide attempt.

Jackie Gagliardi: Wow. I know I keep saying "wow" but you're a resilient woman.

Nikki: And I've only gotten to fifteen! This is when I actually start my issues with the system because I made this suicide attempt. I called the ambulance myself. I had a moment when I was fading and I saw my father, you know, anybody has their interpretation of how this, what this moment was, but my father came to me and was like, "What are you doing?" And I'm just like, "I'm tired. This is not...I've carried too much." And he's like, "But it's not your time. it's not the time for you to be on this side. So I need you to go back and fight and stay." And I'm like...I had a moment where I became lucid. I called the ambulance. They found me in my living room. They took me to the hospital. I'm, you know, given the whole charcoal cocktail. They put me in a mental hospital because I had attempted suicide. So they put me on hold to observe me and then my mother...I don't know what she said to these people, 'cause I wasn't a part of those conversations being a minor. They really went based off of her and not a lot based on what I was saying. I couldn't go home until I was medicated for bipolar. Which I end up finding out later on in life was a mis-diagnosis.

I had one suicide attempt and no other issues. The way my mom was describing my regular teenage bullshit, it ended up getting me medicated. So, the medication really didn't work for me. It made me feel weird so I stopped taking it and just told people I was taking it. I would flush the whole prescription, like, "I'm not taking this." It didn't make me feel right, it didn't make me feel better; it made me feel weird and not in control of myself.

Jackie Gagliardi: So you had...you've always been intuitive.

Nikki: Yeah. Very much so. I learned how much later in life but my intuition has saved me from a lot. Once I ended up in this situation, I started to try to make friends and I made a lot of the wrong friends. I started hanging out. I really didn't have my mom at home so I'm like, "Well, she's not going to fucking miss me," and I just went and did whatever I wanted to do. Then I got...I was attacked. A guy...I was heading home, I was drunk. I had been drinking with friends and a guy pulled me into his van and tried to sexually assault me. He didn't succeed because I fought and got out, but he did manage to get my pants off and he attempted to rape me. I made it home. My mom is yelling at me because I'm drunk and I have no pants on. I tell her what happened, but she doesn't believe me again.

So, she takes me to the police station to prove that I'm lying, because, "Tell the police the same story you're telling me, if it's true." I do tell the police the same story I told her and everything that I could give them from the questions that they asked me. She forced me to do a rape kit even though I told her I wasn't penetrated. I was subjected to what was the worst experience of my life, getting a rape kit, when I didn't really need one. And I even remember the metal speculum that they used pinched my skin. I'll never forget this: standing in a room naked with a bunch of doctors while they comb my hair and dig out my fingernails and...it's humiliating. I'm a sixteen year old girl.

My mom took me home and she started hitting me and that's when I hit her back. She took me back to the police station and they locked me up for a weekend. They let me go back home with her but she was just constantly fighting me and at this point I had realized I could fight her. I was raised that that's wrong, you know, that's horrible; you do *not* put your hands on your parents. But I was sick and fucking tired of just being...nothing. I'm not going to allow this feeling to continue. So that's when I started really getting into trouble. I started getting into fights. I started hanging

out all night. That's when I became very familiar with the Department of Youth Services. Nobody cared to ask me why I fought my mom. It was just, "I fought my mom and I'm a bad person," nobody asked. They were just like, "Did you hit your mom?" and I'm like, "Well, yeah," and they're like, "Well, ok, haul her off." It was the start of a long period of time where I was abused but seen as the aggressor.

Jackie Gagliardi: Yeah.

Nikki: So I do a couple of back and forths with that. My mom keeps trying to fight me. At this point, I'm not letting her hit me and I'm fighting her back and every time I fight her back, I end up back in jail with another assault and battery charge. Domestic assault and battery, domestic assault and battery, left and fucking right. Left and fucking right. I ended up with the Department of Youth Services when I was sixteen to be committed until my eighteenth birthday. I spent seven months in between juvie and a group home. There was a week of foster care in between, and in that week of foster care, the father in the house tried to sexually assault me. They didn't believe me because I hit him, so they were like, "No, she just decided to hit me," and I got sent back to juvie. When I had the opportunity to get out of juvie, I got sent back because I wasn't believed. I didn't actually even care to tell them. I was like, "Fuck it, yeah. You know what, I just hit him. We'll just leave it at that. I just woke up in the middle of the night and decided to fucking kick this guy as he walked through my bedroom. That makes a lot of sense. But ok, yeah, take me back to juvie; it's better than this." I ended up going to a program called the Bishop Rocko House in Lakeview. That was actually the best time I had as a teenager. I was out in the woods, they had a ropes course behind the group home and we all cooked. I had school, I could sit around and read, and...just be a kid. Something I don't think that I had ever been allowed to be.

Then they sent me back home with my mom. 'Cause that's the only way to get out. She kicked me out of the house. I'm not supposed to leave home, that's a rule that gets me sent back to juvie but she kicked me out of the house, so I had no choice. I had to just sit at the daily reporting center from the minute they opened till they closed just so they would know where I was during business hours at least. I turned eighteen and I signed the paperwork and they...I was no longer their problem. I had counseling during that time. My counselor was ok. You know, I'm not going to sit here and sing her praises or say she was terrible. It was nice that once a week somebody took me to go get something to eat, you know. Somebody took an hour out of their day to listen to me, even though they were paid to do it. Once I graduated from the reporting center, that was no longer covered. I didn't have the, you know, coverage to keep seeing her.

Jackie Gagliardi: So Nikki, what ways was this therapist helpful for you, and are there ways in which you wish there had been more done?

Nikki: I felt like somebody was listening. Like for once, in all of the years, the seventeen years up until this point in my life somebody was actually listening to my story and not what other people had written on paper about me or my mom had given them about me. For once, somebody was open to listening to *me*, asking *me* what *my* experience was and not telling me that, "It's not that," but validating that I had my experience no matter what other people would like to make it. It was very short lived. It was just for a few months. Yeah, 'cause I turned seventeen in juvie and I was released, I think I only spent about six months afterwards before I turned eighteen. So yeah. It was nice to not feel judged. I'm sure she wasn't supposed to allow me to smoke cigarettes in front of

her, but I did, and she didn't make a big deal about it.

Jackie Gagliardi: So she was really accepting of you.

Nikki: Yeah, I didn't have to hide or tell the story in a way that made her comfortable.

Jackie Gagliardi: Was she white or Black?

Nikki: Mm hmm. She was a white woman but she had also been through her share of shitty family. I think that's what made her open to hearing me out. Yeah, I remember that "Damn, I miss talking to her," but I could no longer reach out to her; she was a part of the program so it's not like she could be my therapist outside of it. Then I decided I'm going to try to get the fuck away from my mom when I turn eighteen. I met these random people, like I had been staying at a hotel with friends just partying for a weekend and I met these random people and they were like, "Oh yeah, we're going out to California," and I'm like, "I've always wanted to go out to California, so let's fucking go. Anything is better than what I'm currently dealing with so...you know, let's do it." I hop in a car with four strangers who I just met and drive from Massachusetts to California. They actually were sex workers. I was told I could help them by sitting in the room with the girls and making sure if a guy got crazy I was there to help the girl if things got physical. Be safety, security, somebody that could be there and help her but not intimidate the client. So I was doing that, and then when we got to California officially, we were settled in, it was like, "Oh, you're going to start doing this," and I'm like, "That's not what I signed up for." I got stranded in California.

Jackie Gagliardi: How old were you?

Nikki: I was eighteen. Newly eighteen, I turned eighteen in March, and this was in May or June. I'm just like out here in Orange County and I know nobody. A young man comes up to me. He offers me a ride and I'm like, "Uh...I can't tell you where the fuck to take me because I don't have anywhere to go." He and his family ended up helping me out so I could get in contact with my family. It was a Mexican family...out there. They helped me get in contact with my family. I was able to get my birth certificate, social, and a plane ticket back to Puerto Rico to go be with my family. When I get to Puerto Rico, I realize my mother has fed my family all the stories that she could possibly feed them. Everybody is afraid of me. They think that I am an abusive drug addict, and that I'm just here to steal from them. I had never stolen from my family.

Jackie Gagliardi: Had you been doing drugs?

Nikki: I had a period of time where I did ecstasy but my family assumed that when I was in California I was...must've been—and I wasn't. I wasn't doing drugs, I was smoking weed like any eighteen year old is. But I wasn't doing drugs, and they thought that I was doing drugs.

Jackie Gagliardi: So they saw you through the eyes of your mom.

Nikki: Yeah. Like I was just some recovering meth head who's coming out to Puerto Rico to dry out and I wasn't. That was what I got from them. I stayed there for a year and then my mom said she was really lonely. She had moved back to Chicago. I was like, "You know, I can't let her be lonely," and I moved back to Chicago. I stayed with her there and in 2007 after I turned twenty-

one I had my first son. I had my oldest son Kevin from an abusive relationship just like the one my parents had.

When I was a few months pregnant with him, he, the man, his father tried to choke me. He tried to induce a miscarriage 'cause he didn'tt want to admit...to the other girls he was sleeping with that he had gotten me pregnant. I had Kevin by myself. A single parent. His dad never did anything, just, you know, gave me a shitty relationship and whenever the fuck I let him around me he would hit me.

The last time I took it, when I finally really fought him, I had fought him before but this time I really fought him, he tried to choke me. Kevin was like three months old and I was holding him. He choked me up a wall, I started to pass out. He ended up letting me go 'cause I kicked him in the nuts and then I cracked him in the head with an ashtray. Then I never really had physical contact with him after that. We still talk here and there; there was a good amount of years I just couldn't let go of that relationship. He reminded me so much of my dad.

Then I had Logan. Oh, I moved...actually, I left Chicago when Kevin was three and moved back to Puerto Rico because my mom is terrible at managing money, and she always has been. That's why we always moved so much, because she sucks at paying the rent. So we had to leave and we moved back to Puerto Rico. My sister had just had a son and she asked me to come help her 'cause she's in the military. Sometimes she had twenty-four hour shifts and she didn't have daycare. So I was like, "Sure, you know, I'll come help you." I went out there to help her. I was with her for like a couple of months...for like a year, maybe.

Jackie Gagliardi: Was she your mom's daughter?

Nikki: She is my dad's daughter and my mom's niece.

Jackie Gagliardi: Ok, that's right.

Nikki: So I stayed with her for a while. She had a boyfriend...she had a fiancé at the time and I helped them with the baby. Then they were moving, they were getting re-stationed, and they were thinking of moving to Washington State. I didn't want to move that far away from where my mom is 'cause she was in Puerto Rico at the time. So I chose to go back to Chicago to try to start life on my own with my son, you know, finally do it my way. It didn't work out. Kevin's family said that they would help me but they ended up just using me as a babysitter and not telling me all the places I could go where I could get the help I needed to get on my feet. So I ended up not doing well; I ended up homeless with Kevin and bounced around for a couple of months. I talked to my mom and she got me a ticket...me and Kevin tickets to come out here. They're like, "Oh yeah, we'll help you." My family out here was like, "Yeah, we can help you out." Whenever I come out here, nobody can help me. So I end up homeless again. I spent a month trying to get into a shelter out here in Massachusetts and was met with a lot of resistance and a lot of ignorance. I was asked a lot of questions that I didn't see other people being asked. Then finally after a month of trying, and talking to legal aids that were outside of the DTA office helping people who were being denied shelter, I was able to get them to give me a voucher and a placement in the shelter. I moved into a shelter in Revere with Kevin.

After what was now months of homelessness and struggle, I finally had a place for me and Kevin. It was a pain in the ass to have to do all the paperwork you needed to do to even be in the shelter and all of that, but we were lucky to have a shelter. We were in a shelter where we had a little apartment, so we had our own. We didn'tt share a bathroom or a kitchen with other families. We had a little room with a living room, a little kitchen and bathroom setup—like a mini apartment. I signed up for every housing authority that was accepting applications. My case worker would bring me stacks of applications daily and by the end of the day I was leaving them in her office like, “They’re all filled out. Whatever you can get me. I don’t care where you send me. I just want to be able to take care of my son.” We moved into a shelter in September and in December we were offered an apartment in Brookline. I didn’t know much about Brookline but I was like, “It’s an apartment so I’m going to take it”.

I came out here, I had to do an interview with the Brookline Housing Authority and I, you know, did everything I could to sell myself to these people so that I could get this apartment. I was accepted into this program—it’s like a nine-month program where I was on a trial basis. As long as I didn’t give them any problems and lived by the rules, the apartment would become mine and I could sign a lease and officially live there. I did well in those nine months, and I signed my lease. That was my first apartment on my own with Kevin.

Then I had Logan in 2014. He was born premature at 26 weeks. He spent ninety-seven days in NICU, came home for two months on oxygen, he was diagnosed with Autism and around that same time Kevin was diagnosed with ADHD, anxiety, and all types of stuff. So I’m dealing with two special needs children. When I got the diagnosis for Logan, I found out that I’m pregnant with Wade. So now I have my three boys and things are not easy. Nobody is noticing that I am not well. I have people coming in and out of staying with me, and me helping them out, but not noticing that I am...I’m...the only thing that was probably keeping me from going into the darkest places was the fact that these little kids needed me. I can’t give up completely. I have to be there for them. They don’t have anybody else. Their fathers were not involved. Kevin’s dad wanted nothing to do with being a father. Logan’s dad wanted nothing to do with being a father, and neither did Wade's father. I was completely on my own with all three of them.

I fell into a really deep postpartum depression and my house was really dirty and just bad. It had gotten as bad as it could possibly get. I met my husband. We had met—we were just meeting friends, and then we dated, and he was trying to help me get things in order, and we were. That’s when my mom realized that she has no more control over me. We buried her mom who was the only source of unconditional love I ever knew. Even though I didn’t speak the same language when we first started living together, she...she’s everything. She was, you know...I say my spiritual mom because she taught me everything: how to be, how to take care of yourself, how to cook, clean, and...she taught me how to catch chickens and all of that shit. How to plant, how to grow, how to do everything. But we lost her.

My mom is now trying so hard to still have this control that she’s had over me my whole life and I’m pulling away. Kevin wasn’t doing well in school. I was like, “Him and my mom get along really well. And I know she’s really lonely right now and Kevin’s having a really hard time in school.” So I talked to her, like, “Hey, what if Kevin comes to stay with you? You know what I mean...for a little bit. Maybe even goes to school over there for a year.” She lived in Lynn. I’m like, “Maybe he’ll get a break from whatever he feels is going on over here and I can get shit together with

Logan's new diagnosis and getting him set up with his IEP, an early education, and all of that. Kevin can feel like he's getting that undivided attention he really wants that I cannot give him right now. My mom would feel like she has somebody to take care of and to be there for. They were very close.

A week into Kevin staying with my mom, my mom files a report with DCF saying that I refused to help her with Kevin. It's only been eight days and we haven't talked, like, "You haven't asked me for anything." She called off work. She told DCF that she had to take a leave of absence for two weeks. Kevin had only been with her for eight days. Kevin had lied to his teacher and told him that I gave him a marijuana brownie. That created a DCF investigation. My house wasn't great, like I had really let my house fall apart and that's the part...that's the part where I know I was wrong. Where I wasn't on my shit the way I should've been. The other accusations were lies. The other stuff was completely bullshit, but the condition that my house was in, that was completely on me. So they considered my house to be unsafe and all of the information my mom is lying about and the things that Kevin said and all of that. They told me I had to surrender my kids to DCF custody.

I called everyone I knew. Even people I hadn't spoken to. I called the kids' dads, like, "Please just come take them until I figured things out." Nobody would keep them together. Nobody could take all three. They would take one, the one that was close to them for whatever reason. I couldn't get anyone to take all three of them and they ended up separated for the first time in their entire lives. Logan ended up getting hurt in foster care. He got his whole face scraped. Kevin was bounced to a couple of foster cares in two days because he was so hard to deal with. The foster parents that had Wade who was a year old, a toddler at the time, wanted to adopt him. So I made a deal with the devil. I let my mom take my kids so that I could keep them together and work. I knew her need for people to see her as a good person would keep her from hurting them. I knew it was about to be hell to get them back. If I had left them in foster care, I probably would've gotten my kids back in six months. She would try everything she could to make life hell and I wasn't allowed to talk in court. She would just come up with her bullshit and it took me eighteen months to get my kids back. I didn't get to see or hold my kids for four months.

Jackie Gagliardi: Nikki, I just want to ask you...I know this is really difficult for you, and you know, you're crying, and I'm wondering if you want to stop for a few minutes or do you want to continue?

Nikki: We can keep going. I have to eventually be able to tell this story without crying, so...um, I did the...I played monkey for the circus, again. After I did it as a teenager, I'm doing it as an adult. I have to do parenting classes and therapy and I had to pay to see my kids. Like I had to pay to visit with them.

Jackie Gagliardi: What do you mean you had to pay to visit with them?

Nikki: She wouldn't let me see them, she was afraid of me. I didn't threaten her with any violence. I didn't say, "I'm going to beat your ass," or anything like that. The rudest thing I said to her during that time was, when my kids were taken that night, after court and Kevin called me from New Jersey, he was scared. He was like, "Mom, I don't know what to do. I can't sleep." I'm like, "Don't worry, buddy, I'm so sorry. I'm going to do everything I can to fix this." You know what I

mean? They took the phone from him and I didn't hear from my son for four months. That night I was so mad...I was hurt, I was upset, I had been drinking. I texted her, and I said, "You just couldn't leave my life alone. You had to have it your way and I hope that you feel every ounce of the pain that I'm feeling right now. I hope one day you feel it personally." It was like the way I said it, I guess. I was like, "I hope that the tears burn scars in your cheeks. And I hope that the day that death comes to take you it finds you completely alone like you've left me right now." I can't say I didn't mean that. I did mean it. I meant it. I didn't say, "I hope you die," which is what she brought to court.

So that's where, "Oh, she's afraid of me." My mom...the reason why my mom really was afraid of me is 'cause she knew she betrayed me. She knew she had betrayed me and knew that we had physically fought before. Now I am significantly bigger than I was when we fought before and I have a real reason to be fucking mad at you. So she was afraid that if I came to her house I would beat her up; that I would fight her. So I spent four months crying on the phone, right? I was leaving the DCF caseworkers—my caseworker, her supervisor, and her supervisor's supervisor voicemails. I was leaving them full, calling them every day like, "Please can I just see my kids? I'll come to the office, and even if it's just to hug them, you know what I mean? Can I see them at court?" But they wouldn't let me. So until I had set up supervised visits that I had to pay for, I wasn't allowed to see my children.

Jackie Gagliardi: So you were in Brookline and they were in New Jersey?

Nikki: They were in Lynn by the time they went with my mom. Kevin's foster...one of his foster homes was in New Jersey, I guess.

So...I let my kids go with my mom. My mom then tries to get me put through a neuropsych evaluation. She tries to tell the courts that I'm crazy, that I've always been unstable. The first thing in the affidavit for this court case is that...the first thing they mentioned is my extensive history with DCF as a minor. So, I actually did everything...I had a great lawyer. I'll always thank my lucky stars for the attorney that I got, and she was a wonderful Black woman who really was about seeing what it was and that a lot of people are not given the opportunity that other families are given. There was a white family in the same court that actually was in the wrong and they hadn't lost custody of their children. Here I was a single mother of color just trying to make it and going through depression because of being left alone and having kids with special needs and all of this, you know. My oldest has ADHD, anxiety, and depression. My middle child was born with lung issues, born too early he has Autism; he can't speak. My baby has a dairy-protein allergy and spends a week in the hospital at a month old. I had a lot to be sad about—that I was not able to take care of them. I was never given a moment to sit down with a therapist and unload all that parenting had done to me, and all that I was having a hard time dealing with.

It ended up getting to that point where DCF was able to use it all against me. My attorney tells me, "So this is what you're going to do. You're going to call and you're going to get yourself a parenting class. And you're going to call and you're going to get yourself a therapist. And you're going to call your housing office and if they're not going to do anything about fixing your apartment, you're going to call the Department of Health. You're going to get everything taken care of." And she told me everything to do and I did—everything she said. I tried to get a neuropsych evaluation, 'cause they wanted one, because my mom had convinced them I needed

one. And I was like, “I have no problem sitting down and doing whatever it is that you want me to do.”

So I asked the Brookline Center and they're like, “Well, we don't do them for court reasons.” So, I'm like, “Ok.” I reached out to another agency and they're like, “We also don't do them for court reasons.” So I have my DCF caseworker give me a referral. She sends me to Beth Israel, they call me a few days before my appointment and they're like, “Why are you having this evaluation?” And I'm like, “The court! They want me to have this evaluation,” and they're like, “But for what?” And I'm like, “I don't know. They didn't tell me for what. They just said they want me to have a neuropsych evaluation and I made the appointment.” “We don't do them for that. You know, they'd have to find a court-appointed therapist to do that.” So I have all of these agencies write letters saying that they can't just do something because they want to know if I'm crazy because my mom didn't like a text message she got. They end up dropping that. But I stay in therapy, I see them weekly, I was going to a weekly parenting class, and meeting with other parents in the same situation as me. That is where, actually, my want to help others understand sparked.

I couldn't get my caseworker to understand what I was going through for shit. She was just clueless, you know? She hadn't been through that type of shit, she didn't know what the fuck I was talking about. Meanwhile, the women who ran the parenting class were women of low income who had been on welfare, who had been through all of the government assistant programs that people go through. They knew what these women were talking about. I saw the difference in how people were responding to the caseworker who's completely fucking clueless and how people responding to these women who they felt more connected to. Even though it was a white girl who ran the program, she knew everything; she took in what she heard from us.

I realized how many people from my generation are feeling the same way: They're like, “What the fuck did I do? I was doing better than my parents ever did for me. Somehow, I'm still wrong. My parents gave me a key when I was old enough to reach locks, said, “Go ahead: figure that shit out. But I'm here with my kids and I'm wrong. I get it that I'm not doing perfectly but why aren't you helping me?” And that was just what I kept hearing from everybody: “Why are they not understanding that I need help? I don't know how to do this.”

I realized we're a generation of parents who aren't good parents, but not because we don't want to be good parents but because we never had good parents. We don't know how to be good parents. Where did we get the example from? My spirit really was stirred to like...I feel our story needs to be told. They need to hear this. So eighteen months of fighting and babysitting my children from my mother, traveling to Lynn to be her nanny. It was not what I wanted but I did everything that I was asked. I played monkey for the circus. I entertained the crowd and did everything that they asked me to do. My oldest son decided not to come home. And that still hurts. Because the person who had ruined my life has now taken over my son. And in order to get him back I have to let him go. I can't fight him. I can't fight him to preserve...

Jackie Gagliardi: Does he not want to come back?

Nikki: No, he decided to stay with my mother. I got my two youngest back, luckily. Um, they've been in my custody going on two years now they've been home. I moved out of public housing and one of those applications I made in the shelter eight years ago paid off and I got my Section

8. I was able to move into a nicer neighborhood with my kids. My mom was still trying everything she could. The case is still open because my mom hasn't finalized the custody paperwork for Kevin. There's not a single point in my experience with DCF or any type of government agency where I felt understood, where I felt that the time was taken—other than in therapy; it was the only place I could... Katie has been amazing at being open to hearing everything, even if she doesn't personally know from her experience, even if it's new, a new concept for her, I've been able to come there and feel validated that...and hear somebody tell me, "Hey, you know all those things your mom tried to tell you you were? As someone who's a professional and who has spoken to her for all this time, I can tell you that that's not it." That's been so useful for me in helping me find the strength to really stand on mine and know that I'm not...I'm not what you tried to make me out to be.

Jackie Gagliardi: Mmm hmm. So what would you want DCF workers to understand?

Nikki: That sometimes when you get a report, it's some vindictive bullshit. You're fucking with people's lives over somebody else's story, and you didn't bother to really investigate if that's really going on. I had one meeting with DCF before they decided to take my kids. It wasn't like I saw them a couple of times and realized that I wasn't making any improvements or had tried to work with me; that's not what happened. You had a meeting with me and then you asked me to give up my kids. So by the time that I was without my kids and was asking for your help, you weren't helping me.

Jackie Gagliardi: Right, so for other mothers that have gone through stuff like you, you said that one of the most helpful things besides counseling, um, was this group of women in your parenting group. And that...

Nikki: It's knowing you're not alone.

Jackie Gagliardi: Yes. But I have some questions for you. I'm just struck by your resilience, you know, it sounds like trans generationally things have been the same, you know, in terms of abuse. And yet...in parenting, that's been destructive. Yet, somehow you're breaking the pattern. I know that...I think you had mentioned that you're married now...

Nikki: Yes.

Jackie Gagliardi: ...that you have two of your three kids back, that you advocate for your children at school, So you've broken a pattern, broken this chain. I'm wondering, hearing your story, how that happened?

Nikki: I...I guess I always had this feeling that I'm meant for more.

Like this isn't all that your life is supposed to be. Yeah, even though my mom tried to make me believe I was this terrible fucking person, I refused to believe it. Something in me, though so much of me did get beat down by it, there was something in me that refused to accept that. Even though I had been done wrong by my romantic relationships, there was something in me that knew that that wasn't going to be forever. I guess hope? When it comes down to it.

Jackie Gagliardi: Yeah, having that hope.

Nikki: Hope that I...just the hope and the faith and the knowing inside that I am meant to be happy. This is temporary.

Jackie Gagliardi: And how did you choose your husband? What's he like?

Nikki: He is amazing, definitely way more calm than I ever have been in my life. He's still water to my chaotic fire. He just showed up to my house, I met him through a friend. We became friends and we talked and hung out, had a lot of really nice conversations, and then we started a more friends-with-benefits situation 'cause I found him attractive, he liked me. We realized we had feelings for each other, and I told him, "You know, if you are going to be with me, you have to take on my kids. Even if we don't work out, stay in their life. Because they need it more than I do. They don't have a father; they don't have a male role model; I don't have a brother or an uncle to give them. They need this. So, if you get close to them, no matter what happens with me, stay close to them 'cause they need it." That was something that always stuck with him: that I was willing to say, "Even if I'm trash to you, don't leave them," and we started our relationship and he just was there for everything. He never did what everybody else did. He didn't walk out on me, he didn't turn his back on me, he didn't use my pain against me. He just was everything I didn't know that people could be for you. He showed me that a man that didn't make your children can love your children.

Jackie Gagliardi: So you really broke the pattern.

Nikki: Yeah. Yeah.

Jackie Gagliardi: Nikki, I am so inspired by you. And...

Nikki: Oh, well, thank you.

Jackie Gagliardi: ...your story is inspirational and it's profound what you've gone through. And the person that you've become. You know, it seems like you've taken all of life's hard knocks and where you could've been destructive in your life, you just have turned it around to being a loving, caring mother, and wife. And in return you chose someone who is very different than the men that you've known in your life. So, thank you for telling your story.

Nikki: You're welcome. I'm sorry it had to be so like "Whaa!"

Jackie Gagliardi: No, it was perfect. And I hope we get to meet again sometime.

Nikki: Me too, me too. And I'm happy that, to know maybe how much this has helped people to take a moment and be like, "You know what? There's a people out there that could use a little more love..."

Jackie Gagliardi: And understanding.

Nikki: No, like I said, we want to receive it. Like, we are...an abandoned generation of people, an abandoned group of people, but we never lost sight of wanting togetherness.

Jackie Gagliardi: Right, and wanting, like you said, a better life.

Nikki: Right. And to heal. To know that we are meant for more, because nobody wants to believe that they're meant for pain.

Jackie Gagliardi: Yes.

Nikki: Yeah, I'm glad to be where I am today. And I'm even grateful for this story that I just told you that seems so overwhelming—I'm grateful for that story 'cause I get to enjoy this so much more because of that story.

Jackie Gagliardi: Yes. Thank you so much!

Nikki: Thank you in return.

Jackie Gagliardi: I think your story needs to be told to other people. I work a lot with adolescents, and I try to get their story 'cause their story is often different from the way people see them. It all depends on the lens you look through.

Nikki: Which is weird. Now that my son's a teenager, we seem to have better communication. 'Cause I've not forced him to come back; I've respected what he's asked, but I never left his life. I'm here when he needs me. When he came out as bisexual to my mom and she blew up; he came out to me and I'm like, "Ok."

Jackie Gagliardi: So you accept him no matter what.

Nikki: He's like, "Wait, you're not mad?" I'm like, "Dude, I'm bisexual." He's like, "You are?" I'm like, "Ahh, you didn't know. Look at that, we get to be what we want to be and nobody has to know about it." And I'm like, "No, but whatever you do with your life in that romantic way, that's got nothing to do with me, buddy. I just got to open my mind to who you're going to bring over for Thanksgiving eventually. That's it."

Jackie Gagliardi: Wow. So the positive unconditional regard that you didn't get from your mother, you have been able to give to your children.

Nikki: Yup.

Jackie Gagliardi: That's pretty awesome. So thank you, Nikki. And hopefully I'll see you again.

Nikki: Hopefully. And yeah, I'm looking forward to reading what's transcribed.

Jackie Gagliardi: Ok thank you. Bye bye.



HEALING THROUGH HISTORY: THE MENTAL HEALTH IMPACT AMONG ASIAN GRADUATE STUDENTS

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The hate towards Asians has been more visible since the outbreak of Covid-19; however, it was not acknowledged until March of 2021 when the media began covering selected attacks. Despite the rise in public awareness regarding Asian hate, the seemingly lack of response from various institutions, particularly academic institutions, was disappointing. The way professors continued to teach and expected students, especially Asian students, to progress throughout their day as normal was heartbreaking. When the Black Lives Matter was at its peak, time was dedicated towards discussing the current events and checking on the well-being of the students. However, the same could not be said when the Stop Asian Hate movement garnered attention. Any response that was produced radiated the aura of performative allyship - another equity inclusion task checked. The authenticity of including the pain Asians and Asian Americans were experiencing in the narrative, was absent. Although nothing could have prepared professionals and students of the Asian community for the terror that has been unraveling, there was an expectation to at least hold conversations to perhaps suggest how to support individuals hurting from the current events.

The neglect to discuss the current events is a covert act of oppression that further perpetuates the Model Minority Myth that most, if not all, Asians fall victim to. The discrimination and hate crimes towards Asians are not new - perhaps the name Vincent Chin, may now ring a bell. Despite President Biden's condemnation of xenophobia - he called it "unacceptable and un-American," hate crime is continuing, and the damage of "Kung-Flu" and "Chinese-virus" is spreading like wildfire. The types of discrimination that the community have been experiencing included verbal harassments, physical assaults, civil rights violations, and online harassments. There have been, almost daily, reports of individuals being called derogatory names, told to "go back to where they came from" as if they are perpetual unwanted foreigners. Reports of elderly Asian individuals being shoved, Asian individuals getting punched while simply walking down the streets, backpacks getting lit on fire while waiting for transportation, and many more - yet, the media only covered a few. For Asian individuals, there are news outlets such as NextShark

on social media that allow the community to be informed about the frequent attacks and unite. Without a doubt, such experiences have detrimental impacts on the mental health and well beings of Asians and Asian Americans. A Stop AAPI Hate follow-up survey conducted by Saw et al. 2021, concluded that one in five Asian Americans who have experienced racial trauma show the signs of the psychological and emotional harm caused by racism (Saw et al., 2021). Asian American individuals who have experienced racism possess increased symptoms of depression, anxiety, stress, and physical symptoms (Liu et al., 2021). Not only that but, experience of racism during Covid-19 is found to be more associated with Post Traumatic Stress Disorder (PTSD) symptoms (Hahm et al., 2021). Between mid-March and early August 2020, over 2,500 hate incidents against the AAPI community have been recorded - and that number increased to 6,603 reported incidents by March 31, 2021 (Jeung et al., 2021).

The Biden Administration passed a new bill to address hate crimes against Asian Americans. The law mainly strengthens administrative systems intended to identify and provide consequences on hate crimes as well as encourage the creation of state-run hate crimes hotlines, provide grants to law enforcement agencies to train officers to identify hate crimes and provide public education campaigns about bias against people of Asian descent. Illinois, just recently, became the first state to require an Asian history curriculum via the Teaching Equitable Asian American History Act (TEAACH Act). Despite the long history and footprint that Asians have left in the foundations of America, the stories are just now being required to be taught in school. It is interesting that even though research suggests a function of teaching children about their race and identity is to help them recognize societal discrimination (Hughes et al, 2006), there is a lot of hesitancy to be inclusive in schools' curricula.

Personally, the events have impacted me tremendously both emotionally, mentally, and physically. I was, and still live in constant fear for my safety as well as my family's and friends'. As I think about each trip outside, I think about self-defense strategies, I think about all of the possible dangers that can happen, I think about whether or not I should dye my hair to make me look less Asian from behind to prevent an attack, and sadly, I also think about the potential goodbye if the worst case scenario happens. Each day has been traumatic, and I notice that my body has responded to the trauma. I noticed that I am shutting down in more ways than one, yet I have to put on a brave face to work with clients and be in class. It has been extremely exhausting because with clients, some of my clients are of Asian descent and they share with me their fears about the current world events, and in class and at work, I must provide the educational and advocacy piece for the community. Every corner I turn, everywhere I look, I am being bombarded with this sense of fear and hopelessness and it definitely is taking a toll. During the forums that my academic institution held and the conversations that I have had with peers in classrooms as well as at training sites, I could not help but think how lucky some people are because they are White or White passing. The way they look does not make them an automatic target; it takes a little bit more investigation before they are deemed a target. That is not to say they do not have their own pains and struggles; it is to say that race is one factor that they do not need to worry about when they are walking down the street or sitting in front of a client in fear of being a target.

The Introduction to Asian Cultures: The Asian Experience in the United States course — which debuted through William James College's Asian Mental Health program, the first psychology graduate program with a concentration on Asian mental health — was my savior during the difficult time. The novel course introduced current research on Asians, including

history, impact of colonialism, community life, language experience, arts, education, politics, economics and health and well-being. Core issues such as intra-Asian diversity, the role of family, immigrant versus refugee status, acculturation, culture shock and social adjustment, generational influences, the “Model Minority” myth, and racism and discrimination as they impact Asian identity formation were addressed. When practicum site failed to provide support from the get-go even though it has a large Asian patient population, when school failed to include Asians in the narrative - this course became a security blanket. To be able to partake in this class has provided an incredibly safe space for me to be vulnerable and explore what it means to be Asian American. I believe that through this class, I was able to grow into my Asian identity and become prouder to be Vietnamese American. There used to be a part of me that was embarrassed that I was an immigrant — a nagging piece that told me *you’re not good enough, you’re not like the others*. Reflecting now, the only feeling I should have ever felt was pride and gratitude. The sacrifices that my parents made and continue to make allowed me to be where I am today. What a privilege it has and continues to be to be able to help and support my parents in achieving the notorious American dream. Those moments of balancing the two cultures, both struggles and successes, are part of my immigration story that I should highlight, embellish, and cherish.

Prior to these past few years, I never truly thought about what it meant to be an Asian in America — and that was a privilege to be *that* blissfully ignorant. When I was prompted to think about the hyphen between the words “Asian-American,” it was as though Pandora’s Box had opened. Something about that hyphen suddenly made my experience here in the US make a lot more sense. A part of me has always felt that you needed to pick a side because I was always too this for that and too that for this so it was a constant switching on and off — wearing different hats to accommodate whatever space I was in. Thinking about that little punctuation allowed me to recognize that I can be *both* at the same time and that it was *okay* to be both without needing to “switch” identities depending on my environment. Deep down, I believe I have always been genuine and treasuring both the Vietnamese me and the American me, but I think being able to visualize the hyphen as a balance with Asian and American as sides of a scale brought that belief to cognition.

I do not think there will ever be another experience or moment like this class. The way we all were supportive of one another, the way we learned and grew together, the bond that we all formed with each other is indescribable. I have never enjoyed a class so much and I have never been challenged so much to look at myself, my identity, and what that all means for Thanh as a clinician. The welcoming environment truly enabled us to dive deeper and explore our histories and experiences. Although I have had diversity courses and disparity courses, not a single class allowed this level of discussion and exploration. Aside from the academic gains, I am struck at how we all have bonded and befriended one another. I have never been in a class in which all of the students share similar stories as I do and *look* similar to how I look. To be in a room in which we do not explain ourselves or our experience or provide details but yet we understand each other, is just so refreshing. To be in a room where you feel like you belong is like breathing in fresh air. To read reading assignments and be able to identify and relate to and feel represented has been exhilarating. The Asian history was never taught in history class or mentioned in any classes throughout my academic career. To be able to learn about Angel Island was validating that Asians belong and will always belong here – we have history, and we have deeply ingrained roots. To experience all of that during the time of division - to be able to speak my truth despite my voice shaking and my words possibly falling on empty ears - to be able to grow and make my mark as

as an Asian American woman, and one who unequivocally deserves her space in this Melting Pot, has been profoundly transcendent.

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NEW ENGLAND JOURNAL OF
RELATIONAL & SYSTEMIC PRACTICE

DEFINING CULTURAL HUMILITY: SURVEY REFLECTIONS

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Editorial Team – New England Journal of Relational and Systemic Practice

In the last 18 months, we've observed how different professional sectors are engaging with antiracism and antioppression education and advocacy.

The field of history and education, for instance, are redesigning textbooks and historical curricula to include national events that have previously been stricken from the record books. The telling of the Mississippi Black Codes, and plethora of other legal processes that Confederate states used in the late 19th and 20th century to reinforce white supremacy. The 1921 massacre in the Greenwood District in Tulsa, which obliterated Black bodies, businesses, and homes. The Longview Texas race riot in 1919. The Tampa Bay Race Riot in 1967.

Human resource departments have invested billions world-wide to invest in antiracism and cultural humility training, and thousands of small businesses have been created to provide those educational services. Development offices in non-profit have created grants and programming specifically for anti-oppressive work, with more donors obliging to give more money to these causes this year than ever before.

The field of psychotherapy is in the early stages of acknowledging and addressing ways that racist ideology have informed professional practices. While other professions have created new standards, with an expectation that individual employees and companies will follow, it seems that the field of psychotherapy has taken the inverse approach, where individual therapists gather a dedication to antioppression causes and use personal platforms, like social media, to try and build exposure and connection. We have a long way to go before we begin to dismantle the racist systems within our practice: the diagnostic code, the phrase “medical necessity”, and the limited funding that insurance companies provide to relational therapists, to name a few.

So, in the mean time, the *NEJRS P* editorial team asked therapists the following questions to assess how therapists are engaging in their own personal growth with regards to cultural humility. Our editors have followed with their own analyses.

- 1) What is your definition of cultural humility?
- 2) What are ways that you are/are not practicing your definition of cultural humility?
- 3) What are concerns that you may have around initiating a conversation about race?

Beverly Ibeh: How Do You Define Cultural Humility?

Throughout our education as clinicians, we have learned about the foundational benefits of cultural competency as an utmost importance in the clinical or health care relationship. It is a clinician's role in conjuring respectful, lasting, and culturally-aware interpersonal relationships with the individuals that seek to access our services. Throughout my graduate school education, cultural competency felt unlike many other theoretical concepts as it gave off the illusion as the quest for specific attainable knowledge about another person's cultural artifacts, values, governing bodies and generalized truths from those we had come into contact whom identified with that cultural background. It was an idea and a tool we learned could transform our skills as clinicians and in turn improve our client's experience of sitting with a largely homogenous cohort of health care and mental health clinicians with a handful of clinicians from diverse ethnic and racial backgrounds.

In 1998, Dr. Melanie Tervalon and a health care educator and administrator, Jane Murray-Garcia, introduced the concept of cultural humility to identify gaps in our practices and beliefs about culturally sensitive and responsive care. In their offering to the literature, they advocated for a re-examination of our own internal biases that ultimately influence and many times hinder adequate patient care. As clinicians reported on the survey, it means being able to "hold that we are all looking at the world from our very specific cultural experiences, privilege, slants, and that to assume that is the right or only way to experience the world is the opposite of humility." For many White clinicians that aimed to further experience this interrogation of themselves and worldview, they believe that practicing cultural humility through a social justice lens equates to a "humbleness and awareness regarding one's own, including my own, experience of being white and doing the experiential world-view change work, including self-of-the-therapist work, to see others through an anti-racist lens in order to become a better ally, advocate, activist and ancestor." Another clinician asks critical and thought provoking questions about the field's assumptions and understanding of cultural humility and ponders on whether it "obscures White supremacy", perhaps by making the assumption that Whiteness is the center and we must engage in intentional acts to immerse ourselves in understanding the worldview of other's that fall outside of that identity group.

The fear that often becomes a barrier for many clinicians to engage in this type of introspection greatly hinder one's commitment to acquiring greater "understanding that you don't know anything, being open to learning, and admitting when we've made mistakes", as another clinician commented on the survey. One clinician explicitly states that humility is not to be a goal post to acquire as previously assumed with the term "cultural competency" but rather a "...never ending process of examining [their] own cultural identity and privileges and creating space to honor, hold, and be curious about the cultural differences around [them]."

REFERENCE

Tervalon, M., & Murray-Garcia J. (1998). Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9(2), 117-25.

Jacqueline Gagliardi: Practicing Cultural Humility

Throughout many years as a Couples and Family Therapist and educator, my ultimate goal has been to graduate students who are culturally aware and sensitive and to be a practitioner with these goals in mind. It has become imperative to also develop cultural humility in ourselves and in our students.

The difference between being culturally competitive and sensitive versus practicing cultural humility is significant. Possessing cultural awareness and sensitivity is to acknowledge and be sensitive to one's culture, as well as exploring personal beliefs and biases. Although this is an important objective, cultural humility is a much loftier goal. The National Institutes of Health defines cultural humility as "a process of self-reflection and discovery in order to build honest and trustworthy relationships." According to the Hogg Foundation for Mental Health, "In order to practice true cultural humility, a person must also be aware of and sensitive to historic realities like legacies of violence and oppression against certain groups of people."

In our discussion as editors of this journal we decided to survey our members and ask them what their definition of cultural humility is and in what ways they are practicing their definition. The responses included: "Working with anyone who asks for services," "Cultural humility is a humbleness and awareness regarding one's own, including my own, experience of being white and doing the experiential world-view change work, including self of the therapist work, to see others through an anti-racist lens to become a better ally, advocate, activist and ancestor." Another wrote, "An ongoing and never-ending process of examining my own cultural identity and privileges and creating space to honor, hold, and be curious about the cultural differences around me. I feel like at times cultural humility feels like a misnomer. Does it exist? Does it obscure white supremacy? It feels nuanced."

Although the responses varied there was an overarching theme of acceptance, sensitivity, self-reflection, respect, and appreciation of differences. These responses came very close to NIH's definition of "a process of self-reflection and discovery in order to build honest and trustworthy relationships."

When queried, "What are ways in which you're practicing your definition of cultural humility" the responses were again varied, but with a theme of acceptance and of addressing race in the therapy room. One respondent wrote, "In working full time as an LICSW and CST (AASECT Certified Sex Therapist) and using a systemic therapy approach, I'm able to competently address race in the therapy room to reduce distress in individual, couple and family systems as an ally, advocate and activist against discrimination and oppression. I'm also currently taking the 18 CE 'Anti-Racism' course with NEAFASST and the State of Therapy 2020, and working, via a petition I created, and in communications with the NASW to require that social workers, and therapists of all disciplines, be trained, in an ongoing fashion, in high-quality experiential anti-racism coursework, particularly the current 18 CE anti-racism experiential training I'm taking to create familial, communal, national, and global change."

Responses to "Are you having conversations about race, ethnicity, and racism?" included "Yes, in all parts of my life," while others stated, "I try to really listen to what I'm saying and reflect

if I've done or said something that engenders or promotes the tenets of white supremacy and to acknowledge it internally and externally,” and “I do try to have these conversations, especially with my clients who are minorities. As an individual who is Caucasian, I try to start services letting people of color clients know I try to be an ally, but I am human and make mistakes and to let me know if they think I am not being considerate of their experiences in this moment as it will not offend me. I try to give space to talk about the impact of current issues in America or abroad that may impact them, validating their experiences as best I can. While most of these conversations are happening intentionally professionally, with clients, due to my continued use of Tele-health to provide services, I've not had the opportunity to have as many of these conversations with co-workers who are also professionals. I do also try to challenge family members and friends in the moment when something unkind is said about another individual based on race or ethnicity.”

Responses to “What are the areas that you’re not practicing your definition of cultural humility?” varied from “there are no areas” to “I feel that I may not do this as frequently, professionally with co-workers, some of that being due to my agency still being remote, though I do not doubt that my co-workers are doing their best to practice cultural humility. Personally, I am not being as consistent, even before the pandemic, I may have let ‘jokes’ or ‘small comments’ slide when I should not and that is something, I need to be more intentional with and am trying to work on.”

In their self-reflection and definitions of cultural humility, the ways in which they are practicing their definition of it, and their conversations about race, ethnicity, and racism, our members’ varied responses expressed poignant themes throughout. It is also clear that most of the respondents are having conversations about race, ethnicity, and racism in the different areas of their lives and not just in the therapy room.

Our work as clinicians is to respect our clients and appreciate their culture and history and to self-reflect and ask, “Are we doing what we say we are doing in practicing cultural humility?” How can we build this self awareness and develop these skills?

Stephen Duclos: Everyday Experiences of Racism with Everybody: Logistics

How does racism effect one’s everyday life? And how do we talk about it in therapy, in teaching, and with each other? When we start thinking about the logistics of racism, white people and people of color have different experiences. Let’s think about two tennis players, one white and one black. Both are headed to an indoor tennis club in their city. The white player decides to drive, and eschew public transportation, even though there is little parking near the courts, because he is uncomfortable in the more diverse populace of the subway. He would prefer to pay a lot more for this privilege, and endure the physical discomfort and anxiety of not having anyplace for his car. The black player has no problem taking the subway a couple of stops, but enters an ecology of white people wearing all white tennis clothes, a not uncommon requirement. The white player walks into the locker room and immediately begins complaining about the lack of parking spaces. The black player wonders if anyone is aware of the visual affront of everyone wearing white clothes.

There are hundreds of examples o these logistics. Can you think of one that has happened to you today? Since we are talking about tennis players, Serena Williams held a press conference

after the birth of her first child. Ms. Williams has a history of blood clots. And yet she had to bring the full force of her celebrity to bear in order to get the treatment that would save her life. Tressie McMillan Cottom (*Dying to Be Competent*, 2018) relates this story and her own tragic birth story to point out that “black women in the United States are 243 percent more likely to die from pregnancy or childbirth-related than are white women.” Logistics.

Whether we avoid the subway, move to overpriced suburbs, complain about the price of public education while stretching to send our children to private schools, or decide not to go to Fenway Park because it is hard to drive there, racism is limiting, back and forth, white and black, everyday, all the time. In our therapy rooms, our teaching places, in our interactions with each other, it might be therapeutic to start talking about these experiences.

Jeremiah Gibson: The Challenges of Practicing Cultural Humility

Before exploring the survey responses about cultural humility, a quick caveat: Everyone has moments when they don't practice cultural humility. I have a ton of them, be that my expectation that the Latinx folks who work at my local grocery store will speak to me in English, the automatic assumption that I have that every Black person is poor, and the general racial and classist homogeneity of my friend group, which, though small, still leans White and is exclusively middle-class.

I have my own racism to deal with.

As does the participant who responded, “I live in a strongly mono-cultural town/community and I can become overly comfortable and not immerse myself in diverse cultural experiences.”

And the person who said that they don't practice cultural humility “with some specific people.”

And the person who describes, “I feel that I may not do this as frequently professional with co-workers, some of that being due to my agency still being remote though I do not doubt that my co-workers are doing their best to practice cultural humility. Personally, I may not be as consistent, even before the pandemic, I may have let ‘jokes’ or ‘small comments’ slide when I should not and that is something I need to be more intentional with and I am trying to work on.”

It was disappointing, though not surprising, to have participants in our survey identify that there are no areas in which they don't practice cultural humility.

And in some ways, I get it. European, Christian-rooted, “classics”-driven cultures, such as our own, equate success with perfectionism. American school systems promote learning of objective information, so that wrong answers get lower grades rather than an encouragement from teachers to explore the content from a different perspective. American parenting relationships are rooted in what Amy Schalet, in her brilliant book *Not Under My Roof* describes as connecting through control, where parents center their relationships with children and teenagers around successful following of rules, like chores and curfew, as opposed to control by connecting, where parents build collaborative, exploratory relationships around the ways that they're learning about

their world. And this is before we get into the moralistic injection of guilt, shame, and sin into our cultural zeitgeist from our Christian and other conservative religious communities.

To be fair, the liberal communities that I participate in are developing their own moralistic code which has eerie similarities to the moralistic code that I grew up with in my Evangelical community in the South. A code that requires you to post pithy quotes on social media about how you accept BIPOC, queer people, and civil rights. A code that plays what my partner refers to as the “Woke Oppressive Olympics”, where White liberals caveat their perspectives with, “As a White-presenting, straight, cisgender male with a Masters degree who lives in gentrified Roslindale” (that would be mine) and the voices who are shoved to the front of the stage are those who have the highest amount of minority attributes, even if the Black, trans, disabled woman who just got the spotlight put on them prefers to live their life in a more quiet, subtle way. A code that pins scarlet R’s onto the chests of people with the powerful phrases “That’s racist,” or worse, the condemning “You’re a racist,” without either describing the specific racist elements of the comment or process in question or acknowledging our own individual struggles navigating cultural humility.

In some communities, it’s not safe to talk about the ways that you struggle to practice cultural humility. I don’t want NEAFAST to be one of them.

I want NEAFAST to be a space of Ann Wheeler’s, who explains, “I don’t think it is ever perfect or complete and I am working to hold myself accountable daily and surround myself with people who are also holding that accountability.” I want NEAFAST to be a group of therapists who are holding themselves accountable in encouraging, compassionate, and self-reflective processes.

Ericka Albright presents a vision of what that accountability might look like: “At times, when feeling more emotionally taxed or more burned, I find myself less able to not bring in my own assumptions and feel I become more frustrated or judgmental. It makes me realize that this process of cultural humility doesn’t just come natural you have to be mindful, vigilant and also willing to call yourself out. At those time, I realize I need to take a step back to get clinical support/supervision or take time for self-care.”

In 2021, 40 people have collaborated monthly to talk about the challenges of practicing cultural humility at NEAFAST’s Practicing Antiracism group. It’s been encouraging both to witness the honesty and vulnerability of these conversations and to observe how individual and collective perspectives, awareness, and practices of othering have shifted. I’m excited to see how our evolution around cultural humility expands in the coming years.

Frank Gomez: Vulnerability and Racial Responsiveness

An important step towards social justice in mental health comes in the form of addressing and challenging oppressive social structures that create an invisible veil in therapeutic relationships. To not address this dynamic can block avenues for disclosure and create a level of mistrust in the therapist and therapeutic process. This process is of special importance when building a therapeutic alliance with racial and ethnic minorities. While it might be elusive to some, the

COVID-19 pandemic health disparities in some minority groups, overt racism, and police brutality this past year have brought these oppressive social structures to our collective attention. In spite of an undeniable presence in our therapeutic rooms, there is still some reluctance in initiating conversations around race and ethnicity.

In light of this dynamic, we asked practicing therapists what are some concerns that they may have around initiating a conversations about race and ethnicity? Some responses bring forward a lack of language around the topic as follows:

One member answered, “I think what sometimes hold me back is fumbling over my words when speaking about race and ethnicity as well as gender/sexual identity. Trying to be honest and open yet balancing the worry that I may not sound progressive or current with my understanding and the language I use.” And “Not wanting to look uneducated or uninformed. Not wanting to put the responsibility of me learning/growing on members of marginalized communities.” While another member reported “Discomfort / saying the wrong thing / having to acknowledge ways I've benefited from white supremacy that I don't want to face.” Which suggests a position vulnerability while engaging in these conversations.

Another member goes further with the theme of vulnerability in their response and stated, “ I recently read an interview Robin DiAngelo did regarding ‘nice racism,’ this idea of ‘I'm such a great not racist, look at all the things I know and DON'T do.’ I do hope that I do NOT come off as such, and sometimes I wonder if my desire to avoid ‘tooting my own horn,’ also keeps me from saying anything and waiting for others to initiate a conversation about their concerns or me challenging someone in the moment. I also find it difficult to not want to make that the ‘only’ thing we talk about, in terms of an individual's race/ethnicity not being the dominate one in America, as if that is the only thing that matters about them. Although I also understand that being a minority can and does shape their personal experiences. I don't want to assume they want to talk about that or that that's the predominate issue for them. I do not feel confident in my ability to balance addressing it without over emphasizing it. Something I am still trying to work on personally and professionally.”

In contrast, there was a member that discussed a transition from this stance as follows: “I am pretty comfortable now with clients although I felt awkward at first. I did have a negative experience / didn't know what to say when a stranger wanted to get rid of BLM signs at a Stand Out.” This speaks to more concern about engagement with those with prejudice towards minorities. Another member with similar concerns stated, “The only concerns are with those (white) persons who have a long-standing prejudice towards people of color,” and “I might offend someone or make someone uncomfortable. I might trigger family power structures around the way things are done/talked about.”

These responses shed light as to a sense of vulnerability in addressing and challenging oppressive social structures in our therapeutic rooms. One response stated that this was a face of their learning and professional development. While on the other hand, another responded on a process that does not allow space for growth and engagement in thinking, “I'm such a great not racist, look at all the things I know and DON'T do.” This rationalization enables for a place of comfort in retaining power. It seems that leaning towards discomfort in these conversations has been fruitful in light of these responses.



REIMAGINING WHITE FRAGILITY: AN INTERVIEW WITH DR. JOE MAGEARY

INTERVIEWER: BEVERLY IBEH, PsyD

Editorial Team – *New England Journal of Relational and Systemic Practice*

Beverly Ibeh: So I wanted to start off by just learning about you, about your identity a bit, your experience at Lesley, and what led you to counseling—just starting at the beginning.

Joe Mageary: Absolutely. Well, my name is Joe Mageary, my pronouns are he/him/his, I live in Somerville, Massachusetts, and I pretty much have been born and raised in Massachusetts. I come from a family of helpers. My mother was a nurse and my father a police officer. And so I grew up learning values of service.

But I grew up learning values of service within a sort of unspoken and implied white supremacist culture. We were a police family, even though it was really my father and maybe one or two other folks in the extended family that were connected to policing. But it becomes a culture and a lifestyle that, for me, it's a family system.

So, I grew up learning those values and being steeped in those values without understanding that there were other ways of being. I was the first in my family to get a college degree. My grandfather on my mother's side was orphaned, and at 13 he, during the Great Depression, went from farm to farm in California just to make ends meet. He lied about his age and ended up in the Navy and was in Pearl Harbor when it was attacked. He was still just basically a teenager, and so that became part of his identity. We really did have a paramilitary set of values in my family.

So, from my grandparents generation on both sides who, in my grandmother's words, "We had nothin'," to my generation, where I was able to go to college and go to graduate school, my family shifted socioeconomic status in such a way where I find myself identifying with different layers of economic privilege. And so that, combined with the values of service that I was taught, pushed me towards a career of doing something to hopefully better people, better the world.

But also, I rebelled. I was an angry, lost teen; I got into punk rock pretty early on and that's been at the core of my identity as well in terms of teaching me that there are other ways to be in this

world, that there are other value sets, and that there are ways of standing up against injustices and ways of connecting with people that connect to a sense of, “If you can’t do it with the system, you did it yourself; and you did it yourself but never alone.”

Beverly Ibeh: That’s right.

Joe Mageary: Those pieces together, plus what I think is often true of folks who get into psychology of wanting to figure myself out. Eventually, that led me to find counseling as a career path that seemed to resonate on a few different levels for me: personally, again, culturally, and familiarly—connecting to the values of service—but then also politically, knowing that there are ways of working in support of other people, witnessing, and standing with others that can promote change, growth, and healing on a personally and potentially systemic level as well. That’s what I found to be nice about Lesley University where I work: While no one’s perfect and ideas are not always actualized, stated mission, stated goals, and stated practices are designed to try to take a critical view towards the systems that we live in but also the problems that we face, and to try to infuse a social justice orientation into understanding that though a problem may manifest, at least in appearance, in an individual, it may be reflective of an experience within a context and that needs to be accounted for because that matters.

Beverly Ibeh: Absolutely. Thank you so much for sharing that and especially the mission, and the ways that Lesley is looking to actually match the mission statement. I think that we see a lot of that being talked about now, currently in the literature, in terms of inequity, race, and racism—within the mental health field. I think just with the influence of the pandemic and the aftermath of the lynching of George Floyd there was almost just a boom of this conversation. So, I’m wondering, in your opinion, how have you noticed this shift in these conversations in the counseling field that you have observed?

Joe Mageary: From the perspective of being a licensed mental health counseling and a college professor and a white male in a position of power and privilege, what I think I’ve seen is that people who have not necessarily had to live with the impact of white supremacist culture day-to-day, in-and-out, are becoming more aware of it. And what I’ve noticed, a lot of my white-identified colleagues, peers, friends, and family are beginning to grapple with and stumble through the ideas, concepts, terms, and conversations, and so I’ve seen a lot of new voices entering the conversation.

Just as an example, at Lesley, we have a diversity council that’s open to everybody, and pre-pandemic we would have a meeting and there might be ten people—maybe there’d be twenty—and they’d be mostly people of color at an institution where most of the faculty, staff, and students identify as White. Now, partially because of this growing awareness, but also partially because now we’re doing it via Zoom, we have more technology, more access for people. We’ll have seventy, eighty people at a meeting and a lot more folks who identify as White.

I think there has been a confluence of events: One) Such a public horror, seeing George Floyd die. Two) The politics of the last four years and more, but particularly the last four years leading up to everything that happened on January 6th at the Capital. There was blatant racism. There was blatant misogyny. It became harder to not see it.

And then a third piece, with the pandemic, I think people who may not have had day-to-day struggles as a prominent part of their lives, either began to experience struggle, or began to become more aware of it because we've all had to tune in a bit more remotely, because the rest of our lives shut down, so there was almost more of a captive audience.

And I think those three factors coming together made it harder to ignore for people who were not trying to ignore it prior but had positions of privilege that allowed them to not be aware of the degree of suffering and the degree of racism that have existed all along.

Beverly Ibeh: Absolutely. I think, to your point about it being harder to ignore, it's in our faces, we're all home, we're all positioned and now within a space we're encouraged not to leave, and so it's harder to then not be able to engage in this. We don't have the barriers of commuting or location or any of that; we can just log in to our laptops and engage. So, there's really no excuse to not engage in this dialogue. So, what I'm thinking about, as a white clinician yourself, as a white male clinician who holds power and privilege and leadership roles, what is your experience of witnessing other white clinicians try to understand what it means to be a white ally within the mental health field having conversations about race and racism with their clients. I know right now there's so much literature on how white clinicians should be supporting people of color within therapeutic spaces. I've been really interested and fascinated with the lack of literature between having that process of white clinicians talking about this with other white clinicians or other white clients. What does that look like? Is that happening?

Joe Mageary: Right, and I think this is where we get invited into a kind of white Savior role, and we replicate colonialism, but perhaps colonialism of ideas and senses of what it is to heal and grow and to be a helpful presence, as opposed to physical colonizing of a space. But that is something that I think we need to be aware of as folks who are becoming more aware of the problem. Not jumping in to say, "I can solve this, and I can speak for others." I think in general that's one of the invitations I've noticed from White supremacy. But specifically in a field where we're tasked with being a helper, a healer, to not say, "I can help! I can heal you" in a way that replicates the inequities that are part of the problematic systems; that is the challenge. The invitation to, you know, swoop in and save is real but also delusional.

Beverly Ibeh: Right, and it's self-serving. It often does come off as self-serving. "I'm doing my part and that's how I surpass this understanding of holding this power and privilege." So, what I'm hearing you say is that there is a significant difference between that White Savior complex that can sometimes be conflated with White allyship. I'm wondering if there has been a delineation of what those differences are in these conversations with White clinicians?

Joe Mageary: I think in some cases yes, but not enough. To speak specifically to my experience, we've got some affinity groups that have developed through the Counseling & Psychology division and the Graduate School of Arts & Social Sciences at Lesley that are for folks to meet with people who identify with similar races. So, there's a white affinity group and there's also a group for folks who identify as BIPOC and also another group for folks who identify as transnational and we also have a group where all the different groups meet.

But to your point, the real work to the question you asked happens in the white-identified group, because that's where we have to grapple with how is it that we can honor the desire to make the

world better and acknowledge the positions that we hold, and acknowledge the positions that others hold, and the sort of wisdom and knowledge that exists in all those different spheres.

So those conversations have been messy because part of the intention is to not replicate the academic hierarchy which tends to highly intellectualize and again adopting colonial white supremacist cultural aspects. So, people don't really know how to be in those spaces, and they look for the leader, they look for the same old same old—the things that we're all familiar with from our previous educational and really even social experiences. So, we have both dove in and taken it slow, because you know part of the thing that I think is true is that people are entering into affinity groups like white-identified affinity groups cautious, nervous, vulnerable in ways that can be challenging and I think we need to find that balance between continuing to be challenged but not scaring someone off in the first conversation. So, it feels like a start but a start of I guess an endless piece of work.

Beverly Ibeh: So, it's not something that can be mastered. I think when we think about cultural competency there's this assumption that we get to an endpoint and then we're done; you know, we get our certificate for cultural competency versus it's an ongoing lifelong learning process that we're committing to continually place ourselves in positions in which we are interrogating our own identities and biases and having humility about things that we do not understand, and trying to understand them.

Joe Mageary: Yeah, you know putting a Black Lives Matter sign in your window because of that protest you went to that one time...you know? I mean good for you but that's...

Beverly Ibeh: Certificate.

Joe Mageary: Yeah, exactly. And I think the element of being performative is something that we need to be conscious, aware of, and continuing to challenge because it is really easy to feel good about yourself after attending a Zoom meeting. But then how do you live out your values? You know one conversation that's come up in some of the meetings I've been in...we've been incorporating land acknowledgments and acknowledging the traditional and Indigenous land holders, but one of my colleagues said one time, "It feels really hypocritical to acknowledge land in the beginning and then enact colonialism and patriarchy for the rest of the meeting." You know?

Beverly Ibeh: Wow, that's powerful. And I'm wondering: what was the reaction to hear something so powerful said?

Joe Mageary: Yeah, well this was a small meeting—there were maybe only six of us. And part of our conversation was, "Jeez, how come the numbers have dropped?" And we were being a bit reflective. And so those who were there, it was already a sort of self-selecting audience of people who were interested in challenging the systems that we have all sort of been indoctrinated in. And so, the group, similar to my reaction, said, "Woah, ok, that's profound and feels pretty accurate."

Beverly Ibeh: Absolutely. I mean I'm thinking about the topic of white fragility and I heard you kind of mention and describe of that potentially occurring because the numbers are dropping and people are showing up less, and I'm wondering, in your opinion, about how white clinicians in those affinity groups can continue to support other white clinicians that may be deterred from

entering and having these dialogues?

Joe Mageary: Thank you, yeah. And even just the phrase “white fragility” I think is something to consider. Again, I’m speaking for people who are not present in this conversation, but another one of my colleagues noted that, from their experience as a person of color, the term “white fragility” is itself an out for white people because fragility all of a sudden inspires empathy and, “Oh no! You’re fragile, you’re hurt,” when in reality the real hurt is done to folks who are not white-identified in this. So, a piece of it is continuing to even just challenge the basic invitation and assumptions about the words we’re using. It’s in the air we breathe, for those of us who are inhabiting dominant spaces.

And this is where I think the push and pull lies: that a compassionate and supportive education and invitation to others who perhaps are using terms and phrases that replicate harm unknowingly, is important; but then also the ongoing critical engagement and connecting to the values of why we are here. A person shows up to a space...typically people don’t show up by accident to a white affinity space. So engaging a person in their reasons for being in that space in the first place and inviting a perspective that we are going to stumble and we are here to support each other in what amounts to a shared value to some extent — again, people don’t show up to a white affinity space by accident — but though some of the basic values and assumptions are shared, we are each in a unique journey, in a unique spot on the journey and so there is going to be messiness. There’s going to be discomfort.

And this is where I think it’s nice to have a background as a licensed mental health counselor because it becomes similar to the therapeutic process in that we have to become ok with discomfort; we have to become ok with silence; we have to become ok with challenging each other for a greater purpose.

And that I think is one of my largest challenges is knowing how to intervene in the moment, knowing what to say in the moment, whether it be in an affinity space or really more so in larger meetings with mixed audiences who maybe don’t have shared values. How do we call people into the conversation? How do we speak up and engage in ways that can disrupt harmful practices? And that’s a piece that I know I still struggle with, but that’s also a common theme that has come up in a lot of the conversations in the affinity spaces I’ve been a part of.

And getting at those basic questions of, “How do I be who I want to be? How do I honor the values that I hold?” I believe it is one way to engage people. And really if one person shows up one time and gets something out of it, that’s better than nothing. If they show up two times, that’s better than one. You know, so it’s that...knowing that we’re all taking steps and honoring that I think is a piece of it, while knowing that there is an urgency of now to steal another phrase.

Beverly Ibeh: Absolutely. I mean there are, I think there are people out there—white clinicians or other clinicians of color—who might say, “You know, I see mostly white clients. This conversation is not something that I think I need to be privy or well-versed on to engage in the event because I’m not treating people of color or my population isn’t,” and I’m wondering: what are your thoughts if you’ve ever heard something like that?

Joe Mageary: Yeah, I think that is one of the assumptions that needs to be challenged because that starts to separate people into an us and them: a false dichotomy. And it gives an out to a white person to say, “It’s not my problem.” And this may not be 100% connected to race, but whether it be knowing the products that we buy, where they are made, how they are made, even if we buy it from another white person; whether it be the ways that we engage with people on the street, you know, just walking down the road or whatever; or whether it be the things we say that the kids around us hear; it’s not about me in isolation right now, the person I’m talking to. It’s about the ripple effects, the words I use, the choices I make, the actions I make.

And the other thing in my personal opinion: If you’re sitting there saying, “I’m a white person that only engages with white people,” that’s a thing that you’ve got to think about too. Why is *that*? And what is that indicative of? And what is potentially problematic about that?

Beverly Ibeh: Yeah. I mean I think it’s one that some people shy away from talking about. It can be...you more so will hear excuses such as, “Oh, it’s just the location I’m in is predominantly white or those are the clientele I get,” and it’s utilized as a way to remove themselves out of this dialogue. I appreciate you acknowledging that.

Joe Mageary: You know, one of the ways that stereotypes can be perpetuated is through this game of telephone. You know, “I don’t actually know a Black person, but I heard somebody talking about a Black person and they said this. Or this is what I’ve seen in the movies.” I mean talking about all the anti-Asian hate right now, but I mean we’re not talking about hate against Russians, for example, who are also Asian, you know. We’re talking about sort of more of the Southeast Asian hate where people don’t know to even differentiate between however many dozens of cultures and countries on the largest continent on the planet to allow a disconnect from those basic facts. There are so many different people who are hurt by such a sentiment who are not even connected to the stereotype necessarily that you’re wrongly applying. These are the things I think that directly impact a person.

But what about in five years or in five days or whatever when they engage with somebody from a culture with which they’re not familiar? What are the implicit biases? What are the assumptions they’re bringing into that *because* they have little to no experience with that cross-cultural engagement?

And that I think is where the problems come in because if you don’t have the experience you fall back to the conditioning that you have. And that conditioning for people the way that we’ve described is white supremacist colonialist dominant discourse that has been hurtful and deadly to I don’t know how many people. But you know, thousands if not millions of people.

Beverly Ibeh: Absolutely. To add to that piece, there have been works written about how the deleterious effects of racism are impactful on the lived experiences of white people; it’s not just people of color but it is harming White individuals. I think it really surprises people to hear that being said out loud because I think there is this assumption that it’s *just* people of color that are impacted by racism and so that’s why we should pay attention to it. But it affects all of us all [by adding protections to white individuals to remain ignorant of their history and ways in which POC and Indigenous folk must survive their inequity in this society...and it further perpetuates harmful “isms.”

Joe Mageary: Yeah, and if nothing else, that allows a white person who hangs out with just white people to be like, “Hey, maybe my culture is the best. Maybe what I’ve been taught is right.” And if we can ignore the negative and potentially deadly impacts on people who don’t identify as white or as part of “my culture”, that is a loss for an individual to not be open to the idea that there are different ways of being in this world that...forget better or worse, are just interesting and worthwhile and valuable and can challenge the small space that we inhabit. And that I think is maybe not the top tier of importance but there as well. It’s a loss for people to just get into this space where we can assume there’s just one right way to be in this world.

Beverly Ibeh: You shared a bit about your identity earlier in coming from a police family and I’m sure there are a lot of clinicians out there who would identify with having that same upbringing and are maybe struggling to even have these conversations, not just in the clinical setting but outside the clinical space. Are you able to reflect and share your journey being able to really place yourself in the midst of this dialogue and repeatedly coming back to it. What would you say to some of these other white clinicians that might identify with having your similar background that are also struggling to...or completely in avoidance of this dialogue because of [their own fears about disclosing potential] white supremacist internalized ideology or, you know assumptions and stereotypes that have been learned over the years?

Joe Mageary: You remind me in your question about a conversation I had with someone I grew up with whose father was also a police officer and I grew up with him because our families socialized due to the shared vocation that our families had. And we were talking, he and I, about ACAB—and I don’t know if, for the purpose of this recording, if saying words such as “bastard” is a problem but ACAB: “All Cops Are Bastards,” right? So, he and I were talking about it and he said, you know, “What do you make of this? Because it’s like, on the one hand, yeah, I get it: cops are killing people; but on the other hand, my dad.” And his dad was a legitimately lovely person, you know.

So that’s one thing that I think folks from backgrounds similar to my own have grappled with because I think to be an effective clinician you have to be a clinician/advocate that, the more you work with people, the more you get put in positions to acknowledge the troubles that are outside of the person and the challenge to this notion of biological basis to all of our mental health woes. So on the one hand, giving space to have a dialogue about that I think was important, to unpack it a bit more.

And what we came to in that particular conversation is talking about some of the differences even from urban to rural settings where he said, “What about the police officer in some small town wherever, who pretty much is a crossing guard? Is that the same as the police officer who is in some large city targeting people of color in a disadvantaged neighborhood, you know, who is enacting some of the misapplied attempts at community policing and the cracked windows...or broken windows concept which really just perpetuates systemic racism?”

And on the one hand I think that’s helpful to start to pull it apart but at the same time it’s the system itself that is problematic, and part of the problem is that the small town crossing guard and the big city cop that’s busting down doors and shooting people are given the same definition. And this is where conversations about how and why to defund police matters because when you start to

dig into that, it's not...when that phrase is used "defund the police" it is used in a way, just that phrase is a detraction, you know, which leaves a vacuum. And that is scary, especially for folks who are funded. Defunding means that my livelihood, my safety, etc. etc. etc. are at risk, theoretically.

So, then it's about, "Well, what's the other side of that coin?" You know, and for clinicians, I've worked as a jail diversion clinician, which means that I was a master's level Licensed Mental Health Counselor who was riding around with police officers and responding to calls with them. Oftentimes I was just on the calls they were on, but other times, we were specifically assigned to calls where there could be a mental health or a social work component. And there was cross training there where we would leave a particular and the police officer would say, "What was that about? I heard you say the word 'bipolar.' Is that what bipolar is?" So, we would have an education in the real world which then by the anecdotal reports of the police officers changed the way they engaged with the person the next time even when the clinician was not present.

So, if we clinicians are able to educate ourselves and engage with the system in ways that allow us to say, "It's not just about defunding and all of a sudden there is this vacuum that is really scary; it's about doing things differently, and here are examples of how things can be done differently." Then it takes the fear element out of it a bit, and when the fear element is taken out of it a bit I believe there can be some room for dialogue about ways that we would all prefer to see the world.

Because my experience of the police officers that I've known is they also don't end up where they are by accident and the vast majority of folks that I know who have taken up that vocation want to make the world better; it's just the way that that gets enacted is what's problematic. So, if we can talk about, again remove the fear piece, and talk about what it means to make the world better, then I think we can start to find some common ground in different ways. So, these are the sorts of things I think that clinicians can learn about and can engage with that can forward the conversation as opposed to putting us in these polarized deficit orientations where, you know, no one's going to just give up funding and defund and then allow whatever scary thing to happen.

Beverly Ibeh: Yeah, I mean, to your point about polarization, I think that's typically what tends to happen when these conversations get brought up. It's either that you're for it or you're not for it, and there's no space to really unpack what it would mean in greater society and for people who have been historically marginalized, people who are oftentimes get the short end of the stick in terms of community policing and oftentimes are victimized by that. And so, I really appreciate kind of sharing more of the perspective of talking to someone within a police family as well about that.

Joe Mageary: I think for those of us who have stepped into both of those worlds, we are in positions that perhaps others might not be where I have sort of a nuanced understanding of how to be in police culture. And being able to speak to my values and act my values but in ways that can connect to the languages and the enacted assumptions of police culture I think is a way of bridging a gap because, you know, police culture is distrustful of outsiders often.

And oftentimes the stigma of mental health and "weakness" exists strongly so, you know, a lot of cops I know, they don't want to talk to a shrink. But if I can use what I know from having grown up in and around policing and paramilitary cultures and then use what I know from the work I've done to develop myself as a clinician, as a person, as an advocate—I hope that it can help prevent that polarized entrenching in what is known and familiar.

Beverly Ibeh: Thank you so much for just sharing your insights and reflections. To close out our conversation: What message would you like to leave for individuals that would read this piece, read about experiences of white clinicians discussing race and racism that are potentially grappling with what it means to understand ‘white fragility’ as you just explained—how it perpetuates the racism that we’re trying to dismantle. And so, I’m wondering: what would you like to leave as a message for white clinicians when it comes to this conversation of racism, especially within the clinical space?

Joe Mageary: Yeah, what comes to mind is: “It’s not about you. And it’s going to be uncomfortable if you’re doing it right. And any discomfort we as white-identified clinicians experience while engaging with these topics is a price worth paying for the world that we all deserve to inhabit. So, it’s not about you; but at the same time, it is directly about you because if you’ve been in positions to not have to do the work, you’ve benefited from privileges that other people don’t have. And as someone who has entered a field that is inclined to promote change, growth, and healing, it’s imperative on us all to take the steps to create real change, real growth, and real healing—not just performative, surface-level actions.”

Beverly Ibeh: Thank you. I think that’s very well said, and I think it just kind of encapsulates everything we talked about today. So, thank you so much, again, and I’m looking forward to sharing this with our community in the counseling field.

Joe Mageary: My pleasure. I appreciate the opportunity.

Beverly Ibeh: Absolutely.



REFLECTIONS ON PRESENCE: NEJRSP EDITORIAL STAFF INTERVIEW

**STEPHEN DUCLOS, M.Ed; JACQUELINE GAGLIARDI, M.Ed;
JEREMIAH GIBSON, MMFT; FRANK GOMEZ, MA; DAVID HADDAD,
EdD; BEVERLY IBEH, PsyD**

Editorial Team – New England Journal of Relational and Systemic Practice

Frank Gomez: We're meeting today to talk about our theme for the next edition of the journal, how we bring ourselves into our work, frequently referred to as presence. We are curious about how we bring our culture into the room, as well as our history, while also practicing cultural humility into our therapeutic room. We could go in many directions here, but I am wondering if we might begin by asking the question: What is 'cultural humility'?

David Haddad: I'll be happy to start with that one. My experience is that 'cultural humility' and 'cultural competence' are sometimes conflated. We all take courses and receive certificates of completion in 'cultural competence', and the certificate, or the CEU seem to suggest that 'cultural competence' is binary: that you either have it or you don't. 'Cultural competence' is a never-ending process in learning to take a not-knowing position. This is not a new idea to systems therapists, particularly those therapists with post-modern leanings, might share the understanding that who we are emerges in the interaction between people. So that interaction is informed by how we show up, and interact in our sessions, some we are conscious of, and others we might not be. Taking this not knowing stance we come to understand that we are always bumping up against what we don't know, so to be able to say, "I'm not sure I understand what's going on here," is how I think about 'cultural humility'.

Frank Gomez: Well, 'competence' makes it seem like it's static.

David Haddad: Yes, absolutely.

Beverly Ibeh: Yeah, I agree and want to invite a reimagining of how we do this. Because I agree with you, David. I think about how we learn the differences between 'cultural competence' and

‘cultural humility’—but I wonder if we need to start with a foundational understanding that other cultures are different from our own in ways that serve as a foundation for our understanding. To understand, value and be curious about these unique ways of knowing that each culture embodies, cultivates our comfort exploring culture with the people and communities we work and live with. So I sometimes think about this like one leg of a step stool, we go towards ‘cultural humility’ as we continue to work to understand our own cultural values, belief systems governing bodies, and ways in which our own cultural experiences are going to interface when we’re working with other clients. And to be open to making mistakes, to be open to stumbling along the way. And so I just don’t want to negate the importance of having some kind of knowledge base, some kind of competency in the area, but not so finite that we’re just trying to obtain something and then be done with it; that it’s actually a process, not so much a content area.

David Haddad: Yeah, I think that’s an important distinction. Thank you.

Jackie Gagliardi: When I think of ‘cultural humility’ I’m also thinking about being able to admit to yourself the oppressive narratives that are embedded within culture. So as a white person, it’s really important for me to look inside myself in ways that I might not want to as some of these oppressive narratives are part of my cultural history. Because one part of me has this, I might think that I am accepting, or being respectful, or that I know what I need to know. In contrast I am also aware that there’s this other part of me that I’ve been working on that says, “Fess up to those parts that you don’t really want to fess up to, that you don’t want to look at. So for me, ‘cultural humility’ is a willingness to be able to look at those parts that you really don’t want to.

Frank Gomez: Jackie, you’re speaking to something that I’ve been thinking a lot about this past year, which is allowing ourselves to be vulnerable as we present ourselves in therapy. That can be a scary place to be as a therapist. As clinicians we are supposed to be prepared to support someone when they come into the therapeutic room. And often I think...something that makes me marketable as a therapist is that I am fluent in Spanish, that I am Dominican, and I work in a heavily Dominican-populated area in Massachusetts, Lawrence. And I think the assumption is, “Oh, Frank is prepared to go and work with these Dominican families because he speaks Spanish and he has a cultural background where he can understand some of the cultural context; however, more often than not I find myself being shocked at the differences between my understanding of my culture versus the people that I see in therapy. And vulnerability then is something we need to cultivate, and it’s part of being responsive, and a necessary part of being prepared. It’s being responsive to those differences and being vulnerable when they come your way.

Jeremiah Gibson: I really like, David, that you started by putting ‘cultural competence’ and ‘cultural humility’ side-by-side because I think that doing that speaks to a tension that’s plagued the field of psychotherapy for 70 years. Are we a science? Are we an art? Are we some combination of the two? And as there’s more and more calls with managed care, with insurance companies, with the medical model taking a rise in Massachusetts, there’s more and more of a

movement for the field of psychology to align itself with a more scientific—or David, to use your language—more cultural competent kinds of methods where success is based on what you know, what you’re able to assess for, how you’re able to gather all of this information. And cultural humility, I think, speaks more to the art of therapy. And Frank, I’m curious if that’s what you’re speaking to when you’re using this word ‘vulnerability’; that the therapeutic process—and one of the reasons that therapy is so hard to study and so hard to do outcomes-based research about is because: how do you measure vulnerability? How do you measure that within the content and presentation of a therapist? If that is the standard for success for what good therapy is, how a therapist is able to engage in their own self-exploration, and then to be able to use that process of self-exploration to help other people understand how their cultural context shapes their perspective...now we’re talking about a completely different ball game. I don’t know of other organizations that are doing research in this type of, from this type of perspective. Certainly not in Massachusetts.

Frank Gomez: That’s what makes it challenging. It’s this thing that we can’t measure. And how do we practice something...you know, we have families that come in all the time and they don’t know how to build trust because it’s something that is difficult to measure.

Jeremiah Gibson: Right.

Frank Gomez: And it requires exercise to do it effectively.

Stephen Duclos: Well, I think in terms of practice implications, it’s about not valuing your culture over anyone else’s, and then sort of interrogating whiteness as a racial identity. So sometimes we have this idea that we want to interrogate culture only if the people around us are not white. But the idea is that it’s much more important, I think, to interrogate the racial identity of whiteness. And it’s interesting...it’s interesting that when you do this, you sort of expect some kind of pushback, but my experience has been that people are quite willing to talk about this. That no one asks. And I think that’s the thing we have to start doing: we have to start seeing our conversations with others as incorporating all of this.

Beverly Ibeh: I think that’s a really good point, Stephen, that you’re bringing up. Because I’m thinking about the origins, like the origins of ‘cultural humility’—that it was started and I guess coined by a healthcare professional, a healthcare physician, to my knowledge at least—and as a healthcare educator, due to inequities in healthcare disparities. And so I think it’s worthwhile to connect the importance of ‘cultural humility’ to the lasting effects of working with historically disadvantaged, ignored populations out there and that providing care to these populations that are trying to access our services and support systems. And they are owed that kind of readdressing of those inequities and disparities; by having ‘cultural humility’ as a practice, not just within the clinical relationship, but practicing it in your own lives, developing the capacity of seeing through a culturally humble lens throughout your life and interrogating your own cultural experiences,

awareness, and all the things we've just said today—that we are then engaging in this fight with the systems that we work with, the systems that are perpetuating these inequities and disparities for people we work with. So I think it does kind of transcend just the therapeutic relationship, or the art of therapy, and it does go into kind of tackling some of those systemic inequities.

Frank Gomez: And I think that that's so important. As clinicians we play a part in being able to target these inequities. And for me, I think part of the practice has to be looking for opportunities to engage in that vulnerable aspect, that sometimes I don't know what's going on with this youth that is having challenges at school. And possibly he's being targeted by some form of systemic oppression. And maybe he's identifying with some of the ways that his environment is defining him. Recently I had an opportunity to work with someone who presented very aggressively in school, and he wasn't connected with therapists. And it took me being vulnerable and connecting with him to break down the wall that I felt was between us. This was fueled by my understanding that I don't know what's happening with this kid, so engaging him in a conversation about power dynamics in the room was incredibly helpful. Even though he was the same as me, my experience was he was able to be more present in therapy, when I was able to show up as an authentic, curious, and therapist willing to be vulnerable.

Jackie Gagliardi: You know, Frank, you bring up another good point about assumptions. If we make assumptions, and given that some of these assumptions emerge from the oppressive narratives that we've learned, then we're not going to be able to break down that barrier that you described in your work with the young client you described. I think that's really important, and I think in one of the interviews I did with a client who had been part of a therapeutic system, after a while everyone assumed certain things about her, she simply gave up trying to defend herself. And so I think that one of the things as therapists is that we really need to look at: are we assuming?

Jeremiah Gibson: Bey, I'm thinking about what you were saying a bit ago and thinking about new metaphors, kind of the direction of the field of psychotherapy, and I'm hearing you say that the therapeutic relationship is in some way applied politics.

Beverly Ibeh: Absolutely.

Jeremiah Gibson: Frank, in the story that you were talking about, and politics both in terms of what you're seeing play out in a couple interaction or in a family interaction, and also being aware of the power dynamics that you as a therapist bring in as well. Frank, did I get that right, that you were talking about the vulnerability of the therapist?

Frank Gomez: That's right..there's no way I can work with a young client that has that internalized sense of voicelessness... How are we going to work? There needs to be an acknowledgement of those dynamics in the therapeutic room for there to be any progress.

Stephen Duclos: I think talking about voice is really important. And also talking about voice before you have voice in the therapy room. Like if your voice has been reduced by larger systems, you know, we almost need to talk about that before we can talk about how we can change things.

Jackie Gagliardi: Yes, that leaves me wondering about the stance of the therapists. I think if you come off as an expert, there's no humility in that. But being a fellow traveller and being collaborative, which is what I heard, Frank, that you were doing, really is helpful. It allows for humility because you're collaborating and you're having a conversation rather than imposing your truth.

Frank Gomez: Absolutely. You know, this conversation is moving us toward that question, how are we having conversations around race, ethnicity, and racism? How comfortable are we in engaging in those conversations? More often than not I'm hearing, "Am I the right person to bring this up to a young client, or a family that I'm seeing for therapy?" That's a question that makes me really uncomfortable.

Beverly Ibeh: I mean, honestly, Frank, that's a question that makes me a bit annoyed for a lack of a better term. Because I do think there is privilege in being the one to bring it up versus the one to experience it. And so, I think that if the question is, "Should I bring it up?" you've already kind of situated yourself in a privileged position. And so therefore the onus is on you to acknowledge that, "There are systems at play here that essentially don't just make your showing up in my therapy space a self-help project; that this has been a result of systemic oppressive elements at play in so many different ways that have brought you into my office," and it's important to acknowledge that. That, "This isn't just your doing." And so I do think that it's important, regardless of our cultural, racial, ethnic identities, that as clinicians we already hold a privileged position; we already hold a privileged space in society. The privilege of education and many other privileges that we exercise on a daily basis. And I think it's important to utilize that to then attack and address some of these elements our clients are facing in greater society. And what does that look like in the therapeutic space? Well it's inviting that discomfort. It's accepting that it's going to be uncomfortable too, you know what I mean? Welcoming it into the space and to be able to say, "I wonder if that experience was a result of that; let's think about that together. And if I'm wrong, that's ok; help me understand." And there's a sense of collaboration like Jackie says, and there's a sense of curiosity and openness and joining with that client's experience that maybe you might not have had. If I'm working with another Black woman, I might not have shared the same experience just because we're both Black women. And so to be, for me to be able to say, "Help me understand and share that experience with me," and to appreciate that. And then to say, "How can I use my privilege as a clinician in this space that I hold to be able to support you in your life outside of this space? That's what I would like to know."

Jeremiah Gibson: Can I ask a question to the group at large? I'm curious: what are steps that the field of psychotherapy can take to begin to practice and implement these definitions of 'cultural humility' in kind of larger more consistent ways?

Jackie Gagliardi: When I think about that, I think about: we can't be so fragile. We have to take chances, we don't need to be the expert. You know, again, I think we need to walk alongside our clients. And be curious. I'm not asking my clients to teach me about their culture but I might be curious how something might have impacted them.

Frank Gomez: I think there are things that are essentially very difficult to quantify as, "There's an objective that I need to practice in my therapeutic skills." And I think that, like decision-making, I take that as an opportunity for—especially when I'm working with young clients—to engage in, or look for opportunities to engage in cultivating their ability to do that. And for them it's the same thing; you have to look for opportunities to engage in that exercise of being vulnerable or taking a stance that is culturally humble, being curious so that you develop that skill. And I think more often than not, we see it as something that is omnipresent that we need to engage in, and that could be heavy for a therapist to engage with. "Oh, you need to know when to self-disclose, or to..." That's too heavy. That's like saying to a family that is hopeless to have a little bit of hope. There needs to be some clearly defined objective and skill that you can practice, and then you can feel a bit more confident in your ability to engage in conversations like this. But it takes practice.

Beverly Ibeh: I definitely want to say a big one here, because I know that, from personal experience, that there are too many clinicians of color that experience this. I think for many agencies, one of the bigger changes I think that needs to happen is for the onus and the burden of this self-exploration, this conversation, to not be put on people of color. To not be essentially, you know, given to a subset group of people that maybe are always the first ones to speak up about this conversation. And that there needs to be more of an encouragement of the greater staff at large to engage in these self-exploratory conversations. Specifically, white staff. Because I do see this kind of replicating itself from agency to agency. When any kind of these catchphrases are brought up—'cultural sensitivity', 'cultural humility', 'culturally-responsive care'—anything like that is brought up, and all the eyes shift to the people of color: "Oh! What do we do?" And that needs to change. I think that we all have a role here to play in terms of having these conversations and being able to move this forward for clients.

Jackie Gagliardi: I think if people ask that question, the answer is: you need to look within yourself. You need to look at what your belief system is and the ways in which you might be complicit. Because I think that's the paradox is that we're looking at Black therapists to tell us what to do when we really need to explore within ourselves, white therapists: "How do we see the world? How do we see culture? How are we complicit in ways we have no idea about?" So I agree with you. Too often the onus is put on people of color to tell white people what they should do,

and the reason that is is because white people don't want to take the chance of being vulnerable or making a mistake. And that's where white fragility comes in. Or at least that's where I see it.

Stephen Duclos: I think that's now; I don't think that that's been the case historically. If you're a white person, if you're going to stand up before an audience and talk about race and psychotherapy, you're going to have to legitimize your life before that. And what I mean by that is: no one's going to believe you if you just talk about what you've read.

Jackie Gagliardi: Right.

Stephen Duclos: They want to know about what you've done. When did you go to jail? When did the police beat you? What happened to you in Georgia or Western North Carolina? What happened to you in Mississippi? I mean, what's your life been like so that you have a legitimacy to speak about these things from your own perspective being white or performing white? And I don't know if you can stand up in front of an audience and not have that sense of history about yourself. Some sort of sense of where you've come from, and therefore, "This is how I can talk about it." I mean it took me a long time to be able to talk about things that I did when I was quite young. I mean I didn't want to talk about being beaten up by the police because of registering Black voters. I didn't want to talk about other stuff like that. But now I feel like it's a point of legitimacy, I can talk about this. You know, I get criticized when I speak from both ends. You know, "Why is this old white guy talking about culture or diversity or racism? Why is this white guy talking about racism? How is he experiencing that?" I think you have to sort of demonstrate why you can talk about it.

Frank Gomez: That resonates so much. I think that there's an invisible wall that is built when these conversations are not being had. And my belief is that clients sense that. And the conversation doesn't start until that invisible wall is addressed. And part of it is introducing your own experience with these conversations and these...some types of oppression and power dynamics.

David Haddad: I keep going back to: what role does NEAFAST play in being able to kind of support the cultivation of cultural humility, it seems like we are pointing to some of that in this conversation. For me, I look to the NEAFAST community to be part of this conversation, an inquiry into people taking risks, people having conversations; and that's how we build kind of a knowledge base. We are not looking for the managed care evidence-based practice. "Everybody knows what to do, we've tested this out with, you know, focus groups." We're discovering it on the fly; we're discovering what works as we do it. And we get feedback directly from our clients, from the people we talk to, just like Stephen was saying. And that's not kind of how traditional science goes anyway.

Beverly Ibeh: To Stephen's point, maybe one of the reasons why this is so difficult is because maybe people are more so on the side of talking versus doing and so there isn't that kind of—in

terms of your point, “Why should people listen to me as a white person talk about this stuff?” Because there is, I think, historically a sense of detachment of like, “Oh, that’s a great idea,” versus like, “I’m not doing that. That sounds nice, but I’m not actually willing to do any of the work or to engage or to interrogate myself or to go through any kind of discomfort in kind of looking inwardly in terms of how I sit within the larger system.” I think that tends to be the bigger issue at play here.

Stephen Duclos: Right. The things that are happening now are a result of a lot of things that have already happened. “And where were we then? And where did we plug into all of this? Did we plug into this last week? Did we plug into this this year? I mean, great if we did. But, you really needed to plug in, you know, twenty years ago, thirty years ago, forty years ago, fifty years ago. And how did you do that and what happened at that point that you were able to do that?” But I think that in our work, to get back to the work part, when we have someone who’s been oppressed, they internalize it, and they think they’re the problem. “I’m anxious because I’m less than.” But actually the anxiety is the result of the oppression that they’ve experienced their whole life. And we have to be able to move that, whether the person is Black or disabled or gay, we have to move that into something that...into the larger system. And the effects of the larger system on the individuals is the mental health part. But people internalize all of this and they feel like it’s their fault; that they’re anxious or depressed when, you know, this is a normal reaction to being an Indigenous person.

Beverly Ibeh: Totally.

Stephen Duclos: And I think it’s our job to point that out.

Beverly Ibeh: Absolutely. And if you’re not engaging in these conversations, you wouldn’t be able to.

Stephen Duclos: Right. Not from a position of power, but from a position of, “How about if we thought about this in another way? You know, maybe your anxiety is not so internal; maybe it’s a result of other things that have happened. And let’s fight against that.”

Frank Gomez: I will say that I think it’s important to...as part of the therapeutic work—I didn’t know a lot about racism or equity or any of this as a Brown, Dominican guy I had to learn these things. And I think it’s the same story with a lot of individuals that might not have the opportunity to learn about inequities. And that while they have experienced these things, they might not have the language to appropriately discuss these in a therapeutic room. And so there’s a bit of responsibility in bringing these topics to the conversation as a therapist because it might be someone that, “Oh, yes! I know what that is because it’s happened to me!” But they might not have the words to describe that experience. And that comes first before acknowledging that it is a problem.

Jackie Gagliardi: And, you know, in all fairness, we all go into this field with into this field certain cultural mindsets which means ‘humility’ means being able to take a critical look the ideas and assumptions we bring in the room

David Haddad: There is so much pressure on training programs to teach competency, which in many ways leaves little time for self-reflection in training. But yet that’s the very thing we have to make space for.

Jackie Gagliardi: Yeah, we really do. And to know that we all want to do the right thing by our clients, and to know what is that.

Frank Gomez: I think starting conversations like this and being responsive to conversations like this, and my hope is that people in our community will join us in having these conversations together. I look forward to our members commenting on this topic, sending us their writings and observations. This conversation needs to be fluid and dynamic, we need to acknowledge that while we’re talking about this that this is a work in progress.

Jackie Gagliardi: And to think outside the box of how we’ve been taught. For so many years we couldn’t even discuss spirituality. You know, that was like a no-no to talk about in therapy. And so I think it’s actually expanding conversations instead of shutting down conversations.

Jeremiah Gibson: Thanks, everybody.