How DNA helped to go deeper: A Puerto Rican therapist's reflections of his exploration of ethnicity.

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How DNA helped to go deeper: A Puerto Rican therapist’s reflections of his exploration of ethnicity

Jason Maldonado-Page

Ethnic chameleon

"Why do you look so Chinese?" asked the stall vendor in the Beijing Silk Market.

"Because there is Chinese on my father's side of the family", I replied immediately, without hesitation and with certainty.

This was at least a story told to me by my father as a small child. I always questioned the story's validity, but I had a real Chinese person in front of me seeing something that somehow confirmed it. So, what is the truth and does it matter in understanding who I am? In this article I will share some of my reflections and journey in exploring my ethnicity, and how I took it beyond the visible to the invisible (Burnham, 2012) by using a genetic DNA test.

The story of Chinese ancestry was always part of my family narrative but, first and foremost, we were Puerto Rican and we were American. Growing up in a large Puerto Rican community in New York City, I never thought about or questioned my ethnicity. I was the same as my family, friends and neighbours, and in a country with a large Puerto Rican and Hispanic/Latino community, people could place my ethnicity and had some understanding of what it was. The incident in Beijing, alongside my move to the UK in 2003, led me to reflect more on my ethnic identity and to see myself as an ethnic chameleon. With just 306 Puerto-Rican-born residents living in the UK (Organisation for Economic Cooperation and Development), people predictably struggle to place me. I receive regular enquiries about where I am from, with New York City never being a sufficient answer. People often position me somewhere within their own culture, country of origin or experiences of others in their favourite holiday destination. Others tend to see in me what they want to see, and I can easily recall the man on the bus asking me what part of Bangladesh I was from, or the Indian dry cleaner wishing me a happy Diwali in Hindi who only switched to English when he noticed my puzzled expression. Over the years, I have been asked whether I am Malaysian, Muslim, Filipino, or mixed race, and the list goes on and on. On these occasions, I correct people, telling them I am Puerto Rican. After I explain where Puerto Rico is and its connection to the USA, when my American accent adds another layer of complexity to their confusion, I typically get perplexed looks as they try to figure out why I look like them. Not once since living and working as a clinician in the UK has anyone ever asked if I was Chinese or Malaysian, Filipino, or mixed race, and the list goes on and on.

Puerto Rico

I am a Puerto Rican systemic psychotherapist and social worker with nearly twenty years' experience of working in a variety of clinical settings, both in the USA and the UK. Throughout this time, I have never worked with another Puerto Rican young person or family. My Puerto Rican or Hispanic/Latino identity when in a USA context was much more prominent in my everyday life. Within a UK context, it has taken a back seat to my American identity to which it is much easier for others to connect. Being with other Puerto Ricans in the USA, I had a sense of what it meant to be one and, with the others around me, and people easily identifying my ethnicity, there was little need for exploration. As I slowly anglicised and my American identity became more dominant, my need to understand my roots in my everyday world, where so many had no understanding of my Puerto Rican identity, became more evident. One such way of connecting and expressing this identity became through food, music and some traditions, which my British family embraced for me. However, these attempts were vague, sporadic and were somehow Americanised which reinforced that identity. I did not know how to 'be Puerto Rican' when others around me were not, especially as being one seemed so different to my British family and friends with whom I had most contact.

In my first few weeks of being in the UK and in my social work training, I was described as a black student by a lecturer. I was surprised by this, as I had never been called black before and, when
I queried this, I was then introduced to three letters often used to describe people like me - BME. I had come from a world where these letters did not exist and where Hispanic/Latino, Asian and African American identities are distinct. These letters represented to me a consolidation of ethnicities and an othering of anyone not white. I was introduced to a world of ethnic binaries where people were called either white or black, and in professional contexts the latter being referred to as 'black and minority ethnic'. This label denies me my distinct ethnic identity that I had in America and simply 'others' me. Whilst often used with good intention, ethnicity surely must be more complex than majority white British and other.

Puerto Rico is a Caribbean island that is a commonwealth of the United States of America, and is the place where both my parents were born before migrating to America one was perhaps my assimilation we needed to be. For my migration to the UK from the USA, my Puerto Rican identity taking a secondary role to my identity as a non-Spanish speaking American easily positioned me to thinking I too was a white clinician, which was incongruous with many of my experiences both inside and outside of the consulting room, making the need to delve deeper important to respond to.

DNA results

Not everyone in my family looks the same and, in fact, growing up in the Bronx, one of the largest Puerto Rican communities outside of Puerto Rico, there is not one characteristic I could say that would instantly identify us. Puerto Rico means rich port and, as travellers that would instantly identify us. I was fascinated by how a small vial of saliva could help me to understand better the complexity of my Puerto Rican self. Without knowing anything about me other than my name, the results told a convincing story of Puerto Rico's history and of its inhabitants.

The test provided a breakdown of my genetic ethnicity, as well as a more in-depth analysis of the regions my ancestors derived from and historical information on migration patterns due to war, famine and slavery, which offered some insight into how I perhaps came to be. My results are that I am 53% European, 14% African and 13% Native American and 3% trace regions, which are too small to be conclusive. My largest genetic markers are that I have ancestral roots to the Iberian Peninsula (27%), Native America (13%), Isoyer Coast/Ghana (11%) and Nigeria (9%), which all support stories of Spanish colonisation and slave influences during the island's dark past. Surprisingly, I have no connection to the ethnicities for which I am still often mistaken. Whilst I was surprised by what was not there, what was there was just as interesting, including discovering I am already 1/20th British.

Social graces

Like everyone, I will never fully know all my family history and, as Krause says, "Any history or genealogy must remain incomplete" (2012, p. 15). Whilst on one hand this process has left me with so many unanswered questions, it has given me an ethnicity foundation on which to build and a sense of clarity about my Puerto Rican identity, which food, music and practising traditions did not. I have often felt living in the UK like 'the only Puerto Rican in the village' and doing this test has allowed me to see connections where there once were none. Although some of the stories from
my childhood may have been untrust, they were perhaps legacies of my ancestors who, like me, may have been on an exploratory journey but, unlike me, they did not have the scientific means of searching for answers. By exploring ethnicity through my DNA, I better understand how the social graces are not just a finite list making up a clever mnemonic available for superficial examination of identity, which is perhaps how many use it. The social graces are a starting point; they are within the changing contexts we find ourselves, and the various components of identity are not absolute. The complexity of each aspect of identity simply cannot be contained within a letter.

Clinical practice

Genetic testing has helped me to realise that all my work is cross-cultural and, in my continuous quest to become a “Good Effective Mainstream Minority Therapist” (Hardy, 2008), I may have lost sight of that. I am neither a white nor a black therapist, with those binaries being too narrow to incorporate the full spectrum of ethnic identity. My skin-colour may be a recognised disadvantage (McIntosh, 1998) in some situations, but I have found it to be a real privilege in my clinical practice where it is an immediate reminder of difference and offers a more natural opportunity for ‘not-knowing’ (Anderson & Goolishian, 1992) and for ‘curiosity’ (Cecchin, 1987). Having a better sense of my Puerto Rican self has been advantageous in maintaining a cross-cultural lens within all facets of my clinical practice, and I have found myself engaging with, and being more sensitive to, all aspects of identity as well as paying much closer attention to intersectionality (Butler, 2015). Whilst I remain a Puerto Rican and American in a UK context and, although those ethnic-chameleon experiences still occur, where they once distressed, and at times offended me, knowing my genetic makeup has allowed me to have a more constructive dialogue and a more confident sense of self. I have also gained an awareness that those making connections with me are perhaps on a similar journey to link with others like themselves. Doing this has not redefined who I am; it broadly confirmed what I suspected, and it is this validation that has allowed me to embrace my difference and feel more grounded in my UK home and in my clinical practice. Ethnicity exists within multiple contexts rather than in isolation and, whilst I once knew what it meant to be Puerto Rican, I found a way of exploring it further and hope other clinicians in similar circumstances can find creative or scientific ways of expanding their own identity knowledge-base. My clients, colleagues and complete strangers will continue to be puzzled about my ethnicity, and will continue to see different things in me that they find connect with them. Whilst I may or may not share my ethnic heritage in those circumstances, I will have a better understanding of what makes me and of who I am. Our DNA holds our histories and I have discovered the importance of knowing where you come from so that you can appreciate where you are, and this process has allowed me to do just that. My in-laws can trace their family back to the 15th century, but many like me are unable to do that. For those of us with lost histories, this can provide a valuable opportunity for discovery.

When planning this article, I recalled the time I asked my father as a small child if we were ‘minorities’, a thick hearing the term being used on the news. At the end of my DNA journey I have a greater understanding of the complexity of what I was asking but, despite this complexity, my father’s simple answer at the time still holds true: “No, none of us are minorities, we’re all a majority of one.”

References


Putting the pieces together

Jos Twist

"Who in the world am I? Ah, that's the great puzzle."

Lewis Carroll (1865)

Beginnings

On 25 September 2013, I started my clinical psychology training. Like many other trainees, I felt proud and privileged to have gained my place and excited to see what the following three years would bring. Yet, there was something that separated me from the other 14 people in the room; 25 September was the start of me living my life, as a genderqueer trans man. During this article, I will discuss some of the challenges, joys and opportunities of transitioning into a more masculine social role at the same time as training to become a clinical psychologist.

My decision to start the transition had not been easy; one that I had pondered for as long as I can remember and a conversation not able to place my gender. Though this question many trans people would wish to ask, it was a question I took much pleasure in. In some way, or perhaps many ways, I was transgressing across the lines of gender in ways that meant others did not feel safe, for me to make the transition in Wales. My move to Hertfordshire presented me with the dilemma, and was simply too polite to ask. Some people in my life questioned whether the beginning of training was the best time for me to start this additional change in my life, believing that training was task enough, but for me it felt like the perfect time.

Clinical practice

As training progressed, there was much to negotiate. At the start of every placement, we had to have the 'toilets and pronoun' conversation, alongside discussing what the reception staff could tell clients if they asked any 'awkward questions' about my ambiguous gender presentation: to my knowledge, no clients or their families ever did they had far more to be concerned about.

When I began my CAMHS placement in September 2014, I had been taking testosterone for three months and, in the most part, people still read me as female. Through the course of the next year, testosterone changed my appearance in that I moved into a space in which people were not able to place my gender. In my personal life during this time, it was not uncommon for people to ask, 'Are you a boy or a girl?' Though this is a question many trans people would not wish to be asked, it was a question I took much pleasure in. In some way, or perhaps many ways, I was transgressing across the lines of gender in ways that meant others were not easily able to position me; I was succeeding in queering gender.

As much as I took pleasure in this in my personal life, I considered whether clients and their families were also faced with this dilemma, and were simply too polite to ask. During supervision, we considered how their perceptions of my gender may impact on the therapeutic process and how the young people may relate to me differently whether they perceived me as a male or female therapist.

One area in which I felt this was particularly relevant was when working with young women who had a history of sexual abuse, or trauma, that involved men. There was one adolescent in particular who I worked with during my whole year in CAMHS, who had had such experiences. I wondered how this young person had read my gender and whether she had positioned me as a 'safe' or 'unsafe'