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JOURNAL ARTICLE

Original citation:

Maldonado-Page, Jason (2017) *How DNA helped to go deeper: A Puerto Rican therapist's reflections of his exploration of ethnicity*. *Context*, 151 . pp. 23-26

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

Jason Maldonado-Page

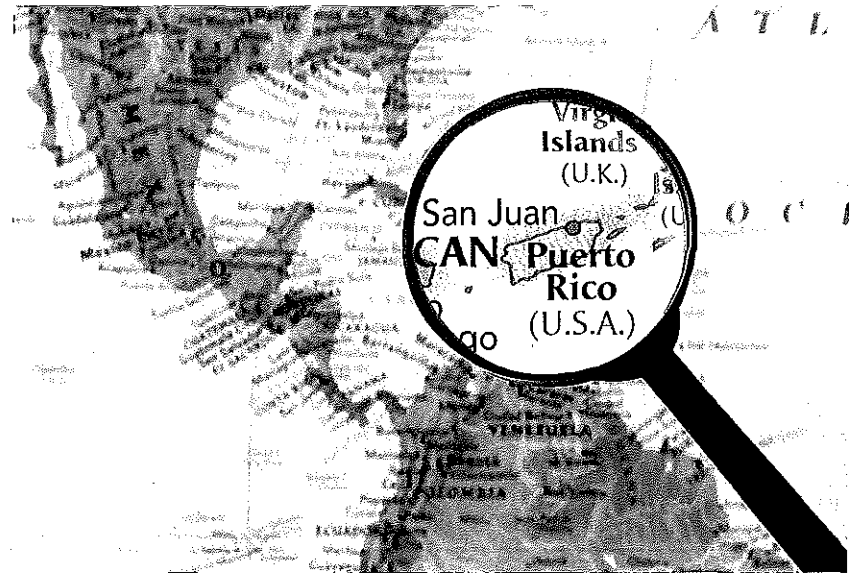
Ethnic chameleon

"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 the more I reflected, the more I came 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 Puerto Rican – with so few of us, it is hardly a surprise.

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

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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 New York City as young children in the 1940s. I was born in New York City where I grew up in an 'Americanised' home, or in what I have recently come to discover as a construction of what my parents thought that might look like. For my siblings and I to achieve, in what my parents experienced as an institutionally-racist educational system, they avoided speaking Spanish at home, seeing their bilingual status as a hindrance in their own educational attainment and vowing not to let it affect us – a story echoed by many families like mine. Having a stronger connection with the island, my parents, like so many of their generation, spoke of us children as 'Nuyorican', demarcating our unique mainland identity and highlighting the privilege they believed it gave us. In trying to assimilate into their new world like many migrants do, the loss of our language was the compromise needed for us to become the Americans my parents thought that we needed to be. For my migration to the UK from the USA, my Puerto Rican identity taking a secondary role to my American one was perhaps my assimilation compromise.

Cultural competence

We as family therapists have been exposed to stories about North American Puerto Rican families – who can forget Minuchin's (1967) seminal work with 'families of the slums' for example. To our American systemic colleagues, especially those working in the USA's north eastern

states, being and working with Puerto Ricans is not unfamiliar. Similarly, Garcia-Preto's (1996) chapter offered me insight into a culture that I proudly claimed to be part of, but that was also so foreign to me.

There is an emphasis in systemic training to work cross-culturally and to develop cultural competence (Divac & Heaphy, 2005; Hardy & Laszloffy, 1995; Rober & De Haene, 2014) and, like so many in my systemic training, I 'did' my 'Social GGGRRRAACCEBESS' (Burnham, 1992, 1993, 2012; and Roper-Hall, 1998), highlighting how I self-identify in every category, and I even proudly displayed the list in my home office for all to see. Whilst doing this helped to make the various aspects of my identity clear and vivid, I was astonished by how people who saw my list, and who knew me well, had not realised the significance of my Puerto Rican identity, seeing me as solely American. It was these puzzling conversations and my ethnic chameleon experiences that led me to wonder what it meant not only to be Puerto Rican, but a culturally competent Puerto Rican therapist. I believe there is, at least for me, an implicit assumption in cross-cultural literature that clinicians are white and need competence to work with those of ethnic minority backgrounds (Akamatsu, 2008). 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 came from around the world through the eighteenth and nineteenth centuries, the genetic influences of Europe, Africa and beyond mixed with the Native American, or Taino Indians of the island. Today, Puerto Ricans come in every shade and hue and, although I have always known I was Puerto Rican, the rich spectrum of my ethnicity remained unknown. There were, however, stories in my childhood of us being descendants of slaves, of having Spanish and Chinese influences and, of

course, Taino Indian blood. After yet another session where my ethnicity became a topic of curiosity, I did some research about Puerto Rican identity and came across stories of people finding out their ethnic make-up through genetic testing. The test was simple and painless, with only a small vial of my saliva required for analysis, which was sent by post. My saliva was then analysed against genetic markers from samples from the Human Genome Diversity Project (Ball *et al.*, 2013), which aimed to build a global genetic map, looking for specific markers in every part of the world. 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, 31% 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%), Ivory 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 untrue, 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 make-up 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

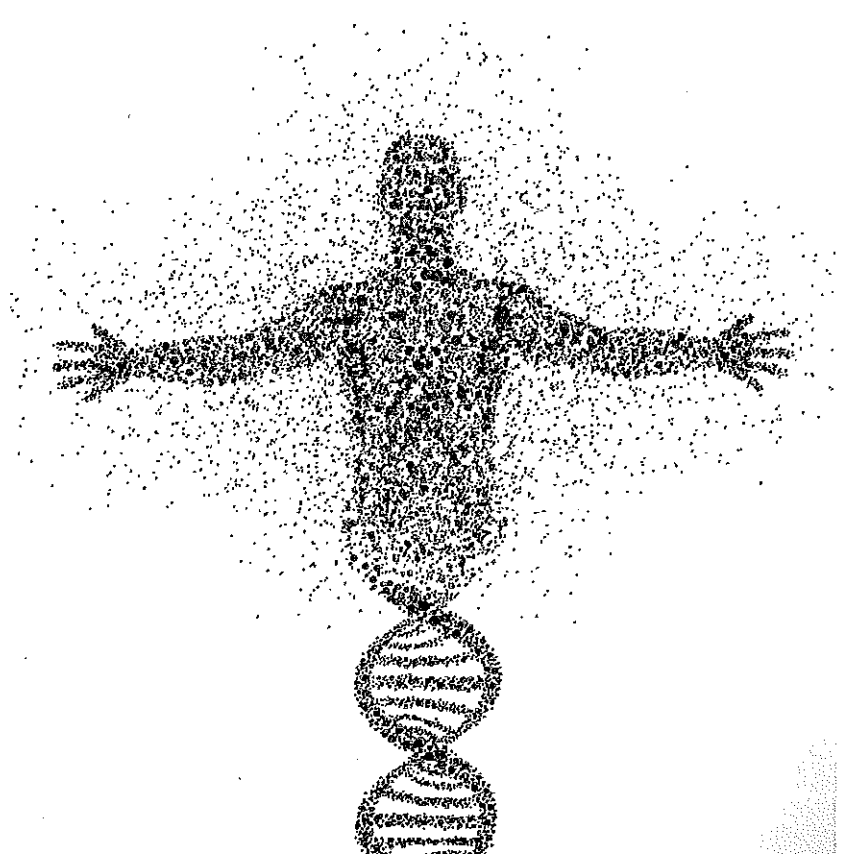
knew what it meant to be Puerto Rican, I found a way of exploring it further and hope other clinicians in similar circumstances can find creative or scientific ways of expanding their own identity knowledge-base. My clients, colleagues and complete strangers will continue to be puzzled about my ethnicity, 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 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', after 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."

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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 out from the other 14 people in the room; 25 September was the start of me living, in all areas of 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 that had been live within my family of origin since my childhood. However, like many other trans people, I had been led to believe, if I transitioned, I would essentially be unlovable, and I would be left to live my life alone (Lev, 2004). Yet, the previous year had brought me several gifts that had helped me see otherwise; gifts that supported me in taking this leap into the unknown.

Another factor that I perceived as a barrier to transition was related to my geography. Prior to moving to Hertfordshire for training, I lived in Wales, with many of my experiences there being in stark contrast to the middle class, liberal social values of my younger years. I witnessed transphobia first hand, coupled with an intolerance of gender-role transgressions more generally. It did not feel possible, or safe, for me to make the transition in Wales. My move to Hertfordshire presented me with the opportunity to begin to be seen by others in a way more aligned with how I saw myself. 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 an ‘unsafe’

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