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2014

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Bean, Roy A.; Hsieh, Alexander L.; and Clark, Adam M., "Exploring Other Perspectives of Gender and Ethnicity" (2014). *Faculty Publications*. 5026.

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CHAPTER 24

EXPLORING OTHER PERSPECTIVES OF GENDER AND ETHNICITY

Roy A. Bean, Alexander L. Hsieh, and Adam M. Clark

Introduction

The purpose of this activity is to have clinicians explore a change in one key element of their identities (e.g., gender, sexual orientation, ethnicity/race) within the unchanged context of their life circumstances (e.g., family-of-origin characteristics, individual personality). This allows clinicians to focus on and process elements from their own histories within the context of a different perspective through an imagined switch in a salient socio-demographic factor. This activity is designed to help clinicians develop greater perspective-taking abilities and improve their awareness of some of the factors that have heavily influenced, and perhaps even defined, their own life experience.

Rationale

Prior research suggests that clinicians who can develop strong therapeutic relationships tend to have more positive experiences with their clients in session (e. g., Spinhoven, Giesen-Bloo, van Dyck, Kooiman, & Arntz, 2007; Zuroff & Blatt, 2006). Key elements in the development of a strong therapeutic relationship include both therapist empathy and perspective-taking ability. Empathizing with clients is a basic ability that is essential for all therapy models and interventions. Without empathy, clinicians and client systems may disconnect, and clients may miss out on the acceptance and comfort they often need to feel before change can occur. In relation to perspective taking, not only is it an essential tool in developing a relationship with clients, but it also affects how psychotherapists react and respond to clients' situations and struggles (Galinsky & Moskowitz, 2000; Johnson, 1975; Todd, Bodenhausen, Richeson, & Galinsky, 2011). Because clinicians have their own personal experiences and formulated preferences, natural biases do develop that could conflict with their clients' worldviews. Therefore, clinicians must work to make room for clients' perspectives in therapy while limiting the impact and interference of their personal and often very specific contextual biases (Todd et al., 2011).

Clinicians, at all experience levels, inevitably encounter client systems that differ from their own in terms of gender, culture, sexual orientation, or other salient sociodemographic characteristics. This activity provides an opportunity for clinicians to examine their own social locations regarding challenges and privileges while interpreting these experiences through the eyes of an imagined self. Depending on the identity factor selected for this assignment, participating clinicians will learn how to challenge levels of societal prejudice, mean-spirited stereotypes, and/or unearned privileges. This self-awareness activity is designed to help both new and experienced clinicians improve their ability to empathize with clinical populations that are different from themselves, allowing clinicians to walk, for a minute, in their clients' shoes. Almost all clinicians can benefit from completing this exercise, because it is designed to push them to consider how their lives would be different (in terms of opportunities and successes) with a shift in their gender, race, or another key sociodemographic category. Consequently, no intrapersonal or interpersonal characteristics would preclude a clinician from participating in this exercise.

Activity Instructions

For this activity, clinicians need to identify a single socio-demographic factor they would like to better understand (e.g., gender, sexual orientation, ethnicity/race), gain a deeper understanding of how this factor affects individuals, and then write about what their lives would have been like if they had been born and raised as a member of this different socio-demographic group. This activity consists of two preparatory exercises followed by an exploratory essay and can be either self-assigned and carried out by a clinician or assigned by a supervisor as part of a training exercise, class requirement, or workshop training. Therefore, the instructions are directed mainly to clinicians.

Identification Exercise

For the purpose of the identification exercise, clinicians will select a single socio-demographic factor they would like to better understand. Clinicians will then need to review their lives in light of many socio-demographic factors, retaining as much as possible about their own life history (e.g., social class, family structure, birth order), so that their primary focus can remain on what would happen if just one salient socio-demographic characteristic were changed. In other words, clinicians should try to understand what aspects of their lives would change if they were born male instead of female or Latino instead of African American.

Insider's Perspective Exercise

Before beginning the writing process, clinicians need to get an "insider's perspective," seeking to better understand this socio-demographic group by watching relevant movies, browsing applicable Internet content, and talking to members of this particular group. These interactions will help clinicians consider the reality beyond their own experiences as they collect more information about the formative years of another person within that group. It may also be helpful for clinicians to review other family-of-origin assignments so they are aware of how they have presented their lives in the past.

"What If" Paper

Clinicians should write a paper seven to eight pages in length that addresses the following questions:

1. What would have been different about your life growing up? Share detailed moments from your new, imagined life, reporting on what would have happened differently, how it would have felt, and so forth.
2. What types of oppressive experiences do you imagine you would have experienced? What privileges would you have had?
3. Which of your personality traits or skills would be different, having less/more reinforcement or fewer/more opportunities? Which would be the same?
4. What expectations for your future would be different? Would you still be a mental health provider/student?
5. What realizations did you have while completing this assignment?

We strongly recommend that this paper focus on changing just *one* main socio-demographic factor. We have tried this exercise allowing clinicians to vary more than one key identity characteristic in their papers (e.g., writing it as if they are both of another gender group *and* another ethnic group); however, this usually results in a more cursory exploration of the characteristic and its effects on their lives. We recommend that clinicians focus on the depth, rather than the breadth, of the experience so they can see more clearly how a single crucial difference may affect their lives, giving them an entirely different set of opportunities and barriers.

Example

This "what if" exercise has been used in master's-level and doctoral-level clinical courses over the past 15 years. The following excerpts are taken from student papers, with identity and other

characteristics changed to preserve students' confidentiality. Although students have discussed many socio-demographic factors over the years, for the purposes of this section we will focus on gender and race/ethnicity.

The gender-based insights that clinicians discover during this assignment can help them become more self-aware as clinicians and more empathic as they interact with clients who are strongly influenced by societally based gender roles. In one paper, a female student (28 years old, European American) writes about what would have been different in her family if she were born a boy:

As a boy, I would have been able to develop talents and confidence in systems outside of the home; I would have been able to see how [I], as a person, contributed to many different systems. This sense of self could have made the difference when adjusting to my parents' divorce. Instead of wondering where and how I will fit into this new world, I could have held onto the one thing I knew to be constant in my life: sports.

Through the paper, this female student imagines a different life experience, as informed by gender, regarding how she could have responded to her parents' divorce and the type of meaning that she made about herself. In addition, this student examines both advantages and disadvantages of societal gender roles, writing:

The future seems a little scarier as a male. No more only worrying about providing for me, suddenly the pressure is a bit more overwhelming. I will have a wife and kids to think about. I think I would feel more in control though Maybe that is a power thing. If I were a male it would seem that I would have more control over getting what I want instead of taking what I get.

On the same topic, another female student (25 years old, European American) shared the following:

I imagine I'd be like [my brother] and like my dad, feeling a lot inside but not knowing how to appropriately express it. Eventually I would just shut it off and function on autopilot. I don't want to imagine how hollow I might come to feel one day I might have felt oppressed as my emotions would have had to take a backseat to my sister's and as I would have been expected to be strong at all times to take care of the women in my life.

This student takes into account how she might have been socialized differently in handling emotions and conflict if she had been born a male.

One male student (33 years old, European American) expresses how his relationship with his parents could have differed based on a change in his gender:

If I were a girl in my family, my activities, fun, and discipline received from parents would've been similar to what my sisters experienced. They [my sisters] express having regrets about the lack of opportunities to connect to my dad. It makes me sad to imagine myself without the experiences I had with him and my mom, as they have been important in my formation over the years. I think there was a theme throughout our upbringings that relates to our experiences scholastically and athletically: It was okay for a male to take on seemingly feminine traits but not okay for a female to take on masculine traits.

Another male student (30 years old, European American) reacts to how his education might have taken a different path if he were born a female.

Obviously, my future would be very different if I were female in my family, as I probably would have been encouraged to be a stay-at-home mom. My continued education might have been marginalized and put off because it doesn't serve a direct purpose in the economic well-being of my family.

Similar to the insights gained from a focus on gender, clinicians can develop more personal awareness of certain privileges and specific challenges they would have faced if they were born of a different race or ethnicity. One male student (28 years old, European American) interviewed a man from Rwanda and described the man's experience during tribal wars, feeling so unsafe that he could not go outside without fearing for his life because his neighbors were of other tribes. In response to this information, the student reported:

This is really hard for me to comprehend emotionally, being that my current privilege has not led me to have to consider such a state of living. I realize as I write this paper that [this memory

from his formative years] probably explains why it is hard for him to remain connected to his family-of-origin back home and complicates the process of developing a safe home for his own family here.

Another male student (28 years old, European American) examined his life through the lens of being Mexican American. From his understanding of Mexican American culture, he reflects on how his family interactions and dynamics could have been different.

Despite this necessity of living, I probably would have had a closer, more involved family than the one I grew up with. I may have had extended family living nearby that had come to join us from our home country. Even if we had to drive far to get there, we would have gotten together often to celebrate birthdays, holidays, and other special events Being together often with extended family would have been a high priority, and I would have had close relationships with my cousins.

Continuing, he shares a realization that many other clinicians may share: That we approach those who are different from us through a set of faulty preformed beliefs and stereotypes.

In writing this paper I realized that I have maintained a number of stereotypes and assumptions about Latinos that are negative and possibly even hurtful I have also found that it is very difficult and uncomfortable to face one's own biases and the stereotypes one uses. It is something that we do unconsciously and without intention. I certainly meant no harm by the things that I thought and believed about immigrant families and I harbor no animosity toward Latinos as a group However, any stereotype, no matter how benign, limits individuals, and hiding from the stereotypes and biases that pervade our society will not make them go away. Only by becoming aware of them and talking about them will we be able to move beyond them to a more equal society.

Measuring Progress

Increasing one's self-awareness is an ongoing and often difficult journey. During the "what if" activity, clinicians can chart their progress by measuring their connection to clients, by becoming more consciously aware of their own reactions to clients' problems, and by expressing their experiences of awareness achieved by completing this assignment. Through ongoing conversations with colleagues and in the context of supervision groups, various perspectives and insights can be shared, adding to this self-awareness experience. The viewpoints from colleagues can offer a broader perspective for the clinician's own personal experience.

As applicable, supervisors should take an opportunity to facilitate open discussions with clinicians about insights gained and any difficulties experienced while completing this activity. Topics for discussion or supervision can include clinicians' experiences while interviewing a member of the "other" group, privileges clinicians have previously taken for granted, oppressive experiences or life challenges that have served a purpose in the clinician's development, how forced reliance on rigid stereotypes about group members may illustrate differences between actual experiences and their "what if" experiences, and the power of societal expectations and accompanying opportunities.

As an additional training note, when clinicians struggle with this assignment, several domains should be explored by supervisors, including therapist cognitive rigidity, emotional immaturity, or past trauma experiences or conflict in relation to members of the other group. One additional difficulty that comes up regularly is where a clinician struggles to separate from family loyalties and the way that they have been taught to think about those of a different ethnicity, gender, or sexual orientation. For instance, if a clinician grows up in circumstances where she is taught to not trust men because they just leave the family, it will be challenging for her to fully explore the oppression and disadvantages of being male. Similarly, if a clinician is brought up in a family that regularly uses ethnic slurs and devalues members of a particular ethnic group (e.g., African Americans), then he will be more restricted in his ability to switch perspectives from that of a white man to that of a black man. For clinicians who are struggling with this activity to a minor degree, supervisors may need to just be patient and continue to engage them in conversation. In more extreme cases, supervisors may need to refer clinicians for focused counseling to help them

deal with the topic. The most extreme cases may even warrant a discussion on the prospects of a job change or a shift in career goals.

Conclusion

By trying to imagine the perspectives of members of other marginalized groups, clinicians can more closely evaluate their personal biases, which can improve the likelihood that they will create space for differences and help them to better empathize with diverse clients. It is expected that this activity will help beginning clinicians to identify their limits in perspective taking and understanding others. It is also expected that this exercise will help clinicians at all experience levels to have more to discuss and share with colleagues and supervisors on this important topic.

Additional Resources

- Epley, N., & Caruso, E. M. (2009). Perspective taking: Misstepping into others' shoes. In K. D. Markman, W. P. Klein, J. A. Suhr, K. D. Markman, W. P. Klein, & J. A. Suhr (Eds.), *Handbook of imagination and mental simulation* (pp. 295–309). New York, NY: Psychology Press.
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