

Cultural Humility Exploration Paper

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For my cultural humility exploration paper, I read *Disability Visibility: First-Person Stories from the 21st Century*, edited by Alice Wong. Divided into four parts, *Disability Visibility* includes personal essays by thirty-seven authors living with disabilities. Each essay offers a unique perspective on specific disabilities, often emphasizing their intersections with multiple marginalized identities.

Throughout this book, I felt shocked and angry at how little I understood about disabled experiences. For example, I had no idea that one in five Americans live with a disability (Harriet Tubman Collective, 2020, p. 236). As I read through various chapters, I was struck by the diversity of experiences within the disability community. As a mostly able-bodied person, my assumptions about quality of life and accessibility were challenged as I gained a greater awareness of my privileges and cultural blindspots. The degree of marginalization for persons with disabilities was much greater than I had imagined, with many unduly suffering or even dying from a lack of external support and resources (Deerinwater, 2020, pp. 49-50). Additionally, I learned that those living in social isolation and experiencing abuse within institutions often have much poorer outcomes than those living communally integrated lives (Thornton, 2020, pp. 88-89)

I particularly loved the worldview of disability advocacy and culture. Late capitalism's ever-increasing demand for us to participate in constant production has led many Americans to experience severe burnout and poor health (Berne, 2020, p. 234). In particular, the individualist ethos of pulling oneself up by their bootstraps makes it extremely difficult for anyone to practice self-care and maintain sustainable lifestyles. For persons with disabilities who require

interdependence, cooperation, and inclusive systems to survive, this ethos can be a death sentence (Berne, 2020, pp. 232-235). Disability culture asks us all to slow down, reimagine exclusive capitalist systems, and work to create a more loving, supportive, and interdependent world in which all persons have the resources they need to participate and thrive (Reaume, 2020, pp. 153-155). In her essay, Samuels (2020) quotes Alison Kafer, stating:

‘Rather than bend disabled bodies and minds to meet the clock, crip time bends the clock to meet disabled bodies and minds.’ I have embraced this beautiful notion for many years, living within the embrace of a crip time that lets me define my own normal.
(p. 189)

Because anyone can potentially live with one or more disabilities, the racial and religious/spiritual demographics of the disability community are diverse. According to the Harriet Tubman Collective (2020), “the Black community has the highest prevalence of disability — with almost a full quarter of the Black population having some form of a disability” (pp. 237-238). Additionally, those who live at the intersection of being racialized and disabled experience much higher rates of marginalization and state violence such as poverty, food insecurity, environmental pollution, police brutality, and mass incarceration (Deerinwater, 2020; Harriet Tubman Collective, 2020). Depending on the disability, communication styles may vary, as some individuals may require American Sign Language (ASL), Braille, or voice-assistive and augmentative and alternative communication technologies (McLeod, 2020, p. 221).

In reading more about various disability experiences, I have reflected on building my self-awareness around being a more supportive ally to those living with disabilities. One of my dear friends lives with chronic migraines and must apply for disability funding in order to make

ends meet. I recalled a conversation I had with her several years ago where I was hyper-focused on finding a cure, rather than just meeting her where she was emotionally and expressing unconditional empathy and support. While I did help her by occasionally providing transportation to her medical appointments, I now realize that there were some moments in which I had microaggressive shortcomings concerning the acceptance of her disability. Because she had an invisible disability, many individuals within her social circle failed to believe the amount of pain she experienced on a daily basis. This added stress increased her depression and created a co-morbidity in which her pain cycles were often exacerbated by the lack of social-emotional support she received. Today, I have a much greater understanding that showing support for persons with disabilities means taking a holistic view that encompasses both the practical financial and interpersonal aspects of care.

Additionally, I gained the self-awareness that anyone can become disabled at any point in their lives and that America as a society has to prioritize equity through cultural shifts and political change. Many fiscally conservative policies that slash funding for federal programs have devastating effects on people with disabilities who are stuck in the cycle of poverty due to the extremely high cost of critical life-sustaining medical supplies (Deerinwater, 2020; Harriet Tubman Collective, 2020; McLeod, 2020). As a mostly able-bodied individual entering a helping profession, I have an ethical responsibility to advocate for systemic changes that lower the cost of these medical supplies, increase accessibility through more efficient communication and transportation, and increase access to all forms of healthcare. I intend to maintain this advocacy by staying informed and making sure that any politicians, as well as local, state, and federal propositions I vote for align with the needs of the disability community.

Perhaps the greatest self-awareness I gained was just how deeply colonization has affected how society views and treats disability. Like race, disability is often treated as a status from which persons with disabilities must assimilate into dominant ableist society. For example, Moore (2020) writes about how exhausted she became after feeling pressured to find a cure for her chronic pain:

There is a persistent belief amongst abled people that a cure is what disabled people should want. To abandon our disabled selves and bodies and assimilate into a perhaps unachievable abled skin. ... To be clear: I have chronic pain, and I would gladly wish it gone, cured, away. Yet I also cannot spend all of my time pursuing cures, because I would never have a life. (pp. 75-76)

Ableism, as an extension of capitalist systems, is deeply rooted in colonialism. The belief that individuals' production determines their value is incredibly dehumanizing and fails to account for the intrinsic humanity that society needs in order to holistically thrive. Further, there is a fine line between curing persons with disabilities and eugenicist erasure (Moore, 2020, p. 76). For many, disability is itself an identity that must be respected through increasing both cultural awareness and systemic equity. Through increased psychoeducation, I have come to support the social model of disability, which cultivates self-love and empowerment by recognizing that the myriad of broken hierarchical systems we live in are the problem, not our bodies (Moore, 2020, p. 75).

For BIPOC persons with disabilities, living isolated on a reservation with food insecurity and no healthcare or being Black and deaf in a confrontation with the police can be fatal (Deerinwater, 2020; Harriet Tubman Society, 2020). Further, mass incarceration, which

disproportionately affects BIPOC individuals, can cause even more hellish injustice for inmates with disabilities. With a lack of ASL resources, deaf inmates often experience communication failures with officers and judges, leading to drastic consequences such as unintended guilty pleas. Such was the case for Woody (2020):

Once they brought me to disciplinary court, but they had me in shackles behind my back, so I had no way to communicate. ... The [other officers] would not uncuff me. I wanted to write not guilty. I wanted to ask for an interpreter. But I couldn't. They said, 'Okay, you have nothing to say? Guilty.' That infuriated me. I started to scream. That was really all that I could do. They sent me to the hole, and I cried endlessly. (pp. 61-62)

Persons with disabilities are also more vulnerable to becoming victims of sexual assault. In her experience riding the notoriously inefficient and costly Access-A-Ride paratransit service, Wilson (2020) recounted a terrifying situation in which the bus driver decided to urinate into a cup while in front of her:

Knowing that people with disabilities face a higher risk of sexual assault than many other groups, I said a silent prayer to myself and thought, 'If this man is willing to take out his private parts and urinate in front of a stranger, what else is he willing to do? I'm already at a physical disadvantage. I can't afford not to be prepared if he tries anything else. I knew I had to be prepared to fight or somehow get off that bus'. (p. 216)

Poverty, mass incarceration, and sexual assault all have much more dramatic effects on persons with disabilities, especially if they are also members of the BIPOC community. The generational trauma that can result from these risk factors means that it is critical that mental healthcare is accessible to those with disabilities. Further, it is so important for therapists to

address the complex ways that racialized persons with disabilities experience ableist colonization because when the most vulnerable citizens thrive, we all thrive.

Ultimately, the ability to seek help largely depends on whether external resources and systems are in place to be able to access mental healthcare. Because disability and poverty are a self-fueling cycle, many persons with disabilities lack financial access to adequate mental healthcare (Harriet Tubman Collective, 2020, p. 237). Further, those who may not have reached full acceptance of their disability, especially ones involving social stigma and body shame such as mental illness or incontinence, may also exhibit resistance to seeking care (Deerinwater, 2020; Ramsawakh, 2020; Yi, 2018).

As an art therapist, I would build a therapeutic alliance with disabled clients by using disability culture as a social justice tool to inform my counseling practice. My primary goal would be to make my office a safe space for all bodies and abilities. First, I can question my own ableist assumptions by rejecting ableist history, especially the capitalist medical model that prioritizes “progress” and reducing or curing disability (Yi, 2018, p. 164). Reframing disability as a state of being rather than a deficit or something to be fixed or overcome can be facilitated through acceptance and changing my own modes of operation to compliment and empower disabled clients (Yi, 2018, p. 163).

Second, I can adapt my communication style to meet the needs of clients by honing my micro-skills and body language to be safe for everyone. For example, microaggressive questioning, inappropriate staring, and closed body language can make a disabled client feel unvalued, shamed, and unsafe (Yi, 2018, pp. 161-162). Further, my art therapy techniques would center the disabled client’s needs from a vantage point of abundance rather than scarcity. To

achieve this, I would choose accessible and appropriate materials that highlight the client's visibility and strengths, as well as challenge them into new areas of growth. For example, the tactile quality of clay could be a good choice for a blind client to engage the kinesthetic, sensory, affective, cognitive or symbolic components of the Expressive Therapies Continuum (A. Calisch, personal communication, March 7, 2023). Creating adaptive tools could also be a great way to aid clients with missing limbs or mobility challenges (A. Calisch, personal communication, February 7, 2023).

Third, potential therapeutic challenges or barriers (power and privilege) that might arise are my lack of ability to communicate and the ability to offer affordable care. For example, the fact that I do not know ASL or may not have the necessary clientele to offer a sliding scale or take insurance could be major problems for prospective disabled clients (Harriet Tubman Collective, 2020; Woody, 2020). Thus, my goal would be to participate in psycho-educational training that could provide some basic technological and non-verbal skills to facilitate my work with deaf or mute clients. It is my hope that by shifting the financial burden onto wealthier clients who can afford the full cost of care, I can offer a sliding scale for lower income clients that is competitive with insurance copays.

Fourth, the social justice competencies that seem most important to my practice are an awareness of the lived experiences of those with disabilities and an in-depth knowledge of the oppressive systems in need of change. As an ally, my intention is to continue educating myself in both of these areas and adapting my practice to meet those evolving needs (Yi, 2018, p. 165). Fifth, in order to reduce power dynamics as an art therapist, I will not engage in the role of the expert. Instead, I will center how clients feel about their own disabilities and refrain from

gaslighting or ablesplaining (Yi, 2018, p. 162). By holding space for disability advocacy and feedback, I can open new opportunities to continually better my practice. Perhaps most critically, I can provide all necessary forms of access (physical, auditory, visual...etc.) to my office, so that anyone could find and access my services. Providing wheelchair ramps, elevators, automatic doors, handicapped restrooms, and a deaf and blind-accessible website that abides by Web Accessibility Content Guidelines standards are just some of the things I can do to make my services more accessible (“Deaf Accessibility”, n.d.).

Lastly, I plan to maintain cultural humility by practicing adequate self-care and avoiding burnout. As I have learned throughout my time as a Southwestern student, the best way that I can help others is to first take care of myself. Because maintaining cultural humility is a lifelong practice that involves intensive engagement with our areas of privilege and cultural blindspots, it is important to find balance through self-compassion. As therapists, some of the biggest mistakes we make with clients come from not having enough emotional bandwidth to be fully present, receptive, and accountable. In the spirit of crip time, I will prioritize attending to my body’s needs and social-emotional wellness in order to do my best and continue making necessary improvements to my practice (Samuels, 2020, pp. 192-193).

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