## Jason J. Platt: Looking Beyond Nationalism

My brother is in prison and is facing the death penalty. His crimes are significant and he has hurt many people.

I have complicated feelings and I do not yet have clarity about what outcome is just. When I was a child, my mother was partially paralyzed in a car accident and thus unable to have additional biological children. My parents eventually decided to add to our family through international adoption. After a few years, they had adopted seven children from five different national backgrounds. It was not initially evident how much my adopted siblings' prior histories and the varied social, political and economic infrastructures of their respective national origins influenced their development. All of my adopted siblings had experienced significant traumas that were linked to geopolitics, poverty, hunger and war. My brother, who is in prison, was born and spent the first years of his life during the very violent Salvadoran Civil War. Among many horrific and ugly experiences, he witnessed his father dragged out of the house and killed.

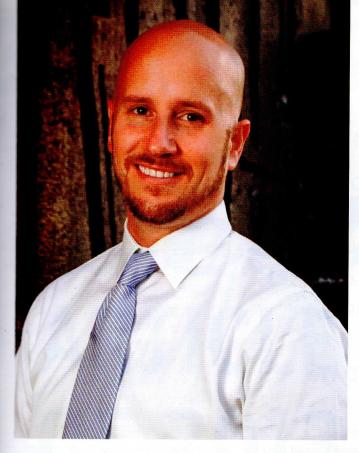
I was raised in a small conservative, middle class, white Mormon community in Utah. Our neighborhood was made up primarily of an embracing network of fellow Mormons who we would see each Sunday at church, during evening strolls or at neighborhood barbeques. Though social problems existed in many communities in the United States, it's safe to say that many protective factors existed and that it was a fairly sheltered community. It was not a particularly diverse community, though. In thinking about my school experiences, I believe there were only two or three Catholics, maybe three Latinos, not a single black person and only the occasional foreign exchange student. When the adoptions happened, in large part, our family became the representative diversity for the local community.

When our worlds met, there were explosive cultural clashes that ironically often remained shrouded in invisibility. We did not see or understand how much an impact nationality had as an influencing variable. One of the most memorable examples for me was when we gave my siblings anti-parasitic medicine. Soon, wide-ranging types of parasites began to come out of every orifice, like a scene from a horror movie. They were collected in dishes scattered around on countertops so that they could be taken to show to the doctors. In the midst of this, I went into our living room and sat down and began to hyperventilate. I was about eight years old and had never seen anything like that before. My brother from Colombia, amused by my reaction, mocked

me by holding his scrawny finger to his mouth imitating a parasite. His experience in life had been immeasurably different from my own. At this point, my view of how the world was constructed began to crumble (Platt, 2014).

The experience of witnessing the parasite exodus was only an initial awakening to complexity and differences that exist in the world. We did not have conversations about or awareness that two in three people on the planet lack access to clean water. We did not know that 22,000 children die each day due to hunger and poverty (Shah, 2013). We were just a family dealing with strange decontextualized behaviors like the kids hoarding food. We were not connecting the challenges our family faced with realities such as the recruitment of child soldiers, human trafficking, genocides, or the extensive historical and sociocultural variables of different nations. We were, each of us, living out the stories of our respective national cultures. The explanation offered by Mair (1988) resonates with me as he explained, "We inhabit the great stories of our culture. We live through stories. We are lived by the stories of our race and place. It is this enveloping and constituting function of stories that is especially important to sense more fully" (p.127). I believe we were particularly influenced by the cultural tendency of people in the United States to be unaware of the influence of U.S. values on what we see and do not see (Platt & Laszloffy, 2013).

We were not alone in our myopic views of the world. Multiple and varied mental health providers worked with our family. I could be wrong, but I do not believe any of the clinicians had the slightest idea about the national realities from which my siblings had arrived. I doubt that consideration of and knowledge about international populations was a required component of their training. Thus, they likely drew on models, theories and interventions that were also developed far from the influencing realities of my siblings' nations of origin. In the years since, I fear that limited progress has been made. While there is increasing lip service about the need to internationalize education, the fact that U.S. education is violently racing toward increased standardization is concerning. Standardization is a significant problem because embedded within what gets standardized (and also exported) is a U.S. limited perspective (Platt & Natrajan-Tyagi, in press). Moreover, standardization has a bad track record with links to the eugenics movement in the United States, Nazi Germany, the



sterilization of millions of people throughout the world, and many other human rights violations (Lake, 2013). The U.S. obsession with standardization creates significant barriers toward developing mental health approaches for a pluralistic and international society. The unintended nationalism that can be transferred in this process has real life ramifications for the clinicians we train and the clinical populations we serve. Educator Paulo Freire (2007) perhaps articulated this danger most clearly when he stated:

Education either functions as an instrument which is used to facilitate integration of the younger generation into the logic of the present system and bring about conformity or it becomes the practice of freedom, the means by which men and women deal critically and creatively with reality and discover how to participate in the transformation of their world (p. 34).

It is clear to me that my atypical family background has influenced my professional values and career path. For example, there are three things I believe to be true: 1) It is meaningful that the conceptualization of mental health, clinical models and most interventions primarily developed within wealthy communities are thus best suited for the wealthy elite; 2) The vast majority of the world lives in poverty; and 3) We have an ethical imperative and social responsibility to internationalize our conceptualization of mental health and to find better ways to meet the needs of the poor.

Social responsibility to me is about being accountable for doing my part to benefit society. In my role as a mental health educator, I feel it would be socially irresponsible

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to see the harm caused by nationalism within the field of family therapy and do nothing. I also think this drive for me is connected to realizing the long list of privileges I have that are not shared by my siblings and others I love. While I feel there is so much more to be done, I have made several initial efforts to try and be accountable in my work. I have now lived in Mexico City for 10 years. To me, Mexico is a culture of creativity, and while I still work for a U.S. institution, this context has allowed me a little more freedom to incorporate a global perspective. I am the director of a master's in International Counseling Psychology program. I added international to keep that a focus of the program and curriculum. I also developed a certificate in Latin American Family Therapy that is designed to provide clinicians with knowledge of critical issues in Latin America that have an influence on Latin American clients. I make a concerted effort to ensure that Latin American originating theories of mental health are taught. A component of the certificate program is a five-week Spanish language class and cultural immersion program here in Mexico. In addition to my work in Mexico, I am a co-leader of the India Cultural Immersion program with Dr. Raji Natrajan-Tyagi and the Cambodia intercultural exchange in family therapy with Dr. John K. Miller.

A common benefit among these programs is that they help make visible to participants the fact that the U.S. has a culture and values that shape how mental health practices are conceptualized. I also think that participants gain an increased awareness of the world beyond the borders of the U.S., including about healing and change practices. I have struggled about the ethics of being part of the

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process of basically taking away a degree of innocence. For example, there is a loss of innocence as we see the bones and teeth still lying in the dirt in the killing fields of Cambodia or while connecting with children in the gypsy community in India who are living a landfill. Ethically though, I think clinicians gaining an understanding of global realities is the higher good, and that therapists do not have a right to the comfort of an innocence if it is resulting in clinical blinds spots.

My brother made his own choices. I do not blame the path his life has taken on the mental health workers' lack of an international perspective. Still, had they had an understanding about El Salvador and the war, I do believe they would have been better positioned to intervene. Better yet, would be if the clinicians would have had access to all the healing and change practices that exist in the world rather than just those from a few privileged nations. In the age of globalization, it is now time

that we expand our view beyond our own borders. There is a real cost for individuals, families and society when our effectiveness as clinicians is limited by nationalism, and therefore we have a moral duty to recognize it and move beyond it.

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