

Certificate in International Learning (CIL) Capstone Project

A Tapestry of Voices: How My Academic and Personal Identity Were Shaped by Intercultural
Engagement

Word Count: 1516
University of Alberta
February 23, 2026

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At first, I approached the University of Alberta's Certificate in International Learning (CIL) program practically. I saw requirements to fulfill, such as volunteer hours, classes with an international focus, and language acquisition. I did not anticipate that these encounters would progressively alter my perspective of the world and my role in it. My understanding of global systems and my position within them as a participant and cultural product have both changed as a result of the CIL. I became aware of the ways that migration, cultural histories, linguistic hierarchies, and institutional design intersect in day-to-day interactions across the fields of healthcare, education, and research.

Understanding Global Systems Through Local Service

At sixteen, I began volunteering at Misericordia Community Hospital. What started as exposure to healthcare became more about exposure to culture in real time. Edmonton's hospitals have always reflected the layered histories of the communities they serve. I came across Indigenous patients whose relationships with healthcare were shaped by generations of mistrust, elderly patients with limited English proficiency, and new families navigating new systems in a new country.

One interaction shifted my perspective. I stood beside an elderly woman as a nurse explained her medications in rapid clinical language. She nodded. After he left, her expression held something beyond confusion. It was displacement. I realized then that language in healthcare is not merely a tool for explanation. It determines who can participate fully in decisions and who must rely on partial understanding. I had grown up believing Canada's healthcare system was inherently equitable. In that hallway, I saw how systems that appear neutral can still exclude, whether it is because English is not your first language or there is unfamiliar wording and jargon.

Over time, I became more attentive to patterns. Who asked questions easily and who remained silent? How often did institutional efficiency override comprehension? What once seemed like isolated misunderstandings revealed broader structural realities. Linguistic barriers, colonial legacies, and institutional design were not just theoretical concepts from class. They were embedded in clinical routines.

At Grey Nuns Community Hospital, these insights deepened. Cultural humility meant accepting that my framework was not universal. It meant acknowledging that I gain from linguistic fluency and familiarity with institutional norms, as well as listening without getting defensive. "International learning" stopped meaning travelling and seeing the world, but rather began meaning attentiveness to how global systems surface locally. Interconnectedness was not abstract. It lived in conversations between providers and patients, in the distance between explanation and understanding.

That awareness extended into mental health spaces, where culture shaped not only access to care, but interpretations of distress. My involvement with CASA Mental Health built on this foundation. I worked in the Clinical Stream supporting youth and families whose lives were shaped by systemic racism, displacement, and intergenerational hardship. My psychology training offered tools through all the theories and technical definitions, but not perspective. That required reflection.

I learned how trauma-informed care cannot be standardized because experiences are filtered through culture, family structure, and identity. In some families, mental illness was framed through spiritual language. In others, healing was collective rather than individual. I began questioning assumptions I had absorbed through Western psychological models. These frameworks are the result of specific histories and values; they are not culturally neutral.

There were moments when I felt the urge to interpret quickly or guide conversations toward familiar diagnostic categories. Slowing down became an ethical choice. Respect sometimes meant sitting with ambiguity rather than resolving it. I came to learn that empathy requires recalibration, especially when shaped by one's own cultural defaults.

Global histories were not distant from therapy rooms. They surfaced in pauses, in guarded responses, in what families chose to share or withhold. Culture shaped not only stories of suffering, but expectations of care. I began seeing similar dynamics outside clinical settings: representation and framing influenced who felt visible and who felt peripheral.

Representation, Belonging, and Cultural Framing

As a Pakistani-Canadian, I frequently have to move between two different cultural contexts. I was able to intentionally engage that duality by volunteering with the Association of Physicians of Pakistani Descent of North America. I assisted in planning programming that focused on language, music, and tradition at an Eid celebration. Beneath celebration was a deeper effort to build trust and promote health awareness within culturally familiar spaces. Within the Pakistani community itself, I witnessed diversity in class, religiosity, and values. It challenged the temptation to treat any community as uniform. I also confronted my own assumptions about authenticity and belonging. CIL emphasized understanding one's culture as *a* worldview, not *the* worldview. That insight became personal.

The same awareness informed my work teaching science through Science FUNDamentals. The classrooms I worked in were diverse in every sense. Students had backgrounds from different countries across the world and some were also Canadian-born families. Some had recently immigrated. Others were several generations rooted in Alberta. Yet the examples embedded in the standard lesson plans often assumed a narrow slice of experience. When explaining states of matter, the guidebook suggested examples like ice skating rinks or snowmobiling. Instead, I began asking, "Think about steam rising from a pot in your kitchen," or "What happens when water boils during iftar or while making pasta?" When teaching about ecosystems, rather than defaulting to textbook examples, I invited students to compare backyard gardens, desert landscapes their relatives described, or local Edmonton river valleys. I would say, "How does this look in your home?" or "What examples do you see in your community?"

These small shifts mattered. A student whose family had moved from Ghana lit up when we compared evaporation to heat on paved roads after summer rain. Another connected condensation to the inside of mosque windows during crowded Friday prayers. A student whose grandparents lived in rural Alberta referenced grain silos during our discussion of energy transfer. Student engagement increased not because the content changed, but because the frame widened to include more personal aspects from various individuals' lives.

What this experience taught me is that inclusion is not about substituting one cultural reference for another. It is more about expanding the lens so no child feels like they must translate each and every lesson internally to make it fit their world. I recognized how often I had done that quietly in my own schooling. Science may strive for universality, but the way it is introduced is always contextual. Through the CIL, I learned to pay attention to those contexts and to treat representation not as decoration, but as a form of access.

Culture Meets Cognition

In the Culture and Cognition Lab, I researched leadership styles and perceptual attention in both East Asian and Western cultures. I saw how cultural norms influence who speaks first, how authority is perceived, and how cooperation develops through behavioral coding and experimental design. These patterns were not dramatic, but they were consistent.

As a coach for youth soccer through SWEMSA, I began noticing similar dynamics on the field. Some players waited for collective consensus before acting. Others assumed leadership immediately. Previously, I might have labeled these behaviors as confidence or hesitation. The lab encouraged me to ask different questions. What cultural expectations shape how children interpret hierarchy and teamwork?

More personally, I confronted my own assumptions about communication. I had long valued directness as clarity. I now recognize that what I interpreted as efficiency may be culturally specific. The focus of my research shifted from observing others to destabilizing my own defaults. The theoretical framework for this change came from coursework in intercultural communication and international development.

Learning French reinforced what I had seen in therapy rooms and hospital hallways: identity changes when fluency is still developing and expression feels limited. These lived experiences were theoretically grounded in courses on intercultural communication and international development. I was able to put patterns I had noticed but not expressed into words after learning about colonial legacies and global power disparities. Studying French as a new language reminded me how identity shifts when fluency is partial and expression feels constrained.

In leadership roles, particularly as VP Internals for Jack.org, I applied these insights intentionally. Event planning became less about logistics and more about whose needs were anticipated. Mental health advocacy requires attention to cultural stigma, accessibility, and representation. Theory and practice began informing each other.

A New Lens on Learning, and on Myself

The CIL did not teach me to eliminate differences. It taught me to recognize systems and my position within them. “International” no longer refers only to crossing borders or travelling to different countries. It exists in hospital corridors, community gatherings, research labs, and classrooms. My intercultural learning is ongoing and sometimes uncomfortable. It demands examining assumptions that usually feel natural. I will continue my commitment to approaching every encounter with curiosity and structural awareness as I pursue medical studies among other roles in my life. The aim is not to master culture, but to remain attentive to how it shapes every encounter, including my own role within it.