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ersonal identity is cultural identity. Culture is a powerful organizer of people's lives. How we view ourselves and who we are as individuals cannot be separated from when, where, and how we grew up. How adults behave, love, work, and make decisions is related not only to their individual psychological development but also to how their individual development intersects with the political, geographical, sociological, and historical factors that precede and surround their lives. Culture is one of the most influential determinants of identity (Waldegrave, 1998), and therapists who do not address cultural meanings in their clients may be engaging in oppressive practices rather than therapeutic ones. The stories in this book provide a window into individuals' lives as they reflect on important aspects of their cultural identity. It is important to view the stories as snapshots along a continuum in the storytellers' lives, one possible view of their journey toward identity development. It is also important to view the stories in the authenticity of the moment for the storyteller. How people decide to tell their story at one moment in life may vary according to their self-concept, their developmental stage, and the contextual dimensions of their lives. Our framework includes a description of human developmental models, together with other areas that must be explored to understand self-concept and cultural identity, such as descriptions of life cycle stages and other contextual dimensions of development.

Human Development

The models of human development teach us about human nature and the formation of identity. When working with clients across the lifespan, it is important to consider developmental tasks and activities, particularly as

they relate to behaviors and functioning. Human development is plastic, fluid, and holistic; occurs within multiple contexts; and is often bidirectional because skills gained during one time period may be lost in another (Berger, 2004). For example, cognitive development is important to consider when understanding cultural identity and individuals' perceptions of themselves as cultural beings. In Piaget's model, for example, when schoolage children move from concrete to formal operations, they are engaging in a cognitive shift that allows them to understand the world in logical terms and from multiple perspectives (Berger, 2004). In terms of cultural identity development, it is generally at this stage that children begin to move from a conceptual understanding of race and gender from a physical standpoint to a social perspective, with the beginning notions of the sociopolitical context from which culture is derived (Quintana, 1998; Wright, 1999). In Piaget's final formal operations stage, abstract and rhetorical thinking skills are mastered, allowing individuals who reach it to understand multiple perspectives simultaneously. When examining clients' stories, it is important to consider how cognitive development influences their understanding of the events in their lives and their ability to develop effective coping and problem-solving strategies. The stories in this book reflect the storytellers' shifts in their cognitive appraisal of their cultural identity as they tell us about their cognitive understanding.

Erickson's stages of psychosocial development help us to understand development and its relationship to culture (Berger, 2004). As children move through their developmental tasks, the role of cultural factors cannot be ignored. As they move through the stages, they begin to understand the social connotations of their identities. For example, preteens begin to base their friendships solely on gender and develop strict rules for behaviors that signify group membership. Children who may not strictly follow the norms for gendered behavior are often teased and ostracized. The same can be true for other cultural factors. As adolescents try to answer the crucial "Who am I?" question, they begin to assess their roles within society, including an understanding of stereotypes and the importance of values. For ethnic minority children, issues around career aspiration and expectation, for example, are colored by their perceptions of reactions and acceptance by others, the presence of role models, and financial concerns. In reading the stories in this book, the reader should be able to comprehend complex relationships between personality development and cultural identity.

The final area of development that serves as part of the framework for the stories is moral development. The three major moral development models (Piaget, Kohlberg, and Gilligan) include the significance of social norms and interpersonal relationships in resolving moral dilemmas (Berger, 2004). Piaget postulates that children develop a sense of right and wrong based on cooperative relationships with each other and conforming to what works best for the group. Kohlberg suggests that children move

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from avoiding punishment to receiving rewards and social praise for their decisions. Individuals move to an understanding of democratic principles and social norms before developing a set of universal moral principles. Gilligan argues that moral development of women differs from that of men because women are socialized to consider connection and intimacy in decision making (Berger, 2004). No matter which model is considered, it is important to remember that the issues of justice and equity need to be taken into account, particularly for people in oppressed groups. The incongruence that individuals often feel between the sense of these principles and their lived experiences needs to be reconciled in the process of cultural identity development.

Development of the Self

These traditional developmental models are not enough to understand cultural identity because they do not address the richness, complexities, and shifting of an individual's identity (Almeida, Woods, Messineo, & Font, 1998). In addition to understanding the role of human development in personality development and behavioral functioning, it is important to understand the development of the self and the intersection of cultural factors with self-concept. There are generally three components that influence the development of the self: the notion of the self, the ideal self, and the self reflected in the perceptions of others. The first layer of the self includes individual components, including unique personality traits, characteristics, and abilities, along with innate dimensions of temperament. The second layer of the self includes the self-ideal, traits and characteristics that are aspired to, along with goals and aspirations. Additionally, identity is not made up of a self that develops in isolation and holds still, but is constructed by the social context a person has been in, is in, and will be in. The view of oneself is not constant but is complex, multifaceted, and reflected by others in the person's life (Tomm, 1989). Identities are shaped through social interactions with others (Rockquemore & Laszloffy, 2003). By the time they reach school age and develop the ability to classify on multiple dimensions, children begin to understand that others have perceptions of them (Quintana, Casteneda-English, & Ybarra, 1999; Selman, 1971), and they begin to incorporate others' perceptions into their perception of themselves. They become hypersensitive to others' perceptions and will often elicit feedback from others on their personality traits, abilities, and characteristics. The knowledge that others have perceptions that may differ from one's own underscores the need for acceptance by peers and the desire to fit in, to be "normal," and to feel validated (Rockquemore & Laszloffy, 2003). School-age children begin to have a solid understanding of group membership, and they become aware that group membership includes social status (Kerwin & Ponterotto, 1995). This is carried into the adult years.

Cultural identity models outline development that includes a sense of reference group orientation along with self-group orientation (Atkinson, 2003). During preadolescence and the awareness of the sociopolitical connotations of cultural group affiliations, the pressure for conformity and acceptance increases. Preteens develop rigid definitions of criteria for group membership based on behaviors, dress, speech, and relationships. As you read the stories, it becomes clear that the storytellers' sense of identity includes not only how they view themselves, but also how others view them or have viewed them in the past, and their future aspirations for themselves.

Contextual Dimensions of the Self

Cultural identity and self-concept are developed not only within the context of the consciousness of others' perceptions but also within historical images and stereotypes of culture. Dominant cultural patterns are embedded in our cultural discourses and social institutions, perpetuating certain ideas and ignoring others. Cultural identity is constructed historically and socially within groups and is influenced by contact with differences within those groups or differences between different groups; it also evolves as ideas and historical times change (Falicov, 1998a). Individuals need to integrate their individual traits, their ideal selves, and their perceptions of others, including current perceptions and historical stereotypical roles, as they form their self-perceptions across the lifespan.

Therefore, the sense of self is not developed in a vacuum but within multiple contexts. In the field of psychotherapy, explanations for human behavior have traditionally been individual and psychological in nature and have tended to contain the narrow idea that an individual's or a family's behavioral patterns are regulated by personal decision, with an implicit notion of existential freedom devoid from the shaping of contextual dimensions. Although it is true that individual psychological explanations are important and that people do have the freedom to choose their fate to some extent, these individual dimensions are not enough to understand human behavior, motivation, and change. People do not wake up one day and decide to act in a certain way. Historical, sociological, anthropological, political, and geographical explanations are needed to make sense of a person's life choices, life cycle events, and patterns of individual or relational behavior. If therapists lack the curiosity of an anthropologist to seek out information or do not become interested in the statistics that a good sociologist provides, much harm can be done. Counselors, social workers, and psychologists may feel discomfort facing the daunting task of becoming

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acquainted with so many other disciplines to understand human behavior. But the discomfort of feeling ignorant may be a preferable reaction than indifference and the illusion that only psychological and individual explanations account for human behavior. As Monica McGoldrick (McGoldrick, Giordano, & Pierce, 1996) pointed out in *Ethnicity and Family Therapy*, the typical middle-class White American, often unaware of his or her own ethnic background, believes that ethnicity is something that other groups have, while the Americans are regular, as if the Western, middle-class, individualistic societies were the norm and not just one possible cultural norm. Our storytellers will not let us forget that.

SHIFTING SELVES

Given that personality development, self-concept, and cultural identity are developed with multiple components and within multiple contexts, it is important to remember that the development of cultural identity is not static but dynamic and fluid as individuals continuously relate to institutions, communities, and other individuals. In this "relational reality" (Gergen, 1991, p. 242), individuals discover new talents or traits, have a better understanding of the perceptions of others, and become aware of historical images and stereotypes while the self continues to evolve. Although we often think of optimal functioning for development, or compare others against norms and standards, what is clear is that self and identity are perpetual processes. "Psychologists have proposed that a sense of one's own past, present and future life and identity is created through the telling of life narratives. The properties of the narrative form create a sense of temporality and coherence in an uncertain chaotic world, enabling us to learn from our past and predict aspects of the future" (Ellis-Hill & Horn, 2000, p. 280). As we mature, grow, and add experiences, our view of self shifts and changes, existing in a state of continuous construction and reconstruction (Gergen, 1991). The storytellers in this book demonstrate this idea in their own narratives. Some of them write about how their sense of self changes across developmental age periods, within particular time periods, and across contexts. It is also certain that engaging in a period of self-reflection, in a way that resembles the self-reflection of a person engaged in a therapeutic relationship, also caused them to shift their views. That leads to a unique reflection and representation of the development of their cultural identity. Others do not write about their shifts, but as they go through the stages of their life cycle, predictions of future shifts are possible.

Section II

Dimensions of Race and Ethnicity

n America, race has long been a primary distinguishing cultural factor and a basis for oppression. Indeed, racial bias has underpinned many oppressive acts, including slavery, the removal of Native Americans from their lands to reservations, and the internment of Japanese Americans during World War II. Both subtle and institutional forms of oppression occur due to race. Race is associated with many emotionally laden issues, including racism, affirmative action, race-based quotas, acts of personal prejudice, political correctness, and sentiments against ethnic minorities (Ponterotto, Utsey, & Pedersen, 2006; Sue & Sue, 2003). The experiences of most racial and ethnic minorities are colored by their status as minorities, and while it is true that conditions have changed dramatically since the days when "Blacks were not permitted to drink from the same water fountains as Whites. . . . we still live in an essentially segregated society" (McGoldrick & Giordano, 1996, p. 15).

The significance of race as a term and concept has been debated. Race has been based on phenotypical differences in skin color, facial features, and hair and has been extended to include judgments on intelligence and other psychological characteristics. These physical differences, however, were determined to be inappropriate measures of separateness, so much so that the American Anthropological Association (1998) issued a statement suggesting that race no longer be used as a biological classification but instead be viewed as a product of sociopolitical issues and economics. Skin color, for example, is a historical adaptation to climate and environmental conditions rather than a representation of genetic differences. Contrary to

people's beliefs, purity of the races is a myth (American Anthropological Association, 1998). Race has sociopolitical connotations in the United States and has historically been a way to justify political oppression (McGoldrick & Giordano, 1996; Sue & Sue, 2003). Race was used for determining citizenship and land ownership and served as a justification for oppressive acts. Ethnicity is a broader concept in the field of multicultural theory that affords more depth of analysis than race. Focusing on ethnicity allows for inclusion of various groups categorized within racial groups, such as differences between Japanese and Chinese or Mexicans and Puerto Ricans. The emphasis on ethnicity also allows for the exploration of cultural norms for Whites.

Although often associated with nationality and national origin, ethnicity influences functioning, the nature of relationships, and life cycle transitions (Breunlin, Schwartz, & Mac Kune-Karrer, 1997). Phinney (1996) defines ethnicity as an aspect of a person's social identity that is a part of an individual's self-concept that derives from his or her knowledge of membership in a social group, together with the value and emotional significance attached to that membership. Ethnicity includes three components: cultural values, attitudes, and behaviors; a subjective sense of group membership; and experiences with minority/majority status (Phinney, 1996). Ethnicity directs actions; thoughts; affective experiences, including work and career, interpersonal relationships, rituals, and traditions; and eating habits and patterns (McGoldrick & Giordano, 1996). Members of ethnic groups differ in the nature of their interpersonal relationships, rules, family and personal dilemmas, and strategies for resolving conflict (Hines, Garcia-Preto, McGoldrick, Almeida, & Weltman, 1992). Individuals differ in terms of ethnic identity, which includes the sense of membership in the ethnic group, and attitudes and feelings about group membership (Phinney, 1996). Racial identity, a similar concept, is derived from socialization experiences and the psychological and sociopolitical attitudes individuals hold toward their racial group and other groups (Helms, 1995). Racial and ethnic identity models postulate that individuals progress through stages of low salience and awareness of race to integration of values and beliefs prescribed by race (Sue & Sue, 2003). It is important to explore racial and ethnic identity because it explains behaviors and attitudes. Ethnic identity varies in family members (Gushue, 1993), and there are often conflicts in families resulting from differences in ethnic identity and values (McGoldrick & Giordano, 1996).

There are a variety of racial and ethnic identity models (Atkinson, 2003; Cross, 1995; Helms, 1995; Sue & Sue, 2003). Individuals can progress from having neutral or negative and deprecating attitudes toward their own racial group and positive attitudes toward the dominant group to immersion in their own culture, sometimes with accompanying anger toward the dominant group. This is often, but not always, followed by a more sophisticated psychological and cognitive exploration of the meaning of their

culture and an integration of cultural values and racial and ethnic identity into self-concept. Racial identity is self-determined and is inclusive of values from both cultural groups. It is important for therapists to determine the identity levels of their clients. It should be noted that the racial and ethnic identity process is dynamic and recursive and that individuals may move fluidly back and forth through various stages as a result of experiences, personal growth, and self-awareness.

Limitation of the Concept of Ethnicity

In multicultural theory, it is important to examine the concept of differences between ethnic groups (intergroup differences) as well as the differences within groups (intragroup differences). Examining the differences between groups allows readers to clarify some of the cultural differences that exist between people, and helps to legitimize the idea that the sense of belonging to an ethnic group is necessary to some people's identity. In addition to the diversity and heterogeneity of ethnic groups, there are important similarities for certain groups that share a legacy of oppression, genocide, slavery, colonization, or conquest and that makes it necessary to examine them separately (Bernal, Trimble, Burlew & Leong, 2003) This is why it is sometimes helpful to differentiate between White Europeans, African Americans, Latinos and Latinas, Asians, and other different ethnic groups. The concept of ethnicity, however, has several limitations.

Although understanding an individual's ethnic group membership may be a good framework for examining behaviors, values, and beliefs, generalizations could also lead to inappropriate stereotypes and misunderstandings of intragroup differences. First, most ethnic groups are a combination of multiple cultural groups, and the labels that name ethnic groups generally do not reflect the diversity that exists within the groups (Hays, 2001; McGoldrick & Giordano, 1996). Second, it is nearly impossible to find pure ethnic groups that have not been "contaminated" by others (Appiah, 2006, p. 1). This contamination makes it difficult to describe a typical Latino or Latina or African American. Third, conceptualizing ethnicity as a categorical variable (you are either Asian or Latino or Latina, or you are not), simplifies the complexities of identities (Phinney, 1996). Finally, the descriptive characterization of ethnic group differences does not take into consideration the origins of those characteristics, always rooted in economic, social, historical, and political reasons. For example, the Latino or Latina elderly is often described as a person who did not plan for retirement and depends on his or her adult offspring during their later years. This description fails to acknowledge the fact that in many economically depressed areas of Latin America, planning for retirement is not possible. It is also a Western, middle-class concept derived from the economic structures that make planning for retirement a feasible goal. The different characteristics of ethnic groups are often wrongly understood as different from the middle-class, Western "norm," from which they "deviate" (McGoldrick & Giordano, 1996). From this point of view, there is a risk of understanding "not planning for retirement"—or any other different characteristic—in a pejorative way.

Intragroup Differences: A Framework for Understanding Ethnicity

Since people cannot be understood apart from the sociohistorical, political, and geographical backgrounds into which they were born, a useful approach might be to understand where people can be placed along a continuum of certain cultural characteristics Table II.1 provides a way of thinking about personal characteristics, values, and worldview as stemming from individuals' contact with, and exposure to, different cultural milieus. For example, societies—and the individuals and families who live within them—are exposed to more or less autocratic governments, live in more or less urban environments, and that are more or less patriarchal. They can be more or less individualistic, have more or less education, more or less access to material goods, and so on. A male individual raised in a patriarchal society, holding traditional gender roles, who has attained a high educational level, in an urban setting will differ from another person of the same patriarchal society, belonging to a lower socioeconomic class, raised in a rural area, even if that person belongs to the same ethnicity. Additionally, individuals can be at different points in the continuum regarding different personal characteristics. For example, an individual can be at a certain point in the continuum Individualism-Collectivism and at another point in the continuum Egalitarian-Patriarchal. Finally, individuals can change along some continuums more than along others, depending on numerous factors, including exposure to other cultures, immigration, and societal changes.

Because gender socialization differs so greatly across cultural groups, comparing two women who are at opposites ends of the continuum might be helpful. First, let's examine the hypothetical life of a woman raised within the cultural characteristics at the right end of the continuum (see Table II.1), in a patriarchal, non-Western, autocratic society, who lives in a poor, rural area or the world, with little access to material goods, health care, or education. This composite of a woman is likely to be one of many siblings. Her parents will likely have differing expectations of her as compared to her male siblings in terms of her education. The parental expectations of her are that she will grow up to marry and have children, like her mother. Some of her siblings might not have survived beyond the first five

Table II.1 Continuum of Ethnicity and Culture (Sociopolitical Characteristics of Society or Origin)

Democratic Autocratic Secular Religious

Economic stability Economic instability
Western Non-Western

Urban/suburban Rural

Characteristics of culture

Individualism Collectivism

Independence/Self-reliance Rely on other Non-hierarchical

Hierarchical Egalitarian Patriarchal

Material comforts Lack of material comforts

Mobility Lack of mobility

Change Stability

Compartment by age
Scientific

Noncompartment by age
Folklore, superstition

Access to resources

More Access to education

More Access to health care

More access to mental health

Limited access to health care

Limited access to health care

Limited access to mental health care

Other cultural dimensions to consider

- Socioeconomic level
- · Level of religious commitment
- · Historical facts
- Geographical characteristics
- · Gender socialization patterns
- Levels of exposure to oppression

years of their lives. She is likely to live in a household composed of more than two generations; she might marry before age 18 to someone who comes with the approval of, or has been selected by, her parents and who shares her religious orientation and her social class standing. Upon getting married, she might move in with the family of her husband, where single aunts and uncles also live. If she works, her income might be considered the property of her husband. She might never divorce, even if the marriage is unhappy, she might have several children raised, in some cases, by her mother-in-law. Her status in the family hierarchy might rise as she gets older and begins to have her own grandchildren, whom she would raise, the way her mother-in-law raised hers. Each one of the families' life cycle events (births, marriages) would be punctuated by specific, ritualized ceremonies involving several generations of the family. This composite

woman will almost never be alone in the course of her lifetime, surrounded by her siblings, her children, or her in-laws. In her old age, she will expect to be taken care of financially by her children and will be not be expected to provide for her own care.

Now let's examine a composite woman who was raised within the cultural characteristics of the left side of the continuum in a democratic, Western, secular, middle-class, egalitarian, White American household, and has never been exposed to oppressive experiences. She is likely to have only one sibling and have been raised in a single-parent home. She is expected to go to college, and have an occupation that will allow her to support herself. She may obtain a higher level of education that her male siblings or the males with whom she went to school. She might move out of the house at age 18 to go to a college several hundred miles away from where she grew up and live by herself or with other women her age, without supervision. She might choose a mate whom her parents do not know, or do not approve, who is of a different religious background or a different social class. It would be possible for her to enter into a relationship with another woman. She might disclose to her friend or family, if she were to engage in a same-sex relationship. She might decide either to have children after age 35, or not to have children at all. She might choose to concentrate on her career and never marry. If she does get married, and has children, both she and her husband might work after the children are born. It would be possible for her to work and for her husband to stay home and raise the children. They would likely live in a home by themselves, without other relatives, and they are likely not to live in the town where they grew up. She is likely to have her own bank account. She and her partner or husband are likely to consult a therapist if their have any concerns regarding their relationship, and they have a high probability to get divorced after less than 10 years of marriage. If they do get divorced, the children are likely to spend some time with each of their separate parents in different households. She is likely to get remarried. She is likely to plan for her retirement during her work years, and after she retires, she might move to a place where there are other people her age. She is not likely to share a household with any of her children in her old age.

The advantage of examining people as falling along continuums across several dimensions is that it allows for the understanding of people's worldviews, beliefs, behaviors, and values as being subject to, and influenced by, the cultural milieu in which they grew up.

Racial Identity Models

While it is important to understand values and characteristics associated with each racial or major ethnic group, it is also important to understand

intragroup differences, as noted. Differences may occur due to acculturation rates, experiences with oppression, educational and social class differences, or socialization experiences. Racial identity models have been postulated as another way to help understand intragroup differences. Racial or ethnic identity has been defined as the part of an individual's self-concept or sense of self that is related to group membership status and perceptions of membership. Most racial/ethnic identity models hold that individuals begin with low salience or awareness of race, or strong prodominant-group values, until some type of significant encounter occurs, usually with a member of a different racial group. The encounter phase is typically accompanied by confusion, anxiety, depression, and guilt over previously held beliefs. The third stage includes an immersion into cultural activities, including social and political activities, and may include a change of dress, hairstyles, speech, and friendships. The fourth stage includes an integration of racial identity into larger self-concept, and awareness and acceptance of all cultural groups. Table II.2 summarizes major racial and ethnic identity models.

INTERGROUP DIFFERENCES

Though it seems unfair to group all White Europeans, Asians, Latinos and Latinas, and African Americans in one big category, some very general characteristics do exist, as noted earlier, that define them as a group, distinct from others. Concepts such as discrimination, marginalization, and segregation, which characterize oppressed groups, or hegemony, which characterizes dominant groups, are salient features in different groups that warrant separate descriptions (Potts & Watts, 2003). The idea, though controversial, that membership in a devalued racial or ethnic group is the most defining experience for an individual living (Utsey, Gernat, & Bolden, 2003) justifies the continued descriptions based on ethnic and racial characteristics. Additionally, some groups share many characteristics, i.e., ways of relating to ancestors, nature, or kin; notions of time; ways of speaking; and so on, that are distinctively different from the way other groups behave, think, or believe (Potts & Watts, 2003). It is important to realize that it is not a question of choosing either to emphasize between group descriptions or within group variations, but to find a way to integrate both between and within group differences in order to make sense of the cultural identity of an individual (Saba, Karrer, & Hardy, 1989).

Additionally, it is important to consider the following aspects that affect ethnic identity. First, some individuals and families maintain their ethnic identity longer than others, depending on their migration history and acculturation processes, i.e., whether they live in heterogeneous or homogeneous neighborhoods, whether they socialize with members of their own group, and whether they feel threatened by the lack of loyalty

General racial/ethnic models	Models for specific groups	Models fo White Americans
models Marcia (1966) Identity diffusion-has not experienced an identity crisis. Foreclosed identity-has committed to an identity that was externally imposed, but has not undergone self-exploration or crisis. Moratorium-identity crisis, active identity exploration. Achieved identity-	groups African Americans Cross (1995) Preencounter—Assimilation (pro-American values and low salience to race). Miseducation (negative stereotypes and African Americans). Self-hatred (negative attitudes about the self due to race). Encounter-occurs after an experience happens that changes awareness of race and is characterized	Americans Helms's White Racial Identity Model (1995) Contact-Unawareness or denial of White privilege, does not see racism in society as a reality Disintegration—Begins to see the realities of racism, conflicted over new knowledge and what to do with it. Reintegration-Rejection of minority groups and a desire to protect privilege, conflict from disintegration stage is transformed into negative feelings toward minority groups. Pseudo-independence—Begins to reject racism, but rejection is superficial and directs feelings toward society's racism rather than own actions, more
commitment to identity, based on self-exploration and experimentation.	by confusion, depression, or alarm. Immersion/emersion— Individuals have an overromanticized immersion into Black culture (intense Black involvement) or strong feelings against White culture and values (anti-White)	
	Internalization—Working to empower the Black community (Black nationalist) or by Black self-acceptance with other cultural variables emphasized (bicultural and multiculturalist) Sellers's (1998) Salience-The extent to which a person defines him- or	intellectual than personal. Immersion—Immerse in search for deeper understanding of racism as it relates to their own experience as a member of the White culture. Emersion—With a new sense of identity and a deeper sense of what it means to be White, seeks

Dimensions of Race and Ethnicity

General racial/ethnic models	Models for specific groups	Models for White Americans
	herself with regard to race. Regard-Private regard (individual evaluation of self and other Blacks) Public regard (others' views of African Americans). Ideologies—Nationalist (emphasizes the uniqueness of being Black, and the belief in the importance of Blacks controlling the destiny of Blacks without the input of other groups. Oppressed minority—Recognizes the oppression experienced by all minority groups. Assimilation-Emphasizes similarities in African Americans and other American (dominant) groups Humanist—Emphasizes the similarities of all humans.	other Whites who have undergone similar transformation. Autonomy—Avoidance of activities that require participation in racism, activism for oppressed groups, active rejection of unearned privilege.
Phinney Ethnic Identity Development Model (1996) Diffusion and foreclosure- feelings about ethnicity are unexplored. While adolescents at this stage may have	Asian Americans Kim's Model of Asian American Identity Development (1981) Ethnic awareness-Prior to entering school, ethnicity is understood through interactions with family members, own ethnic	Hardiman's White Identity Development Model (1982) Lack of social consciousness-Birth to five years, passive indoctrination into majority norms and expectations. White

(Continued)

Table II.2 (Continued)

General racial/ethnic models

internalized negative stereotypes, the majority have not

Identity search or moratorium—Awareness of ethnic identity, may be precipitated by any number of events, large or small, often resulting in feelings of anger or embarrassment over previous lack of awareness

Achievement—Confident and comfortable with one's own ethnic identity, open to experiencing other cultures without feeling threat to own group and identity.

Models for specific groups

identification usually positive or neutral.

White identification— Entering school precipitates this change, children develop a sense of being different and the begin to internalize racism toward own identity.

Awakening to sociopolitical consciousness—This is usually precipitated by a major life event, and individuals begin to develop a more realistic idea of their place in society, self-concept becomes more positive as they identify more with being a part of an oppressed group.

Redirection to Asian American consciousness-They reject the White culture while turning to their own with a new appreciation for their heritage, often feel angry at White culture.

Incorporation-Healthy overall appreciate of own culture, see self as more pluralistic and not simply Asian, stop measuring everything against White culture.

Models for White Americans

children may feel uncomfortable in situations with individuals of other racial groups, but have not developed negative associations.

Acceptance—Through socialization, children develop an internalized understanding of what race means in society, stay in this stage until an event triggers transition to the next stage.

Resistance—Challenging transition, causes embarrassment to Whites as they learn that they passively accepted and propagated racism. Unsure how to change, but actively seeks information to facilitate change

Redefinition—Search for a new White identity that allows pride in group, receptions of aspects that are racist, and awareness of White culture's limitations.

Internalization-White identity is positive, works to help other Whites move through the stages.

Dimensions of Race and Ethnicity

General racial/ethnic models	Models for specific groups	Models for White Americans
Atkinson, Morten, & Sue (1998) Minority Identity Development Model Conformity—Prefer dominant culture, feel negatively toward self and group, see others as the dominant culture sees them. Dissonance—Enter this stage because of racerelated experience. Stage represents a time of transition and mixed feelings towards self and others. Resistance and Immersion—Complete acceptance of ethnic group, complete rejection of White culture, mixed feelings toward other ethnic groups. Introspection—Increased comfort with ethnic identity allows a more flexible view of other groups, starts to differentiate between self identity and group identity. Whites not seen as monolithic Synergetic articulation and awareness—Racial identity is secure and positive, seen as one aspect of identity, not	Ruiz (1990) Casual—Lack of identification with Latino culture, lack of affirmation of one's ethnic identity. Cognitive—Distorted images of Latinos is incorporated into mental sets: (A) ethnicity is associated with poverty and prejudice; (B) assimilation with Whites is beneficial; (C) assimilation is necessary for success. Consequence—Shame and embarrassment at ethnic identity and markers. Rejection of Latino/Latina heritage. Working-through stage-Distress over negative feelings and not being identified with heritage. Increased ethnic consciousness Successful resolution stage—Acceptance of culture and ethnicity.	Rowe, Bennett, & Atkinson's White Racial Consciousness Model (1994) Achieved Types— Characterized by some level of exploration around racial attitudes. Dominative—Believes in the superiority of Whites. Conflictive—Does not actively support racism, but does not want to change the current balance of White privilege. Reactive—Speech is very pro-minority, but may be unaware of own unexplored racism. Integrative—Has understanding of a variety of issues related to the dynamic between minority and majority groups and holds positive racial attitudes. Unachieved types— Characterized by disinterest or unawareness around racial attitudes. Avoidant—Consciously ignores or minimizes race- related issues. Dependent-View of race issues depends on what they are told by others.

(Continued)

Table II.2 (Continued)

Conoral racial/oth-i-	Models for an airin	Models for M/hits
General racial/ethnic models	Models for specific groups	Models for White Americans
completely defining, selective respect and appreciation for other cultural groups.		Dissonant-Have experienced conflict between their racial beliefs and their experiences, but are unsure what to do with the information.
Helms (1995) People of color Conformity— Unaware of internalized racism, or groups' sociopolitical history		
Dissonance—Begins to realize that they are not White, and that they know little about their actual group membership		
Immersion—Seeks positive information about racial group to replace previous negative beliefs, idealizes own group while rejecting White culture		
Emersion-Prefers same- group experiences, pride in group.		
Internalization—Able to balance positive membership in own group, while responding objectively to White culture.		
Integrated awareness— Identifies more on a continuum than an either/or. Comfortable identifying with aspects of more than one group, including White.		

of their offspring (McGoldrick & Giordano, 1996; Sue & Sue, 2003). Second, the attachment to one's ethnic identity is greatly influenced by exposure to racism and discrimination (Ponterotto, Utsey, & Pedersen, 2006). Third, individuals and families without a strong sense of ethnic affiliation may resort to their "ideological ethnicity" (Harwood, cited by Falicov, 1998a, p. 132) when faced with crisis, struggles, or illnesses. Fourth, social class affects ethnic identity greatly because it determines what people value, and the options and resources that people have or don't have (Kliman, 1998). Social class also determines differences in family life cycle sequences (i.e., age of marriage and procreation), and attitudes toward illness, death, and help-seeking behavior (McGoldrick & Giordano, 1996). Fifth, ethnic affiliation also differs, as noted, according to levels of identity development, gender socialization patterns, and sociohistorical developments. Finally, it is important to not idealize or denigrate any culture, because there are adaptive and nonadaptive features in each cultural value.

Let us turn our attention to the differences between groups, with a particular emphasis on ethnic characteristics that may affect help-seeking behavior. The following descriptions come from the work of Bernal, Trimble, Burlew, & Leong (2003); Falicov (1998a); McGoldrick, Giordano, & Pierce (1996); Sue & Sue (2003); and from our own clinical observations. The reader is encouraged to consult these and other references for more comprehensive descriptions of ethnic groups.

WHITE EUROPEANS

White Americans of European ancestry are the largest ethnic group in the United States, comprising two thirds of the population (Page: 1 http://www.census.gov/population/pop-profile/dynamic/RACEHO.pdf). In some geographical areas, Whites are no longer a majority (Roberts, 2007). As a group, they tend not to be included in articles that describe ethnic populations. As is the case with all ethnic groups, White European Americans are not a homogeneous group. The majority have German, British (including English, Welsh, Scottish, and Irish) origin, followed by Italians, Scandinavians, Greeks, and people of Slavic origin. Most White Americans have been in the United States for more than two or three generations and have increasingly married outside of their own ethnic groups, which generally means that they are of mixed European origin. It is not uncommon for White Americans of European origin not to identify with a specific ethnic group, and many do not attach significance to their ethnic affiliation after a couple of generations. But that is more true of the groups that have been in the United States the longest (i.e., German and English) than of the Eastern European (Russian and Polish), Southern European (Greek and Italian), or the Irish, in part because these subsequent groups were subject to ridicule, prejudice, or discrimination. Though there are poor and lower-class Whites, the majority are not poor.

By the second or third generation, most European Americans' history is characterized by upward mobility and a weak affiliation with their ethnic identity—they prefer to be identified as Americans. The early Anglo-Americans and German Americans were greatly influenced by Protestantism, valuing independence, hard work (Protestant work ethic), loyalty and fidelity in relationships, generosity to those less fortunate, civic responsibility, good deeds, and tolerance for religious diversity. Additionally, the spirit of entrepreneurship, organization, problem solving, risk taking, resourcefulness, and autonomy demonstrated by the early pioneers influenced the possibilities for social mobility and economic growth. There are, however, traits that characterize some White ethnic groups more than others. For example, people originally from England or Germany may prefer restraint and stoicism in dealing with adversity. Emotionally, they would rather not complain and not express anger, affection, and emotion, contrasting with the Irish or Italians, who may appear to be more boisterous or animated in the same situation. Help is sought with difficulty, as it is acknowledgment that they cannot solve a problem themselves, because, as noted, independence and autonomy are greatly valued. Anglo-Americans may feel that saying too much about themselves may burden other people.

This contrasts with Irish and Italians. The Irish are more prone to use humor, wit, and sarcasm to express pain indirectly. The Catholic Church may be the primary cultural force that unifies the Irish, and provides strict guidance for suffering as well as codes of sexual behavior. The legacy of English occupation influences the Irish character to this day. In therapy, the Irish may act as if in confession, seeking forgiveness by revealing the sins. For Italians, separation from the family is not desirable, and they have tended to turn to the family first for help in solving problems. The intense involvement with family members may make it difficult to set boundaries and negotiate their individuality.

People of Slavic origin (Czech, Slovak, Hungarian, Russian, and Polish) are as diverse as their countries of origin, but share a history of living under oppressive political regimes. The White European female client often self-refers to therapy and may be the most assiduous consumer of clinical services.

AFRICAN AMERICANS

African Americans comprise the second largest ethnic minority group within the United States, approximately 13 percent of the population (U.S. Bureau of the Census, 2005), and are the only group whose heritage in this country includes slavery. While Irish immigrants and Native Americans often worked as indentured servants or slaves, when laws in this country established slavery as a legal institution, Africans were the primary target. Census data suggest that more than two centuries of

enslavement still has negative consequences for many African Americans. A disproportionate number of African Americans live in poverty (33.1 percent), are unemployed (11 percent), or undereducated (U.S. Bureau of the Census, 2000).

History books often treat the African American legacy as beginning in this country. Africans, however, thrived for many generations, and have a distinct culture that includes values, beliefs, lifestyles, and traditions that influence African Americans today. Boykin and Toms (1985) outlined nine Afrocentric cultural values that influence functioning: harmony, spirituality, communalism, movement, verve, expressive individualism, affect, oral tradition, and the social time perspective. Harmony refers to a sense of connection and attachment of all living beings, and is an essential component of the sense of spirituality for many Africans and African Americans. African spirituality holds that all beings have worth and dignity, and honors the connections between all things, animate and inanimate. The sense of harmony and spirituality extends to a respect for nature. Communalism includes the importance of connections between people, families, and groups. In communalistic societies, group functioning is viewed as more important than individual functioning, and behaviors and choices are seen as a reflection of the group. Movement and verve reflect the level of spontaneity, and the importance of rhythm. Expressive individualism and affect refer to the importance of self-expression. The oral tradition refers to the importance of storytelling, and oral histories. Social time perspective focuses on the importance of connections and relationships within dimensions of time and space.

Boyd-Franklin (2003) outlines five strengths of African Americans that are a reflection of the Afrocentric values. The first strength is the importance of extended family relationships, which include family, friends, community members, and important religious leaders. Family therapy is often recommended for African Americans due to the importance of social connections and communalism. The second strength is the importance of flexible gender roles. While many African Americans live in single-parent families or mother-headed households, there are not rigid stereotypes or expectations based on gender. Children are expected to contribute in multiple ways to the household, and are able to engage in a variety of roles. The third strength is spirituality. Clinicians should include religious leaders such as pastors or ministers—in treatment, and assess the importance of prayer as a coping mechanism, and the role of the church in providing resources for the client or family. The fourth and fifth strengths are the importance of education and hard work. Educational achievement is stressed in African American families, and is often reinforced through religious institutions, and civic and community organizations. The communal nature of Africans requires that individuals contribute to the functioning and well-being of the group or tribe. This is reflected in valuing education and achievement as an adult competency for African Americans.

African Americans are often seen as underachieving, are often disproportionately placed in special education classrooms, and have a higher high school dropout rates than other groups. Social services providers need to work with clients around achievement, but also promote culturally relevant curriculums, work with teachers around expectations, and engage in programs that promote career development. Helping children and adolescents find mentors may also be effective for helping with achievement and career development.

NATIVE AMERICANS

Native Americans comprise a small percentage of the total U.S. population, about 1.5 percent (U.S. Census Bureau, 2005). Native Americans experienced oppression and discrimination, which led to the almost total annihilation of the population that existed prior to European settlement. Today, there are more than 500 federally recognized tribes, many of whom have treaties with the United States. These treaties often allow the tribes to establish their own set of laws and policies, which clinicians may need to know. For example, the Indian Child Welfare Act holds that children who need placement should be placed with family members or members of the tribe, and sometimes outside placements need to be approved by a tribal council.

Native Americans hold values that often differ from those of the dominant culture, and need to be understood by therapists (Garrett & Garrett, 1994). The first value is the importance of the tribe, family, and extended family. Tribes are seen as interdependent systems, and individuals within the tribes are seen as a part of the tribe. Decisions, behaviors, and values are derived from tribal and group membership. Elders within tribes are treasured and seen as wise. Second, Native Americans value sharing and cooperation. Third, resources are to be shared and used as needed, without the notion of ownership or proprietorship. Native Americans try to live in harmony with nature, and believe in the importance of giving to nature in the same manner as taking from nature. Fourth, Native Americans have a worldview that includes the importance of being, choosing behaviors to meet current needs for individuals or the groups. The fifth value is noninterference, the importance of respecting others and observing rather than acting impulsively. This translates into a parenting style that is seen as more permissive or allowing freedom for the child, and promoting self-awareness. Spirituality is another important value, which includes the connection with all beings. Many believe that we are spiritual beings living within a particular time, and that noninterference helps individuals to grow and actualize. It also includes an awareness of supernatural phenomena (Garrett & Garrett, 1994; Herring, 1999).

There are several common psychological issues or presenting problems for Native Americans. First, Native Americans have a high rate of substance use. Substance use may occur as a coping method for dealing with oppression, discrimination, high rates of poverty on reservations, lack of employment, or cultural identity concerns. The rate of substance use is growing among adolescents and may be related to elevated school dropout rates (Beauvais, Chavez, Oetting, Deffenbacher, & Cornell, 1995). The second issue is education. Native Americans have the highest high school dropout rates in the country. Although the experience of boarding schools is seen as a historical phenomenon, many children currently leave reservations to attend public school programs. Because there is not typically employment or business on reservations, many are hypothesized to drop out because they do not see education as useful. Violence, particularly domestic violence and sexual assault, is an issue on reservations. Young girls are used as sexual objects in exchange for alcohol. There is also a high suicide rate on reservations.

Finally, clinicians need to use a holistic approach when working with Native American clients. Providing culturally sensitive treatment to Native Americans could include the use of the medicine wheel (Garrett & Garrett, 1994). The wheel incorporates spiritual, natural, physical, and mental components. Many clients may have seen a medicine man for treatment, or expect the use of the supernatural methods.

LATIN AMERICANS

Latinos and Latinas in the United States, also known as Latin Americans or Hispanics, are the largest and fastest-growing ethnic group and also the largest language minority group, comprising almost 13 percent of the American population (U.S. Bureau of the Census, 2005). Hispanics are not a race, and there are both light-skinned and dark-skinned Latinos and Latinas, depending on ancestral mixing among Europeans, the indigenous peoples, and Africans. Many are foreign born, but most are not. A lot of Latinos and Latinas are poor, and in the United States, they tend to have lower levels of educational achievement when compared with non-Hispanics. Part of the reason for the high level of poverty has to do with conditions in their countries of origin and the relative closeness of the countries to the United States. They are a heterogeneous group composed of Mexicans, the largest by far (about 65 percent), followed by Puerto Ricans (about 10 percent), Cubans (about 6 percent), and Central and South Americans (about 14 percent). Each group has a different history and different migration patterns into the United States. In many cases, they share a language. Even Latinos and Latinas who do not speak Spanish most often have a parent or a grandparent who does. Most Latinos and Latinas also share a religion, Catholicism, even

though Protestantism has grown in the last several decades. There are also Latinos and Latinas who are Muslim or Jewish or Japanese, depending on migration patterns to Latin American countries.

For Latinos and Latinas, the family is a source of identity, cohesiveness, and support and includes the nuclear and extended family. The extensive attachment possibilities afforded by extended families are generally viewed as increasing relational resources, and therefore better for psychological well-being. As in other collectivistic societies, the family stresses dependency over independence, and demands loyalty. As in other patriarchal societies, there is firm hierarchical organization in the Latino family, and men and women are often taught two different codes of sexual behavior. These double standards are decreasing in urban areas, but may persist even among Latinos and Latinas of higher education and higher socioeconomic status. Divorce rates tend to be lower, and families tend to have more children than Anglo-American families. Religion may provide a framework and meaning for life that includes meaning assigned to family life cycle events and that may affect marital life.

The Roman Catholicism of Latinos and Latinas is often blended with native religious beliefs and practices, and varies from region to region. Beliefs in folk healing and practices, such as *curanderismo* and *espiritismo*, may coexist with belief in scientific Western practices. Colonized or oppressed people and those who live under poor economic conditions, with little or no self-determination, often have a fatalistic outlook, which includes beliefs that events are determined by fate, rather than personal will. Within this fatalistic worldview, death and suffering are part of life. Suffering may be more accepted, which may serve an adaptive purpose, but at the same time constitutes an expression of powerlessness. There is certain dignity attached to suffering stoically, and without complaints, about events, illnesses, death, and other tragedies. Even though only a small percentage of Latinos and Latinas are undocumented immigrants, many suffer discrimination and other forms of social oppression. For many Latinos and Latinas in the United States, immigration, and the uprooting and losses associated with it, are common denominating factors in their lives. Depression, family violence, school failures, and delinquency are some of the consequences of migration and social change. Latinos and Latinas are often referred to services by schools and the legal system in relation to concerns regarding their children, but they are not likely to seek help voluntarily. Many Latinos and Latinas are not aware of the function or roles of mental health professionals, and might relate to clinicians with the respect and deference afforded to the authority of a professional. Many Latinos and Latinas will express emotional problems through somatic concerns.

Some of the most important issues to consider in a clinical situation with Latino and Latinas are their migration experience, their acculturation and acculturative stress, their experiences with racism and discrimination,

language issues, and gender roles and expectations. Many individual, couple, and family conflicts arise when there are differing and changing levels of acculturation within the same family.

ASIANS

Asians are generally grouped together in texts that define ethnic groups, even though they are an extremely diverse group of people, coming from many counties, with different languages, and a variety of religious orientations. Census figures estimate the total Asian population of the United States at around 5 percent (U.S. Bureau of the Census, 2005). The countries of origin may include India, China, Japan, Korea, Vietnam, Cambodia, Indonesia, and the Philippines. Sometimes people from Middle Eastern countries (Iran, Lebanon) are included with the Asian groups. Asian can be Hindus, Christians, Muslims, or Buddhists. The majority of Asians in the United States are foreign born, with the exception of the Japanese. Compared to other ethnic groups, nonrefugee Asians, such as the Indians or the Chinese, tend to have higher income levels and higher educational levels. This does not mean that poverty does not exist in the countries of origins, or that Asians work harder or are smarter than people from other ethnic groups, but simply that voluntary migration from countries that are geographically more distant is only possible for those who can afford it. On the other hand, groups such as the Cambodians or the Vietnamese have lower levels of education and income than other groups, and may have arrived as refugees of war. Culturally, the Asian ethnic groups are the most "other" in relation to Western cultures. Collectivism, with its emphasis on mutual family obligations and interdependence, may be one of the issues that cuts across all Asian groups. Authoritative, hierarchical, and patriarchal family structures are common. Duties and clearly defined roles based on gender, age, and social class are valued and expected. The expectation of self-disclosure and verbal expression of feelings may go against the culturally sanctioned practices of expected self-restraint and repression of emotions. Somatic complaints (headaches, dizziness, fatigue; gastrointestinal, sleep, and appetite disturbances; or chest pains) may be the way through which emotional, relational, or mood problems are expressed; indirect communication patterns are not uncommon. Many Asian individuals would not accept dealing with their personal problems by seeking the help of a mental health professional. Public disclosure of family problems can be a source of shame and embarrassment. As in other patriarchal and authoritative families, traditional husbands may be reluctant to attend sessions for fear of losing face. University students and more acculturated Asians of the second or third generation might seek professional help from a mental health practitioner. More traditional Asians are unlikely to seek help voluntarily and may be referred for help by medical doctors or the school system. The clinician needs to gain the trust of the individual or the family, which may be difficult to engage initially. Clinical work with Asian individuals or families requires the assessment of migration history, acculturative processes, differences in levels of acculturation, and expectations of the therapy process. It can also involve taking into consideration the particular group's explanatory theories of mental health—related problems and the availability and use of traditional healing practices. Explanatory theories can include energy imbalances and supernatural interventions due to transgressions of family expectations or rituals. Healing practices can include nutrition therapy or traditional medicines.

Implications for Professionals

Although race has little biological basis, clinicians would be wise to consider how the constructs of race and ethnicity influence a client's functioning. Race and ethnicity may exert subtle or overt influence on behaviors, functioning, values, and beliefs. Ethnic beliefs, in fact, influence beliefs about normal and adaptive functioning and perspectives on mental health and emotional and psychological well-being. It is imperative that therapists initiate discussions on race and/or ethnicity, because even clients whose experience of oppression is the presenting problem may be reluctant to discuss it. Therapists should assess the influence of race and ethnicity and experiences of racism or ethnocentrism. The intersection of race and ethnicity with other cultural variables including gender, social class, and immigration status should be examined. Finally, the racial and ethnic identity of clients should be included as a component of assessment and throughout the therapeutic process.

Stories in this Section

This section includes four chapters. In each story, the themes of race and ethnicity play a prominent role. The first story chronicles Julie's experiences of racism, internalized oppression, and racial identity development. The second chapter follows the identity development and functioning of Butch, a multiracial individual. The reader will discover the challenges that he faces in integrating each of the cultural groups that comprise his racial heritage. The third chapter focuses on ethnicity and ethnic identity development, as Betsie chronicles the values from her Jewish family traditions. The fourth story of Maribel reflects her struggles with being both Puerto Rican and American.

Discussion Questions

What are the benefits and drawbacks of depicting people according to their ethnic group affiliation?

What is your opinion of the inclusion of Whites as a distinct ethnic group category, along with the others?

How do the conceptualizations of race, ethnicity, and culture affect the quality and nature of the services the provider offers?

Which ethnic groups are you most and least familiar with?

How would familiarity or lack of familiarity with a certain ethnic group affect the provision of services?

What kinds of questions could you ask to assess the stage of identity development of a White young adult? An African American adolescent? An older Latina woman? A middle-aged Asian male?