Utilizing the Strengths of Our Cultures: Therapy with Biracial Women and Girls

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Historically, psychology has operated from a pathology-based perspective. In the last several years, however, efforts have been made to balance this view with an acknowledgement of individual strengths and assets. For biracial women and girls, this approach may be particularly useful. Through the utilization of several techniques, including solution-focused interventions and narrative approaches to treatment, therapists can empower their female biracial clients through development of their strengths.

For years, psychology has taken a pathology-based approach to the study of mental health. In recent times, our field has been moving in the direction of a more strengths-based approach. Contributors to the Positive Psychology movement are recognizing the importance of studying the functional side of mental health. In a special issue of the *American Psychologist* devoted entirely to positive psychology, Seligman and Csikszentmihalyi (2000) write, "The exclusive focus on

the pathology that has dominated so much of our discipline results in a model of the human being lacking the positive features that make life worth living" (p. 5).

This shift in focus from the negative to the positive is paralleled in the current research on biracial individuals. In the past, biraciality was classified as resulting in a "marginalized" person, fraught with difficulties related to living in two worlds. Biracial women, in particular may be viewed in this way because of the double marginalization they often suffer as females and minorities. Recently, however, researchers have begun to realize that biraciality can be viewed in a positive light as well. While not denying the socially constructed challenges of being a biracial woman, an illumination of the strengths of being biracial can provide a more balanced portrait of the client. Much of the current research focuses on fostering strengths in biracial individuals that point to the richness they possess as a result of their dual heritage. Specific interventions that may be helpful in working with these women include strength-based approaches such as solution-focused and narrative therapies. Through the use of these approaches, therapists can assist biracial women in becoming more empowered and aware of their inherent strengths.

Identity Issues

Biracial individuals have issues of identity that are unique because of the dual heritage they possess (Root, 1994). Questions surrounding ethnicity such as, "Where are you from?" or "What are you?" may be much more common when ethnicity is not easily identifiable by one's appearance. In addition, biracial adolescents may feel as though they do not belong, or are out of place with both of their heritages (Deters, 1997). Different racial groups may have different ideas about biraciality, which may affect the treatment and perception of the biracial female, even within her own extended family. Instead of allowing the female biracial adolescent to identify as being a part of both cultures, society often requires that she choose one or the other–a near impossible choice.

Another related issue surrounds the physical appearance of biracial women and adolescents. In our society, female physical appearance is emphasized heavily, often over intelligence and other attributes. When this appearance is somewhat ambiguous in regard to race, it may be especially difficult for women (Root, 1994). Both

cultures of a biracial woman's heritage may have different ideas about beauty and desirability. Expressions such as "good hair," sometimes used by African-American women to describe hair that is more Caucasian in texture and appearance, tell a biracial girl what parts of her are beautiful and what parts are not. The attributes that are chosen may reflect a preference for one race or another, and can add to identity issues. In addition, skin shade and darkness, as well as the shape of facial features may contribute to the formation of ideas about identity.

Individuals of biracial heritage may often have to deal with issues regarding their surnames as well (Root, 1994). A woman with a mother who is Hispanic and a father who is Caucasian, for example, may be mistaken for Caucasian over the phone, or when one hears her name for the first time without seeing her. An adolescent girl whose mother is African-American and whose father is Asian, may not match her surname in looks. This can be socially difficult for many biracial individuals. To complicate things further, a biracial woman may change her surname when she marries. A woman of Asian American and Caucasian heritage, for example, may find herself with an Italian surname after marriage. As a name is one way in which others determine the race of an individual, this may present additional challenges.

The Impact of Stereotypes

Biracial women are often victims of a number of stereotypes. One of the most prevalent of these deals with a problem that finds its basis in fact but is taken to an extreme. While many biracial individuals do have a difficult time integrating their dual cultural identities, much of the early literature tends to depict them as marginalized individuals who are forced to choose between cultures. Too often, models have painted the picture of the biracial woman as torn between two cultures, ignoring the possibility of integration between the two. While biraciality *can* cause difficulties for many individuals, it may be even more detrimental to think of them as relegated to a lifetime of splintered identity.

A second stereotype regards the sexuality of the biracial woman. Historically, the mixed-race woman has been thought of as "exotic" or as "an unusually sexual being" (Root, 1994, p. 469). This can be potentially harmful for the young biracial girl who is coming to

know her sexuality, and oppressive for the biracial woman. This stereotyping does not seem to extend to biracial men; it is almost exclusive to biracial women.

Steele (1997) posited that negative stereotypes can adversely affect the individuals belonging to the groups they are meant to describe. This phenomenon has been termed *stereotype threat* (Steele, 1997). When reminded of negative stereotypes about a group with which they strongly identify, individuals may experience anxiety, which may in turn lead to decreased performance on tests and other endeavors. According to Steele, these individuals may feel extra pressure in these situations, as they do not want to confirm a negative stereotype about their group. Steele and his colleagues have conducted several studies in this area, looking at differences between highly skilled male and female math students of equal capability. Research has shown that female students perform significantly worse on mathematics tests when they are "reminded" of the stereotype that women are not as skilled in this area. Common stereotypes also proclaim that African-American individuals may have less identification with school achievement. In fact, Wolfe and Spencer (1996) reported that African-Americans who do succeed in academics may be teased about this success or accused of "acting White" (p. 182). Results mirroring those found with the female math students were found when looking at differences between African-American and White individuals on math performance. Although African-American and female students may not accept these stereotypes as fact, the awareness of their existence appears to be enough to affect performance.

Stereotype threat provides a model for describing barriers faced by members of any group about whom negative stereotypes exist. Biracial women and girls can be threatened by some of the previous negative stereotypes of heightened sexuality and difficulty integrating their dual heritage. Osborne (2001) found anxiety to be a mediating variable in stereotype threat with other populations. It is possible that biracial women and girls may have increased anxiety about confirming any of these negative stereotypes. Though this population has not been studied in relation to the effects of stereotype threat, it follows that awareness of these negative stereotypes may potentially lead to difficulties in racial identity development. In addition, the stereotype related to promiscuity and exoticness of biracial women may lead to hindered or heightened sexuality (Root, 1994).

The Other Side of the Coin: Strengths and Assets

In order to obtain a balanced portrait of biracial women and girls, strengths and assets must be considered along with the socially constructed challenges of being biracial. It is acknowledged that biracial women function under the very real threat of stereotypes and challenges related to identity formation. Nevertheless, the strengths and assets of biracial women must also be considered.

From a positive psychology perspective, the dual heritage of biracial women and girls can be explored in terms of the richness it may offer. Being a product of more than one culture allows a biracial woman to utilize aspects of two diverse backgrounds and histories, and to experience the strengths of both. In addition, because of this diverse framework, it is likely that many biracial women and girls will be open-minded and tolerant of other individuals, and might embrace other cultural groups more easily (Root, 1994).

Clearly, biracial women and girls possess strengths and unique assets. Unfortunately, research in positive psychology has yet to explore the role of assets in the lives of people from diverse backgrounds. While it is premature to say "what works" for biracial women, it is not illogical to suggest that there are many strengths that professionals working with these clients can help identify and develop. Resilience, or the ability to persist even in the face of adversity, is likely a strength that would be seen in many biracial girls and women. Constructs such as hope and courage, as well as a variety of coping strategies, are also likely attributes.

Therapy with Biracial Women and Girls

Therapy with biracial women affords therapists the unique opportunity to help clients utilize their strengths and positive assets. In the words of Seligman and Csikszentmihalyi (2000), "As positive psychology finds its way into prevention and therapy, techniques that build positive traits will become commonplace. Psychologists have good reason to believe that techniques that build positive traits and positive subjective experiences work, both in therapy and perhaps more importantly in prevention" (p. 12). Traditional treatment modalities focused on pathology often had the effect of leaving the biracial client feeling mired in the negativity of her presenting problems. The paradigmatic shift in our field toward techniques that identify positive assets in individuals is in stark contrast to these other

treatment modalities. Helping biracial women and girls identify inherent strengths empowers them to utilize these strengths toward positive development. In order to better help biracial women and girls in therapy, a balanced approach must be taken, such that coping strategies are seen alongside problems, and strengths are seen alongside challenges.

As a therapist working with biracial women, one of the practitioner's goals is to help develop client mastery behaviors that lead to adjustment and optimal mental health, with the therapeutic objective of helping these individuals to empower themselves (Lee, 1991). The formation and maintenance of a positive therapeutic relationship between the therapist and client is critical. Therapists working with biracial clients can develop these relationships through the establishment of trust and through culturally sensitive practice. Fischer, Jome, and Atkinson (1998) further suggest that the therapeutic relationship will be stronger if counselors can "challenge themselves to be open and accepting of differences in views of mental health and distress" (p. 567). Thus, establishment of a positive, working relationship is crucial to the success of therapy.

Specific Interventions and Therapeutic Modalities

Strengths-based approaches to therapy, which have been developed for clients of all backgrounds, can be particularly valuable for work with biracial women and girls. Because of the special attention paid to empowering the individual through the identification of inner resources, these modalities offer a positive, assets-based approach to personal growth. Two approaches, solution-focused interviewing and narrative techniques, are useful types of strengths-based therapy.

Solution-Focused Therapy

Solution-focused approaches to therapy, pioneered by the works of Steven de Shazer and Insoo Kim Berg, have a foundation of focusing on strengths and client empowerment (De Jong & Berg, 1998). In contrast to the emphasis on pathology that characterizes many therapy modalities, solution-focused therapy suggests that working from a strengths perspective can lead to more effective change. According to Saleeby (1992), the basic assumptions of the strengths perspective include the following:

1. Despite life's struggles, all persons possess strengths that can be marshaled to improve the quality of their lives. Practitioners should respect these strengths and the directions in which clients wish to apply them.

2. Client motivation is increased by a consistent emphasis on strengths as the client defines them.

3. Discovering strengths requires a process of cooperative exploration between clients and helpers; expert practitioners do not have the last word on what clients need to improve their lives.

4. Focusing on strengths turns practitioners away from the temptation to judge or blame clients for their difficulties and toward discovering how clients have managed to survive, even in the most difficult of circumstances.

5. All environments–even the most bleak–contain resources.

These assumptions represent an increased respect for the client's frame of reference or worldview, which is critical for work with individuals from diverse backgrounds (De Jong & Miller, 1995). Solution-focused therapy utilizes specific interviewing techniques aimed at empowering clients through the development of goals and solutions within the client's frame of reference (De Jong & Berg, 1998). These activities are negotiated between the therapist and client, and require deliberate questioning techniques related to identifying and fostering strengths and resources.

De Jong and Miller (1995) characterize solution-focused interviewing questions in the following way: *exception-finding questions*–"Are there times now or in the past when you feel less scared about your future?"; *scaling questions*–asking the client to give a number from 0 to 10 to represent where the client is with respect to making progress toward finding a solution, the severity of a problem, or any other aspect of a client's life; *coping questions*–"How have you been able to get up each morning and face another day?"; and *"What's Better?" questions*–starting the session with a question about what is going better in life since the last session. One of the hallmarks of solution-focused interviewing, *the miracle question*, asks clients to consider an unlimited range of possibilities about what would be

different if a miracle occurred over night and the client's problem was solved.

The solution-building approach, which fosters client empowerment while working within the client's frame of reference (De Jong & Berg, 1998), can be a valuable modality for work with biracial women and girls. In this approach, the biracial woman's unique worldview is respected and used as a springboard for growth. She and the therapist can collaboratively set goals and work towards solutions through the fostering of strengths. Biracial women and girls who have internalized negative stereotypes about biracial identity may choose to reconceptualize their identities to include strengths and coping resources. This kind of balanced conceptualization can be achieved through thoughtful solution-focused interviewing, which can, in turn, lead to empowerment by "helping people discover the considerable power within themselves, their families, and their neighborhoods" (Saleeby, 1992, p. 8).

Narrative Approaches

Narrative therapy comes from a social constructivist viewpoint (Neimeyer & Stewart, 2000). This theory states that each individual creates her own reality and understands it from her unique perspective. This reality is in constant flux, changing as the individual gains new experiences and information. Constructing reality is thus an ongoing process in which the individual is constantly organizing, elaborating, articulating, and revising her own life story.

At times, however, the story the client has constructed or the reality that she believes, has been warped in some way. This can occur in situations of long-term strife or trauma, or in dealing with mental disorders and difficulties. In these cases, the therapist might assist the client in reauthoring her story to incorporate a more functional outlook. This may include reviewing the history of experiences of the biracial woman and viewing these in a new way. Biracial individuals are often marginalized in literature and theory. The deficit model of the child with no identity holds unfortunate prevalence in literature. A therapist might help a biracial woman to reauthor this view of herself, looking back on experiences in her life and viewing them through the new lens of her new self. Instead of viewing herself as split by her cultures, she might reauthor her personal story as a woman possessing a rich, dual heritage, with strengths coming from each.

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Client and therapist might then look at other experiences from this point of view. A biracial woman with physical features that are a true blend of the two ethnicities might view herself as "unique," instead of "different."

Writing is also used in the narrative technique to externalize the presenting problem (White & Epston, 1990). By externalizing the problem, both therapist and client work together to fight against it, reinforcing the point that "the person is never the problem; the problem is the problem" (O'Hanlon, 1994, p. 6). This may be especially useful in dealing with problems of stereotyping or racism. At times, clients from minority ethnic backgrounds can internalize racism and begin to feel that problems lie within themselves. Externalizing this as a problem outside of the person may be helpful to the biracial woman. Another example deals with self-consciousness. Biracial girls can develop a feeling of self-consciousness that extends past the normal level of self-consciousness of adolescents and young adults (Root, 1994). Others might often tell a biracial individual that she is "just imagining" that others are staring at or evaluating her looks, but this is not always an irrational belief. Therapists can use a writing technique to externalize this self-consciousness and then work with the client to deal with it in a functional way. For example, the therapist and client might discuss "Self-Consciousness" as though it is a separate entity outside the client. A therapist might ask the client, "How does Self-Consciousness affect you?" The therapist and client can then begin to work together as a team toward decreasing the negative effect of this Self-Consciousness. Narrative approaches also can help the client to reframe her viewpoint regarding her current struggles. Instead of internalizing the problem ("I am self-conscious when others stare at me"), a therapist can help a client to see herself as a strong individual who has methods for dealing with external negative forces ("In social situations Self-Consciousness may try to affect me, but I have ways to cope with it"). One final benefit of externalization is that it can lead to a working alliance between therapist and client that is established quickly (O'Hanlon, 1994), an important factor in effective counseling with biracial individuals.

Fostering Resilience

Masten (2001) described the concept of resilience as "a class of phenomena characterized by good outcomes in spite of serious threats

to adaptation or development" (p. 228). Resilience is most often written about in regard to individuals who experience a high level of risk variables, yet who overcome odds and learn to triumph over difficulties with the help of protective factors. The development of biracial women may at times be fraught with threats to adaptation as a result of socially constructed pressures regarding identity development, self-identification, and stereotypes. Because of these threats, fostering resilience in this population may be particularly helpful. A therapist employing a framework of resilience can help biracial women and girls acknowledge the challenges they have had in their lives, identify the protective, buffering resources and strengths they possess, and emphasize positive adaptation.

Wolin and Wolin (1999) used writing to foster resilience in youth in the program "Project Resilience." They suggest fostering resilience through writing to help adolescents develop the ability to ponder their lives and choices and use this insight to gain the necessary skills they will need for future experiences. Desetta and Wolin (1998) describe several instances in which adolescents are encouraged to redraft their writing until their stories are authentic. Writing provides a vehicle for clients to tell their whole story, without the concern of being judged by others. Through this process, biracial girls and women might learn to deal with the difficulties in their lives in ways that will remind them of their strengths and help to empower them in future situations.

Hope Therapy

Another type of therapy intervention that deals with storytelling and narration is *Hope Therapy* (Lopez, Floyd, Ulven, & Snyder, 2000). In this approach, narratives and storytelling are used to instill hope and to help clients learn to evaluate past experiences and use this insight to make decisions about future behavior. This might work well in counseling with biracial women as some reauthorship of their lives might be necessary because of past negative experiences.

According to Snyder and colleagues, hope is considered a cognitive set directed towards goal attainment that is based on a sense of successful agency and pathways (Snyder et al., 1991). Snyder's (1994) conceptualization of hope suggests a model comprised of three cognitive components: goals, agency, and pathways. Goals are considered the targets or endpoints of mental action sequences and form the anchor of hope theory. Pathways,

which are the routes towards desired goals, are necessary to attain goals and navigate around obstacles. Finally, agency is considered the determination and energy necessary to begin and sustain movement towards goals. Pathways and agency are positively related, but describe separate components, each of which is not sufficient alone to account for hope.

Several positive correlates have been associated with hope scores in children and adults, including optimism, control perceptions, problem-solving, positive affect, self-actualization, and self-esteem (Sumerlin, 1997; Snyder et al., 1991). Children with high hope tend to have lower levels of depression and higher self-perceptions of athletic ability, physical appearance, social acceptance, and scholastic competence (Snyder et al., 1991). Hope appears to be related to health outcomes, with studies demonstrating that higher hope is associated with lower risk for depression and a more adaptive coping style (Elliott, Witty, Herrick, & Hoffman, 1991). Furthermore, patients coping with certain illnesses who exhibit higher hope are better able to identify and remind themselves of the benefits from experience with their disease (Snyder, Ilardi, Michael, & Cheavens, 2000).

Hope therapy, with its basis of goal thoughts, pathways, agency, and obstacles provides a valuable modality for facilitating positive change. Lopez et al. (2000) state, "Therapists can instill hope for change and improvement by helping clients to find the hope they already possess and have demonstrated" (p. 124). Hope therapy begins with instilling hope in the client, often through storytelling activities, and continues by asking clients to recognize the strands of hope that run through these stories. Once hope has been discovered, therapists use techniques to enhance and increase the hope in their clients. A possible goal for an adolescent might be to learn to cope with other students who discriminate against her because of her biracial background. Perhaps she is dealing with name calling and bullying by other students. Using the hope model, a therapist can encourage a client to "tell her story" regarding this challenge. Through the sharing of this story, a client may begin to label the teasing as an obstacle in her goal pursuit. She can then be encouraged to develop pathways to circumnavigate this barrier (e.g., ignoring the students, seeking support from parents or teachers), and practicing agentic thoughts (e.g., "I can think of ways to stay calm and not let their words hurt me.") By encouraging clients to determine the pathways

they utilize and their sources of motivation, therapists can continue to reinforce the impact hope has on the lives of these clients.

Conclusion

Biracial women and girls represent a unique population of individuals who possess a rich dual heritage of strengths and personal assets. Viewing them from a strengths-based perspective provides a balance to more pathologically based approaches, allowing these personal resources to be fostered and developed through therapy. Though there is currently a dearth of information in the literature with regard to the strengths of biracial women and girls, it is hoped that future research will be focused more in this direction, and the development of personal strengths will continue to be promoted.

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