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Working With Multiracial Clients in Therapy: Bridging Theory, Research, and Practice

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Abstract: The growing multiracial population has resulted in a need for professional psychologists to become knowledgeable about unique identity issues that may influence therapy with multiracial clients. The overarching goal of this article is to provide clinicians with current theory and research, as well as particular therapeutic strategies that will be useful in their work with multiracial clients. Specifically, this article (a) provides a brief review of some prevalent models of multiracial identity; (b) discusses several common themes derived from theory and research about multiracial identity, which should be taken into account when working with this population; and (c) offers some specific techniques and strategies that may be used in therapy to develop more accurate conceptualizations of multiracial clients.

In 2000, the first year in which identification with multiple racial categories was permitted on the U.S. Census, nearly seven million individuals checked more than one box in describing their racial heritage (United States Census Bureau, 2001). Because of the increasing number of interracial families in the United States, it is expected that professional psychologists will begin to see more multiracial clients in practice (Buckley & Carter, 2004). Recent trends have pointed toward a greater level of visibility of research studies conducted with multiracial individuals in various disciplines within psychology, as well as within education, psychiatry, sociology, and social work (Miville, 2005). Nevertheless, there remains a dearth of literature regarding effective strategies for working with these clients (Wehrly, 2003). A content analysis of four major counseling journals over 10 years (1987–1996) found only three articles pertaining to multiracial populations (Steward, Giordano, Goldsworthy, Stallworth, & Stevens, 1998), and a more recent review of the same four counseling journals identified only five additional articles from 1996 to 2004 (Edwards & Pedrotti, 2005). This neglect is a cause for concern, and it calls attention to the need for a larger body of research about multiracial clients, as well as a need for specific strategies that can be used with this population. This article addresses these needs by reviewing research about multiracial identity and providing specific clinical strategies for work with multiracial clients.

Research has shown that there are unique issues faced by multiracial individuals (Root, 1996), and that the identity development process differs in multiracial clients when compared to monoracial individuals (Gillem, Cohn, & Throne, 2001; Miville, Baysden, & So-Lloyd, 1999). These differences may be due to the fact that monoracial models of identity “do not recognize the social complexity of adopting a biracial identity in a monoracially defined social world” (Miville, 2005, p. 303). Individuals who are multiracial often describe experiences of feeling alienated, unsure about self-identification, and frustrated with the tendency on the part of others to ascribe identities to them (Root, 1996). It is important that clinicians working with these clients understand challenges such as these and recognize that models designed for monoracial individuals may not be appropriate for use with this population. In order to begin to understand some of the unique issues related to multiracial clients, it is necessary to provide descriptions for this population, while simultaneously recognizing that

each person may choose to label him- or herself differently. In this article we have decided to primarily utilize the term *multiracial* to describe individuals “whose parents are of different socially designated racial groups” (Root, 1996, p. ix), noting that this label encompasses *biracial* individuals who have parents of two different racial groups. In instances where we describe theory, models, or studies about biracial or multiracial individuals, we have chosen to utilize the same terms as used by the original authors, as has been done in previous reviews (e.g., Miville, 2005). For a list of terms related to multiracial individuals, we suggest the glossary in Root's (1996) book, *The Multiracial Experience*.

To achieve the goal of more culturally competent practice (American Psychological Association, 2003), it is necessary for clinicians to have awareness and knowledge about research highlighting the unique aspects of multiracial identity, and the skills to apply this research in various settings. Therefore, the overarching goal of this article is to extend the literature by providing professional psychologists with a comprehensive understanding of current theory and research in the area of multiracial identity, and by bridging this information with specific clinical strategies that allow for broader conceptualizations of multiracial clients. Specifically, we aim to (a) provide a brief review of models of multiracial identity; (b) discuss several salient themes derived from theory and research about identity development; and (c) offer specific techniques and strategies that may be used in therapy, in order to develop more accurate conceptualizations of multiracial clients. Finally, we will discuss future directions for applied research with regard to multiracial individuals.

Models of Biracial Identity

Researchers have sought to describe the process, often developmental in nature, whereby individuals make sense of their identities as racial beings (Coleman, Norton, Miranda, & McCubbin, 2003). Several models and descriptions of identity have been posited for multiracial individuals, and these have evolved over the years as new research has emerged and as our historical and sociopolitical climate has changed within the United States. In the following section, we briefly describe several models of identity and illustrate how the

field has changed in its understanding of multiracial identity over the last several decades. We have chosen to highlight only selected models, and we encourage interested readers to consult Constantine, Watt, Gainor, and Warren (2005) and Miville (2005) for more detailed reviews.

Early Models

One of the first mentions of multiraciality comes from Stonequist (1937), who described "racial hybrids" (p. 10) as individuals who have associations with two worlds but do not belong fully to either, which causes them to experience adjustment and identity problems. This description, which discussed multiraciality as solely a negative experience, placed challenges related to identity solely within the individual and did not recognize the marginalizing effects of such external factors as cultural, environmental, and societal pressure (Poston, 1990). Four decades later, Cross (1971) developed his groundbreaking model of Afro-American racial identity development. This model described the racial identity development process as moving from a potentially negative view of being Black, to a place in which personal acceptance of Blackness (and other identities) is possible (Constantine et al., 2005). Soon after, other monoracial identity models were being developed. Atkinson, Morten, and Sue (1979) developed their minority identity development (MID) model, also a stage model, which attended to the experiences of identity development of people of Color as a group, emphasizing the fact that "people of Color collectively experience oppression and hold attitudes in relation to the development of self and group identities" (Constantine & Wilton, 2005, p. 67). As opposed to depicting identity development as a fairly static process, these models delineated several stages that occur along an individual's journey of racial identity development.

After these seminal works (e.g., Atkinson et al., 1979; Cross, 1971), the field saw a proliferation of stage models related to multiracial identity. Utilizing data from interviews with biracial children of Black and White heritage, Jacobs (1978, 1992) developed a model of identity development that emphasized three main stages as a biracial individual moves from noticing racial differences, to

understanding what meaning these have in his or her life, to being an individual of combined heritage. Kich (1992) also described a three-stage, empirically supported model of biracial identity development, specifically for biracial adults of Japanese and White ancestry. In this theory, the progress of biracial individuals was delineated from being aware of differentness, to struggling for acceptance, to eventually accepting a biracial identity. Both Jacobs and Kich highlighted the marked struggle and challenge that they saw as defining the experience of identity development in the biracial individual.

In 1990, Poston proposed a "new and positive model" (p. 153), steering away from the idea that deficits alone define the multiracial experience. Poston's model was informed by previous racial identity models, but it was based on clinical experience with support groups for biracial individuals and other available empirical research. He delineated a developmental progression through five stages for biracial individuals, and he stated that this process was generally healthy for most individuals. According to the model, the process moves from a stage in which identity is defined on a personal level, to stages in which choices to connect with various races are made, to a final integration stage which emphasizes that the biracial experience can have positive attributes, in addition to being characterized by struggle.

Some of these biracial identity development models were also likely influenced by other types of identity models. Such influences may have included the models developed by Helms (1984, 2001) and Carter (1995) on White racial identity development and on identity development in people of Color; revisions of Cross's model (Cross & Vandiver, 2001); and Phinney's (1989) work detailing ethnic identity development (as separate from the process of racial identity development). Though the scope of this article precludes a lengthy discussion of these models, these authors must be credited for their work in the field and their collective influence on the knowledge of racial identity development in general. (See Constantine & Wilton, 2005 and Carter & Pieterse, 2005 for more complete reviews of these contributions.)

The previously discussed multiracial identity development models have provided an excellent foundation upon which to build when developing more current models. As the field has evolved,

however, researchers have noted several limiting characteristics of these earlier models. Current research (Henriksen & Trusty, 2004; Rockquemore & Brunnsma, 2002; Root, 1998) suggests that multiracial identity development may be less linear than these original stage models suggested. In addition, the contributions of environmental influences to the identity development process were essentially absent from these previous models. Miville (2005) comments on both of these points, noting that "scholars generally agree that race identity is developmental (i.e., changing over time and with experience)" (p. 297), and because of this quality most current models acknowledge that immutable stages may not fully describe the dynamic interplay between internal and external variables that occurs during multiracial identity development. For these reasons, the earlier models may be lacking in utility for multiracial individuals in today's society.

Current Models

Recent models (e.g., Henriksen, 2000; Rockquemore & Brunnsma, 2002; Root, 2003) have moved toward focusing on the biracial individual as a part of a context, culture, and environment, and they depict identity development in a more multifaceted way. These conceptualizations of multiracial identity development help to broaden our understanding of this population, while also beginning to reflect its true heterogeneity. Root's (2003) ecological identity model, which is informed by the work of Bronfenbrenner (1979) and her own empirical research, posits that there are five positive outcomes of identity development for biracial individuals: (a) Acceptance of ascribed identity (i.e., identifying with whichever race one is assigned by others), (b) Identification with both racial groups (e.g., "I am Hispanic and Black"), (c) Identification with a single racial group (i.e., choosing to identify with only one of the two races), (d) Identification with a new group (e.g., "I am biracial"), and (e) Adoption of a symbolic race or ethnicity (e.g., taking pride in one side of one's racial makeup but not necessarily having a strong attachment to it). Root (1999) notes that a multiracial individual may choose to identify with one or another group depending on factors such as environment, personal history, family influence, gender, or social class, and she recognizes that identity may not be static across situations. Thus, multiracial identity development is conceptualized not as proceeding along a linear course,

but as "a spiraling and circular process... by which one resolves tensions and accomplishes identity" (p. 77).

Henriksen's (2000) Black/White biracial identity development model is another recent attempt at describing the process of biracial identity development. Although this model is specific to the experience of Black/White biracial individuals, there may be relevance for other multiracial individuals as well. In Henriksen's model, which is based on a qualitative investigation, six periods of identity development are delineated: Neutrality, Acceptance, Awareness, Experimentation, Transition, and Recognition. It is important to note that these periods "are not distinct states that one must master before movement to the next stage can occur" (Henriksen & Trusty, 2004, p. 71); Henriksen states that racial identity development is both fluid and ongoing; all of the stages are not necessarily experienced by all biracial individuals, and the environment is an influential factor in this model.

Though it is not specifically labeled as a "model," Rockquemore and Brunsma (2002) have constructed another framework of biracial identity development based on qualitative responses from Black/White biracial participants. From this research, Rockquemore and Brunsma (2002) delineate four identity outcomes that biracial individuals may choose to have: singular identity, border identity, protean identity, and transcendent identity. The majority of their participants fit into the *border identity* category (which describes a biracial individual who identifies with both sides of his or her racial heritage in an integrated way). Obvious comparisons to Root's (2003) five outcomes may be made with this model. The main differences, however, are the greater emphasis on the environment in Root's (2003) model, and the exploration of "the pushes and pulls of validation" in Rockquemore and Brunsma's model (2004, p. 93). This idea of having a *validated identity* (i.e., one in which others ascribe the same identity to the biracial individual that the individual ascribes to him- or herself) or an *unvalidated identity* (i.e., one in which the perceptions of others regarding the biracial individual's identity differ from the biracial individual's own perceptions of identity) is a key component.

These more recent models of multiracial identity share several characteristics. First, each acknowledges the influence of the environment in some way, in contrast to previous models that focused

more on internal characteristics of the individual. Second, instead of viewing different times or experiences in the life of the multiracial client as *stages*, these current models use the term *statuses* to emphasize that multiracial individuals may experience these statuses in different sequences. Third, these current models offer more than one outcome of successful multiracial identity development, as opposed to the thought that integration is the only healthy outcome. Fourth, each of the current models addresses the fact that others in the environment of the multiracial individual may have an influence on the individual's choice of identity (e.g., parents may influence identity development through the choice of racial labels they provide to a child and through the nature of their own identification). Finally, each current model presents a less deficit-based, less marginalized description of the multiracial identity development process than did earlier models.

There obviously exists some overlap among the aforementioned models, though each provides a slightly different focus in terms of what is thought to be most salient or influential in the identity development process. By incorporating environmental influences, multiple possibilities for the identity development trajectory, recognition of differences in ascribed versus self-defined identities, and, finally, client strengths, clinicians may be better equipped to develop multifaceted understandings of multiracial identity development. To this end, we use the following section to organize existing theory and research about multiracial identity into the specific, salient themes shared by the more current models of functioning, and we link each theme to specific clinical strategies.

Bridging Theory and Practice: Themes and Strategies for Working With Multiracial Clients

Researchers have noted that there is little literature within the counseling field to address the topic of working with multiracial clients in practice (Edwards & Pedrotti, 2005; Steward et al., 1998; Wehrly, 2003). To address this lack of information, we now provide a summary of themes and strategies that professional psychologists can use with multiracial clients. In this section, we address four primary themes related to multiracial identity development: (a) the influence of

environment and context, (b) multiracial identity development as a process that is not necessarily linear, (c) ascribed identity versus self-definition, and (d) the richness of multiple heritages. We also provide specific examples of clinical strategies, including case examples, to enhance case conceptualization of multiracial clients. We recognize that these themes overlap and influence one another to some extent; nevertheless, we have attempted to describe each of them separately, to emphasize their importance and relevance to therapy. We encourage clinicians to find ways to integrate the following strategies with existing approaches to therapy, or with other tools that they find useful, regardless of personal theoretical orientation.

Theme 1: The Influence of Environment and Context

The first theme regarding multiracial identity pertains to the influence of context. Neglect of the environment has been common in our clinical conceptualizations of individuals and their behavior (Ivey & Ivey, 1998; Lopez et al., 2006), possibly reflecting a natural bias in Western societies toward emphasizing individualism and within-individual dynamics (Wright, 1991). While the individual may be at the center of clinical conceptualizations, conceptions of clients that ignore environmental factors are incomplete. When clinicians are treating people from diverse cultural backgrounds, such disregard for contextual factors can be particularly harmful (Sue & Constantine, 2003). When the realities of prejudice and discrimination in our society are not acknowledged, individuals' actions or functioning may be viewed as internally caused, and clients may be blamed for behaviors that are the result of external factors. Legitimate factors associated with sociopolitical environments and the prevailing attitudes toward multiracial identity can be included in a client model, so that a clinician may better understand the complexity of a person and that person's context.

Researchers have noted the importance of environment in the identity choices and experiences of multiracial individuals. Miville et al. (1999) conducted a qualitative study of adults of various racial backgrounds, with results demonstrating that participants' early experiences with others, such as encountering racism or a questioning of their racial background, influenced their sense of identity and racial

identification. Root (1990, 2003), Henriksen (2000), and Rockquemore and Brunsma (2004) explicitly discuss contextual factors that may affect one's identification with a racial group, including family socialization, parents' identity, community attitudes toward biraciality and interracial relationships, geographic location, and the presence or absence of other multiracial individuals in the community. This growing body of empirical and theoretical work highlights the importance of social context on identity choice and experience.

To illustrate the influence of context, consider an Asian American/African American adolescent client who has been raised primarily within an Asian American community on the West Coast and who identifies as Asian American. He may identify more strongly with Asian cultural practices because of family and community experiences with this side of his heritage, the geographic location of his home, and the racial background of his school peers. Perhaps as he was growing up he noted that individuals in his family were invested in his involvement in cultural events related to his Asian American background, and that they minimized his associations with African American relatives or his African American experiences. In school, he may be surrounded primarily by Asian American peers, to whom he feels a strong connection and similarity. Research would suggest that in another environment, with various other influences, this client's experiences might have been strikingly different (Gillem et al., 2001; Miville et al., 1999; Root, 1990, 2003).

Within therapy, it is particularly important to understand the multiple contextual influences on an individual's identity and presenting concerns. Wright's (1991) four-front approach is a useful strategy for identifying environmental resources and deficits. This heuristic emphasizes the detection of clinical information about functioning along four "fronts": psychological assets (e.g., self-efficacy, persistence, internal motivation), psychological weaknesses (e.g., lack of insight, problems with frustration tolerance), environmental resources (e.g., social support, positive communities and schools), and environmental stressors (e.g., prejudice, poverty, family dysfunction).

Wright (1991) encourages clinicians to conduct their work in a manner that guarantees that the following four questions are addressed:

1. What are the deficiencies and undermining characteristics of the person?
2. What are the strengths and assets of the person?
3. What deficits or destructive factors exist in the environment?
4. What are the resources and opportunities in the environment?

Utilizing this broader approach to conceptualization may help counteract deindividuation and other practitioner biases (Lopez et al., 2006). The influence of the environment is of course relevant to monoracial individuals as well; however, the additional options that a biracial individual has in terms of his or her decision regarding how to identify make Wright's approach specifically applicable to such clients (Edwards & Pedrotti, 2004b).

In the case of the Asian American/African American client mentioned previously, a clinician could gather information about this client's personal and environmental strengths and deficits beginning at the initial interview. The practitioner might make note of the pride this client feels in his Asian American heritage, and the struggles he has in dealing with the fact that others sometimes do not identify him as Asian American. As the clinician probes about the environment specifically, she might note that this client has strong social support in the form of friends and families, but a lack of other multiracial friends who might share his experience within the community. As the therapist begins identifying these aspects across four fronts, the client can be encouraged to describe his strengths and limitations in both personal and environmental contexts.

Once all four questions about the client's personal and environmental liabilities and assets have been answered, a data synthesis process begins. A practitioner creates hypotheses about the multiracial client and thereafter considers the evidence of influences on the client's identity development. As hypotheses are tested and recast, and ideas are shared with and refined by the client, a conceptualization of the client's identity development emerges. This can be continually revised as necessary. This changing client model

incorporates shades of weaknesses and strengths in the client, along with shades of support and stress in the environment.

Theme 2: Multiracial Identity Development As a Process That Is Not Necessarily Linear

The second theme relates to the potentially fluid nature of identity development. Many past models of multiracial identity (e.g., Kich, 1992; Poston, 1990) described multiracial individuals as moving through various distinct stages on the way to some desirable end point, usually an *integrated identity* (i.e., one in which a multiracial individual accepts all sides of his or her culture and identifies as some combination of these). While this may be an accurate description of the identity process for some multiracial individuals, there may be other healthy routes toward identity development that do not necessarily follow a linear trajectory, and an integrated identity may not be the *only* healthy outcome within the identity development process. Research has found that while some may progress as delineated by these models, other multiracial clients, because of their unique experiences and influences, may not experience some stages of some models of identity development (Henriksen & Trusty, 2004). For some individuals, not experiencing a stage in which they felt a rejection from monoracial groups could be a positive factor (e.g., avoiding this feeling of isolation). Others might find eventual benefit from this type of rejection, as a part of their journey toward understanding their own identities (e.g., if the experience caused them to develop greater empathy), and, as a result, "skipping" this stage could be classified as a lost opportunity for personal growth.

It is also relevant to note that in most parts of the country, claiming a multiracial identity has become an option only in recent decades (Root, 2003). Thus, the language for such an integrated resolution has been available only for a short time. For this reason, models that emphasize the importance of achieving an integrated multiracial identity may not apply to individuals (particularly older adults) who have not grown up within the context of this framework. An awareness that there may be many roads to healthy development (Henriksen & Trusty, 2004; Root, 1990) can assist clinicians in helping their clients to develop appropriate identity goals. To illustrate this

theme of the nonlinear and unique process of development, let us consider the case of a biracial girl growing up in a racially diverse area. She begins to make sense of her racial identity, wrestles with the two sides of her racial makeup, and finally decides to identify as "biracial." After high school, however, this young woman travels to a racially homogeneous area of the country for college, and finds that when she describes herself as "biracial," she is met with looks of confusion. Having to explain her identity more often to others reopens her internal struggle with identity and causes her to rethink the way she identifies herself and the meaning of this identification. In this way, the change in her surroundings has propelled her back to a previously resolved issue in her identity development. It may be that she decides to define herself as monoracial in these surroundings, as one side of her racial background is highlighted by the interactions she has with others. It is also possible that this monoracial identification will facilitate easier social relationships with others in this environment, with the result that this identification will lead to greater well-being in her life. Thus, clinicians who understand that a biracial individual may go through continuous cycles and changes in identity while still possibly functioning in a healthy way, and that integration may not be the *only* healthy outcome (Root, 1990), may form more accurate conceptualizations of clients in therapy.

One way in which clinicians can facilitate this more comprehensive view of their multiracial clients is through the use of techniques in narrative therapy (White & Epston, 1990). This idiographic, constructivist-based method has been suggested as "particularly applicable in multicultural counseling" (Semmler & Williams, 2000, p. 53) and may lend itself well to working with multiracial clients (Edwards & Pedrotti, 2004a; Henriksen & Trusty, 2004). Henriksen and Trusty (2004) advocate the use of narrative therapy to help biracial clients "lead to an exploration of the cultural assumptions that influence their racial identity development" (p. 79). When a practitioner helps a multiracial client look back toward past experiences, new meaning can be made out of the client's understanding of his or her identity development.

As narrative therapy emerges from a social constructivist perspective (Neimeyer & Stewart, 2000), this strategy encourages multiracial individuals to tell the story of their individual realities,

acknowledging that these realities are dynamic and are affected by a myriad of contextual influences (Root, 1990). As others have stated, an individual's reality "is in constant flux... changing as the individual gains new experiences and new information" (Edwards & Pedrotti, 2004a, p. 39). This may be especially pertinent to multiracial clients who experience their identities as dictated by others or by their surroundings at some point in their lives. Sewell, Baldwin, and Moes (1998) discuss the idea of multiple self-awareness and call for clients to explore the impact of different sides of themselves on their interpersonal relationships and in overall life functioning. The idea of multiple selves may be particularly relevant for the multiracial client discussed in the aforementioned case, as she may define herself differently at different times and in different situations in her life (Miville, 2005).

A therapist might use narrative strategies to help the multiracial client tell the story of her identity as an individual with many different sides. The client might relate the story of her life as a multiracial individual living in a diverse area, and then the story of her life now in her less culturally diverse surroundings. Challenges in interactions with others, as well as feelings of isolation, can be acknowledged as part of these stories. Through this process, this client may discover key pieces of her identity, leading to a more comprehensive self-understanding. Writing also may be used within therapy with multiracial individuals, to help externalize presenting problems that have brought them to therapy (Edwards & Pedrotti, 2004a). For example, in the aforementioned case, the woman's feelings of self-consciousness about her appearance and other people's questions about her heritage after she moved to her new setting might be discussed. Root (1994) states that self-consciousness can be a common occurrence in multiracial women in particular, extending beyond the normal level of self-consciousness that may exist in young adulthood. Through the use of externalizing strategies, the therapist might help the multiracial client to see the problem of self-consciousness as an external entity, and the two could then work together to help the client avoid internalizing negative beliefs about her racial identity and thereby combat this source of aggravation (Edwards & Pedrotti, 2004a).

In telling a new story about the multiracial client's experience of self-consciousness in her life, the therapist helps her to successfully

manage this outside entity without attacking herself or her choice in identity. Furthermore, a reauthoring process can take place in which the client views each experience of others challenging her identity as an opportunity to reaffirm her current sense of identity (Edwards & Pedrotti, 2004a), thus acquiring the freedom to self-describe in a way that is both authentic and personally relevant.

Theme 3: Ascribed Identity Versus Self-Definition

The third theme relates to the interplay between ascribed identities and self-defined identities. Researchers have noted that individuals of mixed race choose to identify themselves in different ways, depending on the situation or time in their lives (Root, 1990). It is important to note, however, that an individual's self-definition may not necessarily match the way in which he or she is identified by others. As Root (1998) notes, "the private identity may be different from the public identity assumed or validated by others" (p. 240). Furthermore, the level of congruence between these two is influential in the process of making sense of one's identity (Root, 1990, 1994, 1999). Rockquemore and Brunsma (2004) note that in some contexts or around particular individuals, multiracial clients may experience a lack of validation of their choice of identity (the "unvalidated border identity"; p. 93), or a "validated border identity" (p. 93) in which others in the social environment validate one's choice of identity. These "pushes and pulls" of validation may impact a multiracial individual's sense of well-being and functioning within different interpersonal contexts (Rockquemore & Brunsma, 2004, p. 93).

In order to address issues related to ascribed and self-defined identities, the therapist should make an effort to understand the self-described identity of a multiracial client and how it may change across situations and time, and the practitioner should also try to offer validation. Therapists should be aware of the fact that a search for validation may exist, and that comfort level may vary depending on the situation in which one is engaged, the environment or context in which the individual exists, and the type of identity being ascribed or used for self-definition. Given the complexity of multiracial identity development, a dynamic, flexible, and fluid conceptualization of the

degree to which people take on ascribed or self-defined cultural roles is necessary for the practitioner.

To further understand the level of congruence of a client's ascribed and self-defined identity, as well as the client's degree of comfort with this match (or mismatch), therapists may consider utilizing the proposed cognitive map (see Figure 1). This dynamic, visual tool can be used collaboratively with clients throughout the course of therapy to better assess and discuss issues of identity and their influence on a client's well-being. While this cognitive map is informed by theory regarding the relationship between ascribed and self-defined identities (e.g., Rockquemore & Brunsma, 2002; Root, 1999), we do not present this as a model per se but rather as a clinical tool that can be used to highlight the interplay between context, well-being and identity in a given situation or time period.

As can be seen in Figure 1, this cognitive map depicts the juxtaposition of two dimensions: a dimension reflecting the degree of comfort an individual has in a given situation or environment, and a dimension reflecting the level of congruence between ascribed and self-defined identities. An individual in the extreme upper left quadrant of the figure (Q1) would demonstrate a high level of comfort with a low level of congruence between ascribed and self-defined identity. This person might be someone for whom racial identity was not the most salient feature of overall identity. Instead, other aspects of this individual's cultural identity, such as gender or social class, might be more salient. As this client navigated interpersonal contexts and relationships at this point in her life, she would be comfortable assuming the racial identity others ascribed to her, even if it did not match her internal, private sense of identity. As an example, consider a Filipina/White older adult who identifies herself as Asian American. Though others may ascribe a biracial identity to her or question her background, she is not bothered by this mismatch of identity definition and still chooses to identify as Asian American. In the extreme upper right quadrant of the figure (Q2), an individual would be highly comfortable when there was a high level of congruence between the identity others ascribed to her and her self-definition of identity. This might be an individual for whom racial identity was prominent, and who, as such an individual, felt most comfortable when others identified her in the same way in which she thought of herself. A client

from a Latino and Native American heritage who identifies as Native American may feel comfortable with the fact that, for the most part, others who see her assume she is Native American.

The two lower quadrants depict individuals who have a low level of comfort with either a high level of congruence (Q3) or a low level of congruence (Q4) between ascribed and self-defined identity. An example of the first might be an individual who had a low level of comfort when others ascribed an identity that fit with his own conceptualization of himself, such as a client whose self-defined identity was of mixed Latino and African American heritage, and whom others identified as such. This person might not feel comfortable with how others identified him, even though it was accurate and matched with his own self-identification. This individual might be dealing with internalized self-hatred in terms of how others perceived his race, and might be having difficulty accepting his racial identity at this point in his life.

Finally, individuals in the fourth quadrant (Q4) have a low level of comfort when others ascribe identities that do not fit with their own conceptualizations of themselves. An example of such a client could be a multiracial White, Asian, and Native American client who is identified as White in most situations. This individual experiences discomfort with this lack of congruence, as he "passes" in most contexts but does not wish to be seen solely as White. In this case he may prefer to be allowed to define his own cultural identity on his own terms. Individuals mapped onto these dimensions should be viewed within a context or environment, represented by the large square encapsulating the four quadrants. Environmental influences such as racism, ascribed identity based on physical appearance, and familial variables can be identified by both client and clinician, and their impact on the identity placement can be discussed. In addition, individuals are not firm in their placement in one particular quadrant, but may change in their level of comfort and need for congruence (or lack thereof) depending on the particular situation (Rockquemore & Brunisma, 2004; Root, 1990, 1994, 1999). For example, an individual who defines herself as biracial Black/Chinese may be very uncomfortable being viewed as a monoracial Black or Asian woman when speaking about the experiences of multiracial people in general; thus, she would place herself in Q2. This multiracial identity is one that is salient for her in

this situation, and she desires others to view her this way. There may be other situations, however, in which this is not as problematic for this woman—for example, when an individual at a Chinese cultural event assumes that she is monoracial Chinese. In this environment, she may fit comfortably into Q1.

There may also be contexts in which *racial* identity is not the most salient feature for an individual at a particular time. Perhaps a woman of Color at a feminist rally would view her gender as more salient than her race/ethnicity in this particular situation, or perhaps the interaction of both aspects of identity might become salient. All of these different possibilities could effectively be explored through the use of Figure 1 by clinician and client. For the clinician, understanding how the client's self-definition plays against the backdrop of ascribed definitions is important to the formation of an appropriately complex conceptualization. Though four quadrants are created by the juxtaposition of the two dimensions, we have elected not to label these quadrants because of the lack of empirically derived correlates with certain development states. Our assumption is that there is not a universally positive state and that idiographic assessment will reveal that some individuals achieve a great sense of well-being in one state whereas other individuals may achieve comparable degrees of well-being in another state (Root, 1992). Furthermore, we consider the boundaries of these states to be permeable, and we believe that an individual's efforts to refine his or her identity may change the state that individual is in and potentially enhance overall well-being. Hence, we propose that professionals working with multiracial individuals utilize this cognitive map to think about the relationships between ascribed and self-defined identity, as they exist in terms of congruence (or incongruence) between the two, and about individuals' different levels of comfort, as determined by the situation.

Theme 4: The Richness of Multiple Heritages

Finally, despite the fact that certain challenges may occur related to the development of a multiracial identity, an important factor that may help clinicians working with multiracial clients involves avoiding the traditional view of a multiracial individual as “marginalized.” In contrast to the assumption that all multiracial

individuals will experience problems with development, it has been suggested that this may not be a universal experience (Edwards & Pedrotti, 2004a; Root, 1999). In fact, researchers have noted that having a dual heritage has been seen as a positive, beneficial aspect of identity in biracial participants (Hall, 1992).

The importance of identifying culturally relevant strengths in all people of Color has been emphasized in recent writings (see Sue & Constantine, 2003), and it has been noted that there may be specific personal strengths that emerge from a client's multiracial heritage (Edwards & Pedrotti, 2004a). For example, multiracial individuals may possess bicultural competence, or the ability to navigate cultural contexts (LaFromboise, Coleman, & Gerton, 1993). In fact, the ability to be competent in more than one culture without necessarily relinquishing one's sense of cultural identity has been highlighted as an asset by acculturation researchers. A second example of a personal strength that may grow out of the experience of being multiracial is an attitude of openness toward others. Multiracial individuals have been shown to have more positive attitudes toward other groups than their monoracial counterparts (Phinney & Alipuria, 1996). This ability to relate to different groups may benefit the multiracial individual in many situations.

Other strengths may also exist as a function of being a part of different individual cultures. Belonging in part to a culture with a collectivist value orientation, for example, may be an asset that a multiracial individual can utilize in many settings. This orientation may provide the individual with a group focus, empathy toward others, or an ability to manage a large social network for support (Sue & Constantine, 2003). Multiracial individuals may have the unique experience of being able to borrow from their various racial backgrounds, culling out strengths specific to these cultures and using them to support their well-being.

While we do not suggest that multiracial individuals will never experience identity confusion, anger, or self-hatred, we emphasize the need for client conceptualizations that also identify strengths and assets in the lives of these clients. Helping multiracial clients to see their own inherent strengths may assist in helping them to develop healthy identity outcomes, regardless of the identity chosen.

One way in which strengths might be elucidated within a therapy session is through the use of solution-focused techniques (De Jong & Miller, 1995; Edwards & Pedrotti, 2004a). The solution-focused approach is embedded within a strengths perspective, and it involves discussing key concepts that are essential to helping the client work toward effective change (Saleeby, 1992). First, the concept of empowerment may be especially useful to multiracial clients. As mentioned previously, much of the anecdotal information available about the multiracial experience is negative in connotation, and multiracial individuals may internalize some of these perspectives and begin to feel that they are part of a stigmatized group. Solution-focused techniques are used in a framework in which the client is expert; thus, when successes are achieved, the client, who has been an integral part of the change, may feel empowerment (De Jong & Miller, 1995).

Saleeby (1992) also suggests that the solution-focused approach has a goal of linking the client with his or her context, as it is believed that many clients feel alienated and "lack a sense of belonging" (De Jong & Miller, 1995, p. 734), and that it may be in part this lack of connectedness that prevents them from recognizing their true strengths and possibilities. This feeling or sense may be particularly relevant to multiracial individuals, who may not feel as though they have a group that truly represents them, or a society that understands their unique experiences. Identifying and discussing strengths that might be specific to multiracial individuals, such as bicultural competence (LaFromboise et al., 1993) and open-mindedness (Phinney & Alipuria, 1996), may allow multiracial clients to feel as though they have membership in a group that possesses many unique strengths, which will in turn help them reach their goals and work toward change.

Clinicians who are operating from the strengths perspective may be better equipped to see a client in a more comprehensive way—balancing both strengths and deficits in both the person and the environment. Consider the example of a young woman whose racial heritage is Native American and White, who seeks therapy for difficulties adjusting to her new surroundings as a 1st-year college student. This individual may possess strengths she has not recognized, such as the ability to fit in with a number of different groups. She finds

herself equally able to understand rituals and customs from her European American heritage and traditional Native American ceremonies. Her competence at navigating both cultural contexts, as well as her resilience in being able to persevere in her new college environment, can be identified and applied to other situations in her life.

Specific tools that emerge from a solution-focused perspective include interviewing questions aimed at fostering client empowerment (De Jong & Miller, 1995). Exception-finding questions work to identify times that differ from a client's norm. In keeping with the example of the young Native American/White woman, a question such as "Have there been times in your life where you've had to make an effort to fit in with the crowd and you have succeeded?" may help to trigger memories of past experiences when this woman has interacted successfully with both Native American and White groups and has been able to feel "part of the group" with both. Coping questions (De Jong & Miller, 1995) ask the client to start the solution-building process, as opposed to focusing only on the negative feelings that might be generated from their current experiences. For example, though a clinician would spend some time in therapy dealing with the emotions of the client trying to adapt to her new surroundings, therapy would soon turn toward asking a coping question, such as "With all of the stress of trying to fit in, how have you managed to keep going?" This might allow the therapist to obtain access to other strengths that exist in the client's life, helping the client to see ways in which these might be applied to the current situation. If the client responded by describing family members she spoke to periodically, the therapist could then explore this environmental resource (social support) and identify how the skills learned within these relationships might be applied elsewhere.

Implications for Future Applied Research and Final Thoughts

Though studies of multiracial individuals as a group are beginning to grow in number (Miville, 2005), there is still a need for more practice-oriented research with this population in order to better inform practice (Wehrly, 2003). First, studies examining the clinical

value of broadening the conceptualization of biracial clients should be pursued. Do increased therapist awareness, knowledge, and skills with regard to this population lead to better treatment outcome or increased working alliance? Second, the relationship between ascribed and self-defined identity and personal well-being has not been tested empirically. The degree of comfort that an individual experiences with regard to congruence could be explored both qualitatively and quantitatively. A third potential avenue for research could be found in identifying some of the specific personal and contextual variables described as influencing identity development in recent models. For example, factors such as reactions to physical appearance, geographical location, and amounts of family and peer support could be further studied to highlight the heterogeneity that exists within the multiracial experience. Fourth, there is still a dearth of studies that have been performed with multiracial individuals whose backgrounds are composed of combinations other than Black/White. More studies with individuals from other heritages are needed to fully assess the multiracial experience and allow for applications to individuals of diverse backgrounds. Finally, it is clear that more research needs to be conducted about the multiracial experience in ways that allow for a deeper understanding of its complexity, while also potentially allowing for generalizability of results (Miville, 2005).

The integration of theory, research, and practice fills a need within psychology to better understand the multiracial experience within the realm of therapy. Because the field is still at a relatively early stage in its own development, it is imperative that psychologists further empirical study—both qualitative and quantitative. As researchers and professionals continue to apply dynamic and more balanced models of functioning to their interactions, it can be hoped that a richer understanding of multiracial identity and its complexity will be achieved.

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Appendix

Figure 1. Cognitive map of the relationship between self-defined and ascribed identities

