

**ASIAN AND PACIFIC ISLANDER AMERICANS:
ISSUES AND CONCERNS FOR
COUNSELING AND PSYCHOTHERAPY**

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A RACIAL IDENTITY FRAMEWORK FOR UNDERSTANDING PSYCHOLOGICAL PROBLEMS AND GUIDING TREATMENT AMONG ASIAN AND PACIFIC ISLANDER AMERICANS

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In recent decades, research on acculturation has propelled our understanding of ethnic minority populations in the U.S. to new levels, providing vast contributions to our applied knowledge base for treating Asian/Pacific Islander Americans. For example, numerous writings address practical treatment issues related to Asian/Pacific Islander American intergenerational family conflict that have acculturation processes at its core. In contrast, the significance of racial identity on individual psychological well-being, and its relevance to the treatment process has received much less attention. This chapter aims to link racial identity developmental theories to our understanding of psychological health and treatment among Asian/Pacific Islander American groups. Toward this aim, the chapter begins by bringing the reader up to speed on the most recent African American racial identity stage models that have been leading the field (Cross, 1978; Helms, 1990; Parham, 1989), and how these models have been conceptualized for Asian/Pacific Islander Americans (Atkinson, Morten, & Sue, 1989; Uba, 1994). Next, this chapter examines how different stages of racial identity development may contribute to psychological distress for different Asian/Pacific Islander Americans. Finally, the chapter concludes by addressing important treatment issues.

BEYOND ACCULTURATION

When thinking about counseling and psychotherapy issues with diverse client populations, especially Asian/Pacific Islander Americans, acculturation is often central to the discussion. Acculturation which encompasses the processes by which a culturally different person or group interacts with the host culture, typically highlights behavioral practices and traditions, values and belief systems, and language and communication styles that differ between cultural groups (Rogler, Cortes, & Malgady, 1991). Thus, with regard to counseling and psychotherapy, the client's level of acculturation is appropriate to the discussion of problem definition, treatment

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goals and expectations, and effective modes of intervention. Yet, as important as acculturation is in treatment, focusing too narrowly on cultural differences may over-simplify the complexity of issues relevant to our diverse population, in particular the importance of race (Helms & Richardson, 1997).

In general, racial identity has received much less attention than acculturation within clinical discussions. Even more so among Asian/Pacific Islander Americans, racial identity is all too commonly overlooked in terms of its importance in the psychological problems presented for treatment, as well as its influence on the treatment process itself. This omission of racial identity in clinical discussions merits serious attention, for the meaning of one's race is unquestionably a central part of everyone's daily life, including Asian/Pacific Islander Americans. According to Jones (1997):

Prejudice and racism are processes by which people separate themselves from others who are different in certain ways and attach themselves more closely to people who are like them in certain ways. ... In U.S. society and other cultures around the world, this cleaving of people into separate and distinct groups, with positive value attaching to one and negative value attaching to others, is rendered a problem by the existence of *differential power*. Whether defined numerically, militarily, politically, physically, culturally, or spiritually, differential power makes the distinctions drawn of enormous human consequence. (p. 7)

For Asian/Pacific Islander Americans, this "enormous human consequence" to which Jones refers, is evident at the individual psychological level. Asian/Pacific Islander Americans, as a group, have historically received unequal treatment, and continue to have differential access to various aspects of American life due to their physical and cultural characteristics (Uba, 1994). Evidence from Nagata's (1993) research with third-generation Japanese American adults highlights how systematic racial discrimination against Asian/Pacific Islander Americans can result in profound individual psychological consequences that span across multiple generations. Nagata reports striking similarity between the research documenting Jewish children of Holocaust survivors and her sample of Japanese American children born to former U.S. concentration camp internees, all who are now in adulthood. While acknowledging the significant and unquestionable difference between the Holocaust and the Japanese American internment, Nagata found problematic transgenerational patterns in her sample that were very similar to those documented among children of Holocaust survivors. According to her findings, parental values, expectations, and communication styles that apparently developed in response to the racial oppression of the internment, were indicative of problematic family interaction patterns.

Given the enormity of the role of race in psychological development, racial identity theory is proposed here as a useful, if not necessary, working framework for counseling and psychotherapy with Asian/Pacific Islander American populations. Racial identity theory integrates the dynamics operating at two levels – societal and individual (or psychological). At the societal level, there are numerous mechanisms that function to perpetuate negative attitudes toward cultural heritages and ethnic characteristics that are not the mainstream. At the individual or psychological level, how persons of color feel about their ethnic and/or racial group membership is formed in reference to these negative mainstream attitudes (Chen, 1989; Helms & Richardson, 1997). As in social identity theory (Tajfel, 1981), there is emotional significance attached to racial group membership. Social identity is "that part of an individual's self-concept that is based upon the value and emotional significance of belonging to a social group" (Jones, 1997, p. 214). Similarly, racial identity is inextricably linked to self-concept, to how one interprets one's experiences in the world, and thus to the psychological issues and expectations a client brings into treatment. The counselor or psychotherapist must be able to assess the race-related socialization processes to which the client has been exposed, and also evaluate how the client has negotiated those socialization experiences. Moreover, the mental health provider's own racial identity is part of the mix, just as acculturation level differences between therapist and client affect the therapeutic relationship. As

such, racial identity is equally important as acculturation, to consider in the context of counseling and psychotherapy with Asian/Pacific Islander Americans.

RACIAL IDENTITY

The most prominent models to appear in the counseling and psychotherapy literature have been conceived based on the experiences of African Americans (Cross, 1978; Helms, 1990; Parham, 1989). These models are characterized by either four or five stages that describe how an individual struggles to understand himself in reference to the dominant White society, his own racial group, and the oppressive relationship between the two. Some models describe this process of racial self-understanding as hinging on self-concept (Cross, 1978). Others see racial identity as more of a cognitive mindset or world view (Helms, 1990; Parham, 1989). In other words, racial identity influences both how people feel about their racial group membership, and how they perceive and organize information around them. Most models describe the following stages: *pre-encounter*, *encounter*, *immersion/emersion*, and *internalization/commitment*. Four- and five-stage conceptualizations differ only in whether they distinguish *immersion/emersion* (and likewise, *internalization/commitment*) as separate stages, or consolidate them into one.

Pre-encounter

According to these prevailing models, in the *pre-encounter* stage, the individual identifies with the dominant White society (Parham & Helms, 1981). Thus, one internalizes the values and attitudes perpetuated in the White culture, including idealization of the White American culture and devaluation of all things related to non-mainstream or minority groups (Parham & Helms, 1985). As one strives to fit into the White mainstream society, one disengages from one's ascribed racial group, and selectively screens out from one's awareness information that suggests racial inequality.

Encounter

These models purport that an event, either positive or negative, triggers a psychological shift in awareness that signals movement toward the *encounter* stage (Cross, 1978; Parham & Helms, 1981, 1985). This trigger event is such that it is no longer possible for the individual to deny the reality that she is not fully accepted into the White world (Cross, 1978). Thus, the *encounter* stage is a period when one's unequal status in the White world, as a racial minority, rises to one's conscious awareness. One's previous identification with the dominant White culture and disengagement from one's own racial group, becomes a source of conflict, as the oppressive relationship between White society and one's own racial group becomes apparent.

Immersion/Emersion

As the individual confronts his lack of identity, he begins to search for a reference group to provide a sense of personal esteem and a cognitive framework for understanding the world. This signals the beginning of the third stage, where the individual immerses himself into his own racial group's culture and heritage (Cross, 1978; Parham & Helms, 1985). According to Helms (1990), this immersion helps the individual to regain some positive self-worth by focusing on the virtues of his own racial group. However, anger at the disillusionment of his previous world view is

strong. Thus, the individual maintains a positive self-concept only through the blanket acceptance of all things pertaining to his own racial group, to the exclusion of all others (Cross, 1978; Parham & Helms, 1981, 1985). With time, immersion serves both educational and cathartic functions, such that the individual regains enough positive self-worth to be less angry, and consequently more flexible in his world view. The individual begins to emerge from this stage, and becomes more open-minded to both the strengths and weaknesses of his own racial group (Helms, 1990).

Internalization/Commitment

In this final stage, the individual now feels comfortable enough with her own racial group as a reference group, that she can abandon her blanket rejection of all things related to the White culture (Parham & Helms, 1981). The individual is able to more fairly assess the merits of other racial and cultural groups, including White American culture. Participation in social and political activities designed to eliminate racism and oppression globally, is acknowledged as a demonstration of the individual's commitment to these internalized attitudes (Cross, 1978).

MINORITY IDENTITY

While the importance of considering racial identity among African Americans may be clearer, the perpetuation of stereotypes against Asian/Pacific Islander Americans as the "model minority" sometimes clouds our ability to see the importance of racial identity for this latter group. Only more recently, have these ideas begun to be applied conceptually to Asian/Pacific Islander Americans (Atkinson, Morten, & Sue, 1989; Sue, 1989; Uba, 1994). One model that has received the most attention in the Asian/Pacific Islander American counseling literature is the Minority Identity Development (MID) model developed by Atkinson, Morten, & Sue (1989).

The MID consists of five stages that roughly parallel the aforementioned racial identity models: *conformity*, *dissonance*, *resistance and immersion*, *introspection*, and *synergetic articulation and awareness*. The *conformity* stage is described by Atkinson, Morten, and Sue (1989) almost identically to the *pre-encounter* stage of racial identity models. In this stage, the individual idealizes everything that represents the White American culture, and denigrates all that is not part of that ideal. The *dissonance* stage is also identical to the *encounter* stage, where the individual encounters information that is inconsistent with his previous world view. *Resistance and immersion* represents a stage that is similar to how racial identity theorists describe *immersion*. Here, the minority individual completely rejects the dominant White culture, and embraces his own minority culture. The MID *introspection* stage is more similar to *emersion*. In the *introspection* stage, the individual begins to question his blind allegiance to his own racial group, and also his blanket rejection of the dominant culture. Finally, *synergetic articulation and awareness*, like *internalization*, represents a stage when the individual reaches a sense of comfort with himself, and his relationship with the dominant White society.

IMPLICATIONS FOR COUNSELING AND PSYCHOTHERAPY

As we turn our attention to counseling and psychotherapy implications, these racial and minority identity models will provide a helpful theoretical framework for understanding the clinical issues relevant to working with Asian/Pacific Islander Americans. Asian/Pacific Islander Americans, like all people, possess basic human needs to belong and to be valued. People seek social belonging in order to make sense of the world around them, and to validate the meaning of their existence. However, as racial minorities in American society, Asian/Pacific Islander Americans are constantly bombarded by affronts to these basic human needs. Through White

popular culture, the educational system, legislation, etc., the dominant culture sends subtle yet strong messages to Asian/Pacific Islander Americans that their physical attributes, their cultures, and they as people are less desirable. Furthermore, the dominant culture's messages are hypocritical in that in as much as it encourages assimilation into White culture, Asian/Pacific Islander Americans are held at a certain distance, and never fully accepted into White mainstream society. In this way, Asian/Pacific Islander American's self-perceptions have been distorted because of racism and internalized racism. When a person's self-perception is distorted in this manner, the person can be left feeling fragmented, isolated, empty, and vulnerable. The symptoms that Asian/Pacific Islander American clients present with in treatment may be related to the strategies to which they unconsciously resort, to defend against these affronts to the self. Therapeutic success is dependent upon the therapist's thorough understanding of how such psychological vulnerability evolves, and how it unfolds in the treatment setting.

Self-Concept

Asian/Pacific Islander Americans often struggle to understand themselves in relation to a White mainstream society that devalues their personal and cultural attributes, and this can lead to racial self-hatred and to low-self-concept (Sue, 1973). To understand how this may occur, consider the racial/minority identity stage models described earlier. An Asian/Pacific Islander American in the *pre-encounter* or *conformity* stage will identify with the White American culture as her reference group. That is to say that she will internalize the values and attitudes of the White culture, including the negative attitudes that the dominant culture holds about her ethnic and/or racial group. Such negative attitudes toward Asian/Pacific Islander Americans are pervasive in our White mainstream culture. For example, White popular culture perpetuates negative stereotypes of Asian/Pacific Islander American men as effeminate or immigrants to be ridiculed. White American culture also maintains a European American standard for female beauty (e.g., blond hair, blue-eyes, double eye-lids, large breasts), against which Asian/Pacific Islander American women evaluate themselves. As young people evaluate themselves against these White values, they may begin to view themselves as less attractive, less competent, and less valuable, leading ultimately to low self-concept. As an example of this process, a female Vietnamese American adolescent may be developing an interest in boys and a concern regarding her own attractiveness. As adolescent girls do, she begins spending more time reading fashion magazines. However, the magazines mostly feature White models, and beauty and fashion tips for the typical White American. Moreover, the "popular" girls at her predominantly White middle-class school are blond and appear more physically developed. As this Vietnamese American adolescent evaluates herself against these standards, she begins to feel unattractive, and starts fantasizing about getting breast implants and lightening her hair.

Low self-concept may also result from apparently positive stereotypes toward Asian/Pacific Islander Americans that are also perpetuated in White society. White American culture maintains the myth that Asian/Pacific Islander Americans represent a "model minority." Dangerous in the seemingly positive stereotype is that not all Asian/Pacific Islander Americans have natural abilities to excel in the physical sciences, mathematics, or even academics at all, as the stereotype goes. Yet, teachers have been known to systematically project this stereotype onto Asian/Pacific Islander American students, leading to differential treatment toward Asian/Pacific Islander Americans versus non-Asian/Pacific Islander Americans, and ultimately to negative psychological consequences for Asian/Pacific Islander American students. For example, two fourth grade students, a non-Asian/Pacific Islander American and a Korean American, both obtain a "B" grade in math, indicating above average performance. However, in parent-teacher conferences, the teacher may praise the non-Asian/Pacific Islander American student's effort, but tell the parent of the Korean American student that her daughter's performance is less than satisfactory. Oftentimes, parents internalize this stereotype themselves and pass it on to their children through their academic expectations. This is devastating to the child's self-concept whose aptitude may lie

elsewhere, and so is not able to live up to this narrowly defined expectation (Pang, 1990). The child who internalizes this stereotype will suffer from feeling like a failure when she falls short of this stereotyped expectation.

It is important to note how long lasting these negative consequences may be. Unfortunately, the psychological damage sometimes lasts a lifetime. College counselors are all too familiar with the Asian/Pacific Islander American undergraduate student who, despite poor grades in physical science courses, insists on being a "pre-med" major. Such students repeatedly put themselves in situations where they face failure, which gradually wears on their self-esteem. However, to change majors would be to confront that their strengths are not in areas that will lead them to a medical career, and this would be the ultimate failure. In other cases, Asian/Pacific Islander Americans may break the mold and follow their own path. However, this sense of low self-concept follows them regardless of what successes they achieve in their pursuits. These Asian/Pacific Islander Americans who choose a different life path than the stereotypic Asian areas of science and mathematics may be quite high achieving. This is because they feel compelled to strive higher and higher in an attempt to compensate for feeling like a failure. Sadly, because of their parents' and society's narrow definition of success for them as Asian/Pacific Islander Americans, these individuals are never quite able to enjoy fulfillment from their success.

Alienation

Feeling a sense of belonging is important to one's personal esteem. Asamen and Berry's (1987) findings support this view. They found a significant negative relationship between self-concept and feelings of alienation among Chinese and Japanese American college students. Belonging to a group provides one with a way to understand oneself, to make sense of the world, and one's place in it. Group membership provides direction, personal meaning, purpose, and stability. With race being such a prominent dividing factor in society (Carter, 1997), Asian/Pacific Islander Americans are at risk for feeling that they are on the periphery of White society. A school-aged child may learn this lesson early, such as when her White friends turn against her after a fight among their classmates that divides the children's loyalties along racial lines. A high school adolescent may similarly begin to recognize the superficiality of his acceptance among his White peers, when he is subtly deemed a "nice guy to hang out with," but not to date. Others may experience this revelation much later in life, such as a middle-aged engineer who has toiled throughout his career, but has not advanced at the same pace as his White counterparts. As he begins to see himself among all the other Asian/Pacific Islander American engineering employees, who will never be invited to join the ranks of the White power brokers in the company, he starts to understand that he will always be on the periphery of White society. This feeling that one does not belong anywhere, or feeling alienated, is especially common when one becomes cognizant of one's superficial position in the White world, in conjunction with feeling a weak sense of connection to one's ascribed ethnic and/or racial group.

This predicament is what others have called in the past, the "marginal man" (Stonequist, 1935; Sue, 1973, p. 143). The racial identity stage at which these feelings of alienation become conscious is the *encounter* or *dissonance* stage. Second-generation Asian Indian Americans are an example of a group that is at particular risk for feeling alienated from their two cultures. A large percentage of the Asian Indian American first-generation immigrants are professionals such as doctors, engineers, scientists, and academicians (Ramisetty-Mikler, 1993). Career advancement is reportedly an important motivation for those emigrating from India. As a consequence of their highly educated and professional status pre-migration, Asian Indian Americans who arrive in this country feel their level to be more equal to the majority Whites. They perceive themselves to be less similar to other Asian/Pacific Islander American groups who formerly came as laborers in the late 1800's (e.g., Japanese and Chinese Americans) or who immigrated more recently as refugees with little or no education and limited financial resources (e.g., Cambodian and Hmong Americans). Entering this country with that self-perception, and coupled with their motivation for

advancement, Asian Indian Americans have striven to assimilate into the dominant White culture, and have actively dissociated themselves with other Asian/Pacific Islander Americans. This pressure to assimilate into the dominant White culture means that they have aspired to the dominant White culture's value system. For the first-generation this may be functional, as they seem to be gaining the mobility they aspire for personally, as well as for their family. However, the first-generation may be protected to some degree from the consequences of racial prejudice and discrimination, in that they believe in the American democratic system and discount any difficulties as par for the course for immigrating. They also are more likely to have maintained some connection to their ethnic social support system. As for the second-generation children, they have (with their parents' influence) internalized many of the attitudes that prevail in the White American society, including those that devalue and diminish their own physical features and cultural heritage. At the same time, many of these second-generation Asian Indian Americans have strayed away from their ethnic and family social systems as part of their effort to assimilate. As a consequence, these second-generation Asian Indian Americans are at considerable risk for feeling alienated from both social systems at some point when they confront the reality of their superficial "Whiteness."

Feelings of alienation may also stem from a phenomenon called *optimal-distinctiveness* (Brewer, 1991) which Jones (1997) describes as a tension between the human desire for independence and the need to seek validation from a social group. Stemming from a desire to counteract the negative stereotypes imposed upon Asian/Pacific Islander Americans, an individual may avoid behaviors that would fulfill these stereotypes. This fear of being "pigeon-holed" as the stereotypic Asian, may lead one to avoid close association with other Asian/Pacific Islander Americans. For example, a Chinese American high school student may avoid "hanging out" during the lunch break with the other Asian/Pacific Islander American students, in order to not appear to be part of this clique. At the same time, however, this student may be consciously aware of his peripheral position to the dominant White society. Consequently, he is careful and deliberate to not associate too regularly with the White students, an act that he knows would cast him out of the Asian/Pacific Islander American social circle. In the end, this student will likely end up floating between several social circles, never fully belonging to any particular group, and thus will feel isolated, lonely, and lost.

Assessing the Client's Racial Identity

One would not expect most clients to self-report experiencing problems related to racial identity. It is the clinician's responsibility to take the initiative in exploring their clients' racial identity during the early stages of treatment (Ridley, 1989). Failing to adequately explore this issue early on in treatment can jeopardize the therapeutic process. Racial identity assessment should involve an exploration of the client's socialization experiences, and how the client has internalized those experiences. Although there is no one way to approach racial identity assessment in the clinical setting, it is recommended that this assessment be done carefully and thoroughly. For instance, care should be taken not to base judgment on superficial characteristics alone, such as an individual's generation status. While it is true that certain markers such as generation often have real cohort effects, considerable diversity can exist within a single generation. For example, a third-generation Japanese American in her early twenties today, could be at a different stage of racial identity development as a third-generation Japanese American in his late forties. Given her age, one can speculate that the young woman grew up in a climate where appreciating diversity and taking a stance on human rights was on the rise. In contrast, the gentleman in his forties grew up soon after Japanese Americans were evacuated from the West Coast and incarcerated in government concentration camps. Compared to the young woman in her twenties, we would expect that the Japanese American man was less free to explore the meaning of his ethnicity and race when he was younger, but that he may be finding it physically and psychologically safer to begin doing so now. It is plausible then, that despite their likeness in

terms of generation, these two individuals could be at different places in racial identity formation today. As this example illustrates, counselors and psychotherapists should be attuned to how many factors (e.g., age, gender, occupation, ethnic and racial characteristics of where one has lived, social and political climate across different points in one's life, parents' racial identity) may influence a person's socialization experiences and internalization of those experiences.

Assessment should examine whether and how racial identity interfaces with the client's presenting problem. Clinicians working with Asian/Pacific Islander American clients must gain skill in recognizing when symptoms may be rooted in racial or minority identity. For example, a third-generation Chinese American parent brings in her seven-year-old daughter saying that she is socially withdrawn at school. The parent is concerned because her daughter seems to be getting anxious about going to school, and has also started to withdraw at home. You find out that the girl comes from a fairly middle-class, suburban neighborhood. She is the only person of color in her second grade class. As a clinician, do you consider the possibility that this seven-year-old may be ostracized by her peers because of her race? Perhaps she is being teased about her facial features, taunted with racial slurs, or not invited into games during recess. However, rather than direct her anger toward her peers, she blames her parents for her physical characteristics. This may explain her behaviors both at school and home.

When conducting assessments, it is also important to keep in mind that conflicts around one's racial identity do not occur in a vacuum. Racial identity conflicts run deep, and often span across multiple generations. In conducting the assessment then, the clinician should consider any family history of racial identity conflict that may have been transmitted through successive generations to the individual who is now presenting to you for treatment. As an example, a second-generation Japanese American woman in her mid-thirties is depressed. Since high school, she has enrolled several times in different colleges and universities, but has dropped out each time. She has had several fairly long-term relationships with White men, but is currently not in any relationship. She is estranged from her family, and is particularly angry toward her mother. As a clinician, you think to explore her early socialization experiences as a Japanese American. You discover that her parents had for years dreamed about buying a home in a White middle-class neighborhood; which they did when she entered middle school. She recalls her mother used to tape her own eyelids so that they would crease more like White American women. The client herself remembers in high school, admiring her peers' blond wavy hair, and fantasizing about having nose surgery to narrow the shape of her nose. At the present, this client is struggling for direction in her life because she is not clear about where she belongs. She is experiencing a great deal of self-hatred having internalized this from her White identified parents, particularly her mother. Simultaneously, she is angry with her parents for their role in her lifetime of psychological pain.

Nagata (1993) describes three internal conflicts that may manifest in individuals as a result of their parents' unresolved feelings about their race-related traumas. First, parents who have experienced race-related trauma (e.g., internment in the concentration camps) may unconsciously seek compensation for their losses through their children. Parents who engage in this will have extremely high expectations for their children, and will tend to withhold affection and praise. Children who have had this type of relationship with their parents often report experiencing guilt and depression for not living up to these expectations. These children are also angry for having this burden imposed on them, and for having been deprived of an emotionally rich relationship. A second conflict is similarly related to how children become the symbol of hope for the parents who desire compensation for their losses. Parents who have experienced a significant race-related trauma (e.g., internment in the concentration camps, forced immigration to escape extermination) may be driven to become overprotective of their children. In this case, individuation on the part of the child is regarded by the parent as betrayal. The child may act out the parental anxiety by displaying phobic behaviors, or may act out suppressed rage (for having to protect the parent at his personal expense) through rebellious behaviors. A third conflict that Nagata (1993) describes is the persistent but unfounded feelings of fear and mistrust toward the world. Parents who have experienced a significant race-related trauma may have legitimate fears and mistrust of other ethnic and racial groups, and of institutions that represent the establishment. Oftentimes, these

feelings are passed on to future generations by way of the values parents indoctrinate in their children, and patterns of interacting within the family. For example, second-generation Japanese American parents who were interned instilled in their children that it was bad to "rock the boat." There was an unspoken fear of causing attention. Even if the basis of causing attention was to speak out against personal injustices, it was to risk being the target of further discrimination and another internment. Second-generation Japanese American parents who were interned also find it painful and difficult to talk to their children about their past as victims of racial injustice. Thus, they instill in their children an unexplained sense of fear and mistrust toward the world around them.

In addition, racial identity conflicts in two separate individuals may interact in problematic ways in couple relationships. Thus, as a clinician, you may watch for such racial identity problems to be embedded within the couple relationship issues that are presented for treatment. For example, when individual members of a couple are at different places in terms of their racial identity, problems can manifest in their relationship. The set of values and attitudes that each member brings to the relationship affects their expectations for each other, as well as the communication styles within their relationship. Racial identity is very much a part of one's values, attitudes, and behaviors. Consequently, the clash of values, attitudes, and behaviors between couples who are at different racial identity stages may begin to surface at some point. When identity issues are the crux of the conflict in couple relationships, it is critical that the clinician recognize this, and help the couple themselves become aware of this. Once each member of the couple can acknowledge how their own identity issues unfold in their relationship, resolution of the presenting problem (e.g., communication) can begin.

Therapist-Client Match

Therapist-client ethnic or racial match is an important aspect of assessment and care planning for the Asian/Pacific Islander American client. Assessment should examine whether an Asian/Pacific Islander American client's racial identity indicates the need for a particular type of therapist-client ethnic or racial match, and care planning should follow accordingly. The dynamics of how racial differences between therapist and client can play out in a therapeutic setting has been likened by Watkins, Terrell, Miller, & Terrell (1989) to the dynamics that occur in abusive relationships generally. In abusive relationships, victims of abuse become wary and untrusting of the perpetrator. Similarly, according to Watkins et al. (1989), a client who has felt victimized by White oppression may mistrust a White clinician because that clinician represents the White majority. When a dynamic of power imbalance ensues in a clinician-client relationship, mistrust (Watkins et al., 1989) as well as unconscious self-defeating behaviors (Terrell, Terrell, & Taylor, 1981) have been documented in some cases.

Unfortunately, the majority of studies that have examined match have used racial gloss in their comparisons. However, more meaningful are those that have used constructs related to racial identity to determine when and what type of match is more successful. For example, Parham and Helms (1981) found that African Americans in the *pre-encounter* stage preferred White counselors, but that African Americans in the *encounter*, *immersion*, and *internalization* stages preferred a racial match. Others have measured particular aspects of racial identity, such as general mistrust of Whites, in relation to match (Watkins et al., 1989). African American students' level of mistrust of Whites generally, was negatively correlated with perceptions of White counselors' credibility, and the counselors' abilities to help them with their problems, particularly those problems related to general anxiety, shyness, feelings of inferiority, and dating. Researchers also found that general mistrust of Whites led to African American college students being more self-defeating. When there was no racial match, African American students high in mistrust of Whites, performed worse on the Wechsler Adult Intelligence Scale when the administrator was White, compared to when the administrator was African American (Terrell, Terrell, & Taylor, 1981).

Extrapolating from these African American studies, Sue (1989) describes the counseling implications of an Asian/Pacific Islander American's racial identity stage. According to Sue (1989), individuals in the *pre-encounter* or *conformity* stage would be more likely to prefer a White counselor. Whereas, individuals in the *encounter* or *dissonance* stage may be more mixed in terms of their preference for an ethnic and/or racial match versus a White counselor. When in the *encounter* or *dissonance* stage, the client would be expected to prefer a counselor who possesses a good knowledge of the client's cultural reference group. In contrast, Asian/Pacific Islander Americans in the *immersion/emersion*, *resistance/immersion*, or *introspection* stage may be more inclined to prefer an ethnic and/or racial match. In this stage also, anger or negativism is likely to be displayed toward a counselor who the client may feel represents an agent of the establishment. An individual who enters treatment in the *internalization* or *synergetic articulation and awareness* stage is also more likely to prefer an ethnic and/or racial match, or at least a counselor who shares a similar world view to her own. Likewise, therapist-client attitude match would be expected to be a more influential determinant of treatment success than ethnic or racial match, for the Asian/Pacific Islander American who enters treatment in the *commitment* stage.

The Clinician's Racial Identity Self-Assessment

The success of a counseling relationship is also related to the therapist's own racial identity. It is important for counselors to acknowledge to themselves the emotional intensity of interracial therapeutic interactions, and to honestly appraise their own feelings of apprehension and discomfort. Therapists must explore and resolve this apprehension, so as to prevent their anxiety from interfering with providing a psychologically safe environment for treatment (Ridley, 1989).

Helms (1990) presents a White racial identity model that provides a useful framework for understanding how racial identity of the White counselor unfolds in treatment with minority clients. According to Helms' (1990) model, White racial identity is essentially comprised of two phases, abandonment of White racism and development of a non-racist White identity. Within each phase, Helms delineates three stages through which an individual becomes aware of being White, and examines what it means to be part of the White majority. In the *contact* stage, the White person becomes superficially aware of being White. Whites in this stage evaluate other ethnic, racial, and cultural groups based on their dominant White criteria, and do not recognize their own participation in oppression. The White counselor in this stage is not likely to recognize race as a therapeutic issue. He would be prone to projecting onto the client his discomfort and anxiety with the interracial therapeutic arrangement, and pathologizing the client for circumstances that are related to racial discrimination or oppression.

In the *disintegration* stage, the White person confronts the moral dilemma that accompanies being part of the White majority. This is a very tentative stage at which the individual is grappling with how to comfortably resolve this moral dilemma. In this stage, the counselor is not likely to possess the cognitive skills to effectively address issues of race or racial identity in treatment with Asian/Pacific Islander Americans. The desire to hold onto one's sense of connection to the White group can determine one's fate at this point. If one falls back into a stage of *reintegration*, the person returns to his White superiority world view, and guilt and anxiety manifest as fear and anger toward non-Whites.

Phase two, according to Helms (1990) is comprised of three stages through which one redefines a positive White identity. In the *pseudo-independent* stage, the White person begins to actively question the accuracy and morality of White superiority. A White therapist who is in the *pseudo-independent* stage may act out her guilt (for her role in oppression) in an interracial therapeutic relationship. The White counselor may misinterpret as shortcomings, differences in the Asian/Pacific Islander American client that actually exist because of White oppression. Thus, the White counselor may take a stance of pity, and adopt a paternalistic approach toward helping the client to adapt to the standards of the White establishment.

As the White person progresses further toward redefining a positive White identity, she begins to abandon her former White criteria for all people. In this second to last stage, the *immersion/emersion* stage, the person searches for accurate information to replace her former stereotypes, and also starts to focus more on herself and on restructuring her own world view. These attitudes and world view are solidified in the *autonomy* stage where the White individual actively seeks diversity, and engages in activities to eliminate all forms of oppression. A White therapist who engages in a successful self-exploration and resolution, will be psychologically better equipped to work more effectively with race and racial identity issues in treating the Asian/Pacific Islander American client.

The assumption until now has been that the therapist or counselor is White, and that the therapeutic relationship is an interracial one. However, even in racially matched or ethnically matched therapeutic relationships, or in interracial therapeutic relationships where neither the therapist nor client is White, the counselor's racial identity (and how it interacts in treatment with the client's racial identity) must be taken into account. For example, despite being ethnically matched to the client, a counselor in the White identified or *pre-encounter* stage himself, may not be able to effectively treat a depressed client whose symptoms may be rooted in her *encounter* experiences. Thus, it is recommended that all counselors and psychotherapists assess their own racial identity and take active steps to resolve any conflicts, toward the aim of providing a psychologically safe environment and treatment that is not harmful to Asian/Pacific Islander American clients.

Integrating Racial Identity into the Goals of Treatment

The general philosophical approach for working with racial identity as an issue in treatment, is that therapy should help clients become aware of how their racial identity contributes to their presenting concern, and should facilitate their progression along the developmental continuum. Sue (1989) has outlined several general recommendations for working with Asian/Pacific Islander American clients at various stages in their racial identity development. Clients who enter treatment in the *pre-encounter* or *conformity* stage are less likely to seek counseling related to their identity conflict, because racial self-hatred is so strongly denied at this stage. Should assessment indicate that racial identity is related to the presenting concern, the counselor may need to take more educational steps to heighten the client's awareness of how societal forces have shaped the client's attitudes, beliefs, and behaviors. On the other hand, the Asian/Pacific Islander American client who enters treatment at the *encounter* or *dissonance* stage is more likely to perceive personal problems as related to his racial identity. In fact, the client in this stage may be fairly preoccupied with questions regarding his identity and self-esteem. Similarly, clients who enter treatment in the *immersion/emersion* or *resistance/immersion* stage would be inclined to view most of their problems as products of oppression and racism. Clients may need to vent their anger and hurt related to the racial injustices personally endured, and to have these emotions validated by the psychotherapist before they may be ready to engage in problem-solving. In some cases, clients may over-externalize their personal problems and circumstances to racial injustice. In such a case, the counselor or psychotherapist may need to confront the client at some point after trust is established, in order to help the client to progress toward making healthy changes (Ridley, 1989). With a client in the *emersion* or *introspection* stage, the counselor may be most effective by helping the client to engage in a self-exploratory and decision-making approach. This approach is recommended because the individual is beginning to feel more secure in questioning formerly rigidly held beliefs, yet is still experiencing considerable discomfort. Finally, regarding the Asian/Pacific Islander American client in the *internalization* or *synergistic articulation and awareness* stage, the most effective counseling strategy may be to continue fostering in the client a self-exploratory and decision-making approach. The basis for this recommendation is that although the client has resolved conflicts related to his racial identity and has achieved a sense of

self-fulfillment with regard to his personal identity, discrimination and oppression remain a very painful part of his life.

To illustrate some of these points, consider this example of a Japanese American man in his mid-forties who has lived his entire life in the mid-West, where racial discrimination is a part of his daily experiences. He claims to have never shared his feelings about discrimination to anyone, including not to his wife. Although he acknowledges his wife as being extremely compassionate, he fears she may not understand him because her experiences growing up in Hawaii were different. The possibility that she, his closest, most intimate friend, may not truly understand his feelings, is a painful and isolating thought. Rather than risk this, he deals with his feelings in solitude. As he falls deeper into his introspection, he becomes socially withdrawn, including from his wife and children. Outwardly, he becomes increasingly irritable, impatient, and angry. Internally, he feels a great deal of sadness and hopelessness, as well as guilt over the hurt he knows results from his behaviors toward his loved ones. At the time when he enters treatment, he seems relieved to have this cathartic opportunity. He is weepy and subdued. He focuses on his experiences as a victim of racial injustice, and on the hurt he feels as a result of these experiences. Although there is a sense that he eventually wants relief from his pain, he is not yet able to begin problem-solving. According to the treatment model presented by Sue (1989), this man's presentation is characteristic of one entering treatment in the *immersion/emersion* stage. Ideally, this individual will eventually be able to begin exploring ways in which he can maintain his sense of meaning, integrity, and direction in his life, as a man and as a person, in the face of emasculating and often dehumanizing forms of racial discrimination.

CONCLUSION

There are, of course, some limitations of this racial identity framework that should be noted. One of the limitations of both these racial and minority identity models is that they do not account for biracial identity development (Uba, 1994). In some cases, biracial individuals may feel pressed by society to define and identify themselves as members of one group or another, a fragmented stance that does not fit their reality. In other cases, biracial individuals may feel a personal sense of belonging to one racial group more than another. However, conflict may occur in that their primary racial reference group may be different from their socially ascribed group. For instance, a woman identifies more as being Japanese American, because her socialization experiences growing up were dominated by her mother, a first-generation Japanese American whose social circles were in the Japanese American community. Now as an adult in a different city, her Japanese American neighbors are not aware of her upbringing and see her as African American. Unfortunately, these racial and minority identity models do not address these issues as well.

These models also do not address racial identity development from the perspective of Asian/Pacific Islander Americans not born in the U.S. These Asian/Pacific Islander Americans have not always known racial minority status, and may not internalize their present socialization experiences in the U.S. in the same manner as their American-born counterparts. Thus, how racial identity for these individuals interface with counseling is less clear.

One final point is in how we ethically apply these racial and minority identity models in clinical practice. It is important that we not lose sight of the fact that there are individual differences in how people internalize their race-related socialization experiences. Not all individuals in the *conformity* stage, for example, will necessarily manifest psychological symptoms related to racial self-hatred. Race and racial identity may not even be the most salient identity for many Asian/Pacific Islander Americans. Sexual orientation may be more salient for a Filipino American gay male, for instance, than his ethnicity or race. So while this chapter's aim is to bring racial identity concerns to the forefront of clinical consideration, we must simultaneously guard against over-generalization and simplification. We must also be cautious not to unintentionally use these models to further perpetuate the deficit stereotype among ethnic/racial minorities. That is, we must be careful not to overemphasize alleged impairments, and remember

the societal systems that contribute to problems of racism. Finally, we must be alert to our own actions and biases so that we do not ourselves perpetuate the White standard as the definition of mental health for all people (Helms & Richardson, 1997), and we must recognize client strengths.

Ultimately, therapy should help the Asian/Pacific Islander American to come to a place of self-understanding and comfort with regard to one's racial identity. Effective therapy should be an enlightening and educational process as well, such that the client is aware of how her racial identity interfaces with other aspects of her life – relationships, parenting, etc. Self-understanding of one's racial identity and how it affects one's daily life will not only help the individual to gain relief from her present problem, but will also give the individual the psychological tools to avert or at least effectively deal with new problems that may arise in the future. Recall that racial identity development is a dynamic process. New people and experiences provide infinite opportunities to continually re-evaluate the meanings that being Asian/Pacific Islander American brings to one's life. Facilitating healing and also providing your client with the self-understanding to navigate the waters ahead will set that client on a more promising course.

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