Immigration and Race
A Challenge of Many Shades

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KEYWORDS

- Race • Ethnicity • US racial topography • Racial-intermarriage • Discrimination
- Racism • Risk factors • Protective factors

KEY POINTS

- The article describes history of race relations and the present and future and the rapidly changing racial topography of the United States.
- It analyzes the complexity of ethnic-racial self-identification in the face of the increasing multiethnic and multiracial American population.
- It addresses the history of racism and discrimination experienced by minority populations and immigrants of color and the psychological effects of discrimination and racism on these populations.
- It describes the process of ethnic-racial identity development and the different styles of ethnic-racial socialization and cultural orientation. It describes the risk factors and protective factors that come into play when individuals are faced with experiences of discrimination and racism.
- It offers treatment recommendations on how to approach and discuss issues of ethnicity and race in psychotherapy in particular when treating immigrant and refugee patients.

INTRODUCTION

Migrations to seek economic or material improvement, or to move from a hostile and persecutory environment to a more generous and welcoming one, have been an important human activity throughout the course of history. The total number of immigrants in the United States is estimated at 40 million, and between 2000 and 2010 the United States received 14 million immigrants, the highest decade of immigration in the Nation's history. Latin America contributed the most immigrants, and Mexico was by far the top immigrant-sending country. Although the number of immigrants in the country is higher than at any time in American history, the immigrant share of the population (12.9%) was actually higher 90 years ago when a large wave of immigrants

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arrived from Europe. Multiple factors influence migration decisions, but immigration is also driven, in part, by the social networks of family and friends that provide information to the future immigrant and facilitate their adaptation once they arrive in the receiving country.[1,2] Immigrant children and the children of immigrants also comprise an increasing proportion of America's younger population. Immigrants account for greater than 12.9% of the US population, but their children are greater than 23% of the population younger than 18 years, and about 2.2 million children in the United States are recent immigrants. Seventy-five percent of children of immigrants were born in the United States and are thus US citizens. Most of the children of immigrants—61% in 2003—live in families where one or more children are citizens but one or more parents are noncitizens. First-generation (children who were born outside the United States but immigrated) and second-generation immigrant children (children who were born in the United States and who have one or both parents who are immigrant) are the most rapidly growing segment of the US child population and account for greater than 30% of the US school population.[3]

The United States was once a country with a large white majority population and a small black minority with impenetrable color lines, but over the past 4 decades, immigration has increased the racial and ethnic diversity in the United States.[4] Along with increased immigration are increases in the rates of ethnic/racial intermarriage, which is transforming the American landscape into one with a growing multiracial population. Currently 1 in 40 persons identifies himself or herself as multiracial and this number could increase to 1 in 5 by the year 2050.[5] These demographic changes have occurred due to the arrival of unprecedented numbers of Latino and Asian immigrants, and new demarcation lines for race are beginning to develop.

DEFINING RACE AND IDENTITY

Race has been defined as a "*consciousness of status and identity based on ancestry and color*"[6] and *Identity* as "*the organization of self-understandings that define one's place in the world*" (p5).[7] Identity can be understood as a synthesis of personal, social, and cultural self-conceptions and has been divided into[1] *personal identity*, which refers to the goals, values, and beliefs that the individual adopts and holds,[2] *social identity*, which refers to the interaction between the personal identity and the group with which one identifies, and[3] *cultural identity*, which refers to the sense of solidarity with the ideas, attitudes, beliefs, and behaviors of the members of a particular cultural group. There is often confusion between the terms *cultural identity* and *ethnic identity*. *Ethnicity* refers to the cultural, racial, religious, and linguistic characteristics of a people,[8] and ethnic identity refers to the subjective meaning of one's ethnicity. Ethnic identity is contained within the broader concept of cultural identity, which refers to specific values, ideals, and beliefs belonging to the particular cultural group, and ethnic identity has always been a socially constructed product, which is affected by several variables.[9] Previously, Italian, Irish, and Eastern European Jews were regarded as "*nonwhite*" but were gradually accepted as white to distinguish them from blacks. After 1920, the cessation of the massive immigration from Europe that had begun a century earlier allowed these groups to no longer be seen as a threat to the American population. In the second part of the twentieth century, Hispanics and Asians began to migrate to the United States in large numbers. When asked to define themselves racially, more than 40% of Hispanics chose the "*some other race*" category compared with only 1% of the non-Hispanic population, in part because many Latinos see themselves as deriving from more than one racial group. In contrast, first-generation biracial Asian children are most likely to be identified as Asian compared with subsequent

generations.[4] A study conducted among Asian biracial youth found that when asked to choose a single race, Asian-white youth are equally likely to identify as Asian or white, demonstrating that the racial identification of Asian-white multiracial youth is largely a matter of choice rather than a concept imposed by others. A second finding revealed that when a second language is spoken in the house, the children were more likely to identify as biracial.[10] The census reveals that whites account for 77% of the total US population, so most individuals who report a multiracial identity also claim that they have some White ancestry, yet multiracial identification remains uncommon among blacks. The Census Bureau estimates that at least 75% of the black population in the United States has multiracial ancestry (mostly white), yet only 4.2% of American blacks identify themselves as multiracial. The difference between black racial self-identification and that of the Irish, Italian, Jewish, Latino, and Asian immigrants, or descendant of immigrants, lies in the historical legacy of slavery, discrimination, and oppression to which black people have been subjected and which continues to marginalize this group, suggesting that racial classifications have a strong historical component based in racism.[10] The earlier studies on acculturation and adaptation to American society suggested that there was a single and unidirectional linear pathway to successfully assimilating into the nation's economic and social structure and that acculturation not only preceded but was necessary for incorporation into the structure of the host country. In this assimilation process model, immigrants lose their ethnic distinctiveness, become indistinguishable from the host society, and eventually adopt an American identity.[11] This model was applicable mostly to the white-northern-European immigrants who arrived in the United States before the 1920s. More recent studies[12,13] have proposed new concepts of *segmented assimilation*, with 3 possible pathways to incorporation into the United States: (1) a straight line assimilation into the white middle class (seen, for example, among light-skinned Cubans in Miami); (2) assimilation into the minority underclass (seen among the Haitians in Miami); or (3) selective assimilation, by which immigrants remain immersed in the ethnic community and preserve the immigrant community's values and solidarity as a means to achieve upward mobility (eg, among Punjabi Sikh Indians in Northern California).[5] Many of today's new Asian and Latino immigrants adopt a path of "*selective acculturation.*"[12]

BLACK CARIBBEAN AND BLACK AFRICAN IMMIGRANTS

Black immigrants in the United States today number 3.8 million, more than 4 times the number in 1980, according to a Pew Research Center analysis of US Census Bureau data. Black immigrants now account for 8.7% of the nation's black population, nearly triple their share in 1980.[14] During the period of slavery, there was limited migration of black slaves from the Caribbean to the United States. Between 1920 and 1950 the number of Caribbean immigrants increased by 540%. The immigration reforms brought by the Immigration and Nationality Act of 1965 lifted the quotas of immigrants by national origin and replaced them with a system based on family reunification and employment, which further increased the number of Caribbean immigrants.[15] In addition, African immigration to the United States increased by 137%, from 574,000 to 1.4 million, and Africans now make up 36% of the total foreign-born black population. The largest numbers come from Nigeria and Ethiopia, who often arrive with substantial social capital in terms of higher educational including high school and college degrees attainment than the native Black American population. The same is true for Caribbean blacks, who have been portrayed as a "a highly successful model minority"; however, similar to African Black immigrants, levels of education vary according to country of

origin. In terms of refugee status, most asylees were from Cuba (91%) and Haiti (9%).[16,17] This increase followed the de-colonization of many African countries in the decade of the 1970's and the larges numbers come from Nigeria and Ethiopia etc. Many black immigrants are from Spanish-speaking countries such as Dominican Republic, Cuba, Panama, and Mexico. In terms of levels of education, immigrants from Trinidad and Jamaica are the most educated, and those from the Dominican Republic the least educated.[15] However, once Dominicans arrive in the United States, their children make great strides in education taking advantage of the excellent New York Public school system, the city where Dominicans have established their ethnic enclave.[4] Many parents from the Caribbean immigrate alone, leaving children in the care of relatives back on the islands, and there is a significant amount of return migrations and shuttle migrations between the islands and the mainland, which causes parenting discontinuities and renders these children and adolescents vulnerable to mental health issues such as conduct problems, substance abuse, and poor schooling outcomes. However, among Afro-Caribbean and African immigrants, extended family arrangements are more common than among US natives, and this can be protective.[15]

EAST INDIAN, PAKISTANI, AND FILIPINO IMMIGRANTS

East-Indians represent the largest source of new immigrants to America, surpassing the Mexicans and the Chinese, and currently 4.5 million Indians or their descendants live in the United States. East Indian-American households have the single highest income level of any group in the country, more than twice as high as the general US population and only 6.5% of East Indian-American households live below the poverty line. East Indians arrived in 3 migratory waves. The first one occurred around the establishment of the Nationality Act of 1965. They were a selection of highly trained and well-educated immigrants; doctors, engineers, and scientists were overrepresented. Another cohort arrived in the 1980s as a result of family immigration quotas, and a more recent immigration around 2013 came with H-1B visas given to immigrants with specialized skills in professions that are in shortage in the United States. For this reason, East Indians remain a highly educated and financially successful immigrant group that skipped the "ghetto stage" of many early US arrivals. As a result of their British colonial past, most East-Indian families already speak English as a second language when they arrive in the United States, 92% have intact marriages, and they come from a country with a Democracy, offering advantages related to adaptation.[18] In spite of these advantages, many East-Indians experience discrimination and find obstacles for employment and full participation in American life.[19]

Filipino-Americans number approximately 4.1 million; about 32.6% do not speak English fluently and are the least likely group to seek mental health services, 3 times less likely than the mainstream US population.[20] Filipinos have a 400-year long colonial history by Spain and are overwhelmingly Catholic. They have a heavy burden of mental health problems, including depression, suicidal ideation, substance abuse, adolescent pregnancy, and human immunodeficiency virus.[21–23] Because of their long history of colonization, traditional Filipino immigrants tend to be fatalistic and have a degree of cultural mistrust of outside institutions that sometimes interferes with accessing mental health services. Catholic religion plays a central role in the immigrant Filipino culture, parents adhere to strict traditional values, they tend to enforce harsh discipline on their children, and problems are addressed within the family unit. Mental health services for Filipino-Americans have been found to be effective when they address (1) the intergenerational gap between parents and children, (2)

when they collaborate with churches, (3) when they also address the parents' mental health issues, and (4) when they are evidence based.[20,21]

THE ROLE OF INTERMARRIAGE

In the beginning of the twentieth century intermarriage between whites and other groups was very rare, but today whites intermarry at such high rates that only 1 in 5 whites has a spouse with an identical racial–ethnic background.[18,19] Today, 13% of American marriages involve persons of different races, a considerable increase over the past three and a half decades, and the growth of the multiracial population provides a new reflection on the nation's changing racial boundaries.[24] However, this seeming erosion of racial boundaries does not include all racial groups. For instance, about 30% of married native-born Asians and Latinos have a spouse of a different racial background, mostly white. In contrast, only one-tenth of young blacks married someone of a different racial background and only 5.8% of blacks married whites. By contrast, the lower rates of intermarriage among blacks suggest that racial boundaries continue to be more prominent between whites and blacks.[25] In spite of the fact that the US Census Bureau estimates that at least three-quarters of the black population in the United States is ancestrally multiracial, mostly white, just greater than 4% of blacks claim to be biracial.[26,27] What sets Latinos and Asians apart is that their experiences are not rooted in the same historical legacy of slavery, with its systematic and persistent patterns of legal and institutional discrimination and inequality that have existed in the United States since the first slaves were brought to America from Africa. Unlike African Americans who were forcefully brought to this country as slaves, today's Latino and Asian newcomers are voluntary migrants, and consequently their experiences are distinct from those of African Americans.[4,5] The increases in intermarriage and the growth of the multiracial population refiect a blending of races and the fading of color lines and perhaps a reduction in social distance and racial prejudice, these patterns appear to offer an optimistic portrait of weakening racial boundaries. Yet, the continuing black-nonblack divide could be a disastrous outcome for many African Americans, who continue to incur extreme disadvantage due to segregation and structural inequalities.[4,5]

BIRACIAL IDENTITIES

Adolescence may be a stressful time for many youth in Western cultures, because it involves establishing a unique identity while also navigating peer group norms and societal expectations. Multiracial adolescents may face a more difficult challenge than their monoracial peers in that they must develop this new identity and decide how, or even if, they can reflect positive aspects of all heritages while simultaneously rejecting certain societal expectations and stereotypes.[28] A multiracial or multiethnic heritage can further complicate this process. By adolescence, most multiracial children have been made aware of any racial–ethnic differences between classmates and themselves. Often they are reminded of these differences as they attend school and are asked isolating questions such as, "*what are you?*" from classmates puzzled or threatened by their racially or ethnically mixed appearance. These alienating questions often contribute to the feeling that no one understands them, not even their monoracial parents. Concerns about "not fitting in" are magnified if multiracial adolescents discover that they are no longer welcome in certain peer groups because of racial issues. In addition, some peers, and even their own parents, may pressure the adolescent to identify with only one ethnic background, prompting feelings of guilt or disloyalty. Biracial youth oftentimes find themselves in a bind where they can either

adopt the label that society gives them; choose to identify with both racial groups or only one of those groups; or choose to be known as multiethnic (or perhaps choose another racial group altogether). The therapist should stress that the decision is the youth's alone and that parents should be consulted but cannot make this decision for the child, and in addition, that the decision need not be made immediately and that it is acceptable to change one's mind later.[4]

In the case of children and families with biracial identities, a comprehensive review of parenting practices revealed that there are 3 main principles that can lead to the most culturally effective parenting[29] and these include the following:

Multicultural or racial awareness: knowledge of how the variables of race, ethnicity culture, language, and related power status operate in one's own and other's lives, including an understanding of the dynamics of racism, oppression, and other forms of discrimination.

Multicultural planning: if the family is involved in other groups, such as neighborhoods, schools, and churches that are exclusively or primarily made up of European Americans, the biracial child has no access to others like him or herself. Active pursuit of opportunities for biracial children to have access to other children of their other ethnicity or to multicultural can help normalize the experience of not being a member of the white dominant culture. This is particularly important for transracially adopted children, who should be provided the opportunity to learn about and participate in their culture of birth.

Survival skills: the recognition of the need for parents to prepare their children to cope successfully with racism. This skill is as important for children who belong to an ethnic and racial minority group, for biracial children, but especially important for transracial adoptees. For children in this latter group it may be more difficult to learn from European-American parents who have had little experience of racism directed toward them. Minimizing or ignoring racial incidents is insufficient for children who may find themselves at the receiving end of racially based prejudice or discrimination. These children need help to develop a strong self-image despite racism.[29]

LANGUAGE AND THE AMERICAN IDENTITY

Acquisition of unaccented English language has been, and continues to be, the litmus test of citizenship in the United States. In no other country are languages extinguished with such speed. To speak *English only* is a prerequisite for social acceptance and integration, and those who try to educate their children in their mother tongue confront immense pressure for social conformity from peers, teachers, and the media.[30,31] Several empirical studies highlight the fact that the *first generation* learns enough English to survive economically, the *second generation* (born in the United States to immigrant parents) may use the parental tongue at home but uses English in school, and in the *third generation* the home language and mother tongue shift to English.[30] Language use can also have subtle connotations in everyday life in America. Speaking "*accented English*," even by a native English speaker, can serve to highlight socioeconomic and cultural differences that can separate the adolescent from particular peer groups. A study conducted among first- and second-generation blacks in New York City noted that middle-class blacks convey, with mainstream English, verbal and nonverbal cues that they are not from the ghetto and that they disapprove ghetto specific behavior.[32] Also, oftentimes immigrant children growing up in impoverished communities receive no encouragement to retain their parent's native language, as the native language is stigmatized as a symbol of lower status[30]; this is very much the case for second-generation Haitian youth from working-class parents in Miami, who

rapidly shed Haitian-Creole for English and prefer to be identified as "*American*," rather than "*Haitian-American*." Yet, other studies involving language utilization in Miami, Florida found that Spanish was "*alive and well*" among first-generation Cuban immigrants but that language retention decreased in proportion to the length of stay in the United States. They found that in spite of the economic prosperity, excellent self-esteem, and social support offered by the Cuban "*Ethnic Enclave*" in Miami, 90% of second-generation Cubans preferred to communicate in English.[33]

DISCRIMINATION, RACISM, AND PERCEIVED RACISM AMONG IMMIGRANT YOUTH

As previously mentioned, projected population trends in the United States indicate that the country is becoming less white, with the share of non-Hispanic single-race white population expected to decrease from 66% of the population in 2008– to 46% of the population by 2050.[34] In spite of this, large-scale studies indicate that 87% of African American adolescents[35] and 50% of Latinos aged 18 to 24 years[36] have experienced discrimination in the past year and that these experiences of discrimination can have psychologically detrimental effects on some of these youth. There is substantial evidence of discrimination based on skin color for documented immigrants in the United States, with immigrants with the lightest skin color earning more than comparable immigrants with the darkest skin color. Current population trends in combination with an increasingly multiracial population is causing that the hierarchy of racial groupings traditionally perceived in the United States may be replaced by a hierarchy based on the skin color, in which persons with lighter skin color have an advantage relative to those with darker skin color, regardless of nominal race. In addition, this research also suggests that racial stratification in the United States is moving away from the current biracial system to one more as Latin America, with 3 racial strata that are closely related to skin color and that the darker a person's skin color, the lower he or she is likely to be on any scale perceived to be desirable in the United States.[37,38] The residual of the slavery and postslavery discriminatory laws and policies in the United States remains for more than 2 centuries after the abolition of slavery in the cultural portrayals that depict Black Americans with well-known negative stereotypes, including the standards of physical attractiveness that are based on European standards; thus, African Americans with lighter skin are viewed as more attractive.[39] Younger African American children tend to respond to the socially imposed stereotypes that lighter skinned black people are more desirable; however, once African American children reach adolescence, increased awareness of race and racial discrimination might foster pride in black skin, or alternatively, might lead to preferences for lighter skin because of awareness of white privilege. The attractiveness placed on skin color may also have variations by gender. A recent study found that lightness of skin tone for women was more valued, yet for men the link between skin tone and attractiveness was much weaker and not significant. Dark-skinned men rated themselves as more sexually attractive than fair-skinned men, suggesting that for men, dark skin may be perceived as an asset in terms of attractiveness. In contrast, light-skinned black women were more likely to be described as attractive and intelligent. The gendered nature of *skin tone bias* is also evident in the beauty products marketed to women of color, of which many are geared toward making women look more phenotypically white-skinned.[40] Hispanic newcomers, including many who are dark-skinned, poor, and undocumented, have come to perceive the social distance separating themselves from whites as more permeable than that separating themselves from blacks, and sometimes engage in distancing strategies to reinforce this distinction, but in many rural areas, the binary separation between blacks and whites remains

strong.[41] For Hispanics, many of whom are biracial or triracial, the assimilation into the American mainstream, 3 possible outcomes can take place: (1) some Hispanics are allowed to "*become whites*" and are fully incorporated and assimilated (such as most of the Cubans in South Florida), (2) others are assigned to an intermediate group as "*honorary whites*," (3) and a third group are assigned to the group of "*collective blacks.*" Although some Hispanics may become "*whites*" or "*honorary whites*" due to their phenotype or higher socioeconomic status, most Mexicans, Puerto Ricans, Dominicans, and Central Americans are "*collective blacks*" due to their racialized incorporation as colonial subjects, refugees from wars, or illegal undocumented migrant workers. Still, some evidence points to a black-nonblack divide.[42]

RISK FACTORS AND PROTECTIVE FACTORS IN EXPERIENCES OF DISCRIMINATION AND RACISM

Racism can be conceptualized as existing in 3 levels: *institutionalized, personally mediated, and internalized*, and these 3 categories of racism are considered to be additive and synergistic.[43] An emerging research suggests that both perceptions of discrimination and internalized racism (endorsement of negative stereotypes of one's racial group) are associated with poor mental health. For example, studies have found that *everyday discrimination*, a form of modern racism that is subtle and ambiguous, is associated with increased risk of past-year major depressive disorder.[44] This finding is consistent with theoretic formulations of *interpersonally mediated racism* as a psychosocial stressor that increases risk of depression for people of color.[43] Experiences of discrimination and racism have also been associated with other adverse outcomes such as low self-esteem, poor life satisfaction, hypertension, increased risk of cardiovascular disease, obesity, and shorter leukocyte telomere length (a biological marker of systemic aging), among others.[45]

The particular impact of health and experience of Afro-Caribbean individuals provides an interesting example. Afro-Caribbean persons in the United States have been typically regarded as "*model minorities*". Previous research has shown that Afro-Caribbean persons in the United States have, in general, higher levels of socioeconomic standing, including education and income, and are also partly comprised of immigrant persons; all of these are known to be protective factors against poor mental health.[46] Paradoxically, some studies have found that Afro-Caribbean adults report higher prevalence rates of lifetime depression and depressive symptoms when compared with African Americans. However, the effects of discrimination on mental health seem to affect these 2 groups in similar ways.[32] Paradoxically, the *National Survey of American Life* found that among Afro-Caribbean respondents, but not African Americans, higher levels of internalized racism were associated with *decreased risk* of past-year major depressive disorder.[45] These findings were counterintuitive but similar to previous research that showed that by acknowledging the stigma that is attached to one's ethnic group, the individual uses the stigma as a point of departure and defensively distances himself from the assigned stigma in a self-protective strategy. In addition, *anticipatory vigilance*, a coping strategy that is characterized by monitoring and modifying one's behavior in an attempt to protect the self from anticipated racist events, can also serve as an effective defensive strategy to avoid the negative effects of racism. These investigators highlight the complexity of analyzing this data and the risk of oversimplification, concluding that just as the black population does not form a monolithic entity, the Afro-Caribbean group does not either, and that the decontextualized portrayals of black persons in the United States (immigrants and nonimmigrants) may conceal important similarities as well as variations across cultural, demographic, geographic, and social dimensions. Similarly,

unauthorized Hispanics and other immigrants not only face challenges associated with being a minority in the United States, but they also face the additional burden of being an unauthorized immigrant, and they have been portrayed in the media as unwelcome burdens in US society. Together, these intersecting identities may exacerbate the perceived discriminatory experiences faced by this population. A study focusing on the risk factors and protective factors that mediated the negative effects of racism[47] concluded that *ethnic discrimination* is a salient stressor for unauthorized Hispanic immigrants but that a *high ethnic-racial group identity centrality* may protect these individuals from the negative effects of discrimination by providing a sense of belonging, acceptance, and social support in the face of rejection. When faced with discrimination, minority individuals can protect their well-being by increasingly identifying with their in-group, which may explain why ethnic identification tends to increase, rather than deteriorate, when individuals experience discrimination against their ethnic group. So, it is not mere ethnic-group membership that confers these benefits, but whether one's ethnic-racial group identity is *psychologically internalized* to form a central part of their self-definition and provide life with meaning. This is what is known as *ethnic-racial group-identity-centrality*. Such internalization of group membership is important because (1) it provides a cognitive framework for understanding oneself and one's place in the world. Also, (2) group membership provides a common perspective on social reality and furnishes individuals with increased feelings of belonging and purpose, providing them a better sense of control over their lives and more coping resources in the face of rejection, such as sense of social support and acceptance, and finally, individuals with high ethnic-racial group-identity-centrality may be protected from the adverse effects of discrimination,[47] (3) because they perceive their in-group as not deserving such mistreatment, which has been also found among minority groups such as African Americans.[48] In essence, empirical research has found that individuals with *high group-identity-centrality* report greater well-being as indicated by (1) increased personal self-esteem and life satisfaction, (2) decreased depressive symptoms, and (3) improved cognitive health. In contrast, members with weak connections to the ethnic group will experience more adverse effects of discrimination, because they lack a sense of social support, belongingness, and acceptance.[47] It is important to note that there are significant differences between first- and second-generation immigrants in terms of how each group values the opinions of others. So, for second-generation (born and raised in the United States with at least one foreign born parent) immigrants and for immigrants of color in particular, if they perceive that the white majority group evaluates their group less than positively, they are at risk if they do not have a strong connection to their heritage group or their parents' heritage group. In turn, if they have a strong connection to their heritage group, they can decide to ignore the views of the majority-culture group as bases for their own regard and pay more attention to the opinions provided by their heritage group. If they think that people in the heritage culture evaluate their ethnic group in the United States positively, they also evaluate it positively themselves.[49]

RACIAL AND ETHNIC IDENTITY, ETHNIC-RACIAL SOCIALIZATION, AND CULTURAL ORIENTATION

Racial and ethnic identity refers to the youth's attitudes and behaviors that define the significance and meaning of race and ethnicity in their lives. Positive identification with one's racial and ethnic identity seems to confer protection in several ways: (1) it may help to bolster self-esteem against some of the demeaning messages that are inherent in racial and ethnic discrimination experiences. (2) Racial and ethnic identity may make youth who experience discrimination less likely to make personal attributions (self-

blame) for instances of discrimination, attributing discrimination to others instead, and thereby less likely to suffer from damage to their self-concept. (3) The effects of racial and ethnic identity on youth adjustment may be mediated by coping skills. For example, individuals for whom race and ethnicity are more significant spend more time thinking about race, ethnicity, and/or discrimination and develop more varied and sophisticated coping skills that are more likely to lead to favorable outcomes, and (4) the youth's *sense of meaning in their lives* mediated the relation between ethnic identity and adjustment. So, combining meaning making, cognitive appraisal, and coping, in addition to a positive identification with one's racial and ethnic identity, promotes resiliency against experiences of racism and discrimination.[50] Research has demonstrated that Mexican-American adolescents who were faced with high levels of discrimination were able to maintain high levels of self-esteem if they had high levels of *ethnic affirmation*, whereas those adolescents with low levels of ethnic affirmation seemed to suffer.[51] In turn, African American youth with a positive connection to their ethnic group seemed to be protected against poor academic achievement and problem behaviors when faced with discrimination, whereas those who did not have this connection were not.[52]

Ethnic-racial socialization refers to the process by which caregivers convey implicit and explicit messages about the significance and meaning of race and ethnicity, teach children about what it means to be a member of a racial and/or ethnic minority group, and help youth learn to cope with discrimination.[53] Primary caregivers of ethnic minority youth differ in the extent to which they engage in ethnic-racial socialization, but several studies suggest that ethnic-racial socialization is fairly common across ethnic minority families. Some of the messages caregivers transmit to their children include (1) *cultural socialization*: teaching children about their racial–ethnic heritage and history and promoting cultural, racial, and ethnic pride; (2) *preparation for bias*: highlighting the existence of inequalities between groups and preparing youth to cope with discrimination; (3) *egalitarianism:* emphasizing individual character traits such as hard work over racial or ethnic group membership; (4) *self-worth messages*: promoting feelings of individual worth within the broader context of the child's race and ethnicity; (5) *negative messages*: emphasizing negative characteristics associated with being a racial–ethnic minority; (6) *silence about race and ethnicity:* failing to mention issues pertaining to race or ethnicity; and (7) *promotion of mistrust*: conveying distrust in interracial communications. Studies across diverse groups of ethnic minority youth link ethnic-racial socialization with a broad range of positive outcomes, including academic performance, ethnic and racial identity, socioemotional adjustment, racial ideology, ethnic affirmation, and positive self-concept. However, some ethnic-racial socialization messages can also have negative outcomes[54]; for example, *preparation for bias messages*, in isolation, may contribute to low self-esteem in youth by instilling in them a sense of lack of control over their environment and leading them to disengage from academic and other pursuits. In contrast, patterns of racial socialization emphasizing both *cultural socialization* and *preparation for bias* buffered the impact that racial discrimination had on African American adolescents' perceived stress and problem behavior this may also extend to immigrant youth, underscoring how various dimensions of ethnic-racial socialization coalesce to convey meta-messages regarding the significance and meaning of race and ethnicity to youth.[46] It is safe to assume that the same patterns of cultural and racial socialization would have similar effects on immigrant children, especially if their phenotype is different from that of the members of the dominant group of the majority host culture.

Cultural orientation refers to the youth's orientations toward mainstream culture and/or to their ethnic culture and has often been explained by endorsement of

particular cultural values. Research on youth who have a strong orientation toward their ethnic culture describe positive developmental outcomes such as good self-esteem, better academic engagement, positive racial self-image and psychological well-being, as well as less risk for substance abuse, depression, and externalizing behaviors. Another similar concept that has been studied in relation to immigrant and minority youth and families has been that of *familism*, which encompasses youth's sense of family identification, solidarity, cohesion, and duty, as well as support received from the family. Various aspects of *familism* have been positively associated with psychological adjustment, and its opposite, *acculturative-family-distancing*, has been associated to deviant behaviors[46] that suggest that these 3 key factors—*racial and ethnic identity*, *ethnic-racial socialization*, and *cultural orientation*—operate as protective factors against discrimination and promote youth adjustment, and they reciprocally influence one another, while simultaneously influencing and being shaped by self-concept, attributions, cognitive appraisals, and coping. *The integrative approach* about how these concepts interact with one another is explained as follows: (1) all 3 constructs are found to contribute to ethnic minority youth's perceptions of their competence and adequacy and to bolster their self-concept. (2) Each of the protective factors may play a role in the cognitive appraisal process, including how youth attend to, understand, and make sense of the world. Ethnic-racial socialization processes prepare youth to perceive the world in a certain way, whereas ethnic and racial identity and cultural orientation may inform the salience and significance of discrimination in a given context, influence attributions of personal instances of discrimination, and provide youth with a sense of meaning. (3) *Coping* seems to be a critical intermediary process in the promotion of youth outcomes. Ethnic and racial identity and ethnic-racial socialization may facilitate the development of specific adaptive coping skills that help youth to negotiate ethnic and racial discrimination. Similarly, cultural orientation and values such as *familism* may provide the support necessary to help youth to cope. In addition, positive messages about the significance and meaning of being a member of a racial or ethnic minority group and positive feelings about one's group allow youth to feel competent across multiple domains and may inform how youth experience and understand the world. (4) Youth who are more aware of discrimination due to their identity, socialization, or cultural orientation may understand a racial or ethnic affront as part of the way the world operates, rather than as a personal derogation. Being able to make sense of their surroundings informs youth how to cope with their environment. Thus, youth who feel confident, capable, and competent develop more adaptive coping strategies than do those youth who feel insecure and perceive the world as threatening. In essence, it is likely that the protective factors operate in a cyclical, rather than a linear, manner, such that they mutually influence one another across development.[50]

RECOMMENDATIONS FOR TREATING PATIENTS OF A DIFFERENT RACIAL–ETHNIC GROUP

1) Addressing the topic of race with patients is usually situation specific. Sometimes the most prudent approach is to "put the topic on the table" should it be relevant for the future. Other times, therapists and patients may find themselves involved in important conversations about the possible influence of race in the therapeutic process, yet with others the topic of race may develop slowly over time. The variables affecting how these conversations may develop include the level of the patient's trust in the therapist, the patient's understanding of his or her own racial–ethnic identity, and the overall importance that racial–ethnic issues have for a given

individual. One significant benefit of engaging in conversations about race and ethnicity with patients is that it reduces the likelihood of stereotyping and the assumption that patients possess certain group characteristics.

2) The racial–ethnic background of clients may not be obvious, especially when it involves biracial or multiracial patients or patients whose racial–ethnic identity is not obvious from physical characteristics. So it is important to suspend preconceptions about patients' race–ethnicity and that of their family members and pace the timing and sensitivity of the conversations over the course of a therapeutic relationship. Similarly, patients who have a partner or other family member from another racial or ethnic group, such as in the case of adopted family members, may appreciate efforts on the part of the therapist not to make quick assumptions about the person in question's race because using inaccurate terminology may be offensive to the patient.

3) Recognize that patients may be quite different from other patients in their racial–ethnic group.

4) Always consider how ethnic–racial differences between therapist and patient may affect the psychotherapy process, and in addition to having conversations about the patient's ethnic–racial identity, it is important to acknowledge the ethnic–racial identity of the therapist. Because these differences may affect the psychotherapy process, including differences in attitudes and expectations toward mental health services and conceptions of the self in relation to family and community, communication and interaction styles, differences in conceptualization of mental health and mental illness, and differences in the styles of verbal and nonverbal communication.

5) Acknowledging that power, privilege, and racism can affect the therapeutic process because minority patients may have experienced them more directly on a personal level and failing to acknowledge these societal issues in the context of psychotherapy could make the patient reexperience past painful personal experiences that may alienate minority patients.

6) When in doubt about the importance of race and ethnicity, err on the side of discussion. These conversations about race and ethnicity can be uncomfortable due to anxiety about offending or alienating the other person or being judged for "saying the wrong thing." In the event that the patient seems uncomfortable when a therapist raises the topic of race and ethnicity, this can be approached in the same manner as when there has been an empathic break or a disruption in the therapeutic alliance. Nevertheless, broaching issues of race and ethnicity, even if the therapist is not sure of exactly what to say, is better than ignoring the topic.[55,56]

CONCLUSIONS AND FUTURE DIRECTIONS

The United States was once a country with a large white majority population and a small black minority with impenetrable color lines, but over the past 4 decades immigration has increased the racial and ethnic diversity in the United States. Along with increased immigration are increases in the rates of ethnic/racial intermarriage, which is transforming the American landscape into one with a growing multiracial population. These trends indicate that (1) the multiracial population seems likely to continue to grow in the foreseeable future because of increasing intermarriage. (2) Multiracial identification is not uncommon among the members of new immigrant groups such as Asians and Latinos, particularly for those younger than 18 years. (3) Multiracial identification remains relatively uncommon among blacks compared with Asians and Latinos. (4) These patterns suggest that multiracial reporting is more likely in areas

with greater levels of racial–ethnic diversity. (5) The increases in intermarriage and the growth of the multiracial population reflect a blending of races and the fading of color lines and perhaps a reduction in social distance and racial prejudice; these patterns seem to offer an optimistic portrait of weakening racial boundaries. (6) Yet, the continuing black-nonblack divide with ongoing racism, discrimination, ignorance, marginalization, and decreased educational and socioeconomic opportunities could be a disastrous outcome for many African Americans.[4,5] It is our responsibility as child psychiatrists and therapists to learn more about issues of race and ethnicity and about the important sociopolitical events that have occurred in American history, as well as about issues such as acculturation and identity development.

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