

When Face and Soul Collide: Therapeutic Concerns with Racially Ambiguous and Nonvisible Minority Women

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SUMMARY. As a result of a long history of both forced miscegenation and willing participation in interethnic relations, there now exists a growing group of people who closely identify with a racial or cultural group that is incongruent with their physical appearance. This can occur

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in one of three ways: (1) when someone is multiracial, and, therefore, not easily placed in a single racial/ethnic category, (2) when one physically resembles a racial/ethnic group other than his or her actual classification, or (3) when a person has acculturated to a racial/ethnic group other than his or her own. This paper addresses therapeutic and social concerns that are likely to emerge when counseling women fitting one of these three categories. To illustrate these factors, four case summaries of women experiencing distress directly and indirectly related to their ethnic/racial self-identification are presented, along with relevant social, interpersonal and emotional concerns. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2004 by The Haworth Press, Inc. All rights reserved.]*

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This paper addresses a rarely discussed phenomenon of working with clients who closely identify as a race, ethnicity, or culture that is incongruent with their physical appearance. This can occur in one of three ways: (1) when someone is multiracial, and, therefore, not easily placed in a single racial/ethnic category, (2) when one physically resembles a racial/ethnic group other than his or her actual classification, or (3) when a person has acculturated to a racial/ethnic group other than his or her own. Of the few discussions on this topic, most are explored from the standpoint of people of color, specifically biracial people, who appear to be Caucasian and/or ambiguous (Alvarez, 1998; Fouad, 2001; Root, 1992, 1996). However, this phenomenon may also occur among Whites who feel a deep connection to, and identification with, people of color.

The vast majority of racially ambiguous people successfully negotiate ethnic identity development, which is associated with better psychological outcomes (Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998). In fact, theorists on biracial identity assert that being perceived positively by others and feeling secure in one's self-identification are instrumental factors in healthy racial/cultural identity development (Cauce et al., 1992; Gibbs & Hines, 1992; Jacobs, 1992; Root, 1998, 1999). However, identity development can be complicated when one's racial/ethnic self-identification is unclear to others. For example, Gibbs and Hines (1992) found that biracial teens often felt socially marginalized and that those rejected by peers as a result of their racial/ethnic heritage had the poorest academic and psychological outcomes. Conversely, healthy ethnic identity development can actually inoculate racially ambiguous people against emotional and psychological difficulties. However, there is little research examining how healthy ethnic identity development can be facilitated with racially ambiguous and nonvisible minority women.

Along with typical identity development, the stresses associated with transitioning into adulthood during the late teens and early twenties (particularly upon entering college) can accentuate such difficulties, as childhood relationships are redefined or even terminated (Fouad, 2001). In addition, as new relationships are initiated, individuals are likely to face a resurgence of questions concerning their ethnic/racial identification that may challenge their sense of self (Root, 1999). Such questions reflect others' perceptions of the individual as racially ambiguous—lacking phenotypic features indicating a clear racial category to which the person belongs.

Counselors are likely to be confronted with clients experiencing such crises, perhaps without a voice to articulate their concerns. This may be particularly relevant to clinicians at college and university counseling centers who see 18- to 22-year-olds at a point in their development when they are attempting to define and understand their identity in multiple domains. Therefore, it is essential that therapists develop the skills necessary to recognize, actively approach, and work through concerns related to racial/ethnic identity as it pertains to racially ambiguous and nonvisible minority people. We do not reify the historical stereotypes of emotional instability among biracial people (Root, 1994; Gillem, 2000); however, we do attempt to outline how therapists can be most effective with biracial, racially ambiguous, and nonvisible minority persons who seek their services.

Toward these goals, this paper will use four case summaries of women experiencing distress directly and indirectly related to their racial self-identification. These cases are used to illustrate clinical concerns that arise when one's self-image contradicts how the individual is perceived as a person of a particular race/culture. Although racially ambiguous men may share many of these experiences and concerns, there are key differences in the experience for women that warrant attention. For example, racially ambiguous women are more likely to be sexualized and deemed exotic than are men (Root, 1994), which has also been a greater concern for biracial women (Root, 1999, 2000). Such differences were further supported by Gillem, Cohn, and Throne's (2001) case studies of two biracial teens, which demonstrated variations in racial identity development by gender.

Within this discussion, we will address how counselors can initiate discussions of racial/cultural identity with clients, as well as general issues of identity development, particularly as it pertains to multiracial or racially ambiguous women. It will also address the common concerns presented by such clients, etiological and prognostic markers, and methods of addressing such difficulties.

CLINICAL VIGNETTE 1: AIMEE

Aimee* was an 18-year-old Caucasian female of Polish/German ethnic descent with fair skin, long sandy blonde hair, and light brown eyes. She arrived for counseling during her second semester of college because she was having a

difficult time adjusting to the campus community. More specifically, despite struggling to find a friendship group, she reported not feeling as if she “belongs” anywhere.

Aimee revealed that her close friends and romantic partners have been predominantly African American since early adolescence. Despite her immediate neighborhood being largely Polish and Italian immigrant residents, the surrounding neighborhoods were primarily African American as was her high school. As a result, Aimee was comfortable within urban African American culture: she listened to “hip hop” music, wore clothing mostly favored by African American teens, and used “street language” similar to that of urban African American teens in her hometown.

Aimee’s parents were quite unhappy with her friendship choices and made it clear that she needed to “stick with her own.” Her father strongly objected to her dating African American males and as a result, her romantic relationships were kept secret from her parents. Nevertheless, Aimee expressed extreme frustration with her parents’ attitudes stating, “What did they expect? Look where they raised me!”

Aimee found college a particularly stressful experience. Upon arrival, she felt pressured by peers to associate exclusively with other White students. She reported being regarded with suspicion by African American students, including former friends from high school. Notably, when Aimee ventured over to groups of White students, she felt equally uncomfortable because they teased her about her speech, clothes, taste in music, and overall worldview. She reported also having a difficult time understanding the values and behaviors of the middle- and upper-middle-class White students she encountered. In essence, she felt lost and unwelcome among members of both ethnic groups.

CLINICAL VIGNETTE 2: ALICIA

Alicia was a 22-year-old business major of German and Puerto Rican descent. Her mother resided in a small town near her own extended family and her father moved to Puerto Rico to be near his family after their divorce. Alicia was very fair-skinned with blonde hair and blue eyes. In many ways she appeared to be a “typical midwestern girl”; however, she felt a very strong connection with her father, with whom she communicated often. Alicia also remained close with her paternal grandmother and aunts and reveled in their open affection and emotional expression. This was in contrast to her maternal family members whom she felt were more “closed” emotionally and less demonstrative. Alicia was proud of the fact that she was fluent in Spanish and remained culturally knowledgeable by taking Spanish classes and speaking regularly with her paternal family.

As a college student, she mostly befriended “White” students and stayed in touch with her high school friends. However, during her final year of college

she attended a student organization of Latino/a business students and, while initially hesitant because she did not “look” Latina and was not a “full-blooded” Latina, she was delighted to discover that the other students were very welcoming and accepting of her. She felt that she could finally “connect” with other students who shared many of her interests, but expressed extreme sadness at not having joined this and other Latino organizations sooner.

CLINICAL VIGNETTE 3: JASMINE

Jasmine was a 21-year-old African American woman. Her stepfather was Puerto Rican and her sister was biracial (African American and Puerto Rican). Her parents married when Jasmine was two and although he was her stepfather, she considered him her “real” dad. She presented for counseling with physical complaints (lack of appetite, difficulty sleeping, stomach upset, headaches) and a general malaise during her third year of school. Early on she described a desire to “find a reason to live for *myself*,” but no desire to actually end her life. She showed symptoms of depression and anxiety that she expressed via somatic complaints.

Despite her initial physical complaints, much of our time was spent discussing difficulties in interpersonal relationships. When describing her family, she was quick to mention that her father “loves me to death” and her whole family was “extremely proud” of her. However, she slowly began to tell stories that made it clear that everything was not as she had described it. Initially, she began discussing African American family members and described a series of rejections by her biological father as well as many extended family members on his side (e.g., cousins teasing her for talking “proper”). On the other hand, she described the members of her Puerto Rican family as loving and supportive of her in every way, but eventually gave examples demonstrating that they were also fairly rejecting of her. Furthermore, she began describing her stepfather, whom she had previously described positively, as emotionally distant and rejecting of her as well.

In essence, Jasmine was an African American woman rejected by nearly everyone in her family, but still having some positive contact with Puerto Rican members of the family. She described having had little contact overall with African American family members, but most of these interactions were negative. Over time, she began to see herself as Puerto Rican and described, with pride, cousins introducing her by saying she “looks like her mother,” while failing to tell people that she is indeed African American, not Puerto Rican.

In college, Jasmine was friends with a “multiracial crowd” and began the pledging process in a “multiracial sorority.” However, her close friends and roommates were exclusively Latino/a. Near the last few months of our time together, she arrived with a necklace clearly showing the coast of Puerto Rico with the initials P.R. This appeared to be a declaration of her self-identification

as a Puerto Rican woman. Interestingly, she began wearing the necklace after a painful incident with a group of Latino/a friends. In essence, the group was joking and using an exaggerated Spanish accent. When she did the same, everyone in the room suddenly “turned on” her and was angry with her for being a “racist.” Jasmine was devastated by what she saw as a personal rejection, but more distressing was the fact that their behavior reminded her that she was not an in-group member as she saw herself—instead they still saw her as an African American woman.

CLINICAL VIGNETTE 4: STACY

Stacy was a 27-year-old Caucasian woman who came from a multiracial family. She had cousins who were African American and White; in fact, one of her closest family relationships was with one of these cousins. Also, as a child, she developed a surrogate mother relationship with a Native American woman with whom she remained extremely close through adulthood. One older sister had children who were half Puerto Rican and another had children who were half Pakistani. As a result, her familial experience outside her immediate home was a multicultural one.

In high school she dated both Mexican and African American men, but was rejected and ridiculed by classmates and friends in her rural, predominantly White school and hometown. When relating these events as an adult, she still demonstrated a genuine sense of disbelief and confusion—she never saw these as interracial relationships because she “never felt like a White woman.”

She eventually married a Caucasian man, but divorced because of his beliefs and statements, which she believed to be racist. She described these as offensive not only to her family, but to her as well, because she felt as if she was a member of those targeted groups. Although she acknowledged that she appeared to be a White woman to the world, she described “forgetting” she was White and re-experiencing a moment of surprise when the world reminded her of her race.

In all, she described difficulty in finding people who accepted her multiracial worldview and sensibility, which contributed to a general distrust of others. Perhaps most destructive was the relationship with her husband, which led to a belief that regardless of the surface, many White people are racist and will endorse racist beliefs in private. Nevertheless, people of color did not immediately view her as she saw herself. Therefore, in order to join into groups of people she identified with (e.g., women of color), she was often subjected to a series of “authenticity tests.” These tests were designed to assess her true beliefs and genuine sense of affiliation with people of color. Their need to test her in such a manner reinforced the fact that she did not inherently belong. This left her feeling like an outsider within her actual ethnic group as well as an outsider within her personal affiliation group.

THEMES DEMONSTRATED BY CLINICAL VIGNETTES

These four cases demonstrate several of the key difficulties experienced among racially ambiguous people and nonvisible minorities, particularly college-aged women. Typically, entering college is a difficult developmental period for all students, following a fairly reliable developmental pattern, including attempts to separate from parents/caretakers, to become more autonomous, and to establish an identity as a young adult. These cases show similar developmental processes, but there are variations specific to either the fact that these women are racially ambiguous, or that their racial affiliation contradicts their actual ethnic/racial category.

Several themes emerge from these cases that demonstrate an attempt to integrate their personal identification with the realities of how they are viewed by others. Several are consistent with those of many women at this stage of development, but may be complicated by the additional concerns brought forth due to race. The following themes emerged:

Integrating Differing Family Experiences

Similar to previous findings about developmental challenges facing biracial people (Root, 1998, 1999), these four women addressed difficulty in integrating the values, parenting styles, cultures, or belief systems of parents and family members. Both Aimee and Alicia demonstrate different ways in which such concerns may manifest. In Aimee's case, her parents' values and beliefs around race and ethnicity differed from her own. In an attempt to remain connected to her family, she kept her relationships with friends and her boyfriend a secret. Nevertheless, she found this to be quite stressful because she was unable to share significant portions of her life with her family, including her joy about her engagement to her boyfriend. This was further complicated by the developmental quandary faced by many college students, that although they are legal adults, they are still financially dependent on their parents and ambivalent about how much influence their parents have in their decision making.

Disintegration of Previous Friendship Network

When entering college or after geographical moves, many people establish new friendships and may no longer be close to previous friends. Some find that relationships are stratified by race to a greater extent than was the case previously. For clients that are racially ambiguous, this can be particularly distressing because they may feel rejected by both racial groups and welcome in none (Vivero & Jenkins, 1999). These cases demonstrate the difficulty experienced by women after a move requiring negotiation of new friendships. In every case, this was a significant barrier to their overall well-being and presented a challenge to their cultural self-identification.

Extreme Sadness and a Sense of Loss

Three of the women expressed sadness accompanying the transition to college, largely because of their difficulty negotiating new social relationships and the resulting loneliness. They described this experience as a loss similar to grief. Aimee's story most clearly demonstrates this experience. In addition to having difficulty establishing new relationships, Aimee found that friends from high school began to reject her as well. Here the losses and resulting grief were multifaceted, combining concrete losses, such as her friends turning away from her, and abstract losses, such as the loss of her sense of self and her previous security in her ability to acquire and maintain friendships. However, this was not unique to Aimee; Stacy (the 27-year-old) expressed similar experiences of rejection and resulting grief, which indicates that for racially ambiguous people, these pressures do not subside, at least not until much later in life.

Pressure to Choose a "Side" or Attempts to Claim a Side

Inherent in their experiences of disintegrated friendships was a sense that they were pressured to choose a "side" racially, whether they were biracial or affiliated with another racial group. All expressed feeling as if their acceptance into a community was contingent upon relinquishing ties to other communities (e.g., Aimee being pressured to stop "acting Black" in order to be accepted by Whites). In some cases, they described time periods when they indeed did immerse themselves in one cultural group to the exclusion of all others, but this was unsatisfying because it required denial of other portions of their identities.

Attempts to Find an Accepting Circle of Friends

Eventually, these women began to focus on the nature of their friendships and a reassessment of their priorities in these relationships. This shift often accompanied moving away from attempts to befriend others within certain racial groups and instead focusing on finding other people who accepted them and shared a similar worldview. For example, instead of striving for acceptance by a larger social group or community (e.g., trying to please the African American community), the women focused on nourishing a small group of close friendships, regardless of the ethnic composition of those friendships.

Incorporating Differing Cultural/Ethnic/Racial Experiences into a Single Identity

Several clients described eventually integrating their racial experiences into a racial/cultural identity that was personally comfortable. Root (1990, 1999) described the possible outcomes to racial identity development for biracial

people, often distinguished by the extent to which they identify with, or reject, both cultures. However, the women in this study described being most content upon developing a personal identity that incorporated their racial identification and affiliation, but broadened it to other aspects of their identity (e.g., woman, psych. major, singer). This broadened self-identity helped place their racial identity within a larger context, thereby diminishing the impact of that one area, which was more tenuous at times.

SUGGESTIONS FOR THERAPISTS

Given these themes, there are several concerns with racially ambiguous clients to which therapists should attend. These suggestions are applicable to clients at any stage in the life cycle, but some may be of particular importance with those who are of college age or experiencing geographic moves.

1. First and foremost, it is important that the therapist be able to address issues of race and create a supportive environment for the client to explore and address such concerns. This may seem obvious with clients who are visibly identifiable as a member of an ethnic minority group. However, it is important that counselors not assume that the way a client looks signifies her personal affiliation, even when the client is monoracial. These clinical vignettes demonstrate the need for such an approach with all clients because some clients who appear to be White may indeed be of color (such as Alicia) or may have strong identifications with communities of color (similar to Aimee). All four vignettes demonstrate that a woman's appearance may not be indicative of which ethnic community she feels most comfortable in and with which one she has the deepest connection.
2. It will also be important for therapists to actively consider how a client's experiences and perceptions may differ as a result of her ethnic/racial identification and her racial ambiguity. Being racially ambiguous often makes a woman's racial identification fluid, meaning she may be assumed to be of a different ethnicity depending on the social context. For example, a biracial woman of African American and Caucasian descent may be mistaken for Latina in one context, assumed as African American in another, or considered Caucasian in a third as a result of her dress, mannerisms, speech patterns, or the ethnicity of her associates (Fouad, 2001; Bradshaw, 1992). This is also likely to result in vast differences in how she is treated within these contexts and may alter her perception of others and herself, both positively and negatively. Differences based on such random factors may result in a greater sense of the world as inconsistent and random. However, she

may also feel free to explore different aspects of herself and be less likely to feel confined to a single, and perhaps limiting, identity.

3. Therapists should expect pessimism about the world and the intentions of others. Whether a client is biracial and can 'pass' as a member of another racial group or is monoracial and has a sense of affiliation with another ethnic group, she may be privy to the racist conversations and behaviors of others who do not recognize her ethnicity/ethnic affiliation. As in Stacy's reaction to her husband's racist remarks, being privy to such private conversations may result in the client generalizing these events to everyone, or all people of that group. When this is the case, two approaches have been effective. First, it is important to help clients challenge this belief by seeking normative experiences, such as joining multiracial groups that fight racism or reading biographies of people who fought against racial oppression. Second, the client's knowledge that some people hold racist beliefs can be extremely painful, and the therapist must help the client accept that she is not personally responsible for changing those perceptions. Although the client may elect to join efforts to challenge racism and prejudice, she must come to accept that it is impossible for one person to change the inner perceptions of all.
4. Therapists should not assume the client's race of origin is a "safe haven." Similar to Aimee who found that White students were unwilling to accept her, those within the client's actual racial group may see her as awkward or an object of suspicion and reject her as well.
5. Especially among college populations, many students find that friendships become polarized along racial lines. For those who are racially ambiguous, they are likely to have a disruption in their previous friendship circle and a sense of not belonging to any group. Therefore, it is helpful for therapists working with college populations to have knowledge of campus groups and organizations that may be of interest to these clients. For example, many campuses have support groups for biracial people or social groups focusing on multiculturalism.
6. It is also important for therapists to adopt a worldview for therapy that is based on multicultural competence (Sue, 1995). This is true not only when working with ethnically diverse clients, but must also be used with White clients. Multicultural competence not only requires that a therapist be familiar with the culture and tradition of a client's particular ethnic group, but, more importantly, the therapist must take an ideographic approach in attempting to understand the client's individual perspective, while considering the cultural context within which she lives (Pope-Davis, Liu, Toporek, & Brittan-Powell, 2001). In essence, the client must be seen as an individual with particular cultural and contextual factors that influence her current functioning. Similarly, when clients' affiliations with other racial groups has led to an adoption of a

similar worldview, it is possible that they will be better served by therapy techniques deemed appropriate for the affiliated group.

7. In helping clients integrate their experiences around race, it is important for the therapist to encourage the client to explore positive aspects of her identity outside of the single domain of race (e.g., woman, psych. major, athlete). When there is increased attention placed on their ethnicity during this time period, it may be difficult for clients to attend to those aspects of their identity that have remained intact, such as an identity as a woman. The social and political history of race is inextricably intertwined with other important identities, such as gender (Root, 1999, 2000); it will continue to be important for the therapist to help the client integrate these multiple identities into a unified whole that is comfortable. For example, a counselor might help the client address what it means to be a biracial woman of German and Puerto Rican descent.
8. Although not specifically mentioned by these women, many have also described additional concerns regarding the increased sexualization of women of color. For example, Buchanan and Ormerod (2001, in press) found that African American women experienced harassment based on a perception of them as highly sexual and exotic. Nakashima (1992) also argues that multiracial women may be viewed as exotic and experience sexual objectification because of their racially ambiguous appearance and features. Based on these findings, it is important that therapists be aware of this phenomenon and investigate themes regarding sexual objectification as a specific consequence of a client's racial ambiguity.

DISCUSSION

We have discussed members of an underrecognized group of people that, for one reason or another, identify with a racial group that is incongruent with their physical appearance. What makes this significant is that others generally treat them as if their personal identification should match their external appearance. This experience can be especially jarring when they are subject to "insider jokes" and "authenticity tests" or are viewed with suspicion.

Developmentally, entering college or making geographic moves may exacerbate such problems as old relationships are abandoned or renegotiated. An ethnic/racial group that had previously been accepting may now view the individual with suspicion or outright rejection. However, other groups may view the individual as odd because of her incongruent phenotype, behavior, and racial identification. Such experiences often result in what Vivero and Jenkins (1999) defined as cultural homelessness. Cultural homelessness is the "sense of not belonging and not being accepted as members by any existing group"

(Vivero & Jenkins, 1999, p. 12). Although Vivero and Jenkins refer to this as something experienced by people of mixed ethnic and/or cultural backgrounds, all four women described here expressed feelings meeting this definition.

It is quite likely that when racially ambiguous and nonvisible minority people present for counseling they will exhibit symptoms of depression, anxiety and difficulties adjusting during major developmental changes, such as entering college. They may be unaware of how their physical appearance and racial identification impact their current distress, but more likely, they may not have a way of articulating such concerns. Therefore, therapists must be aware of such issues and be prepared to broach them with clients.

NOTE

*Names have been changed to protect confidentiality.

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