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Biracial Youth and Their Parents: Counseling Considerations for Family Therapists

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In spite of recent developments in the area of multicultural family therapy, interracial families and their biracial children remain a neglected population in the mental health field. Very little research exists, and few suggestions have been made for working with this unique population. This article addresses the developmental needs of such families and provides suggestions for family counselors and therapists.

Keywords: *biracial; interracial families; therapy interventions; multicultural counseling; children; adolescents in therapy*

Multiculturalism is currently at the forefront of counseling research. The need for culturally sensitive counseling and therapy with families of various ethnic groups as well as families from marginalized populations has long been acknowledged. As a result, an extensive array of information exists on working with various populations related to ethnicity, sexual orientation, and gender. After 20 years of research and study, family therapists are better prepared to appreciate the unique challenges, contributions, and strengths associated with most types of families. In spite of such advancements and growth in the area of multiculturalism, one minority group remains somewhat neglected (Kenney, 2002). Although the number of biracial individuals in the United States has grown steadily over the past few decades, very few suggestions have been made for working with such a unique population (Nishimura, 1995). For the purposes of this article, the term *biracial* refers to any first-generation offspring of parents of different races (Kerwin & Ponterotto, 1995).

Since the 1960s, our country has experienced some substantial changes in demographic, social, and cultural characteristics. As a result of the civil rights movement, increased immigration trends, and the counterculture movement, interracial relationships and marriages are becoming increasingly

common (Gibbs, 1998). These interracial relationships have produced a growing number of biracial children. Despite this apparent growth, the mental health field lacks pertinent information about these biracial families (Nishimura, 1995).

A common assumption of some family therapists is that working with biracial families requires the same techniques and competencies as working with any other multicultural population. In some ways this assumption is true, but biracial families experience needs and developmental challenges that no other population experiences.

BIRACIAL CHILDREN

According to Erikson (1963), identity development is a continuous process that begins in early childhood and continues throughout the life span. Children actively seek exploration of themselves and their identities. With this exploration comes a natural comparison of oneself to one's parents. Children go through an expected process of assessing their family dynamics and then evaluating how exactly they fit into those dynamics. Furthermore, they often seek acceptance and companionship from those with whom they can most easily identify. Because neither of their parents look like them, biracial children may have a difficult time finding this identification with their parents.

Children usually turn to their parents for answers to questions related to their racial identities. As single-race individuals, the parents of biracial children may have only minimal understanding of or experience with the conflicts their children are facing. This dynamic often makes it difficult for children to find much-needed guidance from and identification with their parents.

Parents are not the sole influence on the racial identities of their children. Teachers, peers, extended family, the media, and society as a whole play significant roles in determining

children's acceptance and pride in their own racial identities. Teachers may not fully understand the need for dealing with diversity in the classroom, most specifically as it relates to biracial children. As indicated by York (1991), teachers may be "in denial of [their] own prejudice and oppression, confused about how to teach young children multicultural concepts, [and] afraid of experiencing conflict and the anger of parents" (p. 37). Furthermore, teachers may be reluctant to alter their daily activities, lesson plans, curricular structures, and teaching materials in order to consider multicultural populations. This resistance and unawareness of teachers can make it difficult for children to identify with their learning environments.

Peers often play a large role in identity development in biracial children. Curious peers who recognize the visible differences between one another often ask questions related to skin color, hair texture, family composition, and cultural practices. This curiosity by peers may result in feelings of sensitivity related to one's ethnicity and perceptions of being unique or different in the context of societal norms (Kenney, 2002). The media can also contribute to such feelings of uniqueness in biracial children. Biracial children may progress through their entire school careers without ever seeing families on television, in storybooks, or in educational materials that are representative of their own families (Milan & Keiley, 2000). Again, this medial deficit is a result of society's need for categorization.

Children of dual racial parentage often are identified by society with whichever race their physical features most resemble. However, even that racial group may not fully accept the biracial individual. When society fails to acknowledge both ethnic backgrounds and/or when acceptance within racial groups is marginal, biracial children may find difficulty in merging their dual heritage without compromising either ethnic background (Morrison & Bordere, 2001).

BIRACIAL ADOLESCENTS

According to Erikson (1963), adolescents have primary intentions related to achievement, justification, and the acceptance of their own identities. This transitional developmental stage of adolescence has been linked to unique challenges for biracial youth (Kerwin, Ponterotto, Jackson, & Harris, 1993).

Biracial adolescents experience varying degrees of turmoil and anxiety (Root, 1992). Such anxiety is particularly prevalent when issues related to racial identity arise. Gibbs (1998) identified dual racial/ethnic identity development as one of five major psychological tasks that biracial adolescents experience. The other four tasks are social acceptance, sexuality and the choice of sexual partners, separation from parents, and educational or career aspirations. Conflicts arise as a biracial adolescent negotiates these psychological tasks.

The conflict and anxiety experienced with the psychological task of racial/ethnic identity development often is a result of societal racism, which becomes more apparent to biracial adolescents as their awareness of their biracial heritage increases. Racial identity is the most widely encountered conflict by clinicians who work with biracial youth. Today's society expects individuals to classify themselves according to ethnic heritage. Most governmental forms, including driver's licenses, voter registration cards, and school registrations require individuals to classify themselves. Finding an acceptable, appropriate label for oneself—whether on a form or in society as a whole—is often a great challenge to biracial youth. This conflict encountered in forming one's ethnic/racial identity is not solely evident in forms and registrations but also in peer groups and social affiliations (Milan & Keiley, 2000). Adolescents may work through such conflicts in a variety of ways. Their choices are affected by their social and family situations and exposure, the composition and nature of their peer groups, their participation in cultural activities, their physical appearances and language facility, intergroup tolerance, and their self-esteem (Canino & Spurlock, 2000). Because of all these factors, biracial children may choose to identify with one race over another at different times in their development, temporarily sacrificing their dual heritage.

Biracial adolescents may experience social marginality in their search for social acceptance. Adolescents find themselves confronted with many choices related to peer group interactions, including group-structured environments such as cliques, sports teams, and extracurricular activities (Kerwin et al., 1993). Many of these environments are determined by who is accepted and who is rejected. Adolescence is a time of expected conformity when being different is not exactly desirable. Many biracial youth often find it particularly difficult to fully conform to any group, thus making socialization more challenging (Gibbs, 1998).

Sexuality and sexual identity create their own set of conflicts. All adolescents often find themselves confronted with issues of sexual orientation, gender identity, the choice of sexual partners, and patterns of sexual behavior. Conflicts of sexual orientation and gender identity often parallel general identity confusion and experimentation in any population. Adolescents frequently make attempts to determine where they fit in, at which time they try many different avenues to see what is most comfortable. For adolescents whose parents are of different races, conflicts related to the choice of sexual partners may be more complex than those of other adolescents and often stem from adolescents' perceptions that their choices of dating partners are limited to particular races. Choices related to sexual activity create similar conflicts. According to Gibbs (1998), the sexual activity of biracial adolescents often follows a pattern. This pattern of behavior tends to be on one side of the spectrum or the other. In other words, some biracial youth may choose sexual promiscuity in

an attempt to identify with a component of their bicultural heritage. Others choose not to engage in any sexual activity and thereby avoid having to choose particular parts of their racial identities over the other parts.

Most adolescents find themselves testing their autonomy, separating themselves from their parents, and establishing their independence (Erikson, 1963). However, biracial adolescents may experience an exaggerated conflict in this separation-versus-individuation phase of development, feeling as if they do not know who is in control of their lives. Many parents are over-protective of their biracial adolescents, and adolescents may respond by becoming overly dependent on their parents or by rebelling against the protection and establishing their own independence prematurely.

Finally, many biracial adolescents experience feelings of ambivalence toward achievement and academic success. Some biracial teenagers act in ways that they believe will prevent them from being identified with particular aspects of their cultural heritage. This may be out of line with teens' natural abilities and tendencies, thus contributing to maladaptive behaviors and internal conflicts (Gibbs, 1998).

Recent research indicates that biracial youth are not significantly different in their psychosocial adjustment and family relationships from their single-race peers. However, as Gibbs (1998) summarized, biracial adolescents face some very unique challenges:

First, biracial youth must integrate dual racial and/or cultural identifications while also learning how to develop a positive self-concept and sense of competence. Second, as they enter adolescence, they must synthesize their earlier identifications into a coherent and stable sense of a personal identity as well as a positive racial identity. In accomplishing this task, they must deal effectively with the related tasks of developing peer relationships, defining their sexual orientation and sexual preference, making a career choice, and separating from their parents, all of which may be more problematic for this group. (p. 313)

Faced with societal racism, identification challenges, and a lack of clarity related to their own racial heritage, many biracial individuals begin to feel isolated and misunderstood in adolescence (Kenney, 2002).

COUNSELING CONSIDERATIONS

As stated earlier, biracial children and adolescents are generally confronted with the same challenges and difficulties as their single-race peers, but their level of success in meeting such challenges may be based upon the strength of their self-concepts (Kenney, 2002). Children and adolescents with a strong sense of self, combined with a strong sense of their biracial heritage, have a greater chance of successfully meeting the many challenges of adolescence. Self-concept may be determined by many familial factors associated with interracial families. Such determinants as child-rearing practices,

parents' relationship with each other, and relationships with extended family members may play significant roles in the development of self-concept related to bicultural heritage (Gibbs, 1998).

Similarly, the lives of interracial families are both similar to and different from those of single-race families. Counseling interventions that involve whole families can be most helpful in working with children of dual racial heritage. For many families, a psychoeducational approach may be the most appropriate because the presenting concerns are often related to a child's or adolescent's identity development. Therapists should emphasize those environmental factors that can help facilitate positive identity development in children. In creating this awareness, therapists can also teach parents those skills that aid in the formation of a healthy self-concept and racial identity (Poston, 1990). Furthermore, in circumstances where self-esteem is a concern, therapists can help families identify and acknowledge their own strengths and abilities (Gibbs, 1998).

The parents of biracial children often feel a level of inadequacy in helping their children understand and identify with their bicultural being (Gibbs, 1998). Acknowledging this challenge and developing appropriate strategies for working through such challenges can be useful when initiated by therapists. The parents of biracial children who acknowledge the differences between heritages can help create a sense of pride in the "doubly rich" heritage of their children. Similarly, it may be helpful for parents to label their families as interracial family units (Gibbs, 1998; Kerwin et al., 1993; Poston, 1990). Parents can take an active role in facilitating their children's healthy identity development by exposing them to persons, books, dolls, pictures, and toys that are representative of all races and cultures (Kenney, 2002). Furthermore, ensuring that children have the opportunity to participate in the cultural activities of both parents can create a sense of normalcy and comfort in their dual heritage.

Because each parent contributes his or her own life story to a family, thus making a new story from which to build, it may be therapeutic for parents to share their stories in counseling. With each partner's story comes a wide range of values, expectations, and cultural components. Such factors should be explored in a nonjudgmental, supportive, inquisitive environment. By using culturally appropriate intervention strategies, therapists can attempt to increase each partner's awareness and clarity as they relate to each other's worldview and cultural background (Kenney, 2002). Each parent can develop a cultural genogram consisting of various aspects of identity. The genogram could include those constructs that are most salient to the particular family, such as spiritual and/or religious beliefs and partnership formations. Constructing such genograms and discussing their contents in a therapeutic setting may facilitate greater awareness and understanding by all family members. Effective genogram work requires a co-construction of a family's story and involves an integrated

view of both parents' experiences (Milan & Keiley, 2000). This process can help a biracial child more fully understand each component of his or her racial heritage and gain a more thorough understanding of his or her uniqueness (Gibbs, 1998).

Furthermore, interracial couples experience their own level of societal opposition, stereotypical and biased assumptions related to the other partner, and acceptance challenges (Kenney, 2002). When such pressures are explored in therapy, those coping strategies that the couple has employed are revealed to the children, and the parents may feel more confident in raising their children to have strong racial identities (Solsberry, 1994).

Therapists should not assume that all maladaptive behaviors are a result of biracial identity (Kenney, 2002). The attribution of all psychological distress and behavioral difficulties in biracial youth to confusion with racial identity stems from biased assumptions and stereotypes about the population (Gibbs, 1998). It would be overtly presumptuous and unrealistic to assume that all psychological and behavioral difficulties present in biracial youth are the direct result of biracial identity confusion. Youth of all ages from all backgrounds experience psychological and emotional distress. It would be no more appropriate to attribute a biracial adolescent's distress to ethnic identity development than to attribute a Caucasian adolescent's difficulties to White identity development (Gibbs, 1998). It is essential to consider the influence that age, level of understanding, and cognitive abilities have on a child's perceptions and experiences of a problem (Kenney, 2002).

Finally, it is essential for family therapists who work with biracial families to understand their own attitudes about persons who are ethnically different from themselves as well as their attitudes related to interracial relationships (Gibbs, 1998; Harris, 2002; Milan & Keiley, 2000). Such awareness is necessary in order to maintain a nonjudgmental perspective on the counseling process and to provide therapy that is culturally appropriate (Solsberry, 1994). Gaining awareness of one's own assumptions, values, and biases helps develop a strong sense of acceptance of others.

CONCLUSION

As the number of interracial marriages continues to increase, the biracial population will also continue to grow (Root, 1992). The mental health profession must be prepared to provide effective services to this growing population. Perhaps further research and investigation into the unique challenges biracial youth and their families face will lead to a more thorough knowledge of effective interventions and

treatment strategies. Furthermore, by increasing our knowledge and awareness of such complexities, perhaps a more proactive, preventative approach can be taken in the therapeutic setting.

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