PSYCH-222: MULTICULTURAL PSYCHOLOGY



Jennifer Ounjian
Contra Costa College

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Psych-222: Multicultural Psychology (Ounjian)

Acknowledgements

Thanks to the Maricopa Millions Grant at the Maricopa County Community College District, for providing the funds and support to develop this textbook. It was originally produced for the course PSY 132 Psychology and Culture, an introductory-level, general education course at Glendale Community College. Many colleagues, fellow faculty, staff, teaching assistants and students have developed the course and generously given their time to improving the teaching materials. We are very grateful for their support. We are also very grateful for the editing and reviewing of our colleagues and students who contributions have improved the text and content.

Like many faculty, we were concerned about the cost of textbooks for our students who experienced financial hardship in purchasing required texts. In addition, we could not find an introductory undergraduate textbook that used an informal and engaging style. This situation prompted us to begin drafting this textbook and other open source course materials.

This textbook reflects the disciplinary expertise of the three main authors, who are all counselors and psychologists. We recognize this as both a strength and weakness of the text, as it provides a strong psychological approach but does not cover the entire range of work in the field. The guiding perspective of this work is an awareness that social and cultural factors influence our thinking and behavior but individual differences often direct our decision making and choices.

We hope this resource will be useful to anyone who is interested in the role that culture plays in shaping who we are and how we as individuals in turn shape our culture.

Senior Contributing Authors

- Lisa Worthy
- Trisha Lavigne
- Fernando Romero

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CHAPTER OVERVIEW

1: Introduction to Multicultural Psychology

1.1: Review of Contemporary Psychology
1.2: Introduction to Multicultural Psychology
1.3: Key Terms

Learning Objectives

By the end of this chapter, students should be able to:

1. **Define** multicultural psychology and explain how it differs from general psychology.
2. **Describe** the historical development and purpose of multicultural psychology as a discipline.
3. **Identify** key concepts such as culture, diversity, intersectionality, and social justice.
4. **Explain** why multicultural perspectives are essential in psychological research and practice.
5. **Discuss** how cultural factors impact individual and group behavior, identity, and mental health.
6. **Analyze** the role of psychologists in addressing bias, discrimination, and inequality.
7. **Reflect** on their own cultural backgrounds and how these influence their worldview and interactions.

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1.1: Review of Contemporary Psychology

Learning Objectives

- Appreciate the diversity of interests and foci within psychology
- Understand basic interests and applications in each of the described areas of psychology
- Demonstrate familiarity with some of the major concepts or important figures in each of the described areas of psychology

Before we begin talking about culture and psychology, it is important to have a basic understanding of the field of psychology. Broadly speaking, **psychology** is the science of behavior and mental processes, including emotions and thought (both conscious and unconscious). Psychologists, practitioners or researchers in the field, explore the role that cognitive processes (thinking) has on individual and social behavior. Psychologists also explore the physiological and biological processes (e.g., neurotransmitters, brain, and nervous system) that underlie the thinking and behavior of individuals. Psychological knowledge can then be applied to enhance the human condition and improve society.

There are four main goals of psychology:

Describe

Psychologists describe the behavior of humans and other animals in order improve our understanding of the behavior and get a sense of what can be considered normal and abnormal. Psychological researchers use many different methods to help describe behavior including naturalistic observation, case studies, and surveys. After describing behavior, it is easier for psychologists to understand and explain the behavior.

Explain

This goal involves determining the causes of behavior. Psychologists try to understand why a person acts or reacts in a certain way and then they try to identify if there are other factors that may produce the behavior (e.g., something that happens before or after a behavior). Using experimental designs, psychologists establish theories which will help explain the same behavior in different situations and contexts.

Predict

The third goal of psychology is to predict what behavior will come next, how a person will behave or when will the behavior happen in the future. Predicting behavior is hard, unless the behavior has already been studied which is why describing and explaining behavior must happen first. A psychologist may be able to predict a behavior by looking for a pattern using past instances or examples of that behavior. Predicting behaviors is essential for psychologists if they want to change or modify harmful or dysfunctional behaviors or to promote or encourage positive or prosocial behaviors among individuals.

Change or Control

Finally, and perhaps most importantly, psychology strives to change, influence, or control behavior to make positive and lasting changes in people's lives. It is important to note that if a psychologist tries to influence, shape, modify or control someone's behavior without asking permission or getting consent it is considered unethical. As noted earlier, the ultimate goal of psychology is to benefit individuals and society but we do this by respecting the rights of others.

Psychology has been described as a "hub science" which means that medicine tends to draw upon psychological research mainly through the fields of neurology and psychiatry. Social sciences commonly draw directly from sub-disciplines within psychology like social psychology and developmental psychology. The field of psychology is about understanding and solving problems in several areas of human activity and as a discipline psychology ultimately aims to benefit society.

What is the APA and APS?

Contemporary psychology is a diverse field that is influenced by all of the historical perspectives described in the preceding section. Reflective of the discipline's diversity is the diversity seen within the **American Psychological Association (APA)**. The APA is a professional organization representing psychologists in the United States. The APA is the largest organization of psychologists in the world, and its mission is to advance and disseminate psychological knowledge for the betterment of people. There are 56 divisions within the APA, representing a wide variety of specialties that range from Societies for the Psychology of

Religion and Spirituality to Exercise and Sport Psychology to Behavioral Neuroscience and Comparative Psychology. Reflecting the diversity of the field of psychology itself, members, affiliate members, and associate members span the spectrum from students to doctoral-level psychologists, and come from a variety of places including educational settings, criminal justice, hospitals, the armed forces, and industry (American Psychological Association, 2014). G. Stanley Hall was the first president of the APA. Before he earned his doctoral degree, he was an adjunct instructor at Wilberforce University, a historically black college/university (HBCU), while serving as faculty at Antioch College. Hall went on to work under William James, earning his PhD. Eventually, he became the first president of Clark University in Massachusetts when it was founded (Pickren & Rutherford, 2010).

The **Association for Psychological Science (APS)** was founded in 1988 and seeks to advance the scientific orientation of psychology. Its founding resulted from disagreements between members of the scientific and clinical branches of psychology within the APA. The APS publishes five research journals and engages in education and advocacy with funding agencies. A significant proportion of its members are international, although the majority is located in the United States. Other organizations provide networking and collaboration opportunities for professionals of several ethnic or racial groups working in psychology, such as the National Latina/o Psychological Association (NLPA), the Asian American Psychological Association (AAPA), the Association of Black Psychologists (ABPsi), and the Society of Indian Psychologists (SIP). Most of these groups are also dedicated to studying psychological and social issues within their specific communities.

Major Sub-Divisions of Psychology

This section will provide an overview of the major subdivisions within psychology today. This is not meant to be an exhaustive listing, but it will provide insight into the major areas of research and practice of modern-day psychologists.

Link to Learning

Please visit this website about the divisions within the APA to learn more.

View these student resources also provided by the APA.

Biopsychology and Evolutionary Psychology

As the name suggests, **biopsychology** explores how our biology influences our behavior. While biological psychology is a broad field, many biological psychologists want to understand how the structure and function of the nervous system is related to behavior (Figure 1.10). As such, they often combine the research strategies of both psychologists and physiologists to accomplish this goal (as discussed in Carlson, 2013).

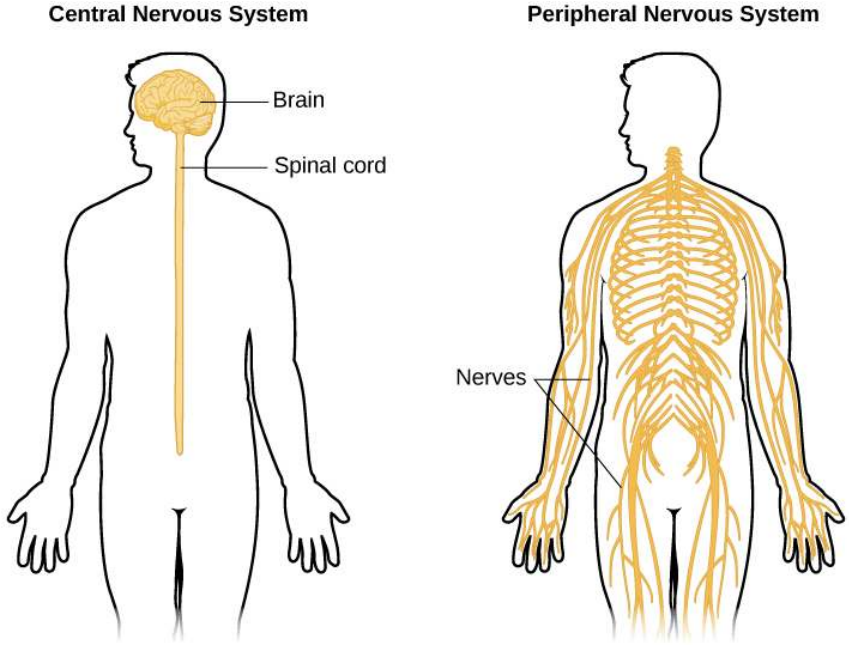


Figure **1.10** Biological psychologists study how the structure and function of the nervous system generate behavior.

The research interests of biological psychologists span a number of domains, including but not limited to, sensory and motor systems, sleep, drug use and abuse, ingestive behavior, reproductive behavior, neurodevelopment, plasticity of the nervous system, and biological correlates of psychological disorders. Given the broad areas of interest falling under the purview of biological psychology, it will probably come as no surprise that individuals from all sorts of backgrounds are involved in this research, including biologists, medical professionals, physiologists, and chemists. This interdisciplinary approach is often referred to as neuroscience, of which biological psychology is a component (Carlson, 2013).

While biopsychology typically focuses on the immediate causes of behavior based in the physiology of a human or other animal, evolutionary psychology seeks to study the ultimate biological causes of behavior. To the extent that a behavior is impacted by genetics, a behavior, like any anatomical characteristic of a human or animal, will demonstrate adaption to its surroundings. These surroundings include the physical environment and, since interactions between organisms can be important to survival and reproduction, the social environment. The study of behavior in the context of evolution has its origins with Charles Darwin, the co-discoverer of the theory of evolution by natural selection. Darwin was well aware that behaviors should be adaptive and wrote books titled, *The Descent of Man* (1871) and *The Expression of the Emotions in Man and Animals*(1872), to explore this field.

Evolutionary psychology, and specifically, the evolutionary psychology of humans, has enjoyed a resurgence in recent decades. To be subject to evolution by natural selection, a behavior must have a significant genetic cause. In general, we expect all human cultures to express a behavior if it is caused genetically, since the genetic differences among human groups are small. The approach taken by most evolutionary psychologists is to predict the outcome of a behavior in a particular situation based on evolutionary theory and then to make observations, or conduct experiments, to determine whether the results match the theory. It is important to recognize that these types of studies are not strong evidence that a behavior is adaptive, since they lack information that the behavior is in some part genetic and not entirely cultural (Endler, 1986). Demonstrating that a trait, especially in humans, is naturally selected is extraordinarily difficult; perhaps for this reason, some evolutionary psychologists are content to assume the behaviors they study have genetic determinants (Confer et al., 2010).

One other drawback of evolutionary psychology is that the traits that we possess now evolved under environmental and social conditions far back in human history, and we have a poor understanding of what these conditions were. This makes predictions about what is adaptive for a behavior difficult. Behavioral traits need not be adaptive under current conditions, only under the conditions of the past when they evolved, about which we can only hypothesize.

There are many areas of human behavior for which evolution can make predictions. Examples include memory, mate choice, relationships between kin, friendship and cooperation, parenting, social organization, and status (Confer et al., 2010).

Evolutionary psychologists have had success in finding experimental correspondence between observations and expectations. In one example, in a study of mate preference differences between men and women that spanned 37 cultures, Buss (1989) found that women valued earning potential factors greater than men, and men valued potential reproductive factors (youth and attractiveness) greater than women in their prospective mates. In general, the predictions were in line with the predictions of evolution, although there were deviations in some cultures.

Sensation and Perception

Scientists interested in both physiological aspects of sensory systems as well as in the psychological experience of sensory information work within the area of sensation and perception (Figure 1.11). As such, sensation and perception research is also quite interdisciplinary. Imagine walking between buildings as you move from one class to another. You are inundated with sights, sounds, touch sensations, and smells. You also experience the temperature of the air around you and maintain your balance as you make your way. These are all factors of interest to someone working in the domain of sensation and perception.

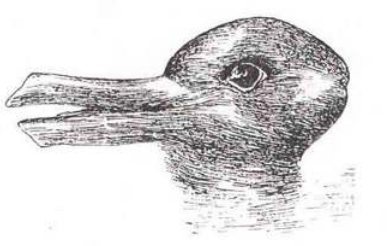


Figure **1.11** When you look at this image, you may see a duck or a rabbit. The sensory information remains the same, but your perception can vary dramatically.

As described in a later chapter that focuses on the results of studies in sensation and perception, our experience of our world is not as simple as the sum total of all of the sensory information (or sensations) together. Rather, our experience (or perception) is complex and is influenced by where we focus our attention, our previous experiences, and even our cultural backgrounds.

Cognitive Psychology

The cognitive revolution created an impetus for psychologists to focus their attention on better understanding the mind and mental processes that underlie behavior. Thus, **cognitive psychology** is the area of psychology that focuses on studying cognitions, or thoughts, and their relationship to our experiences and our actions. Like biological psychology, cognitive psychology is broad in its scope and often involves collaborations among people from a diverse range of disciplinary backgrounds. This has led some to coin the term cognitive science to describe the interdisciplinary nature of this area of research (Miller, 2003).

Cognitive psychologists have research interests that span a spectrum of topics, ranging from attention to problem solving to language to memory. The approaches used in studying these topics are equally diverse. Given such diversity, cognitive psychology is not captured in one chapter of this text per se; rather, various concepts related to cognitive psychology will be covered in relevant portions of the chapters in this text on sensation and perception, thinking and intelligence, memory, lifespan development, social psychology, and therapy.

Developmental Psychology

Developmental psychology is the scientific study of development across a lifespan. Developmental psychologists are interested in processes related to physical maturation. However, their focus is not limited to the physical changes associated with aging, as they also focus on changes in cognitive skills, moral reasoning, social behavior, and other psychological attributes.

Early developmental psychologists focused primarily on changes that occurred through reaching adulthood, providing enormous insight into the differences in physical, cognitive, and social capacities that exist between very young children and adults. For instance, research by Jean Piaget (Figure 1.12) demonstrated that very young children do not demonstrate object permanence. Object permanence refers to the understanding that physical things continue to exist, even if they are hidden from us. If you were to show an adult a toy, and then hide it behind a curtain, the adult knows that the toy still exists. However, very young infants act as if a hidden object no longer exists. The age at which object permanence is achieved is somewhat controversial (Munakata, McClelland, Johnson, and Siegler, 1997).



Figure **1.12** Jean Piaget is famous for his theories regarding changes in cognitive ability that occur as we move from infancy to adulthood.

While Piaget was focused on cognitive changes during infancy and childhood as we move to adulthood, there is an increasing interest in extending research into the changes that occur much later in life. This may be reflective of changing population demographics of developed nations as a whole. As more and more people live longer lives, the number of people of advanced age will continue to increase. Indeed, it is estimated that there were just over 40 million people aged 65 or older living in the United States in 2010. However, by 2020, this number is expected to increase to about 55 million. By the year 2050, it is estimated that nearly 90 million people in this country will be 65 or older (Department of Health and Human Services, n.d.).

Personality Psychology

Personality psychology focuses on patterns of thoughts and behaviors that make each individual unique. Several individuals (e.g., Freud and Maslow) that we have already discussed in our historical overview of psychology, and the American psychologist Gordon Allport, contributed to early theories of personality. These early theorists attempted to explain how an individual's personality develops from his or her given perspective. For example, Freud proposed that personality arose as conflicts between the conscious and unconscious parts of the mind were carried out over the lifespan. Specifically, Freud theorized that an individual went through various psychosexual stages of development. According to Freud, adult personality would result from the resolution of various conflicts that centered on the migration of erogenous (or sexual pleasure-producing) zones from the oral (mouth) to the anus to the phallus to the genitals. Like many of Freud's theories, this particular idea was controversial and did not lend itself to experimental tests (Person, 1980).

More recently, the study of personality has taken on a more quantitative approach. Rather than explaining how personality arises, research is focused on identifying **personality traits**, measuring these traits, and determining how these traits interact in a particular context to determine how a person will behave in any given situation. Personality traits are relatively consistent patterns of thought and behavior, and many have proposed that five trait dimensions are sufficient to capture the variations in personality seen across individuals. These five dimensions are known as the "Big Five" or the Five Factor model, and include dimensions of conscientiousness, agreeableness, neuroticism, openness, and extraversion (Figure 1.13). Each of these traits has been demonstrated to be relatively stable over the lifespan (e.g., Rantanen, Metsäpelto, Feldt, Pulkinnen, and Kokko, 2007; Soldz & Vaillant, 1999; McCrae & Costa, 2008) and is influenced by genetics (e.g., Jang, Livesly, and Vernon, 1996).

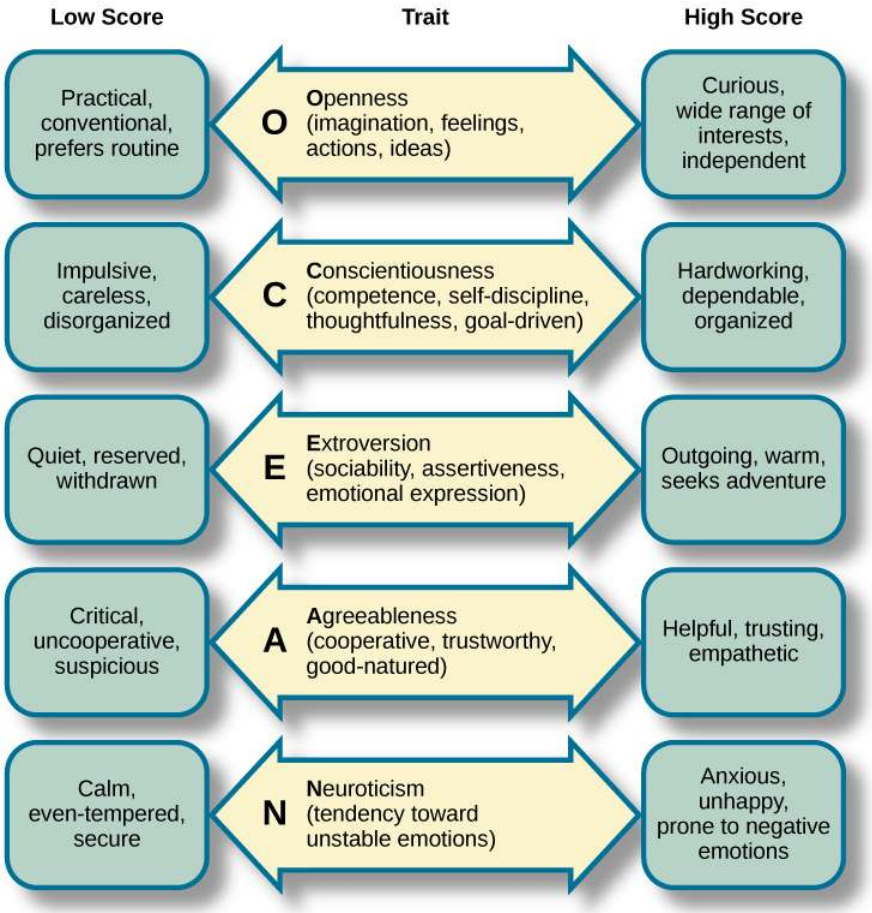


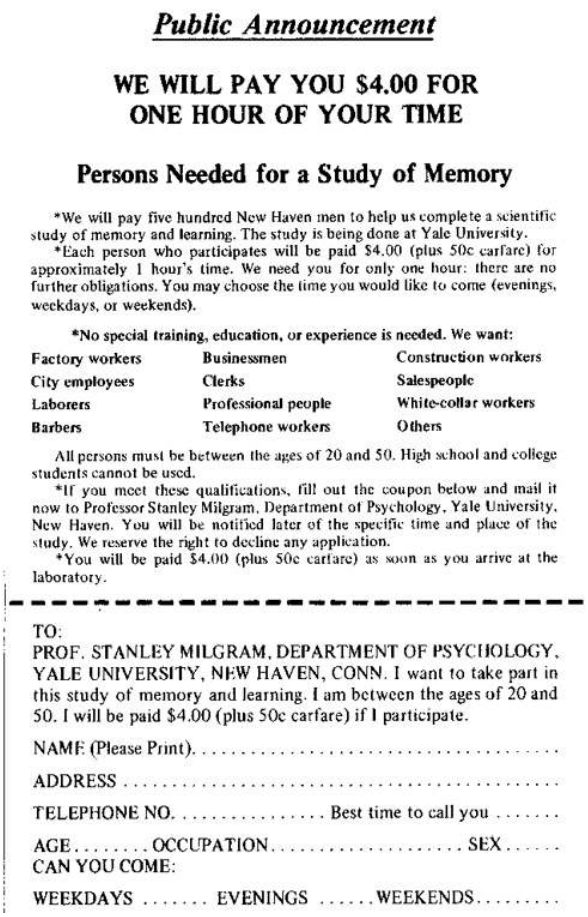
Figure **1.13** Each of the dimensions of the Five Factor model is shown in this figure. The provided description would describe someone who scored highly on that given dimension. Someone with a lower score on a given dimension could be described in opposite terms.

Social Psychology

Social psychology focuses on how we interact with and relate to others. Social psychologists conduct research on a wide variety of topics that include differences in how we explain our own behavior versus how we explain the behaviors of others, prejudice, and

attraction, and how we resolve interpersonal conflicts. Social psychologists have also sought to determine how being among other people changes our own behavior and patterns of thinking.

There are many interesting examples of social psychological research, and you will read about many of these in a later chapter of this textbook. Until then, you will be introduced to one of the most controversial psychological studies ever conducted. Stanley Milgram was an American social psychologist who is most famous for research that he conducted on obedience. After the holocaust, in 1961, a Nazi war criminal, Adolf Eichmann, who was accused of committing mass atrocities, was put on trial. Many people wondered how German soldiers were capable of torturing prisoners in concentration camps, and they were unsatisfied with the excuses given by soldiers that they were simply following orders. At the time, most psychologists agreed that few people would be willing to inflict such extraordinary pain and suffering, simply because they were obeying orders. Milgram decided to conduct research to determine whether or not this was true (Figure 1.14). As you will read later in the text, Milgram found that nearly two-thirds of his participants were willing to deliver what they believed to be lethal shocks to another person, simply because they were instructed to do so by an authority figure (in this case, a man dressed in a lab coat). This was in spite of the fact that participants received payment for simply showing up for the research study and could have chosen not to inflict pain or more serious consequences on another person by withdrawing from the study. No one was actually hurt or harmed in any way, Milgram's experiment was a clever ruse that took advantage of research confederates, those who pretend to be participants in a research study who are actually working for the researcher and have clear, specific directions on how to behave during the research study (Hock, 2009). Milgram's and others' studies that involved deception and potential emotional harm to study participants catalyzed the development of ethical guidelines for conducting psychological research that discourage the use of deception of research subjects, unless it can be argued not to cause harm and, in general, requiring informed consent of participants.



Public Announcement

WE WILL PAY YOU $4.00 FOR ONE HOUR OF YOUR TIME

Persons Needed for a Study of Memory

*We will pay five hundred New Haven men to help us complete a scientific study of memory and learning. The study is being done at Yale University.

*Each person who participates will be paid $4.00 (plus 50c carfare) for approximately 1 hour's time. We need you for only one hour: there are no further obligations. You may choose the time you would like to come (evenings, weekdays, or weekends).

*No special training, education, or experience is needed. We want:

Factory workers	Businessmen	Construction workers
City employees	Clerks	Salespeople
Laborers	Professional people	White-collar workers
Barbers	Telephone workers	Others

All persons must be between the ages of 20 and 50. High school and college students cannot be used.

*If you meet these qualifications, fill out the coupon below and mail it now to Professor Stanley Milgram, Department of Psychology, Yale University, New Haven. You will be notified later of the specific time and place of the study. We reserve the right to decline any application.

*You will be paid $4.00 (plus 50c carfare) as soon as you arrive at the laboratory.

TO:
PROF. STANLEY MILGRAM, DEPARTMENT OF PSYCHOLOGY, YALE UNIVERSITY, NEW HAVEN, CONN. I want to take part in this study of memory and learning. I am between the ages of 20 and 50. I will be paid $4.00 (plus 50c carfare) if I participate.

NAME (Please Print). . . . . .

ADDRESS . . . . . .

TELEPHONE NO. . . . . Best time to call you . . . . . .

AGE . . . . . OCCUPATION. . . . . SEX . . . . . .
CAN YOU COME:

WEEKDAYS . . . . . EVENINGS . . . . . WEEKENDS. . . . . .

Figure **1.14** Stanley Milgram's research demonstrated just how far people will go in obeying orders from an authority figure. This advertisement was used to recruit subjects for his research.

Multicultural, Cross Cultural, and Gender Psychology

Newer subfields of social psychology include cross-cultural, multicultural, and gender psychology. Each is methodologically and theoretically driven using a variety of research methods from other foundational areas. *Cross cultural* psychology examines how

behavior and thinking may vary across situations and cultures, but same underlying processes remain universal while *multicultural* psychology examines "the study of human behavior (including attitudes norms, values, and beliefs) as influenced (1) by a person's cultures interacting with variables as diverse as race, ethnicity, gender, social class, and sexuality, and (2) by the person's involvement with other individuals who share or differ in terms of their cultures as influenced in turn by such characteristics as race, ethnicity, gender, and social class" (Balls-Organista et al., 2018 p. 5.) *Gender* psychology explores the social construction of gender as well as the concepts of masculinity and femininity across cultures and how they influence thoughts, feelings, and behavior.

Industrial-Organizational Psychology

Industrial-Organizational psychology (I-O psychology) is a subfield of psychology that applies psychological theories, principles, and research findings in industrial and organizational settings. I-O psychologists are often involved in issues related to personnel management, organizational structure, and workplace environment. Businesses often seek the aid of I-O psychologists to make the best hiring decisions as well as to create an environment that results in high levels of employee productivity and efficiency. In addition to its applied nature, I-O psychology also involves conducting scientific research on behavior within I-O settings (Riggio, 2013).

Health Psychology

Health psychology focuses on how health is affected by the interaction of biological, psychological, and sociocultural factors. This particular approach is known as the **biopsychosocial model** (Figure 1.15). Health psychologists are interested in helping individuals achieve better health through public policy, education, intervention, and research. Health psychologists might conduct research that explores the relationship between one's genetic makeup, patterns of behavior, relationships, psychological stress, and health. They may research effective ways to motivate people to address patterns of behavior that contribute to poorer health (MacDonald, 2013).

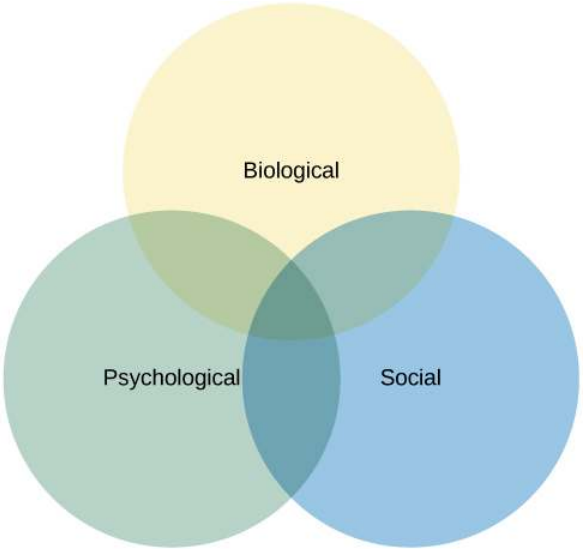


Figure **1.15** The biopsychosocial model suggests that health/illness is determined by an interaction of these three factors.

Sport and Exercise Psychology

Researchers in **sport and exercise psychology** study the psychological aspects of sport performance, including motivation and performance anxiety, and the effects of sport on mental and emotional wellbeing. Research is also conducted on similar topics as they relate to physical exercise in general. The discipline also includes topics that are broader than sport and exercise but that are related to interactions between mental and physical performance under demanding conditions, such as fire fighting, military operations, artistic performance, and surgery.

Clinical Psychology

Clinical psychology is the area of psychology that focuses on the diagnosis and treatment of psychological disorders and other problematic patterns of behavior. As such, it is generally considered to be a more applied area within psychology; however, some

clinicians are also actively engaged in scientific research. **Counseling psychology** is a similar discipline that focuses on emotional, social, vocational, and health-related outcomes in individuals who are considered psychologically healthy.

As mentioned earlier, both Freud and Rogers provided perspectives that have been influential in shaping how clinicians interact with people seeking psychotherapy. While aspects of the psychoanalytic theory are still found among some of today's therapists who are trained from a psychodynamic perspective, Roger's ideas about client-centered therapy have been especially influential in shaping how many clinicians operate. Furthermore, both behaviorism and the cognitive revolution have shaped clinical practice in the forms of behavioral therapy, cognitive therapy, and cognitive-behavioral therapy (Figure 1.16). Issues related to the diagnosis and treatment of psychological disorders and problematic patterns of behavior will be discussed in detail in later chapters of this textbook.

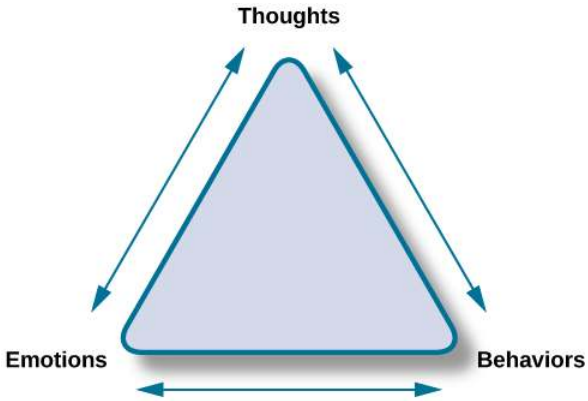


Figure **1.16** Cognitive-behavioral therapists take cognitive processes and behaviors into account when providing psychotherapy. This is one of several strategies that may be used by practicing clinical psychologists.

By far, this is the area of psychology that receives the most attention in popular media, and many people mistakenly assume that all psychology is clinical psychology.

Forensic Psychology

Forensic psychology is a branch of psychology that deals questions of psychology as they arise in the context of the justice system. For example, forensic psychologists (and forensic psychiatrists) will assess a person's competency to stand trial, assess the state of mind of a defendant, act as consultants on child custody cases, consult on sentencing and treatment recommendations, and advise on issues such as eyewitness testimony and children's testimony (American Board of Forensic Psychology, 2014). In these capacities, they will typically act as expert witnesses, called by either side in a court case to provide their research- or experience-based opinions. As expert witnesses, forensic psychologists must have a good understanding of the law and provide information in the context of the legal system rather than just within the realm of psychology. Forensic psychologists are also used in the jury selection process and witness preparation. They may also be involved in providing psychological treatment within the criminal justice system. Criminal profilers are a relatively small proportion of psychologists that act as consultants to law enforcement.

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1.2: Introduction to Multicultural Psychology

What is Multicultural Psychology?

Cultural psychology is an interdisciplinary study of how culture reflect and shape the mind and behavior of its members (Heine, 2011). The main position of cultural psychology is that mind and culture are inseparable, meaning that people are shaped by their culture and their culture is also shaped by them (Fiske, Kitayama , Markus, & Nisbett, 1998). Shweder (1991) expanded, “Cultural psychology is the study of the way cultural traditions and social practices regulate, express, and transform the human psyche, resulting less in psychic unity for humankind than in ethnic divergences in mind, self, and emotion.” Incorporating a cultural perspective in psychological research helps to ensure that the knowledge we learn is more accurate and descriptive of all people. Cultural psychology research informs several fields within psychology, including social psychology, developmental psychology, and cognitive psychology.

Cultural psychology is often confused with cross-cultural psychology but they are not the same thing. **Cross-cultural psychology** uses culture to test the universality of psychological processes rather than for determining how cultural practices shape psychological processes. For example, a cross-cultural psychologist would ask whether Jean Piaget’s stages of development (e.g., sensorimotor, preoperational, concrete operational, and formal operational) are **universal** (the same) across all cultures. A cultural psychologist would ask how the social practices of a particular set of cultures shape the development of cognitive processes in different ways (Markus & Kitayama , 2003).

Despite its contributions to the field of psychology, there have been criticisms of cultural psychology including cultural stereotyping and methodological issues. There has been an abundance of research that explores the cultural differences between East Asians and North Americans in areas cognitive psychology (e.g., attention, perception, cognition) and social psychology (e.g., self and identity). Some psychologists have argued that this research is based on cultural stereotyping (Turiel , 2002) and minimizes the role of the individual (McNulty, 2004). Additionally, self-report data is one of the easiest, least expensive and most accessible methods for mass data collection, especially when conducting research in cultural psychology (Kitayama , et al., 2002; Masuda & Nisbett, 2001). Relying on self-report data for cross-cultural comparisons of attitudes and values can lead to relatively unstable and ultimately misleading data and interpretations. We discuss this in greater detail in Chapter 3.

While earlier APA publications defined multicultural as "interactions between individuals from minority ethnic and racial groups in the United States and the dominant European-American culture” (APA, 2003 p. 378) by 2013 the APA published ***Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality*** (APA, 2017.*)* In this document, the leaders of the APA instructed their members to reconsider how they approach diversity within psychology, and that **intersectionality** should be the primary focus. (*We will cover intersectionality in more depth in chapter 2*.) Through the consideration of all levels and influences into an individuals' identity development, including developmental aspects and lived experience, we are better able to understand the complexity of individual and group experience. The Guidelines presented a framework for how multicultural competent services were developed (including practice, research, consultation, and education) using an **Ecological** approach. This approach, based on Brofenbrenner's (1977) model, guides us to consider the influence of the *microsystem* (immediate relationships), *mesosystem* (social aspects of a person's life such as school and work), *exosystem* (social and cultural factors), up to the *macrosystem*, and *chronosystems* (societal norms, trends, and transitions) on development and psychological processes. The Ecological approach, when approached through the lens of intersectionality, allows us to consider the myriad of influences on an individuals thoughts, feelings, and behaviors across the lifespan.

More recently, in 2019, the APA published ***APA Guidelines on Race and Ethnicity in Psychology: Promoting Responsiveness and Equity*** (APA, 2019.) Introduced as "aspirational guidance" (APA, 2019 p. 3), these guidelines separate the concepts of race and ethnicity from the Multicultural Guidelines (2013) as significant and important factors in shaping the psychology of all people in the United States. Based on an increase of research in the last 20 years focusing on race and ethnicity and their complex relationship within psychology, we will approach our examination in this course using an intersectional lens to examine the impact of race and an ***ethnocultural*** experience within psychological development.

Why study Multicultural Psychology?

Have you ever wondered:

> *"why are the people in the studies always white college students?"*
>
> *"how is **my** experience explained by psychology?"*

"why can't I ever find psychology research about topics that are important in my community?"

And my own question, *"why is multicultural psychology considered a fairly recent development? We've been here the whole time! Were you even looking?"*

To say that psychology has not had a good record of providing research for and about racial and ethnocultural communities is an understatement. Guthrie's (2004) text ***Even the Rat Was White,*** exposes some of the racist history of psychological research. Two examples that we will explore include the Tuskegee Experiment which highlights the legacy of racism and disregard for Black lives in the name of research while the current disparity in Black infant mortality rates stands as a sign that we still have so far to go. The racist use of psychological tests on MENA, Latina/o/x/e and Black children, justification for Native American boarding schools, gender conversion therapy, the rising rates of **minoritized** populations who lack access to basic psychological care, and all those embracing alternative identities that are treated without regard for the intersectional nature of their personal experience tells us that we still have work to do.

Your experience is valued and your voice is needed to direct the future of psychological research.

There is a growing body of research supporting the impact of racial, ethnic, and cultural variables on psychological development regardless of a person's ethnic identity (APA, 2019). As the population continues to become more diverse, including the increase of biracial and multiracial people, psychologists must develop the skills needed to work with all populations including Asian Americans, Black and African Americans, Indigenous Peoples, Latina/o/x/e, and Middle Eastern and North African (MENA) people. Research that is conducted in a culturally competent way will help service providers identify and support the needs of minoritized communities including the direction of public health programs, quality of educational services, effectiveness of psychological services and counseling, as well as the development of community resources.

Let's drop this remix...

This textbook is so perfectly called a *remix*. It is a combination of the work of many different authors who have all contributed to the growing body of Open Educational Resources (OER). I have selected pages and chapters from Anthropology, Sociology, Social Justice Studies, Ethnic Studies, Social Work, and Psychology since a multidisciplinary approach allows us to learn from the best work in many fields.

We will start by familiarizing ourselves with the terminology used in multicultural psychology as well as some of the theoretical perspectives that have been used to guide the research in chapter 2. Once we are familiar with the language we will take a deep dive into culturally competent research in chapter 3. Chapter 4 explores the challenges and victories of immigration (by choice and by force) by examining assimilation, acculturation, and switching. Chapters 5 and 6 will explore the intersections of identity through race, ethnicity, gender, and sexuality. Enculturation and socialization, the way we learn culture is explored in Chapter 7 and social behaviors including prejudice, discrimination, and racism will be covered in Chapter 8. Physical and mental health including health disparities are covered in Chapters 9 and 10. Finally, Chapter 10 will look at the cultural development of morality.

Note

Are you new to the field of psychology? Review this chapter by Votaw (2020) and watch this video for an overview of what psychology covers.

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1.3: Key Terms

American Psychological Association (APA)
professional organization representing psychologists in the United States

behaviorism
focus on observing and controlling behavior

biopsychology
study of how biology influences behavior

biopsychosocial model
perspective that asserts that biology, psychology, and social factors interact to determine an individual's health

clinical psychology
area of psychology that focuses on the diagnosis and treatment of psychological disorders and other problematic patterns of behavior

cognitive psychology
study of cognitions, or thoughts, and their relationship to experiences and actions

counseling psychology
area of psychology that focuses on improving emotional, social, vocational, and other aspects of the lives of psychologically healthy individuals

developmental psychology
scientific study of development across a lifespan

dissertation
long research paper about research that was conducted as a part of the candidate's doctoral training

ecological
an approach that focuses on the transactions between individuals and social systems, the system's relationships with other systems, and the balance of social structures and processes that allow individuals to engage with different systems

empirical method
method for acquiring knowledge based on observation, including experimentation, rather than a method based only on forms of logical argument or previous authorities

ethnocultural
the culture shared and transmitted amongst an ethnic group with common ancestry and history. Ethnocultural socialization impacts everyone regardless of whether an individual claims or is aware of an active ethnic identity.

forensic psychology
area of psychology that applies the science and practice of psychology to issues within and related to the justice system

functionalism
focused on how mental activities helped an organism adapt to its environment

humanism
perspective within psychology that emphasizes the potential for good that is innate to all humans

intersectionality
theoretical approach that examines how systems of oppression and privilege interact.

introspection

process by which someone examines their own conscious experience in an attempt to break it into its component parts

minoritized

a term used in place of *minority* (noun) to highlight the social oppression that minoritizes individuals. The term minoritized uses active voice to reveal the system of social oppression that is often rendered unseen through the use of passive voice within the term minority.

ology

suffix that denotes “scientific study of”

personality psychology

study of patterns of thoughts and behaviors that make each individual unique

personality trait

consistent pattern of thought and behavior

PhD

(doctor of philosophy) doctoral degree conferred in many disciplinary perspectives housed in a traditional college of liberal arts and sciences

postdoctoral training program

allows programs and broaden their research skills under the supervision of other professionals in the field

psychoanalytic theory

focus on the role of the unconscious in affecting conscious behavior

psychology

scientific study of the mind and behavior

PsyD

(doctor of psychology) doctoral degree that places less emphasis on research-oriented skills and focuses more on application of psychological principles in the clinical context

sport and exercise psychology

area of psychology that focuses on the interactions between mental and emotional factors and physical performance in sports, exercise, and other activities

structuralism

understanding the conscious experience through introspection

Note

Brandeis University has an easy to use list of social justice definitions.

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CHAPTER OVERVIEW

2: Key Theoretical Concepts

2.1: Defining Culture

2.1.1: Cultural WEIRDos

2.1.2: Two Views of Culture

2.1.3: Products of Culture

2.2: Defining Race

2.2.1: Multiracial Americans

2.3: Ethnicity and Religion

2.4: What is Intersectionality?

2.5 Ecological Theory

Learning Objectives

By the end of this chapter, students should be able to:

1. **Define** key concepts such as culture, worldview, values, and norms in a psychological context.
2. **Explain** major cultural dimensions (e.g., individualism vs. collectivism, power distance) and how they influence behavior.
3. **Describe** theoretical models used to understand culture's role in psychological development and functioning.
4. **Analyze** how ecological and cultural systems shape individuals' experiences and identities.
5. **Compare** Western psychological theories with culturally grounded perspectives.
6. **Apply** key theoretical concepts to interpret cross-cultural behaviors and worldviews.
7. **Reflect** on how one's own cultural background influences perceptions, values, and psychological assumptions.

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2.1: Defining Culture

Defining Culture in Multicultural Psychology

We have spent a lot of time talking about culture without really defining it and to complicate matters more, there are many definitions of culture and it is used in different ways by different people. When someone says, “My company has a competitive culture,” does it mean the same thing as when another person says, “I’m taking my children to the museum so they can get some culture”? To provide clarity within the context of multicultural psychology, **culture can be defined as** patterns of learned and shared behavior that are cumulative and transmitted across generations (Matsumoto & Juang, 2016).

Patterns

Culture is characterized by systematic and predictable behaviors and thought processes among its members. These patterns emerge as individuals adapt to, share, and store cultural knowledge. Although similarities exist across cultures, notable differences can also be observed. For instance, in both Canada and India, it is customary to bring a small gift when visiting a host's home. However, while Canadians may bring a bottle of wine and expect it to be opened immediately, Indians often bring sweets, which are typically set aside to be opened later (Triandis, 2007).

Sharing

Culture is a product of social interaction and cooperation. Humans share knowledge and skills within their social networks, and the content and manner of this sharing contribute to cultural formation. For example, older generations recall maintaining long-distance friendships through letters that arrived every few months. In contrast, contemporary youth culture achieves the same goal using instant text messaging (Greenfield, 2009).

Learning and Enculturation

Cultural behaviors, values, and norms are acquired through a process known as **enculturation**, which begins in early childhood. Caregivers are the primary agents of cultural transmission, teaching children both directly and by example. For instance, children learn social politeness by being reminded to say "thank you." They also acquire culturally appropriate dress codes and social behaviors (Rogoff, 2003).Culture teaches us what behaviors and emotions are appropriate or expected in different situations.

Culture dictates appropriate emotional expression. In some societies, it is considered appropriate to conceal anger. Instead of expressing their feelings outright, people purse their lips, furrow their brows, and say little. In other cultures, however, it is appropriate to express anger. In these places, people are more likely to bare their teeth, furrow their brows, point or gesture, and yell (Matsumoto, Yoo , & Chung, 2010).

Members of a culture also engage in rituals which are used to teach people what is important. For example, young people who are interested in becoming Buddhist monks often have to endure rituals that help them shed feelings of specialness or superiority—feelings that run counter to Buddhist doctrine. To do this, they might be required to wash their teacher’s feet, scrub toilets, or perform other menial tasks. Similarly, many Jewish adolescents go through the process of *bar* and *bat mitzvah* . This is a ceremonial reading from scripture that requires the study of Hebrew and, when completed, signals that the youth is ready for full participation in public worship. These examples help to illustrate the concept of enculturation.

Cumulative

Cultural knowledge is information that is “ stored” and then the learning grows across generations. We understand more about the world today than we did 200 years ago, but that doesn’t mean the culture from long ago has been erased. For instance, members of the Haida culture, a First Nations people in British Columbia, Canada are able to profit from both ancient and modern experiences. They might employ traditional fishing practices and wisdom stories while also using modern technologies and services.

Transmission

Culture is passed down from one generation to the next through various mechanisms, including family, education, and social institutions. Families create their own microcultures within broader societal norms. Parents teach children behavioral expectations through both direct instruction and implicit modeling. Beyond the family, cultural norms are reinforced in places of worship, schools, and even commercial centers (Berry, 2002).Understanding culture as a learned pattern of thoughts and behaviors is interesting for several reasons. First, it highlights the ways groups can come into conflict with one another. Members of different cultures simply learn different ways of behaving. Teenagers today interact with technologies, like a smartphone , using a different

set of rules than people who are in their 40s, 50s, or 60s. Older adults might find texting in the middle of a face-to-face conversation rude while younger people often do not.

Understanding Cultural Differences

Recognizing that culture is learned rather than innate helps explain conflicts between groups. Differences in cultural behaviors can lead to misunderstandings. For instance, younger individuals who frequently text during face-to-face conversations may not perceive this as rude, while older generations often do (Turkle, 2011).

These differences can sometimes become politicized and a source of tension between groups. One example of this is Muslim women who wear a *hijab* , or headscarf. Non-Muslims do not follow this practice, so occasional misunderstandings arise about the appropriateness of the tradition. Second, understanding that culture is learned is important because it means that people can adopt an appreciation of patterns of behavior that are different than their own. Finally, understanding that culture is learned can be helpful in developing self-awareness. For instance, people from the United States might not even be aware of the fact that their attitudes about public nudity are influenced by their cultural learning. While women often go topless on beaches in Europe and women living a traditional tribal existence in places like the South Pacific also go topless, it is illegal for women in some of the United States to do so.

These cultural norms for modesty that are reflected in government laws and policies also enter the discourse on social issues such as the appropriateness of breastfeeding in public. Understanding that your preferences are, in many cases, the products of cultural learning might empower you to revise them if doing so will lead to a better life for you or others.

Humans use culture to adapt and transform the world they live in and you should think of the word culture as a conceptual tool rather than as a uniform, static definition. Culture changes through interactions with individuals, media, and technology, just to name a few. Culture generally changes for one of two reasons: selective transmission or to meet changing needs. This means that when a village or culture is met with new challenges, for example, a loss of a food source, they must change the way they live. It could also include forced relocation from ancestral domains due to external or internal forces. For example, in the United States tens of thousands Native Americans were forced to migrate from their ancestral lands to reservations established by the United States government so it could acquire lands rich with natural resources. The forced migration resulted in death, disease and many cultural changes for the Native Americans as they adjusted to new ecology and way of life.

Cultural Change and Adaptation

Culture is dynamic, evolving through interactions with individuals, media, and technology. Change occurs for two primary reasons: selective transmission and adaptation to new challenges. For example, a community facing food shortages may develop alternative agricultural methods. In cases of forced migration, cultural adaptation can be abrupt and traumatic. The displacement of Native American tribes in the United States led to significant cultural transformations as they adjusted to new environments and ways of life (Deloria, 1988).

Understanding culture as a conceptual tool rather than a fixed entity allows for greater flexibility in recognizing diversity and adaptation. Appreciating cultural learning empowers individuals to reflect on their biases and expand their perspectives, ultimately fostering cross-cultural understanding and cooperation.

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2.1.1: Cultural WEIRDos

The W.E.I.R.D. Bias in Psychological Research

Despite its ultimate aim to benefit society, the psychological aspects of culture have historically been overlooked because many elements of culture cannot be directly observed. For instance, the way gender roles are learned is a cultural process, as is the way individuals conceptualize their sense of duty toward family members.

Additionally, psychology has been disproportionately influenced by research conducted using human subjects from **Western, educated, industrialized, rich, and democratic (W.E.I.R.D.)** nations (Henrich et al., 2010). Findings derived from these populations are often generalized as universal theories, despite their limited applicability to other cultural contexts.

Research increasingly demonstrates cultural variability in cognitive processes such as logical reasoning and social values. For example, individuals from the United States, Canada, and Western Europe tend to use analytical reasoning, which isolates objects from their contexts. This reasoning style supports the fundamental attribution error—the tendency to explain behavior based on internal personality traits rather than external circumstances (Jones, 2010; Nisbett et al., 2005). In contrast, many non-W.E.I.R.D. cultures employ holistic reasoning, which considers the broader situational context. For instance, individuals from East Asian cultures may interpret anger as a response to an irritating day rather than as an inherent personality trait.

By focusing primarily on W.E.I.R.D. populations, psychological research fails to account for the vast diversity of human experiences. Applying findings from these populations to global contexts can lead to erroneous assumptions and hinder the development of accurate psychological theories.

A primary objective of cultural psychology is to integrate diverse cultural perspectives into foundational psychological theories. This inclusive approach ensures that psychological models better predict, describe, and explain human behaviors across different societies (Shweder & Levine, 1984).

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2.1.2: Two Views of Culture

Understanding the Etic Perspective in Cross-Cultural Psychology

An **etic perspective** refers to a psychological construct or process that is considered universal and applicable across all cultures. This perspective is foundational to **cross-cultural psychology**, which seeks to identify similarities in human behavior, cognition, and development across diverse cultural contexts. For example, in child development research, an etic approach would compare developmental stages, such as those outlined by **Jean Piaget**, across multiple cultures to determine commonalities in cognitive growth.

Cultural Universals in Psychology

Cultural universals are psychological processes and behaviors that exist in every human society, regardless of cultural background. These universal attributes form the basis of psychological studies that aim to understand human nature across cultures. Some key examples of cultural universals include:

- **Language and Cognition** – The ability to develop and use language, as well as fundamental cognitive processes like memory and problem-solving.
- **Group Membership** – The human tendency to form social groups, cooperate, and establish social hierarchies.
- **Rituals** – Ceremonial or symbolic behaviors that are practiced across cultures, such as rites of passage or religious ceremonies.
- **Emotions** – The expression and recognition of basic emotions, such as happiness, sadness, anger, and fear, which are widely studied in **universal emotion theory** (Ekman, 1999).

Etic vs. Emic Perspectives

The **etic perspective** contrasts with the **emic perspective**, which focuses on cultural differences and the unique psychological processes that shape behaviors within specific cultural contexts. The emic approach is often referred to as an 'insider's perspective,' as it emphasizes cultural specificity and localized experiences. While this perspective provides valuable insights, it also carries the risk of **cultural bias**—particularly if the researcher is a member of the culture they are studying. In such cases, an insider-researcher may unintentionally overlook aspects of their culture that seem self-evident or fail to recognize how cultural practices might be perceived from an external viewpoint.

Balancing Etic and Emic Approaches

Both etic and emic perspectives are essential in psychological research, and a **balanced approach** is often the most effective way to study human behavior. While the etic perspective helps identify universal psychological principles, the emic perspective ensures that cultural nuances are acknowledged and understood. By integrating both perspectives, psychologists can develop more comprehensive theories that account for both universal and culturally specific dimensions of human experience.

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2.1.3: Products of Culture

In cultural psychology, **material culture** refers to the objects or belongings of a group including food, fashion, architecture or physical structures. These objects reflect the historical, geographic, and social conditions of the culture. For instance, the clothes that you are wearing right now might tell researchers of the future about the fashions of today.

Nonmaterial culture (*subjective)*, by contrast, consists of the ideas, attitudes, and beliefs of a society.

Norms are things that are considered normal, appropriate, or ordinary for a particular group of people and guide members on how they should behave in a given context. In Western cultures wearing dark clothing and appearing solemn are normative behaviors at a funeral. In certain cultures, they reflect the values of respect and support of friends and family.

Values are related to the norms of a culture, but they are more global and abstract than norms. Norms are rules for behavior in specific situations, while values identify what should be judged as good or evil. Flying the national flag on a holiday is a *norm* , but it exhibits patriotism, which is a *value* .

Beliefs are the way people think the universe operates. Beliefs can be religious or secular, and they can refer to any aspect of life. For instance, many people in the United States believe that hard work is the key to success, while in other countries your success is determined by fate.

Norms, values, and beliefs are all deeply interconnected. Together, they provide a way to understand culture.

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2.2: Defining Race

Questioning the Biological Definition of Race

From a biological perspective, **race** refers to a category of people who share certain inherited physical characteristics, such as skin color, facial features, and stature. Most people think of race in biological terms, and for more than 300 years, or ever since white Europeans began colonizing populations of color elsewhere in the world, race has indeed served as the “premier source of human identity” (A. Smedley, 1998, p. 690).

Phenotype and Genotype

Phenotype refers to the composite observable traits and behaviors of an individual or group. **Genotype** refers to a person’s genetic makeup.

Phenotype is thus the physical manifestation of genotype. The most noticeable phenotype difference is skin tone: some groups of people have very dark skin, while others have very light skin or brown skin. Other differences also exist. Some people have very curly hair, while others have very straight hair. Some individuals have thin lips, while others have thick lips. Some people tend to be relatively tall, while others tend to be relatively short. Some have oval eyes, while others have round eyes. In the past, theorists have posited categories of race based on various geographic regions, ethnicities, skin colors, and more. Their labels for racial groups have connoted regions (Mongolia and the Caucus Mountains, for instance) or skin tones (Black, white, yellow, and red, for example).

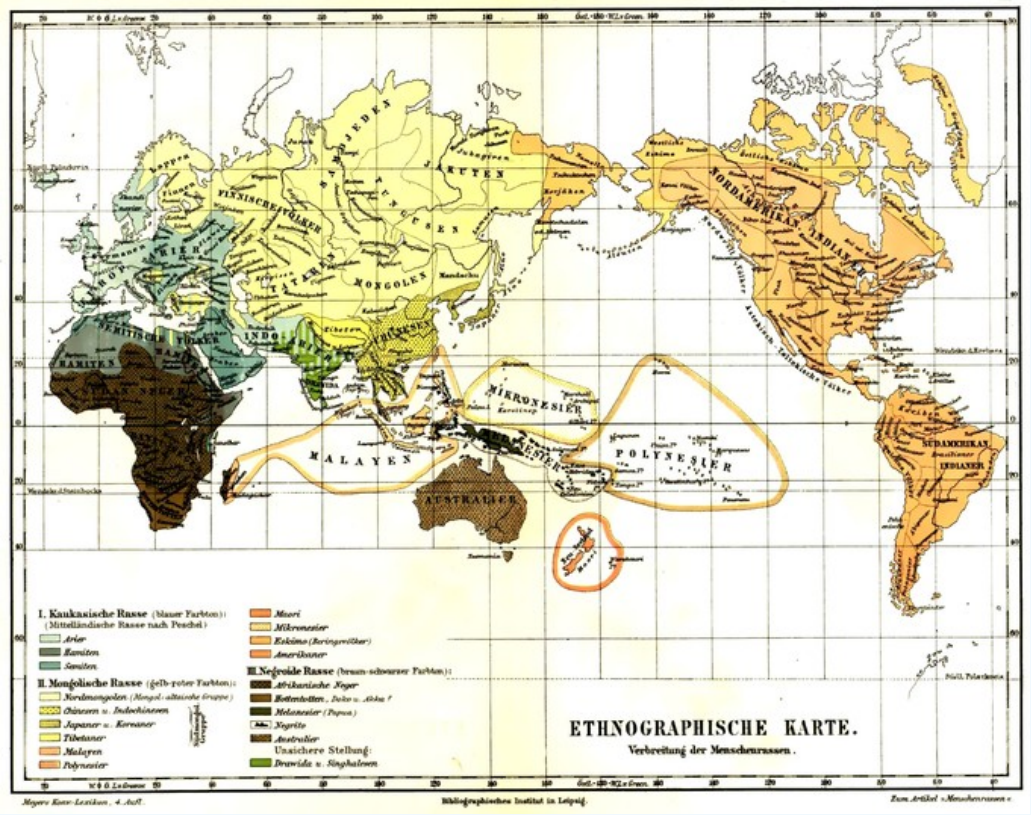


Figure 2.2.1: Meyers's ethnographic map, late 19th-Century. (CC PDM 1.0; Wikimedia)

An example of an early modern attempt at racial categorization, this map depicts the three great races, according to Meyers Konversationslexikon, a major encyclopedia in the German language in the late 1800s. The subtypes of the "Mongoloid" race are shown in yellow and orange tones, those of the "Europid/Caucasoid" race in light and medium grayish green-cyan tones, and those of the "Negroid" race in brown tones. Dravidians and Sinhalese are in olive green, and their classification is described as uncertain. The Mongoloid race sees the widest geographic distribution, including all of the Americas, North Asia, East Asia, Southeast Asia, and the entire inhabited Arctic.

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It is certainly easy to see that people in the United States and around the world differ physically in some obvious ways. Race has been used as a classification system to categorize humans in a variety of ways. Using such physical differences as their criteria, scientists at one point identified as many as nine races: African, American Indian or Native American, Asian, Australian Aborigine, European (more commonly called “white”), Indian, Melanesian, Micronesian, and Polynesian (A. Smedley, 1998).

Although people certainly do differ in the many physical features that led to the development of such racial categories, anthropologists, sociologists, and many biologists question the value of these categories and thus the value of the biological concept of race (A. Smedley, 2007). For one thing, we often see more physical differences within a race than between races. For example, some people we call “white” (or European), such as those with Scandinavian backgrounds, have very light skins, while others, such as those from some Eastern European or Middle Eastern backgrounds, have much darker skins. In fact, some “whites” have darker skin than some “Blacks,” or African Americans. Some whites have very straight hair, while others have very curly hair; some have blonde hair and blue eyes, while others have dark hair and brown eyes. Because of interracial reproduction going back to the days of slavery, African Americans also differ in the darkness of their skin and in other physical characteristics. In fact it is estimated that about 80% of African Americans have some white (i.e., European) ancestry; 50% of Mexican Americans have European or Native American ancestry; and 20% of whites have African or Native American ancestry. If clear racial differences ever existed hundreds or thousands of years ago (and many scientists doubt such differences ever existed), in today’s world these differences have become increasingly blurred.

Another reason to question the biological concept of race is that an individual or a group of individuals is often “assigned” to a race based on arbitrary or even illogical grounds. A century ago, for example, Irish, Italians, and Eastern European Jews who left their homelands for a better life in the United States were not regarded as white once they reached the United States but rather as a different, inferior (if unnamed) race (Painter, 2010). The belief in their inferiority helped justify the harsh treatment they suffered in their new country. Today, of course, we call people from all three backgrounds white or European. Many individuals under the umbrella labels of Latinx or **MENA** (Middle East and North Africa) may also be classified as white, but that does not mean they see themselves as white. Many in these groups do not feel represented in discussions of race. As quoted by Jad Elharake, a former University of Michigan student, "A MENA category would represent a diverse set of dismissed identities with specific needs," yet the 2020 Census failed to include such a category (Alshammari, 2020).



Figure 2.2.2: "Jesus is Middle Eastern" billboard. (CC BY-NC-SA 2.0; Dean.Chahim via Flickr)

In this context, consider someone in the United States who has a white parent and a Black parent. What race is this person? American society usually calls this person Black or African American, and the person may adopt the same identity (as does Barack Obama, who had a white mother and African father). But where is the logic for doing so? This person, including President Obama, is as much white as Black in terms of parental ancestry. Or consider someone with one white parent and another parent that is the child of one Black parent and white parent. This person thus has three white grandparents and one Black grandparent. Even though this person’s ancestry is thus 75% white and 25% Black, this person is likely to be considered Black in the United States and may well adopt this racial identity. This practice reflects the traditional “**one-drop rule**” in the United States that defines someone as Black if the person has at least one drop of “Black blood,” and that was used in the antebellum South to keep the enslaved African

population as large as possible (Wright, 1993). Yet in many Latin American nations, this person would be considered white. In Brazil, the term Black is reserved for someone with no European (white) ancestry at all. If we followed this practice in the United States, about 80% of the people we call “Black” would now be called “white.” With such arbitrary designations, race is more of a social category than a biological one.



Figure 2.2.3: Former President Barack Obama had an African father and a white mother. Obama identifies himself as African American. (CC BY-NC-ND 2.0; Steve Jurvetson via Flickr)

A third reason to question the biological concept of race comes from the field of biology itself and more specifically from the study of genetics and human evolution. Starting with genetics, people from different races are more than 99.9% the same in their DNA (Begley, 2008). To turn that around, less than 0.1% of all the DNA in our bodies accounts for the physical differences among people that we associate with racial differences. In terms of DNA or genotype, then, people with different racial backgrounds are much more similar than dissimilar. In a December, 2003, Scientific American article, Bamshad and Olson, two geneticists working on mapping the human genome, concluded that “race” does not exist genetically.

According to evolutionary theory, the human race began thousands and thousands of years ago in sub-Saharan Africa. As people migrated around the world over the millennia, natural selection took over. It favored dark skin for people living in hot, sunny climates (i.e., near the equator), because the heavy amounts of melanin that produce dark skin protect against severe sunburn, cancer, and other problems. By the same token, natural selection favored light skin for people who migrated farther from the equator to cooler, less sunny climates, because dark skin there would have interfered with the production of vitamin D (Stone & Lurquin, 2007). Evidence shows physical differences in human appearance including skin color are a result of human migration patterns and adaptations to the environment (Jablonski, 2012). Evolutionary evidence thus reinforces the common humanity of people who differ in the rather superficial ways associated with their appearances: we are one human species, homo sapiens sapiens, composed of people who happen to look different. Nonetheless, people use physical characteristics to identify, relate, and interact with one another.

✔ Thinking Psychologically

What's the difference between race and ethnicity?

The APA defines *race* as "the social construction and categorization of people based on perceived shared physical traits that result in the maintenance of a sociopolitical hierarchy, while *ethnicity* is a particular type of culture (e.g., language, food, music, values, and beliefs) related to common ancestry and shared history (Markus, 2008; A. Smedley & Smedley, 2005; as cited in American Psychological Association, APA Task Force on Race and Ethnicity Guidelines in Psychology, 2019 pg. 5)

Race as a Social Construct

The reasons for doubting the biological basis for racial categories suggest that race is more of a social category than a biological one. Another way to say this is that race is a **social construction**, a concept that has no objective reality but rather is what people decide it is (Berger & Luckmann, 1963). In this view race has no real existence other than what and how people think of it; what matters is the social meaning attached to race.



Figure 2.2.4: Rachel Dolezal speaking at Spokane rally May 2015. Born to white parents, Dolezal has identified and passed as a Black woman without possessing any verifiable African ancestry. (CC BY-SA 4.0; Aaron Robert Kathman via Wikimedia)

Although race is a social construction, it is also true that things perceived as real are real in their consequences. Because people do perceive race as something real, it has real consequences. Even though so little of DNA accounts for the physical differences we associate with racial differences, that low amount leads us not only to classify people into different races but to treat them differently—and, more to the point, unequally—based on their classification. Yet modern evidence shows there is little, if any, scientific basis for the racial classification that is the source of so much inequality.

Social science organizations including the American Association of Anthropologists, the American Sociological Association, and the American Psychological Association have all taken an official position rejecting the biological explanations of race. Over time, the typology of race that developed during early **racialized science** has fallen into disuse, and the social construction of race is a more sociological way of understanding racial categories. In Race as Biology is Fiction, Racism as a Social Problem is Real, Smedley & Smedley (2005) wrote that "racialized science, with its emphasis on identifying immutable differences between racial groups, can be expected only to maintain and reinforce existing racial inequality, in that its adherents indirectly argue that no degree of government intervention or social change will alter the skills and abilities of different racial groups." Research in this school of thought suggests that race is not biologically identifiable and that previous racial categories were arbitrarily assigned, based on pseudo science, and used to justify racist practices (Omi & Winant, 1994; Graves, 2003). From the 17th through the 19th centuries, the merging of folk beliefs about and scientific explanations of group differences produced what social anthropologist Audrey Smedley has called an "**ideology of race**" which, often in the name of (racialized) science, serves to justify the racial hierarchy and racial hegemony. "Race is a means of creating and enforcing social order, a lens through which differential opportunity and inequality are structured" (Smedley & Smedley, 2005). Further, they argue that the most important "criterion of status" remains to be the distinction between white and Black.

According to historian Milton Meltzer, the rise of the transatlantic slave trade created an incentive to categorize human groups in order to justify the subordination of Africans as slaves. As Europeans began to sort themselves and others into groups based on physical appearance, they attributed to individual members of these groups certain behaviors and capacities that were supposedly deeply ingrained. These supposed physical, intellectual, behavioral, and moral differences soon became part of common folk belief.

During the time of slavery in the U.S. South, the skin tone of enslaved peoples lightened over the years as babies were born from the union, often in the form of rape of enslaved individuals, by slave owners and other whites. As it became difficult to tell who

was “Black” and who was not, many court battles over people’s racial identity occurred. People who were accused of having Black ancestry would go to court to “prove” they were white in order to avoid enslavement or other problems (Staples, 1998). Litigation over race continued long past the days of slavery. In a relatively recent example, Susie Guillory Phipps sued the Louisiana Bureau of Vital Records in the early 1980s to change her “official” race to white. Phipps was descended from a slave owner and a slave; thereafter, her other ancestors were white. Despite this fact, she was called “Black” on her birth certificate because of a state law, echoing the “**one-drop rule**,” that designated people as Black if their ancestry was at least 1/32 Black (meaning one of their great-great-great grandparents was Black). Phipps had always thought of herself as white and was surprised after seeing a copy of her birth certificate to discover she was officially Black because she had one African ancestor about 150 years earlier. She lost her case, and the U.S. Supreme Court later refused to review it (Omi & Winant, 1994).

Relatedly, the tradition of hostility between the English and the Irish was a powerful influence on early European thinking of the Irish as an inferior “race.” The atrocities committed against the Irish by the English veterans of the war in Ireland in the early 1600s would be repeated against American Indians/Alaska Natives (AI/AN) (Takaki, 2008). Both AI/AN and Mexican Americans lost their land, and often their lives, due in part to Manifest Destiny, the Mexican American War, and whites' belief in their god-given (superiority and) right to inhabit (and steal) lands in which people were already living. As will be discussed further in Chapter 6.1, Irish Americans were treated similar to African Americans during the 1800s; it was not until they "became white" that the stigma of their Irish ancestry would be erased and they would gain access to property, power and privilege, similar to other whites.

Following World War II, alongside empirical and conceptual problems with “race,” evolutionary and social scientists were acutely aware of how beliefs about race had been used to justify discrimination, apartheid, slavery, and genocide. This questioning gained momentum in the 1960s during the U.S. civil rights movement and the emergence of numerous anti-colonial movements worldwide. The social construction of race has developed within various legal, economic, and sociopolitical contexts, and may be the effect, rather than the cause of major race-related issues. Race has real, material effects in housing discrimination, in the legal process, in policing practices, in education, in workplace discrimination, and many other domains of society characterized by institutionalized practices of preference and systemic oppression. As a result, racial groups possessing relatively little power often find themselves excluded or oppressed. Law enforcement officers often utilize race to profile suspects, a term commonly referred to as **racial profiling**. This use of racial categories is frequently criticized for perpetuating an outmoded understanding of human biological variation, and promoting stereotypes.

Racial Formation

Sociologists Omi and Winant’s theories of **racial formation** describes race development as a socio-historical process involving political struggle and that “race is a concept which signifies and symbolizes social conflicts and interests by referring to different types of human bodies" (Omi & Winant, 1994).

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Socioeconomic factors, in combination with early but enduring views of race, have led to considerable suffering within disadvantaged racial groups. Racial discrimination often coincides with racist mindsets, whereby the individuals and ideologies of one group come to perceive the members of outgroups as both racially defined and morally inferior. Such practices illuminate how far-removed modern understanding of race is from biological qualities. In modern society, some people who consider themselves “white” actually have more melanin (a pigment that determines skin color) in their skin than other people who identify as ”Black.” Consider the case of the actress Rashida Jones. She is the daughter of a Black man (Quincy Jones) and a white woman, and her best-known roles include Ann Perkins on *Parks and Recreation*, Karen Filippelli on *The Office*, and Zooey Rice in *I Love You Man*, none of whom are Black characters. In some countries, such as Brazil, class is more important than skin color in determining racial categorization. People with high levels of melanin may consider themselves "white" if they enjoy a middle-class lifestyle. On the other hand, someone with low levels of melanin might be assigned the identity of "Black" if he or she has little education or money.

The social construction of race is also reflected in the changing labels for racial categories; these labels change with the times. It’s worth noting that race, in this sense, is also a system of labeling that provides a source of identity; specific labels fall in and out of favor during different social eras. For example, the category ”negroid,” popular in the nineteenth century, evolved into the term “negro” by the 1960s, which shifted to Black as a result of the Black Power and Black Nationalist movements declaring "Black is Beautiful," and in contemporary times “African American” may also be used. This term was intended to celebrate the multiple identities that a Black person might hold, but this word choice is not without its problems: it lumps together a large variety of ethnic groups under an umbrella term while excluding others who could accurately be described by the label but who do not meet

the spirit of the term. For example, actress Charlize Theron is a blonde-haired, blue-eyed “African American.” She was born in South Africa and later became a U.S. citizen. Is her identity that of an “African American” as most of us understand the term? Further, many Black Americans do not have knowledge of African cultural roots and thus may reject the label of African American. In Chapter 1.4, more discussion is provided on the changing U.S. Census categories for race.



Figure 2.2.5: Businesses located in Little Saigon (Orange County, California) advertise cosmetic surgeries geared towards "beautifying" Vietnamese American women. (Janét Hund)

Aside from labels, a society's conceptualization of beauty is also intertwined with race, racism, and colorism, as light skin phenotype is often correlated with beauty within the dominant society and social institution of mass media. According to the research of Eugenia Kaw, Asian American Pacific Islander (AAPI) women's decision to undergo cosmetic surgery is an attempt to escape persisting racial prejudice that correlates their stereotyped genetic physical features (“small, slanty” eyes and a “flat” nose) with negative behavioral characteristics, such as passivity, dullness, and a lack of sociability. When AAPI women elect for cosmetic surgery, it is more often double eyelid, sculpted nose or breast enlargement. The women in Kaw's study indicated that they chose their surgeries to improve their social status, and to gain “symbolic capital,” thus prestige. “(The medical establishment and U.S. culture) are able to motivate women to view their feelings of inadequacy as individually motivated, as opposed to socially induced, phenomena, thereby effectively convincing them to participate in the production and reproduction of the larger structural inequalities that continue to oppress them” (Kaw, 1993).

Racialization

Racialization is assigning a racial category to someone especially that has not had a designation before (Omi and Winant, 2014). This typically refers to the way that people were categorized historically such as laws that dictated who can identify as white. In a general sense, racialization is designating a race to someone even if it is a different designation from what they actually identify themselves as or a different designation from what someone else has told them. For example, people might racialize mixed race people differently if they are deemed racially ambiguous. People may also racialize people based on their own contexts. For example, if someone has dark skin and curly hair and they’re walking around New York City, one might automatically think the person is Dominican due to the presence of Dominican people in New York City that might have dark skin and curly hair. This means that their context, or the conditions around them, influence how they racialize others. Even when someone or a group is racialized by others, not only does it mean that a lot of times such signification is not accepted by the individual or group, but that such characterization of a racial group is often forced onto minoritized groups.

Sociologists also use the term **racialization** which refers to the processes by which a group of people is defined by their “race.” Processes of racialization begin by attributing racial meaning to people's identity and, in particular, as they relate to our institutional systems, such as housing, employment, mass media, and education. In societies in which white people have economic, political, and social power, processes of racialization have emerged from the concept of a racial hierarchy in these social systems. The visible effects of racialization are the resulting racial inequalities such as police brutality, substandard housing, and under-funded education. To be racialized is to be oppressed and imposed upon by the dominant group.

The exploitation, control and exclusion associated with racialization leads to people being singled out for unique treatment on the basis of real or imagined physical characteristics. Hence, racialized peoples are assigned racial categories leading to stigmatization and marginalization. While a stigma is a mark of disgrace, to be marginal is to be denied full access to social, political, economic, and cultural power and social institutions.

Various racialized caricatures can be found in mass media such as Black Face or Yellow Face characters prevalent in the last century. African American men have been portrayed as criminal or violent, while African American women have been portrayed as sassy or aggressive. The Latinx population has been racialized by their sex appeal, Latinas as spicy and Latinos as the Latin Lover. Racialization of the Latinx population is further discussed in Chapter 8.5. Conversely, Asian American men are regarded on the big screen as having no sex appeal, while Asian American women have been portrayed as sex slaves. Consistent images of American Indians/Alaska Natives equate with the portrayal as "savages" or lacking human qualities.

Minority Group & Dominant Group

Whereas racialization is an active process engaged in by society, the use of minority and dominant groups is more passive labeling. Sociologist Louis Wirth (1945) defined a **minority group** as “any group of people who, because of their physical or cultural characteristics, are singled out from the others in the society resulting in differential and unequal treatment, and who therefore regard themselves as objects of collective discrimination.” Minority group status can be based on social categories such as age, gender, sexuality, race and ethnicity, religious beliefs, disability or socioeconomic class status. Minority groups are not necessarily numerical minorities (Griffiths, Keirns, Strayer, Cody-Rydzewsk, Scaramuzzo, Sadler, Vyain, Byer & Jones, 2015). For example, a large group of people may be a people of color because they lack social power. In fact, the South African system of apartheid (a system of de jure discrimination) was a major indicator that a people of color is socially and not numerically defined, as 90% of the population of South Africa is Black but until the very early 1990s they were the people of color and the 10% of the population who are white were the dominant group. The physical and cultural traits of people of colors “are held in low esteem by the dominant or majority group which treats them unfairly” (Henslin, 2011, p. 217).

According to Charles Wagley and Marvin Harris (1958), a people of color is distinguished by five characteristics: (1) unequal treatment and less power over their lives, (2) distinguishing physical or cultural traits like skin color or language, (3) involuntary membership in the group, (4) awareness of subordination, and (5) high rate of in-group marriage. In addition to communities of color, additional examples of people of colors might include the LBGTQ+ group, religious practitioners whose faith is not widely practiced where they live, and people with disabilities.

The **dominant group** has greater power, prestige, property (wealth), and status in society and receives greater, automatic privileges. As a result, the dominant group uses its position to discriminate against those that are different. Historically known as WASP (white Anglo Saxon Protestant), the dominant group in the United States is represented by white, middle-class, Protestant people of northern European descent (Doane, 2016). A dominant group is positively privileged (Weber,1978), unstigmatized (Rosenblum & Travis, 2011) and generally favored by the institutions of society, (Marger, 1996) particularly the social, economic, political, and educational systems.

Minority groups can garner power by expanding political boundaries or through expanded migration, though both of these efforts do not occur with ease and require societal support from both communities of color and dominant group members. The loss of power among dominant groups threatens not only their authority over other groups, but also the privileges and way of life established by the dominant group. In Chapter 6.3, white privilege and challenges to white supremacy are discussed.

As there is some controversy with using the concept of people of color, due to the often inferior and pejorative connotation with this label, efforts are made throughout this book to use the concepts, **people of color** or **communities of color**. The use of these concepts seeks to call attention to the commonalities of experience that Black or African Americans, American Indian/Alaska Natives (AI/AN), Latinx, and Asian American Pacific Islanders (AAPI) share - though as ensuing chapters will also show, the groups have their own distinct history and contemporary experiences.



Figure 2.2.6: "'We are not a minority!!" mural with tribute to Che Guevara, originally painted in 1978 as part of the Chicano Park Struggle in San Diego, California. (CC BY 2.0; rizobreaker via Flickr)

Conclusion

David K. Shipler (1997) felt compelled to observe that there is “no more intractable, pervasive issue than race” and that when it comes to race, we are “a country of strangers.” Sociologists and other social scientists have warned that the conditions of people of color have actually been worsening (Massey, 2007; Wilson, 2009). Despite the historic election of Barack Obama in 2008 as the first president of color, race remains an “intractable, pervasive issue.” As the old French saying goes, plus ça change, plus la meme chose (the more things change, the more they stay the same). Indeed, it would be accurate to catapult back to Du Bois and thus paraphrase him, that “the problem of the 21st century is the problem of the color line.” Evidence of this continuing problem appears in much of the remainder of this chapter and text.

Debates continue in and among academic disciplines as to how race should be understood. Most social scientists and biologists believe race is a social construct, meaning it does not have a basis in the natural world but is simply an artificial distinction created by humans. As a result of this understanding, some researchers have turned from conceptualizing and analyzing human variation by race to doing so in terms of populations, dismissing racial classifications altogether. In the face of the increasing rejection of race as a valid classification scheme, many social scientists have replaced the word race with the word “ethnicity” to refer to self-identifying groups based on shared religion, nationality, or culture.

Key Takeaways

- Race has a biological component (e.g. phenotype and genotype) resulting in classification systems of different racial groups, depending on the time period and geographical location.
- Sociologists question the consideration of race as a biological categorization due to the social construction of race and the fact that human beings have far more biological similarities than differences.
- Racial ideology, racial formation, racialization, and racialized science are concepts that help to understand that race is important in this society due to its social meaning which is marked by struggle, division, and hierarchy.
- Various labels (e.g. minority group, dominant group, marginalized group, people of color, and communities of color) are used to identify racial groups.

Contributors and Attributions

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2.2.1: Multiracial Americans

While sociologists do not favor a biological definition of race, a discussion of people with "more than one race" reflects a reference to the "biological" aspect of race. In reality, we have a complex history of identifying and categorizing individuals who are **multiracial**, more than one race - which reflects the role of the social construction of race.

We have already mentioned the example of President Obama, who as the product of an African father and white mother, identifies as a Black man. As another example, the famous (and now notorious) golfer Tiger Woods was typically called an African American by the news media when he burst onto the golfing scene in the late 1990s, but in fact his ancestry is one-half Asian (divided evenly between Chinese and Thai), one-quarter white, one-eighth Native American, and only one-eighth African American (Leland & Beals, 1997). Woods has jokingly used the term, Cablinasian, as his race-ethnic grouping - a creative way to reference his diverse background.

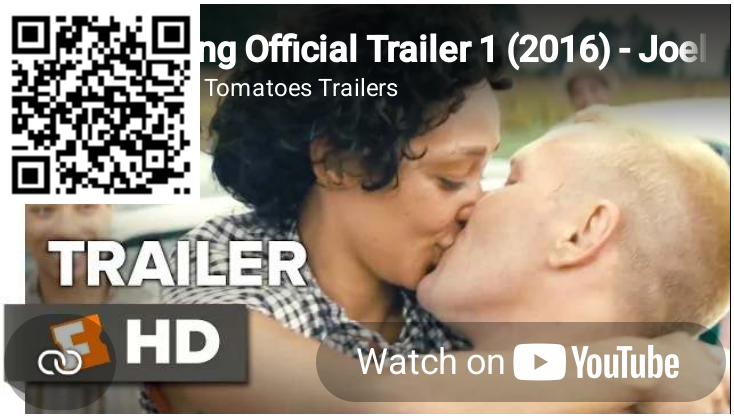
Prior to the twentieth century, interracial marriage (referred to as **miscegenation**) was extremely rare, and in many places, illegal.

Anti-Miscegenation Laws

These anti-miscegenation laws were first passed in the 1600s to prevent freed Black slaves from marrying whites. Later versions added persons of Asian origin or ancestry to the list of groups forbidden to marry Whites. While early examples of such anti-miscegenation laws singled out those of "Mongoloid" origin specifically, they were later amended to include Filipinos (who claimed that they were of "Malay" origin) and Asian Indians (who characterized themselves as "Aryan" in origin).

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Discussed further in Chapter 2.3, **amalgamation,** often used as a synonym for miscegenation, is the process by which a marginalized group and a dominant group combine to form a new group. In the United States, anti-miscegenation laws flourished in the South during the Jim Crow era. Part of the root of white supremacy has revolved around the fear of miscegenation, highlighted in the film Birth of a Nation (1915), which glorified the Ku Klux Klan as a savior of white women from "Black" men who were portrayed in Blackface. Decades later reflecting changing times, Sydney Poitier and Katharine Houghton, portrayed an interracial couple in Guess Who's Coming to Dinner (1967).



Video 2.2.1.1: Richard and Mildred Loving, an interracial couple, are sentenced to prison in Virginia in 1958 for getting married. The film "Loving" chronicled their experiences with discrimination. (Close-captioning and other YouTube settings will appear once the video starts.) (Fair Use; Fandango Movieclips Trailers via YouTube)

As the above trailer conveys, in that same year, Loving v. Virginia Supreme Court decision struck the last anti-miscegenation law from the books, declaring such laws unconstitutional. Prior to this, the 1945 War Brides Act allowed American GIs to marry and then bring their wives over from Japan, China, the Philippines, and Korea. The 1965 Immigration Act (discussed further in Chapter 3.4 and Chapter 9.4) inadvertently enhanced intermarriages across races. Increasingly during the modern era, the removal of miscegenation laws and a trend toward equal rights and legal protection against racism have steadily reduced the social stigma

attached to **racial exogamy** (exogamy refers to marriage outside a person's core social unit). In the later part of the twentieth century and in the twenty-first century, attitudes and behaviors have changed. Recently, some drew parallels between Loving v. Virginia and the Obergefell vs. Hodges (2015) decision which legalized gay marriage in the entire U.S.

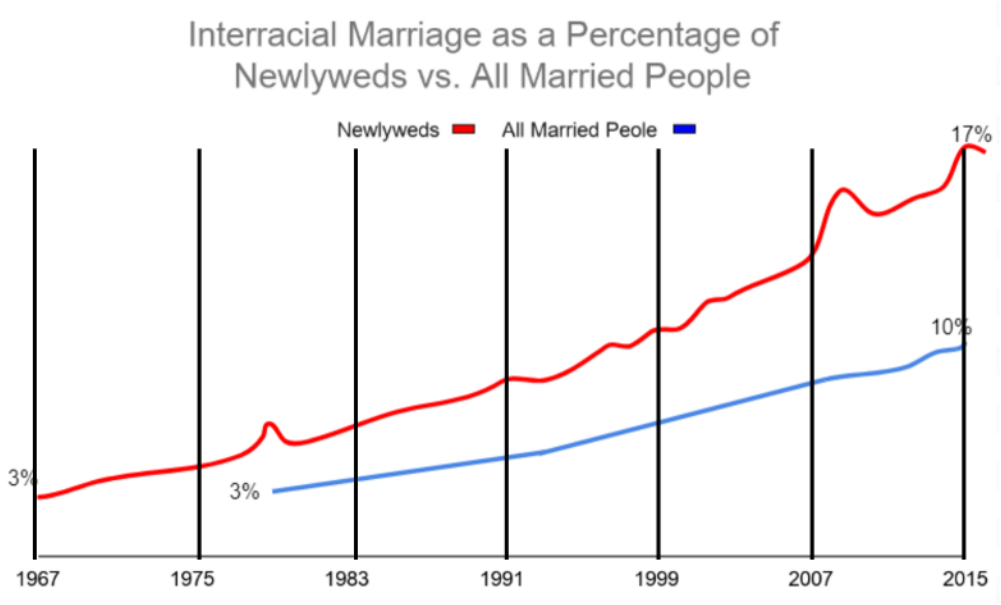


Figure 2.2.1.2: Interracial Marriage as a Percentage of Newlyweds vs. All Married People. In 1967, interracial marriages represented 3% of all newlyweds. Interracial marriages have experienced a steady increase since that time. In 2015, interracial marriages represented 17% of all newlyweds and 10% of all married people. (Chart created by Jonas Oware from data courtesy of the Pew Research Center)

As shown in Figure 1.4.2, both the overall intermarriage rates and the newlywed intermarriage rates are on the increase. The share of married couples with spouses of different races increased nearly fourfold from 1980 (1.6%) to 2013 (6.3%) (U.S. Census). Honolulu, Hawaii is the city with the highest percentage of interracial marriages in the U.S. As shown in Table 1.4.3 below the most common intermarriage is between Latinx and white, with a slightly higher percentage of these marriages with Latino husband-white wife. This is followed by Asian American Pacific Islander (AAPI) and white, the latter of which overwhelming consist of a white husband and AAPI wife.

Table 2.2.1.3: Trends of Intermarriage Couples. (Chart created by Jonas Oware from data courtesy of the Pew Research Center)

	Husband-Wife	Wife-Husband	Total
White-Latinx	22%	20%	42%
White-Multiracial	11%	4%	15%
White-Black	7%	5%	12%
Latinx-Black	1%	4%	5%
White-AI/AN	2%	1%	3%
Latinx-AAPI	2%	1%	3%
Latinx-Multiracial	1%	2%	3%

Thinking Sociologically

A range of groundbreaking films have portrayed interracial relationships. Often, these movies used the trials and tribulations of racially and ethnically mixed lovers as a platform to challenge racial constructs, racism, ethnocentrism and heterosexism (Little, 2020). These films include: Island in the Sun, Westside Story, Guess Who's Coming to Dinner?, La Bamba, Jungle Fever, Mississippi Masala, The Joy Luck Club, The Watermelon Woman, Fools Rush In, Loving, Liberty Heights, and

Something New. Watch one or more of these films and use a sociological perspective and your sociological imagination to consider prevailing social forces impacting and impacted by these films.

More than One Race

During the peculiar institution of slavery when the white sexual subordination of enslaved African women did result in children of mixed race, these children were usually considered Black, and therefore, property. This reflected the one drop rule discussed earlier in Chapter 1.2. There was no concept of multiple racial identities with the possible exception of the **Creole**. Creole society developed in the port city of New Orleans, where a mixed-race culture grew from French and African inhabitants. Unlike in other parts of the country, “Creoles of color” had greater social, economic, and educational opportunities than most African Americans.

The categories for race on the Census have changed over time. **Mulatto** was a racial category on the Census from 1850-1920 (except 1900), characterizing someone of any perceptible trace of African blood. In 2000, the U.S. Census added the option for individuals to identify themselves as "more than one race." Prior to this Census, people could only choose one race.

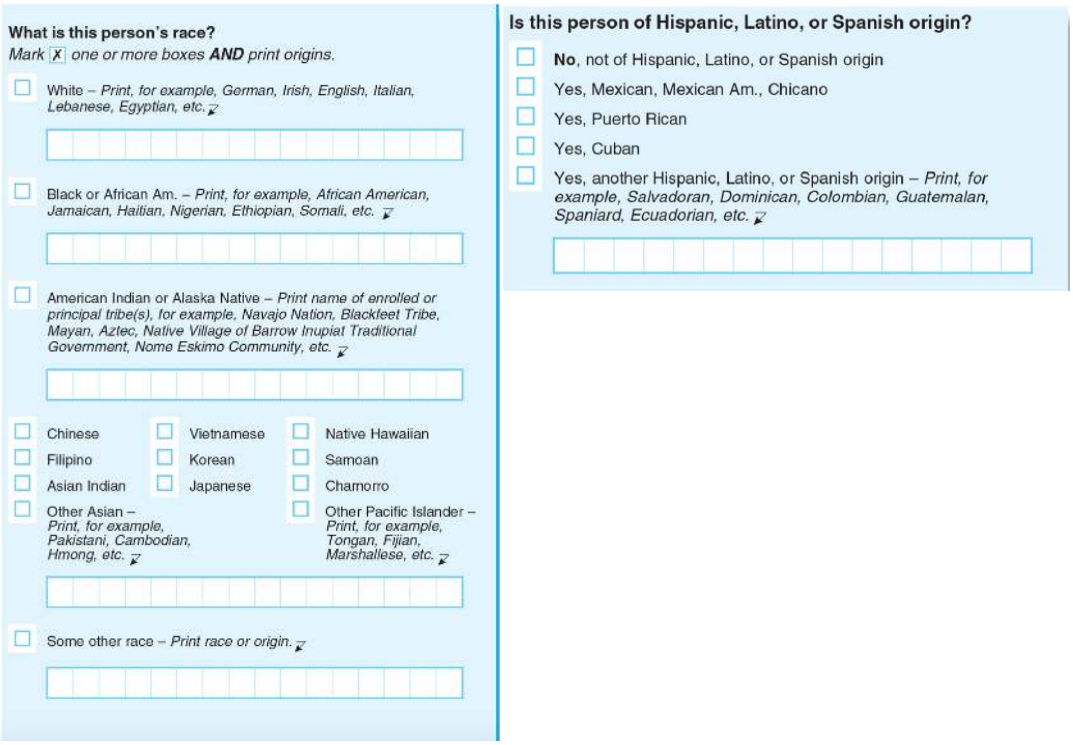


Figure 2.2.1.4: 2020 U.S. Census Bureau Questionnaire. (CC PDM 1.0; United States Census)

The above Figure 1.4.4 conveys that the U.S. Census currently measures race-ethnicity in two separate questions. The first question determines if the person is Latinx while the second question is determining "race," as defined by the Census - though these categories would undoubtedly appear different if sociologists created these Census categories. The racial categories on the Census do not reflect a category for Latinx, though many do write in Mexican American or Central American, yet the majority of Latinx responded as white, per the 2010 census results. For a brief time in 1930, Mexican was a racial category on the Census. In 1921, the country of Mexico abandoned its category for race on the Census, recognizing the amalgamated ancestry of Mexicans, mestizo/mestiza. The category of **mestizo/mestiza** refers to individuals with a mixture of Indigenous and Spanish descent, hence the origin of Mexican people. In fact, Latinx may identify as white, Black, Native American, Asian, or other racial group.

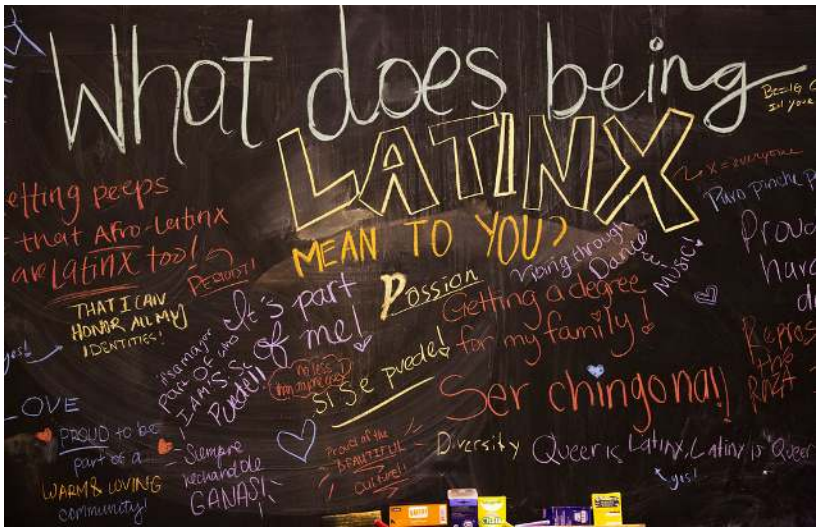


Figure 2.2.1.5: Hispanic/Latinx Heritage Month Celebration 2019. Hand-written words on sign answering question: What does being Latinx mean to you? (CC BY-NC-SA 2.0; CSUF Photos via Flickr)

As explained further in Chapter 9.1, Hapa is a Hawaiian word for individuals who have mixed ethnicity. Hapa can be used to describe individuals who are mixed with Asian descent. Hapa haole is a word that characterizes individuals who are mixed with white/European.

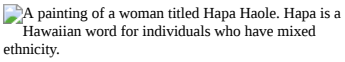


Figure 2.2.1.6: "Hapa Haole," portrait of a mixed Hawawaiian woman. (CC PDM 1.0; Grace Hudson via Wikimedia)

A growing number of people chose multiple races to describe themselves on the 2010 Census. Of those, 89% identify as having two racial backgrounds, classified as bi-racial. In 2010, 2.9% of people who completed the U.S. Census identified as more than one race. As shown in Figure 1.4.7, the largest groups in descending order were white-Black, white-Asian, white-American Indian, white-Black and white-some other race. Including the option of checking more than one race has most impacted the American Indian/Alaska Native (AI/AN) population. This group increased by more than 160% between 1990 and 2010, with the biggest growth attributed to individuals who marked AI/AN and one other race. Though increasing in recent decades, the first notable cohort of multiracial Asian Americans offspring resulted from marriages after the 1945 War Brides Act. Decades later, approximately 25,000 Amerasians, offspring of U.S. GIs and Vietnamese women, were allowed to immigrate to the U.S. following the Vietnamese Amerasian Homecoming Act of 1988; the Amerasian population had faced challenging discrimination and hostility in Vietnam following the U.S. war in Vietnam that ended in the fall of Saigon and "reunification" of Vietnam in 1975.

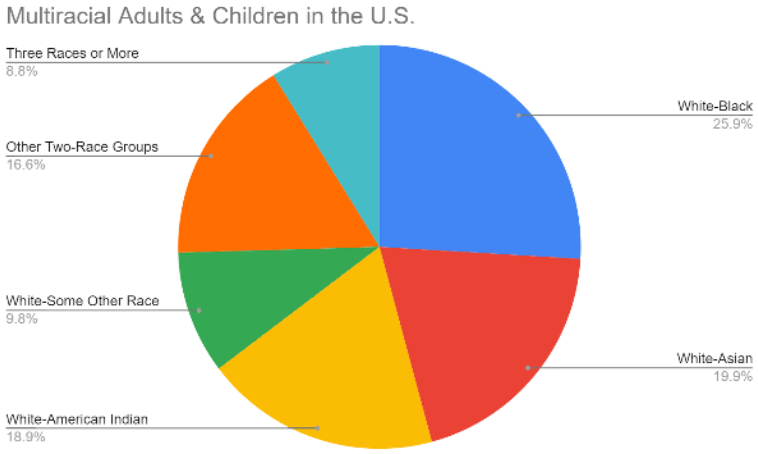


Figure 2.2.1.7: Multiracial Adults and Children in the United States. (Chart created by Jonas Oware from data courtesy of the Pew Research Center)

Multiracial: Category or Identity

Taking into account how adults describe their own race as well as the racial backgrounds of their parents and grandparents, which the Census does not do, the Pew Research estimates that 6.9% of the U.S. population could be considered **multiracial**, defined as more than one race. People categorized into this group will no doubt continue to grow as multiracial babies are on the increase and comprised 10% of all U.S. babies in 2013 (Parker, Menasce Horowitz, Morin & Lopez, 2015).



Figure 2.2.1.8: Multiracial brothers at the beach. Brothers of Ghanaian and German American background enjoy a day at the beach with brothers of Argentinean and white background. (Janét Hund)

Yet, the majority (61%) of multiracial individuals do not actually identify with the category of multiracial (Parker et al., 2015). Many identify with only one of their parent's racial background, while others identify with the family and community in which they were raised. Still others may change how they identify over the course of their lives. Similarly, multiracial individuals believe others perceive them as only one race, the one that is most "obvious."

Further, only about a third (34%) of all multiracial Americans think they have a lot in common with other adults who are the same racial mix that they are, while only half as many (17%) think they share a lot with multiracial Americans whose racial background is different from their own (Parker et al., 2015).

For many whose racial descent is comprised of more than one race, DuBois' concept of double consciousness or "two-ness" may ring true. Additionally, the concept of **marginality**, the status of being between two groups or cultures, can describe the experiences of multiracial people who may be pushed to pick one race or another or may not fit in comfortably with either racial group. As society is full of racial socialization, labels and messaging about racial groups, multiracial individuals must navigate through this racial landscape and develop their racial identity which may or may not connect to their multiracial descent. Most multiracial people indicate they are more open (than non-multiracial individuals) to other cultures, so perhaps their backgrounds lends them to cultural competency, as discussed at the end of the the last section, 1.3.

Key Takeaways

- A complex history characterizes the experiences of amalgamation, (anti-)miscegenation, and multiracial individuals.
- Interracial marriages are increasing, with the largest group being Latinx-white marriages.
- An increasing percentage of individuals in the U.S. are multiracial, yet multiracial people do not identify that way.

Contributors and Attributions

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- Rodriguez, Lisette. (Long Beach City College)
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2.3: Ethnicity and Religion

Ethnicity

Because of the meaning attached to race, many social scientists prefer the term ethnicity in speaking of people of color and others with distinctive cultural heritages. In this context, **ethnicity** refers to the shared social, cultural, and historical experiences, stemming from common national, ancestral, or regional backgrounds, that make subgroups of a population different from one another. Similarly, an **ethnic group** is a subgroup of a population with a set of shared social, cultural, and historical experiences; with relatively distinctive beliefs, values, and behaviors; and with some sense of identity of belonging to the subgroup. So conceived, the terms ethnicity and ethnic group avoid the biological connotations of the terms race and racial group and the biological differences these terms imply. At the same time, the importance we attach to ethnicity illustrates that it, too, is in many ways a social construction, and our ethnic membership thus has important consequences for how we are treated.



Figure 2.3.1: "Native American Son," young boy Pow Wow dancer in full regalia. (CC BY 2.0; Bob.Rosenberg via Flickr)

People who identify with an ethnic group share common cultural characteristics (e.g., nationality, history, language, religion, etc.). Ethnic groups select rituals, customs, ceremonies, and other traditions to help preserve shared heritage (Kottak & Kozaitis, 2012). Lifestyle requirements and other identity characteristics such as geography and region influence how we adapt our ethnic behaviors to fit the context or setting in which we live. Culture is also key in determining how human bodies grow and develop such as food preferences and diet, and cultural traditions promote certain activities and abilities including physical well-being and sport (Kottak & Kozaitis, 2012). Someone of Mexican descent living in Southern California who is a college professor will project different ethnic behaviors than someone of the same ethnic culture who is a housekeeper in Las Vegas, Nevada. Differences in profession, social class, gender, and region will influence each person's lifestyle, physical composition, and health though both may identify and affiliate themselves as Mexican.

Ethnocultural is a term used by the APA (2019) to refer to the cultural behaviors and ideas that are shared by a group of people with common ancestry. The intent is to focus more on the lived experiences of someone who has been socialized within a specific cultural experience. This experience can vary among members based on sexual orientation, socioeconomic class, or even geography. One example would be the Asian American pan-ethnic experience. All members share some common history, beliefs, and values even though they may not all come from the same distinct ethnic group (i.e. Filipino American culture and Vietnamese American culture) One thing to remember is that there are many variables that influence ethnocultural development, whether you claim a particular ethnic identity or not.

Not all people see themselves as belonging to an ethnic group or view ethnic heritage as important to their identity. People who do not identify with an ethnic identity either have no distinct cultural background because their ancestors come from a variety of cultural groups and offspring have not maintained a specific culture, instead have a blended culture, or they lack awareness about their ethnic heritage (Kottak & Kozaitis, 2012). It may be difficult for some people to feel a sense of solidarity or association with any specific ethnic group because they do not know where their cultural practices originated and how their cultural behaviors adapted over time. In some instances, individuals may practice **symbolic ethnicity,** emphasis on ethnic food and ethnically

associated political issues rather than deeper ties to one's heritage (Gans, 1979), such as an Irish American celebrating St. Patrick's Day as the only measure of their Irish ethnicity. What is your ethnicity? Is your ethnic heritage very important, somewhat important, or not important in defining who you are? Why?

Race & Ethnicity

Like race, the term ethnicity is difficult to describe and its meaning has changed over time. And like race, individuals may be identified or self-identify with ethnicities in complex, even contradictory, ways. For example, ethnic groups such as Irish, Italian, Russian, Jewish, and Serbian might all be groups whose members are predominantly included in the racial category "white." Conversely, the ethnic group British includes citizens from a multiplicity of racial backgrounds: Black, white, Asian, and more, plus a variety of racial combinations. These examples illustrate the complexity and overlap of these identifying terms. Ethnicity, like race, continues to be an identification method that individuals and institutions use today—whether through the census, affirmative action initiatives, non-discrimination laws, or simply in personal day-to-day relations.

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Figure 2.3.2: Altar at Hollywood Forever Cemetery, Los Angeles, during Dia de los Muertos celebration, November 2019. (Sofia Beas)

Mexican Americans comprise an ethnic group, and their ethnicity may be measured by any of the following: Spanish language, holidays such as Dia De Los Muertos (Day of the Dead), food such as tamales, adoration of the Virgin de Guadalupe, and values such as **familism**, higher emphasis placed on the family unit in terms of support and obligation,(in contrast to dominant culture's individualism). Mexican Americans comprise the largest ethnic group under the racial-ethnic umbrella group of Latinx Americans; Latinx in itself though is not an ethnic group as there is great diversity of different ethnic groups under this umbrella such as: Puerto Ricans, Cubans, Guatemalans, Salvadorans, Argentineans, etc. all of which may have distinct history, language, religion, and values. As discussed in the next section of this chapter, Latinx would also not be considered a distinct racial group, according to the U.S. Census.

Native American or American Indian/Alaska Native (AI/AN) is also an umbrella racial-ethnic group rather than a distinct ethnic group. There are more than 500 distinct AI/AN nations or ethnicities with Navajo/Dine, Cherokee, and Lakota/Dakota/Nakota Sioux being three of the largest. Each of these nations retains some aspects of their cultural heritage. For example, in Arizona, the Hopi Nation is located "inside" of the Dine reservation (which extends into Utah and New Mexico), but the Hopi and Dine nations have distinct cultural patterns, including language, religion, food, and housing.

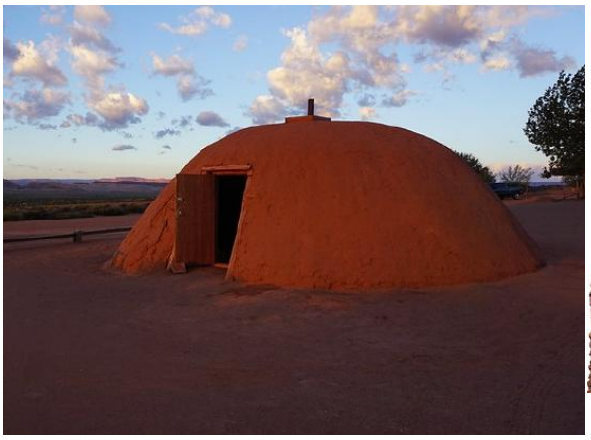




Figure 2.3.3: (left) Traditional Navajo hogan in Monument Valley, Arizona. (CC BY-NC-SA 2.0; Jim Crossly via Flickr) Figure 2.3.4: (right) Traditional Hopi house is on the south rim of the Grand Canyon. (CC BY-NC 2.0; dev2r via Flickr)

Another umbrella group is Asian American Pacific Islander (AAPI) with a large number of ethnic groups under this category including Chinese, Japanese, Cambodian, Filipino, Vietnamese, Asian Indian, etc. Following the 1965 Immigration and Nationality Act, the U.S. has experienced increasing immigration from a variety of Asian countries, and it is common for AAPI groups to maintain many aspects of their culture, not the least of which is language. As shown in Table 1.3.5, of the top 10 languages spoken in the U.S., several emanate from Asia or the Pacific Islands: Chinese, Tagalog, Vietnamese, and Korean.

Table 2.3.5: Detailed Languages Spoken at Home and Ability to Speak English for the Population 5 Years and Over: 2009-2013 (Chart created by Jakobi Oware from Census.gov)

Language	Population	Percentage
English	231,122,908	79.29%
Spanish	37,458,470	12,85%
Chinese	1,867,485	0.64%
Tagalog	1,613,346	0.55%
Vietnamese	1,399,936	0.48%
French	1,253,560	0.43%
Korean	1,117,343	0.38%
German	1,063,275	0.36%
Arabic	924,374	0.32%
Russian	879,434	0.30%

Not all Black or African Americans identify with specific cultural traits of their African or Caribbean ancestors. Nonetheless, signifiers of Black ethnicity may include the following: food such as collard greens, language such as Creole, Southern Baptist religion, annual family reunions, and the musical genre of jazz. Certainly, recent African or Caribbean immigrants from Nigeria, Ethiopia, Ghana, Jamaica, and Haiti often maintain aspects of their ethnicity, including language and food, in contemporary U.S.

The sense of identity many people gain from belonging to an ethnic group is important for reasons both good and bad. As one of the most important functions of groups is the identity they give us, ethnic identities can thus give individuals a sense of belonging and a recognition of the importance of their cultural backgrounds. The term ethnic pride captures the sense of self-worth that many people derive from their ethnic backgrounds. More generally, if group membership is important for many ways in which members of the group are socialized, ethnicity certainly plays an important role in the socialization of millions of people in the United States and elsewhere in the world today.

A downside of ethnicity and ethnic group membership is the conflict they create among people of different ethnic groups. History and current practice indicate that it is easy to become prejudiced against people with different ethnicities from our own, particularly

if those ethnic groups are not "white." Around the world today, ethnic conflict continues to rear its ugly head. The 1990s and 2000s were filled with “ethnic cleansing” and pitched battles among ethnic groups in Eastern Europe, Africa, and elsewhere. Our ethnic heritages shape us in many ways and fill many of us with pride, but they also are the source of much conflict, prejudice, and even hatred, as the story about George Floyd's lynching that began this chapter so sadly reminds us. Do you also recall that the day President Donald Trump declared his candidacy for President was also the day he castigated the Mexican nationality with derogatory labels, thus justifying his appeal for a border wall?

Ethnic Enclaves

Ethnic enclaves are neighborhoods with high concentrations of one particular ethnic group, usually resulting from immigration patterns. Ethnic enclaves tend to share these characteristics: 1) live in close proximity; 2) support the traditional values customs and ways of life of that ethnic group; 3) maintain social services such as employment networks, political clubs, civic organizations and houses of worship; 4) establish retail stores where traditional foods clothing household goods and utensils are sold; 5) develop and sustain native language newspapers and sometimes radio and TV stations; 6) provide employment and social and sometimes financial support for new immigrants; 7) permit new immigrants to adapt to a new country without experiencing serious levels of culture shock and homesickness. In general, ethnic enclaves provide a safe haven with a variety of social supports for new immigrants that serve to ease their transition into a new and different culture.



Figure 2.3.6: Busy Chinatown ethnic enclave with many people walking on sidewalk. Various store signs (in English and Chinese). (CC BY 2.0; koles via Flickr)

These enclaves offer economic opportunities to immigrants and mechanisms for maintenance of immigrant cultures, but also the potential exploitation of immigrant labor, often based on gender. The enclaves of Asian and Latinx immigrants emerging since the 1960s, compliments of the 1965 immigration policy, compare to earlier enclaves of Jewish and Italian immigrants at the end of the 19th century and beginning of the 20th century. In recent decades, enclaves can potentially serve as agents for social mobility of immigrant populations. Enclaves may also hinder assimilation into mainstream U.S. culture. A preponderance of ethnic enclaves are found in urban and suburban parts of the country such as Los Angeles, San Francisco, Houston, Miami, Washington, D.C., and New York. These enclaves can be characterized by a host of benefits and challenges.

Sociologists Alejandro Portes and Robert Manning have studied ethnic enclaves and have argued that for an ethnic enclave to survive, it requires early immigrants to arrive with business skills and funds or access to funds. Ethnic enclaves survive over more than two generations only when there is a constant migration stream from the country of origin that lasts over more than two generations. Ethnic enclaves, once they have served their purpose of socializing new immigrants into American culture, tend to disappear as later generations follow the traditional assimilation pattern and move further and further out into the wider society.

Ethnocentrism and Cultural Relativism

People have a tendency to judge and evaluate each other on a daily basis. Assessing other people and our surroundings is necessary for interpreting and interacting in the social world. Problems arise when we judge others using our own cultural standards. Sociologists call the practice of judging or evaluating others through our own cultural lens, **ethnocentrism.** This practice is a

cultural universal. People everywhere think their culture is true, moral, proper, and right (Kottak & Kozaitis, 2012). By its very definition, ethnocentrism creates division and conflict between social groups whereby mediating differences is challenging when everyone believes they are culturally superior and their culture should be the standard for living.

The ethnocentrism of Europeans, and then later Euro-Americans, led to an ideology, based primarily on the low-technology hunter-gatherer lifestyle and animistic religion of the Native Americans, that the Native Americans were inferior, "savages," and sub-human. As discussed further in Chapter 5.1, this ideology eventually led to “the only good Indian is a dead Indian” philosophy which began with such events as the Trail of Tears in the 1830's and culminated in the massacre at Wounded Knee in 1890. The “butchering” at Wounded Knee as Black Elk describes it (Neihardt, 1932) marked the last battle between Native Americans and the military forces of the United States. However, there were still skirmishes between farmers and ranchers and Native Americans as late as the 1920's. In fact, the term “Redskin” comes from a bounty set aside by the United States government for any Indian found outside a reservation without papers. The policy was for Indians “dead or alive” and the bloody, red, skins of the Indians brought as much bounty as a body. An extension of this ethnocentrism is found in another ideology popularized by the educator William Henry Pratt, "kill the Indian, save the man." Operationalized in the treatment of Native American children during the boarding school era, any cultural aspect of one's Native American nation (e.g., language, food, dress, religion, hairstyle, etc.) was replaced with Euro American ways (i.e. English language, Christianity, etc.). Children were punished for attempting to practice the culture and language of their ancestors.



Figure 2.3.7: Textbook co-author practicing cultural relativism in Battambang, Cambodia where a woman shared the local way to clean teeth: chewing betel leaves, areca nuts, and tobacco. (Janét Hund)

In contrast, **cultural relativism** is understanding a culture on its own terms. From a culturally relativist lens, judging a culture by the standards of another is objectionable. It seems reasonable to evaluate a person’s values, beliefs, and practices from their own cultural standards rather than to judge against the criteria of another (Kottak & Kozaitis, 2012). Learning to receive cultural differences from a place of empathy and understanding serves as a foundation for living together despite variances. Like many aspects of human civilization, culture is not absolute but relative suggesting values, beliefs, and practices are only standards of living as long as people accept and live by them (Boas, 1887). Developing knowledge about cultures and cultural groups different from our own allows us to view and consider others from their cultural lens.

Sometimes people act on ethnocentric thinking and feel justified disregarding cultural relativism. Overcoming negative attitudes about people who are culturally different from us is challenging when we believe our culture and thinking are justified. Consider the issue of language. Countless anecdotal stories from various parts of the U.S. reveal that people speaking a language other than English have been shouted at to "speak English here!" Consider an even more controversial issue such as female circumcision or female genital mutilation. From a culturally relativist lens, female circumcision is a rite of passage in some cultures and confers a sense of identity and participation in one's community, as described in a biographical account, Aman, by a Somali woman. However, this Somali woman would view a Westerner referring to this cultural practice as female genital mutilation as ethnocentric. This example reveals how challenging it can be to consider different cultural practices that may be in conflict with

one's own values. Still, the tool of cultural relativism is an important one that students of sociology can consider when developing a deeper understanding of ethnicity.

Religion

Religion is malleable and adaptive for it changes and adapts within cultural and social contexts. Human groups have diverse beliefs and different functions of their faith and religion. Historically, religion has driven both social union and division (Kottak & Kozaitis, 2012). When religious groups unite, they can be a strong mobilizing force; however, when they divide, they can work to destroy each other. Religion may be formal or informal (Kottak & Kozaitis, 2012). Someone who is a member of an organized religious group may attend religious services. Whereas, someone participating in informal religion may or may not be a member of an organized religious group, yet may experience a communal spirit, solidarity, and togetherness with others through shared experiences. Religion is a vehicle for guiding values, beliefs, norms, and practices. It can be an important measure of an ethnic group.

Seeking religious freedom, Puritans migrated to the U.S. to practice their religious devotion, an act which was persecuted or denied in their homeland. Yet, American Indians/Alaska Natives (AI/AN), such as the Lakota who practiced the Ghost Dance in 1890, have not always experienced religious freedom in the U.S. In its early centuries, the U.S. was a Christian nation. Sometimes, as in the boarding school experience which was generally forced upon AI/AN children, Christianity replaced traditional AI/AN beliefs. Increasingly so, the U.S. has become less Christian, though Christianity is still the dominant religious group. According to the Pew Research Center (2019), the percentage of individuals in the U.S. who identify as Christian is 65% which represents a significant decline from 2009 in which 75% identified as Christian. Additionally, immigration from Asia and Latin America particularly, has impacted Christian and non-Christian faiths. A brief introduction to some of the diversity of religious denominations follows.

Hinduism

The oldest religion in the world, Hinduism originated in the Indus River Valley about 4,500 years ago in what is now modern-day northwest India and Pakistan. It arose contemporaneously with ancient Egyptian and Mesopotamian cultures. With roughly one billion followers, Hinduism is the third-largest of the world's religions. Hindus believe in a divine power that can manifest as different entities. Three main incarnations—Brahma, Vishnu, and Shiva—are sometimes compared to the manifestations of the divine in the Christian Trinity. Multiple sacred texts, collectively called the *Vedas*, contain hymns and rituals from ancient India and are mostly written in Sanskrit. Hindus generally believe in a set of principles called **dharma** (reflected in the above figure), which refer to one's duty in the world that corresponds with "right" actions. Hindus also believe in **karma**, the notion that spiritual ramifications of one's actions are balanced cyclically in this life or a future life (reincarnation). As illustrated in Figure 1.3.8 below, in the the prayer to Saraswati, goddess of knowledge for wisdom, in Indian philosophy there is a distinction between Jnana (knowledge) which is sterile and pointless unless transformed to Bhakti, where the knowledge gained is applied to everyday life, how we relate to people with love and care, how we perceive the world around us and protect its life-giving resources, how we solve day to day problems for oneself and others through the application of knowledge to work for solution.



Figure 2.3.8: Prayer to Saraswati, goddess of knowledge for wisdom. (Dr. Ramchandran Sethuraman)

Buddhism

Buddhism was founded by Siddhartha Gautama around 500 B.C.E. Siddhartha was said to have given up a comfortable, upper-class life to follow one of poverty and spiritual devotion. At the age of thirty-five, he famously meditated under a sacred fig tree and vowed not to rise before he achieved enlightenment (*bodhi*). After this experience, he became known as Buddha, or "enlightened one." Followers were drawn to Buddha's teachings and the practice of meditation, and he later established a monastic order. Buddha's teachings encourage Buddhists to lead a moral life by accepting the four Noble Truths: 1) life is suffering, 2) suffering arises from attachment to desires, 3) suffering ceases when attachment to desires ceases, and 4) freedom from suffering is possible by following the "middle way." The concept of the "middle way" is central to Buddhist thinking, which encourages people to live in the present and to practice acceptance of others (Smith, 1991). Buddhism also tends to de-emphasize the role of a godhead, instead stressing the importance of personal responsibility (Craig, 2002).



Figure 2.3.9: Buddhist Temple in Richmond, California. (CC BY-NC-ND 2.0; su-lin via Flickr)

Judaism

Judaism is the religion, philosophy, and way of life of the Jewish people. Jews with European heritage are called Ashkenazi Jews, while Jews from the Middle East are called Sephardic Jews, or Mizrachim. American Jews, also known as Jewish Americans, are American citizens of the Jewish faith or Jewish ethnicity. The Jewish community in the United States is composed predominantly of Ashkenazi Jews who emigrated from Central and Eastern Europe, and their U.S.-born descendants. Individuals from all Jewish ethnic divisions are also represented, including Sephardi Jews, Mizrahi Jews, and a number of converts. The American Jewish community manifests a wide range of Jewish cultural traditions, as well as encompassing the full spectrum of Jewish religious observance. In fact, many Jewish people identify as secular rather than as religious. American Jews are more likely to be atheist or

agnostic than most Americans, especially so compared with Protestants or Catholics. A more detailed discussion of the diversity of Jewish Americans is provided in Chapter 10.



Figure 2.3.10: Hannakuh, Jewish festival of lights, meal on table. (CC-BY 4.0; Ksenia Chernaya via Pexels)

Islam

The followers of Islam, whose U.S. population is projected to double in the next twenty years, are called Muslims (Heimlich, 2011). As Chapter 10.1 explains, American Muslims come from various backgrounds, and are one of the most racially diverse religious groups in the United States according to a 2009 Gallup poll. Immigrant communities of Arab and South Asian descent make up the majority of American Muslims. Native-born American Muslims are mainly African-Americans who make up about a quarter of the total Muslim population, and many of them associate with the **Nation of Islam**. Many of these have converted to Islam during the last seventy years. Conversion to Islam in prison and in large urban areas has also contributed to its growth over the years.

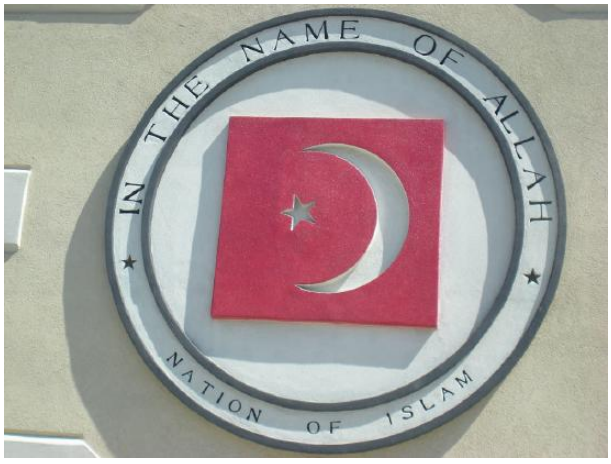


Figure 2.3.11: Nation of Islam crescent moon and star emblem in Indianapolis, Indiana. Inscription reads: In the name of Allah, Nation of Islam. (CC BY 2.0; sarahstierch via Wikimedia/Flickr)

Christianity

Today the largest religion in the world, Christianity began 2,000 years ago in Palestine, with Jesus of Nazareth, a charismatic leader who taught his followers about *caritas* (charity) or treating others as you would like to be treated yourself.

The sacred text for Christians is the Bible. While Jews, Christians, and Muslims share many of same historical religious stories, their beliefs diverge. In their shared sacred stories, it is suggested that the son of God—a messiah—will return to save God's followers. While Christians believe that he already appeared in the person of Jesus Christ, Jews and Muslims disagree. While they recognize Christ as an important historical figure, their traditions don't believe Jesus to be the son of God, and their faiths see the prophecy of the messiah's arrival as not yet fulfilled.

There are at least 24 denominations of Christianity in the U.S., with Catholicism being the largest. The remaining groups fall under the label of Protestant.

Table 2.3.12: Christian Denominations in the United States. (U.S. Census Bureau, Statistical Abstract of the United States: 2012)

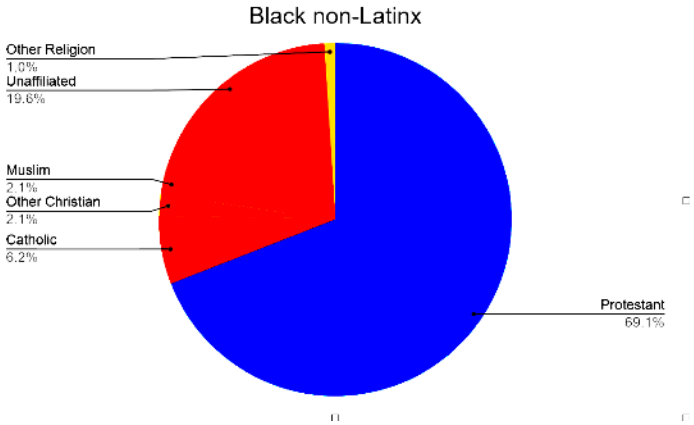
Denomination Name	Inclusive Membership
Roman Catholic Church	68,503,456
Southern Baptist Convention	16,106,088
United Methodist Church	7,774,931
Church of Jesus Christ of Latter-Day Saints	6,058,907
Church of God in Christ	5,499,875
National Baptist Convention, U.S.A., Inc.	5,000,000
Evangelical Lutheran Church in America	4,542,868
National Baptist Convention of America, Inc.	3,500,000
Assemblies of God	2,914,669
Presbyterian Church (U.S.A.)	2,770,730
African Methodist Episcopal Church	2,500,000
National Missionary Baptist Convention of America	2,500,000
Lutheran Church-Missouri Synod (LCMS)	2,312,111
Episcopal Church	2,006,343
Churches of Christ	1,639,495
Greek Orthodox Archdiocese of America	1,500,000
Pentecostal Assemblies of the World, Inc.	1,500,000
African Methodist Episcopal Zion Church	1,400,000
American Baptist Churches in the U.S.A	1,310,505
Jehovah's Witnesses	1,162,686
United Church of Christ	1,080,199
Church of God (Cleveland, TN)	1,076,254
Christian Churches and churches of Christ	1,071,616
Seventh-Day Adventist Church	1,43,606
Progressive National Baptist Convention, Inc.	1,010,000

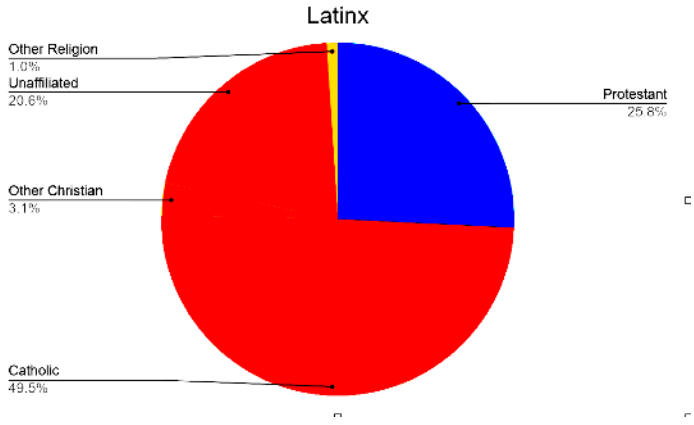
Race-Ethnicity and Religion



Figure 2.3.13: A Mexican Church. (CC BY 2.0; Tri Nguyen | P h o t o g r a p h y via Flickr)

The patterns of religious identity among major racial and ethnic groups vary significantly. According to Jones (2017) and as shown in Figure 1.3.14, nearly 70% of white Americans identify as Christian, and 3/4 of African Americans identify as Christian. More than 1/4 of white Americans are Evangelical Protestant, with 1/5 identifying as Protestant (non-Evangelical), and less than 1/5 are Catholic. Over the past few decades, the Catholic religious denomination has become less white and more Latinx. A greater percentage of African Americans identify as Protestant (nearly 70%) with only 6% identifying as Catholic. Latinx are also predominantly Christian, with almost half identifying as Catholic and only 1/4 identifying as Protestant. Amongst Asian Americans Pacific Islanders (AAPI), more than 1/3 identify as Christian and more than 1/4 are not affiliated with a religious denomination. As AAPI reflect the most religious diversity of all the groups featured in the above figure, more than 1/10 of AAPI identify as Hindu and a lesser amount identify as Buddhist or Muslim, approximately 6% in each respective group.





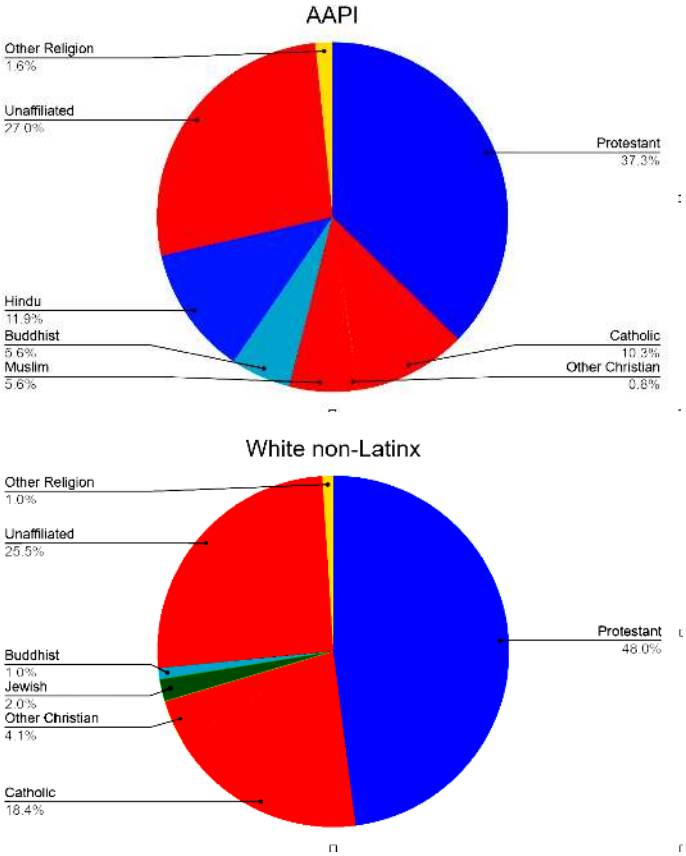


Figure 2.3.14: Religious affiliation by ethnic groups in the United States. (Charts created by Jonas Oware with data from the PRRI)

Thinking Sociologically

Is there an ethnic enclave near you? Have you ever visited there? What are the identifying characteristics of this ethnic enclave, such as food, language, religion, music, holidays?

Alternatively, have you ever visited a religious house of worship (e.g. temple, mosque, synagogue, church) outside of your own religion, if you have one? If you have visited a different house of worship, how did you feel during your visit? If you have never visited a different house of worship, would you consider doing so? Why or why not?

Cultural Intelligence and Cultural Competency

In a culturally diverse society, it is becoming increasingly important to be able to interact effectively with others. Our ability to communicate and interact with each other plays an integral role in the successful development of our relationships for personal and social prosperity. Building **cultural intelligence** requires active awareness of self, others, and context (Bucher, 2008). Self-awareness requires an understanding of our cultural identity including intrinsic or extrinsic bias we have about others and social categories of people. Cultural background greatly influences perception and understanding, and how we identify ourselves reflects on how we communicate and get along with others. It is easier to adjust and change our interactions if we are able to recognize our own uniqueness, broaden our percepts, and respect others (Bucher, 2008). We must be aware of our cultural identity including any multiple or changing identities we take on in different contexts as well as those we keep hidden or hide to avoid marginalization or recognition.



Figure 2.3.15: Man Looking in Front of Mirror (CC BY 4.0; Min An via Pexels)

According to the National Education Association, **cultural competence** is having an awareness of one's own cultural identity and views about difference in addition to having the ability to learn and build on the varying cultural and community norms of students and their families. Three concepts that characterize cultural competence are self-awareness, education, and interaction (Young Adult Library Services Association - YALSA). Self-awareness involves recognizing the significance of culture in one's own life and in the lives of others. Education relates to an individual's ability to fully integrate members of diverse groups into services, work, and institutions in such a way that the lives of the individuals being served and those of the people delivering service are enhanced. Interaction concerns understanding and respecting cultural backgrounds other than one's own through engaging with individuals from diverse ethnic, linguistic, and socioeconomic strata.

Active awareness of others requires us to use new cultural lenses. We must learn to recognize and appreciate commonalities in our culture not just differences. This practice develops understanding of each other's divergent needs, values, behaviors, interactions, and approach to teamwork (Bucher, 2008). Understanding others involves evaluating assumptions and cultural truths. Our cultural lenses filter perceptions of others and condition us to view the world and others in one way blinding us from what we have to offer or complement each other (Bucher, 2008). Active awareness of others broadens one's sociological imagination to see the world and others through a different lens and understand diverse perspectives. Becoming more culturally intelligent and culturally competent can ultimately help us to interact and work together more effectively and compassionately.

Key Takeaways

- Ethnicity and ethnic groups are characterized by common culture, language, religion, food, holidays, traditions, history, ancestry, nationality; race and ethnicity should be understand as distinct though possibly related concepts.
- Ethnic enclaves are neighborhoods with high concentrations of one particular ethnic group, usually resulting from immigration patterns.
- People may employ any of the following when responding to other ethnic backgrounds: cultural relativism, ethnocentrism, cultural competence.
- Religion (e.g. Buddhism, Islam, Judaism, Christianity) may overlap with race and/or ethnicity.

Contributors and Attributions

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2.4: What is Intersectionality?

Embracing Our Whole Selves

Definition: Intersectionality

Intersectionality is an analytic tool for studying and challenging complex social inequalities at the nexus of multiple systems of oppression and privilege, including race, gender, sexuality, social class, nation, age, religion, and ability. (*Velez et al., 2020, p. 2*)

The Framing of Intersectionality



Figure 2.4.1: A Say Her Name print to raise funds for the global art sale Printmakers Against Racism fundraiser. (Licensed under CC BY-NC-ND 3.0; by Desiree Aspiras)

The concept of **intersectionality** is widely recognized as being coined in 1989 by legal scholar **Dr. Kimberlé Crenshaw** to describe how various forms of oppression—such as race, gender, and class—interact to create unique experiences of marginalization. However, Crenshaw's work builds upon a long legacy of activism and intellectual contributions from women of color, particularly Black feminists, who identified these patterns long before the term was formally named.

Crenshaw's TED Talk: The Visibility of Intersectionality in Police Violence

In her **2016 TED Talk**, *The Urgency of Intersectionality*, Crenshaw engaged her audience in an exercise highlighting the disparities in public recognition of police violence victims. When she asked the audience to recall names of Black individuals killed by police, many recognized Eric Garner, Mike Brown, Tamir Rice, and Freddie Gray—all men. However, when she listed the names of Michelle Cusseaux, Tanisha Anderson, and Meagan Hockaday—Black women killed by police—most people were unfamiliar with them.

This exercise underscored a key issue: Black women who experience police violence often remain **invisible** in public discourse, not because their experiences are less significant, but because existing narratives lack the necessary **frameworks** to make their struggles visible. As Crenshaw explained, Black women have "slipped through our consciousness because there were no frames for us to see them… But it doesn't have to be this way" (Crenshaw, 2016).

The Origin of Intersectionality: Emma DeGraffenreid's Case

Crenshaw's framing of intersectionality emerged from a legal case in which courts failed to recognize **compound discrimination**—discrimination that stems from multiple, overlapping social identities. She tells the story of Emma DeGraffenreid, a Black woman who filed a lawsuit against a car manufacturing plant for employment discrimination.

DeGraffenreid's case was dismissed on the grounds that the company hired African Americans and hired women—but what the court failed to acknowledge was that African American men were hired for industrial jobs, and only white women were employed in secretarial roles. As a result, DeGraffenreid and other Black women were excluded from both hiring pools. The court's refusal to recognize the dual nature of her discrimination claim exemplifies why a framework like intersectionality was necessary: it was not simply racism or sexism alone that shaped DeGraffenreid's experience, but the intersection of both.

To explain this concept, Crenshaw developed an **intersection metaphor**: imagine a workforce structured by race as one road, and a workforce structured by gender as another road. Black women, standing at the intersection, face discrimination from both directions—making them uniquely vulnerable in ways not captured by a **single-axis analysis** of race or gender alone.

Expanding Intersectionality: Social and Structural Oppression

Intersectionality extends beyond race and gender. It helps illuminate how different forms of oppression—**classism, ableism, xenophobia, transphobia, homophobia, religious bias, and more**—interlock to shape social experiences. As Crenshaw (2016) notes, intersectionality **"exposes the tragic circumstances under which African American women die,"** underscoring the urgency of a more inclusive framework.

In Figure 2.4.2, I illustrate Crenshaw's analogy of an intersection into overlapping lines that represent the intersectionality of structural oppression. One line represents "sexism and patriarchy," which intersects with "racism and white supremacy." Those lines all overlap with other forms of oppression including: nativism, classims/capitalism, ableism, transphobia/cisheteropatriarchy, and homophobia/heteropatriarchy. In Figure 2.4.3, I created another graphic to represent intersecting social identities. One line representing our gender or gender identity, another our racial/ethnic identity. These overlap with citizenship/nationality, socioeconomic class, physical or mental ability, and sexuality.

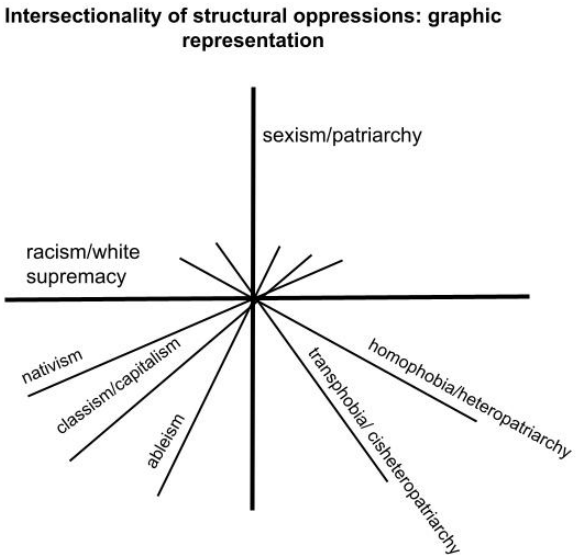


Figure 2.4.2: Intersectionality of Structural Oppressions: Graphic Representation. (Licensed under CC BY 4.0; by Kay Fischer)

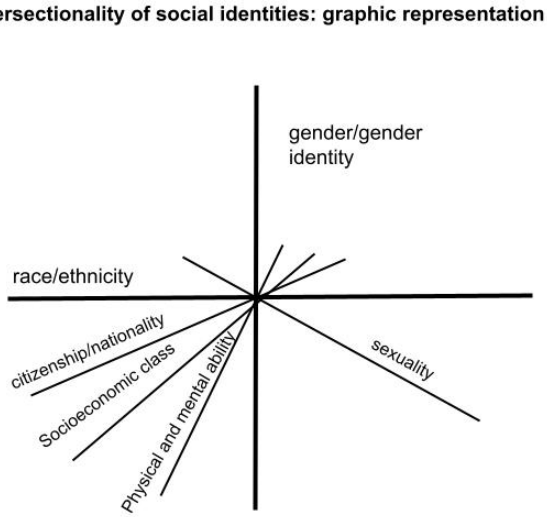


Figure 2.4.3: Intersectionality of Social Identities: Graphic Representation. (Licensed under CC BY 4.0; by Kay Fischer)

Intersectionality in Psychology: Understanding Overlapping Identities and Oppressions

Psychology has increasingly adopted intersectionality as a framework to understand how individuals experience multiple, interlocking systems of oppression and privilege. Psychological research recognizes that a person's mental health, identity development, and lived experiences are shaped not only by single social categories (e.g., race or gender) but by the complex ways these categories interact. This has led to intersectional psychology, an approach that examines the combined impact of race, gender, socioeconomic status, disability, sexual orientation, and other identities on mental health and well-being.

1. Intersectionality and Identity Development

Psychologists studying **identity development** acknowledge that traditional models—such as Erik Erikson's (1950) theory of psychosocial development or Jean Phinney's (1992) model of ethnic identity—often failed to capture how **multiple identities intersect**. More recent theories, such as **the Multidimensional Model of Racial Identity (MMRI)** (Sellers et al., 1998), highlight how individuals can hold multiple, shifting identities that interact with societal structures of power and oppression. *We will cover racial and ethnic identity formation theories in another chapter.*

For instance, research shows that:

- **Black women** navigate racial and gendered experiences simultaneously, leading to unique identity development processes (Settles, 2006).
- **LGBTQ+ individuals of color** often struggle with **double marginalization**, facing racism within LGBTQ+ spaces and homophobia/transphobia within their racial/ethnic communities (McConnell et al., 2018).
- **Disabled women of color** may experience **ableism**, **sexism**, and **racism** in ways that multiply stress and discrimination (Gómez & Rattray, 2018).

These findings reinforce that identity is not additive (e.g., race + gender) but interlocking and dynamic, shaping psychological experiences differently depending on context and social power structures.

2. Intersectionality and Mental Health

Intersectionality has been used to understand mental health disparities among marginalized groups. Research indicates that individuals with multiple marginalized identities face heightened stress, discrimination, and barriers to healthcare, leading to poorer mental health outcomes.

Minority Stress Theory (Meyer, 2003)

This theory suggests that individuals from marginalized groups experience **chronic stress** due to **societal stigma, discrimination, and prejudice**. Intersectionality refines this model by showing that:

- **Black transgender individuals** experience **both racial and gender-based stress**, leading to higher risks of depression and anxiety (Seelman et al., 2017).
- **Undocumented Latina immigrants** face unique forms of stress related to **immigration status, gender roles, and racial discrimination** (Perez Foster, 2001).
- **Low-income queer people of color** encounter compounded stressors due to economic instability, racism, and homophobia (Bowleg, 2012).

These intersecting stressors contribute to higher rates of PTSD, depression, and anxiety among affected populations, reinforcing the need for culturally competent mental health interventions.

3. Intersectionality and Psychological Research Bias

Traditional psychological research has often focused on single-axis studies—examining race, gender, or class in isolation. However, scholars have criticized this approach for erasing the experiences of those with intersecting identities (Cole, 2009). *We will cover how psychological research considers intersectionality in a future chapter.*

For example:

- **Clinical psychology research** has historically examined depression among women without considering racial disparities, leading to the underdiagnosis of **depression in Black women**, who may express symptoms differently (Watson & Hunter, 2015).
- **Cognitive psychology studies** often rely on **WEIRD** samples, ignoring how **culture and identity shape cognition** (Henrich et al., 2010).
- **Workplace psychology research** has examined **gender discrimination** separately from **racial discrimination**, failing to capture how **Black women and Latinas experience both simultaneously** (Purdie-Vaughns & Eibach, 2008).

Intersectionality in psychology corrects these oversights by urging researchers to:

1. Use diverse, representative samples.
2. Design studies that account for multiple identity factors.
3. Analyze power structures and their psychological effects

4. Intersectionality in Therapy and Counseling

Mental health professionals increasingly incorporate **intersectional approaches** in therapy to address clients' unique experiences of **marginalization and privilege**.

Culturally Responsive Therapy

Therapists applying **intersectional psychology**:

- Use **feminist therapy** techniques that address power dynamics in clients' lives (Brown, 2018).
- Recognize **racial trauma** and how it intersects with gender-based or queer trauma (Comas-Díaz et al., 2019).
- Challenge traditional diagnostic models that pathologize behaviors **without considering cultural and social context** (American Psychological Association, 2017).

For example:

- A **Muslim woman who wears a hijab** and experiences **workplace discrimination** may struggle with **both Islamophobia and gendered oppression**.
- A **Black gay man** may need a therapist who understands the unique pressures of **heteronormativity within Black communities** and **racism within LGBTQ+ spaces**.
- A **disabled Latina woman** may experience **medical gaslighting** (e.g., her pain being dismissed due to both ableism and racial bias).

Intersectional therapy acknowledges these nuanced experiences and tailors interventions to support the client holistically.

5. The Role of Intersectionality in Social Justice Psychology

Psychologists advocating for **social justice** increasingly use intersectionality to analyze:

- **Educational inequities** (e.g., how low-income students of color face intersecting barriers to higher education).
- **Health disparities** (e.g., how trans people of color experience discrimination in medical settings).
- **Criminal justice inequalities** (e.g., how Black and Indigenous women face higher risks of police violence and incarceration).

For instance, **community psychologists** use intersectionality to:

- Develop **anti-racist interventions** that **consider gender and class**.
- Train **police officers and healthcare providers** to recognize **implicit biases in decision-making**.
- Advocate for **intersectional public policies** that **address mental health access, education, and employment discrimination**.

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2.5 Ecological Theory

Ecological Theory and Multicultural Psychology

Urie Bronfenbrenner (1917-2005) developed the **Ecological Systems Theory**, *which provides a framework for understanding and studying the many influences on human development* (Bronfenbrenner, 1979). Bronfenbrenner recognized that human interaction is influenced by larger social forces and that an understanding of these forces is essential for understanding an individual. This theory provides a holistic understanding of human development by considering multiple levels of influence, from the immediate family and peer groups to broader societal and cultural contexts. The individual is impacted by several systems.

Each system is listed below with examples of how it has been applied in social science research including multicultural psychology.

Microsystem *includes the individual's setting and those who have direct, significant contact with the person, such as parents or siblings*. The input of those is modified by the cognitive and biological state of the individual as well. These influence the person's actions, which in turn influence systems operating on him or her.

In the context of multicultural psychology researchers can examine how the family or peer group influences cultural identity development.

- How the interactions between various microsystems, such as family and school, affect the acculturation and cultural adaptation of immigrant children (Suárez-Orozco & Suárez-Orozco, 2001).
- How family dynamics, traditions, and communication styles impact the cultural identity of immigrant children in the context of their immediate family (Phinney & Ong, 2007).
- How cultural values, norms, and practices within these microsystems impact an individual's cultural identity and psychological well-being (Sue & Sue, 2016).

Mesosystem *includes the larger organizational structures, such as school, the family, or religion.* These institutions impact the microsystems just described. The philosophy of the school system, daily routine, assessment methods, and other characteristics can affect the child's self-image, growth, sense of accomplishment, and schedule thereby impacting the child, physically, cognitively, and emotionally.

In the context of multicultural psychology researchers can examine the interactions between different microsystems and how they affect cultural adaptation.

- How school environments interact with family environments to shape the acculturation experiences of adolescents from diverse cultural backgrounds (Fuligni, 2001).
- How an individual's cultural experiences at home and at school interact and influence their cultural adaptation and acculturation (Berry, 2005).

Exosystem *includes the larger contexts of community*. A community's values, history, and economy can impact the organizational structures it houses. Mesosystems both influence and are influenced by the exosystem. Examples include a parent's workplace or community institutions. Changes or events in the exosystem can have cascading effects on the individual.

In the context of multicultural psychology researchers can analyze the role of policies and institutions in the multicultural context:

- The role of discriminatory policies and practices within the broader community or society in shaping the mental health disparities experienced by marginalized cultural groups (Williams, Neighbors, & Jackson, 2003).
- How societal structures and policies affect the experiences and mental health of multicultural individuals (Williams & Mohammed, 2009).
- The effects of immigration policies or educational policies on the well-being and mental health of immigrant populations (Garcia-Coll & Marks, 2011).

Macrosystem *includes the broader cultural, societal, and historical context* in which an individual lives. It includes cultural values, beliefs, norms, and larger social forces like politics, economics, and historical events. The macrosystem can shape the values and expectations of individuals within a particular culture or society.

In the context of multicultural psychology researchers can explore the broader cultural context and its impact on multicultural individuals.

- How cultural values, traditions, and historical events impact the cultural identity and mental health of individuals from diverse backgrounds (Triandis, 1995).
- How cultural norms and societal attitudes toward diversity influence the experiences of individuals from different cultural backgrounds (Hofstede, 2001).
- The impact of cultural values and norms on the identity development and psychological well-being of individuals from different cultural backgrounds (Kim, 2007).

Chronosystem *is the historical context in which these experiences occur.* It recognizes that human development is not static but evolves over time. It takes into account life transitions, historical events, and individual experiences that occur at different points in a person's life and can have a lasting impact.

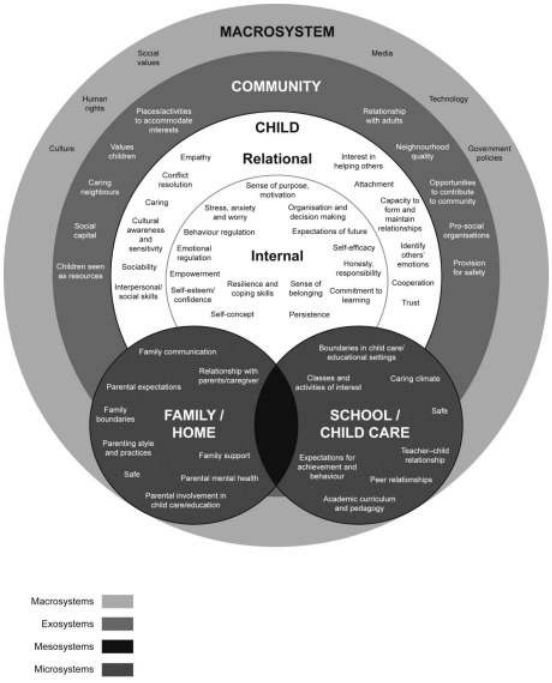
In the context of multicultural psychology researchers can study:

- How historical events, such as immigration waves or conflicts, shape the experiences and psychological outcomes of multicultural individuals across generations (Portes & Zhou, 1993).
- The effects of historical events, immigration patterns, and generational differences on cultural identity and mental health outcomes (Portes & Rumbaut, 2001).
- Generational differences in cultural identity and adaptation among immigrant families to understand how cultural experiences evolve across generations (Portes & Fernandez-Kelly, 2008).

In sum, a child’s (or individual's) experiences are shaped by larger forces such as the family, schools, religion, culture, and time period. Bronfenbrenner’s model helps us understand all of the different environments that impact each one of us simultaneously.

Ecological Systems Theory emphasizes the dynamic and bidirectional nature of interactions between individuals and their environments. It suggests that human development cannot be understood in isolation but must be examined in the context of these multiple interacting systems.

By utilizing Bronfenbrenner's Ecological Systems Theory, researchers in multicultural psychology can gain a comprehensive understanding of the complex interplay between individual and contextual factors in multicultural settings. This framework allows for the exploration of cultural identity, acculturation, discrimination, and mental health outcomes within a holistic ecological perspective.



Think about it

Consider the development of gender identity (your internal sense of your gender.) How is an individual's gender identity influenced in each of the different systems? Do you think one system has more influence than another? Why?

If you were a psychological researcher who wanted to learn more about gender identity, what level of the system would you target your research? Why?

Additional ways the theory can be applied in Multicultural Psychology

Bronfenbrenner's Ecological Systems Theory can be applied to the study of multicultural psychology through critical application of each system (as summarized above) as well as in concert with other theories:

1. **Cultural Ecology**:
   - Applying an ecocultural framework to understand how cultural practices, beliefs, and the physical environment jointly influence mental health outcomes in culturally diverse populations (Weisner, 2002).
2. **Intersectionality**:
   - Incorporating intersectionality theory within the ecological framework to examine how multiple dimensions of identity (e.g., race, ethnicity, gender, sexuality) interact within various ecological systems to influence individuals' experiences and mental health (Crenshaw, 1991).
3. **Community and Neighborhood Context**:
   - Focusing on the neighborhood or community as an important ecological level and examining how the cultural composition of a community and its resources impact the well-being of multicultural residents (Kawachi & Berkman, 2003).

These examples demonstrate the versatility of ecological theory in understanding multicultural psychology, as it allows researchers to explore the intricate relationships between individuals and their cultural contexts at various levels, offering a comprehensive perspective on the experiences of multicultural individuals.

How APA uses the theory today

The APA (2017) *Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality,* uses Ecological theory to center their conceptual framework. The document is intended to serve as a guide for all members on how psychological practice (consultation, education, research, etc.) has an interaction with and influence at each level, namely drawing attention to the need to consider the historic trends, cultural norms, and interpersonal transactions that shape an individual's lived experience.

Contributions and Attributions

Lifespan Development (Lally and Valentine-French) contributed to Brofenbrenner's Theory (CC BY-NC-SA 3.0)

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- **1.2: Defining Race** by Erika Gutierrez, Janét Hund, Shaheen Johnson, Carlos Ramos, Lisette Rodriguez, & Joy Tsuhako is licensed CC BY-NC-SA 4.0.

CHAPTER OVERVIEW

3: Research Methods and Culture

- 3.1: Research Methods Overview
- 3.3: Research Issues in Cultural Psychology
  - 3.3.1: Ethics in Cultural Psychological Research
- 3.2: Understanding Communities
  - 3.2.1: Respect for Diversity
  - 3.2.2: Oppression and Power
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  - 3.4.1: Best Practices for Researching Diverse Groups
  - 3.4.2: Hofstede's Cultural Dimensions

Learning Objectives

By the end of this chapter, students should be able to:

1. **Define** key research terms relevant to multicultural psychology, including cultural bias and ethnocentrism.
2. **Explain** how culture can influence all stages of the research process.
3. **Identify** limitations of traditional Western psychological research when applied to diverse populations.
4. **Analyze** the challenges of operationalizing culture in empirical studies.
5. **Evaluate** culturally appropriate research designs and sampling strategies.
6. **Discuss** ethical considerations when conducting research with culturally diverse participants.
7. **Apply** critical thinking to assess how cultural assumptions impact psychological theories and findings.

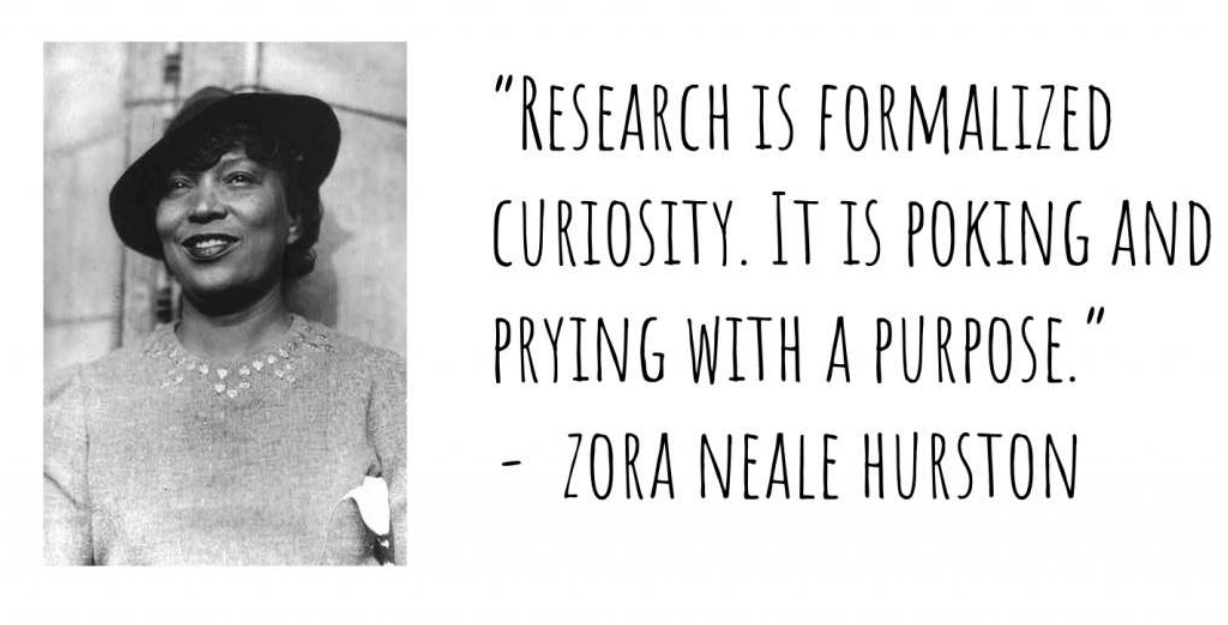
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3.1: Research Methods Overview

Chapter Objectives

By the end of this chapter, you will be able to:

- Know how to use an ecological lens in guiding community research
- Identify the role of ethics in Community Psychology research
- Differentiate between qualitative versus quantitative methods
- Understand the utility of mixed methods research



Adapted from "Hurston-Zora-Neale-LOC" is Public Domain

In psychology, we generally call the results of our research "findings" or "outcomes." In this chapter, we will explore how a **Community Psychology** lens can help shape our research and ultimately influence our findings and outcomes. We will learn how the way we measure programs cannot exist in a vacuum, and therefore we must consider the context and environment of any situation. Take this for an example: a number of years ago in a low resourced urban community, a mental health professional approached community and school leaders with an innovative program aimed at dealing with the problem of youth substance use. They agreed to use a preventive school-based intervention, and after it was launched, the research outcomes were very successful (i.e., youth substance use was reduced). However, funding for the program dried up after two years, and the mental health professional left the community when he no longer had the financial resources to mount the intervention. The school and community leaders were disappointed as they felt it had helped their youth. The mental health professional later published the outcomes in a scientific journal and described the intervention as successful. However, the community members were bitter about the program shutting down because they did not have the resources or skills to sustain it. When another mental health professional approached the same community leaders a year later with another innovative idea for a preventive program, the community was no longer receptive.

IS A COMMUNITY INTERVENTION SUCCESSFUL?



"Men and Women at a Town Hall Meeting" by CDC/ Dawn Arlotta acquired from Public Health Image Library is licensed under CC0 1.0

You might be wondering, was the example above considered a successful **intervention**? To answer this question, we need to specify the essential characteristics of evidence when measuring factors of success. Not all evidence is created equal, as the example above indicates. The best and most useful evidence is relevant, credible, believable, and trustworthy. Additionally, there are various lenses we might look through to decipher the evidence gathered from the example. From a traditional perspective, the intervention was a credible success, as youth experimented less with drugs after the intervention took place. However, from a Community Psychology perspective, the intervention was not successful as the program was not sustained, and even more important, the community members became less trusting, less open, and less willing to collaborate with others from outside their community. It is only by adopting a more **ecological** perspective that we can understand that interventions have impacts on individuals, groups, organizations, and communities, and even if there are positive outcomes for the youth recipients of an intervention, we must also assess a community's receptivity for future efforts. In other words, Community Psychology would argue for broadening our research objectives to gauge the community members' relationship to those who brought the intervention into their schools, including whether they considered them trustworthy.

To summarize, although it is important that youth might have learned certain positive skills from an intervention, it is also crucial to examine the larger context that involves whether community members feel competent to bring about effective and sustainable changes. The goals of our research need to go beyond measuring skills or abilities within youth in order to assess whether the interventions have influenced higher-level ecological issues. In this chapter, we will learn that research can be used to add to or modify our beliefs and understanding, especially when we consider how Community Psychology focuses on people and their ecological context.

HOW EVIDENCE CHANGES BELIEFS



A YouTube element has been excluded from this version of the text. You can view it online here: https://press.rebus.community/introductiontocommunitypsychology/?p=736

The introduction of new or additional evidence can challenge existing beliefs. Consequently, there are a number of examples of research evidence that have led to changes in beliefs and behaviors, as well as the way we educate people on certain concepts. An example of this can be found in "The cigarette preferred by doctors" video advertisement above. Later, in 1964, the US Surgeon General's Report on Smoking and Health reviewed over 7,000 research articles as a basis for the report, which concluded that smoking was a cause of lung cancer and chronic bronchitis. Important criteria for evidence at the time included that it was **replicable** and **reliable**. Smoking was assessed as a health hazard by checking causes of death, looking at the current health of smokers versus non-smokers, monitoring smokers versus non-smokers health over time, etc. The strongest case occurred after many investigations using multiple methods, which found similar or supporting results. After the Surgeon General's Report in the US, policies slowly began to change regarding cigarettes and smoking. For example, advertising was significantly curtailed, cigarettes were subject to extensive state and federal taxation, and there were new regulations to reduce minors' ability to purchase tobacco from retail establishments. As a result, rates of tobacco use declined over time.

SCIENTIFIC PROCESS



"Trust the evidence: Insite saves lives!" by Richard Eriksson is licensed under CC BY 2.0

You may have encountered the scientific process in your early schooling, and maybe you were even asked to use "description" to support conclusions that you came to. But how do we interpret and draw conclusions using the research we collect? Let's use an example to illustrate what the term "describe" means in the research process. A description could involve the number of people living in poverty, but the exact boundaries must be set for what income falls above and below the poverty line. Another example involves describing what behaviors and characteristics qualifies someone as misusing drugs. In other words, what is the definition

of “misuse of drugs”? Clearly, alcohol and tobacco kill more people than all other drugs combined, and yet both of them are legal. If you define something by whether it is legal or not, there might be varying standards in different settings. For example, in the US using heroin is illegal, so it would be thought of as “misuse of drugs,” but in the Netherlands, a government-sponsored heroin distribution program began in 1988; therefore, heroin use in the Netherlands is not illegal. In describing a social or community problem, it is apparent that cultural and societal norms need to be considered. Traditional researchers might ignore these important influences, but Community Psychology researchers would put considerable efforts into understanding the politics and values that surround and give meaning to the behaviors and conditions we intend to change.

In addition to initially describing and determining how to measure a social or community problem, research also investigates how the problem or issue is associated with other behaviors. For adolescent misuse of drugs, a traditional researcher might investigate how it is related to family history, age at first use, mental health status, etc. However, a community psychologist may focus on peer use as well as locations within the community where alcohol, drugs, and tobacco are made available to youth. As indicated in research by Jason, Glantsman, O’Brien, & Ramian, (2019), if a school-based tobacco prevention program is launched, but youth in the community have easy access to commercial sources of cigarettes at gas stations and liquor stores, the youth receive mixed messages that compromise the outcomes of the school-based tobacco reduction interventions. Again, community psychologists give considerable weight to these types of ecological variables when trying to understand the various environmental influences on youth behavior.



Photo by Jeremy Paige is licensed under the UnsplashLicense

Being able to explain why certain people develop drug misuse behaviors can be complicated as well and involve many factors that need to be considered when conducting research. Many traditional psychologists would focus on trying to understand biological and psychological reasons for substance use (such as depression or feelings of isolation). Community psychologists, on the other hand, would be more inclined to examine norms and opportunities within the environment. For example, if youth in a neighborhood admire apparently wealthy drug dealers who engage in illegal activities, then this risky environment and these inappropriate role models could be some of the primary reasons for increased illegal drug use. To the extent we can describe, predict, and explain why misuse of drugs occur, we are more likely to develop effective Community Psychology based interventions which deal with factors beyond the traditional individual level of analysis.

RESEARCH AND ETHICS

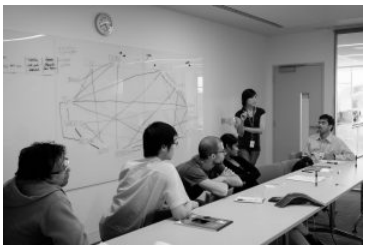


"Is there grey area here?" by Carol VanHook is licensed under CC BY-NC-SA 2.0

Performing Research

The Belmont Report (1978) outlined basic ethical principles and applications for research. The three major ethical principles are **Respect for Persons**, **Beneficence**, and **Justice**. When seeking institutional approval for research with human subjects, these three areas are addressed in the application.Once again, most traditional researchers focus on individual factors (e.g., level of self-esteem, mental health issues) when considering these areas, and they would assure that youth in a preventive program have informed consent to be involved in the intervention. Community psychologists would also be concerned with ecological factors. For instance, let's consider college students being trained to provide psychiatric ward patients with mentoring and social support. If the hospital setting was poorly run and degrading, and provided limited opportunities for skill development to prepare the patients to ultimately return to the community, this mentoring program would be considered ineffective and even unethical. If the setting's abusive features were not addressed, then the intervention would not be able to successfully help patients reintegrate back into the community**.**

Professional ethics from the American Psychological Association (2003) also indicate that mental healthcare professionals should have adequate skills and abilities for the roles in which they portray themselves as competent. For traditional psychologists, this might involve being knowledgeable about current testing and therapy techniques. For community psychologists, who often work with community-based samples of individuals who have been marginalized or who have suffered other systemic disadvantages, it might be more complicated, as these **populations** warrant extra care. For example, criminally justice-involved individuals who are exiting prison need more than aptitude tests and one-on-one therapy, as their greatest needs after leaving jail are housing and decent jobs. Community psychologists might not be trained to provide housing or jobs; however, this is where collaboration comes into play. Community psychologists would partner with community-based organizations which have the skills and competencies to provide ex-offenders opportunities for inexpensive housing and jobs. Thus an ecological perspective, as illustrated throughout this book, would focus our efforts on providing resources and changing the environment in order to provide these vulnerable individuals with concrete opportunities to successfully transition back into society.



"Collaborations" by Valentine Svensson is licensed under CC BY-SA 2.0

Finally, the **Society for Community Research and Action (SCRA)** also has specified ethical practice competencies for professionals (Dalton & Wolfe, 2012). Some of these include recognizing the influence of one's personal background on the collaboration, so if one is from a privileged group, this could have an influence when working with community members who did not have such advantages. One essential practice competency in the field of Community Psychology is **dissemination**. Dissemination is the deliberate sharing of research findings to groups and communities that would benefit from said findings. Along with dissemination is **implementation**, which takes dissemination a step further. Implementation is the adoption of **evidence-based** interventions with the goal of better serving the specific population. It is most helpful to develop a professional network in order to seek consultation and advice regarding these complex issues that are being encountered in analyzing social problems as well as implementing community-based interventions.

Research evidence also informs us as to whether our efforts actually adhere to these ethical standards, and an ineffective prevention program that consumes resources (e.g., time and money) may be considered unethical, as the case study below illustrates.

Case Study 3.1
A Cautionary Tale: Drug Abuse Resistance Education



Logo of Drug Abuse Resistance Education (D.A.R.E.) by Drug Abuse Resistance Education is Public Domain

The drug prevention program Drug Abuse Resistance Education (D.A.R.E.) began in the mid-1980s in Los Angeles schools, and soon was implemented nationally. During the 1990s and early 2000s, roughly 75% of students in the US were taught using this D.A.R.E. program to prevent drug use. However, research performed as early as 1994 suggested D.A.R.E. was ineffective, and by 2004, it became clear D.A.R.E. did not work (West & O'Neal, 2004). For more than 20 years, tens of millions of students were "trained" in D.A.R.E. and billions of dollars were spent on a useless program. Parents, students, and schools were, in effect, misled by "experts."

The D.A.R.E. example demonstrates how best intentions are not sufficient in performing ethical practice, as well as shows the importance of evidence in evaluating whether harm has occurred. Without the means, resources, or system to evaluate the impact of a program, ethical concerns go unaddressed. Rather than working separately from community activists and organizations, community psychologists are trained to evaluate and conduct research with members of a community (see Chapter 7; Wolfe, 2019).

Other research issues endorsed by SCRA (2019) include active collaboration among researchers, practitioners, and community members. This work is undertaken to serve those community members directly concerned, and should be guided by their needs and preferences, as well as by their active participation. This standard recognizes the importance of the population's voice(s) in developing and executing a research plan that has the greatest likelihood of improving the population's well-being and minimizing harm. This principle is one of the core values of Community Psychology, and it is often referred to as **community-based participatory research**. Nevertheless, there will be times when funding sources have their own agendas which may not accurately reflect a population's needs, and this can pose unique challenges for those within the field of Community Psychology. In addition, the SCRA principles embrace multiple methodologies to best generate knowledge. These attributes are more likely to lead to many studies being conducted over an extended period of time, and the development of evidence-based practices to achieve improvements.

Ethics are important in the design and performance of research. Community Psychology reduces risks by valuing the diversity of methods, encouraging collaboration and participation, seeking to serve others, and focusing on the issues needing to be addressed by the community.

ELEMENTS OF RESEARCH DESIGN



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The purpose or objectives of the research generally define the major elements of an investigation. Based on their goals and objectives, community psychologists develop a **research design** to best conduct their investigation. It's important to understand that the scope of research encompasses flexibility and creativity. The basic process can be thought of as trying to achieve an objective, as well as considering what resources and sequence of activities will result in a likely success. Community psychologists specify why the research is important, determine whether the design to likely to result in credible evidence, and secure the collaboration and/or approval of **stakeholders**. Some of the major design elements include:

- Unit of Analysis— is the study on the individual, group, setting, community, or societal level?
- Population of Interest— is the study made up of adults, individual meeting criteria, organizations, schools, towns, or some other group?
- Sample Recruitment— how do we get members of the population of interest to participate in the study?
- Data Collection— how does information get collected?
- Time— is the study conducted at a single time point (Cross-Sectional) or at multiple observations over time per unit of analysis (Longitudinal)?
- Design— is the study observational (with no intervention) vs. experimental (with intervention)?
- Control— does the study have a control group or is there no control group?
- Power— does the study have enough participants for the research to result in credible evidence?
- Measurement and Data Structure— does the study use a qualitative, quantitative, or mixed methods approach? (See below)

SCRA has identified five foundational competencies that underlie all areas of research, including specifying research questions, engaging in participatory community research, managing collaborations, developing community change models, and evaluating programs. Other competencies are in areas of research design (e.g., survey design, sampling) and data analysis (Haber et al., 2017).

QUALITATIVE

RESEARCH METHODS



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Qualitative methods are very useful in the early stages of defining the topic of interest and selecting measures. This type of research usually utilizes relatively small sample sizes (less than 30) to allow an in-depth inquiry per individual. Thus, individual

cases have significant weight. Qualitative data are usually collected through interviews, observation, or analysis of *archival content*. The interview may be unstructured (having minimal questions or anchoring by the interviewer) or structured (specific topics and questions that are consistent across the sample). The content of either interviewing or observing then undergoes analysis, and this process is how insights are formed that may be more generalizable than a single narrative.

Many analytic approaches are used in qualitative research. Four common methods are *ethnography*, *phenomenology*, *grounded theory*, and *content analysis*. Each of these has a different focus but they all place value on the "voice" of the individual being studied. The rich and complex information inherent in qualitative content should be "listened" to very closely before any sort of **evaluation** or judgment is made.

Ethnography, which has its roots in anthropology and cultural studies, seeks to understand the culture or ties of a group or community from an insider's perspective. The method used is participant observation, as shown in Figure 1, and this results in an in-depth written account of a group of people in a particular place, such as a rural area that involves migrants and farming. Additionally, this method can also focus on an aspect of contemporary social life. As an example, a community psychologist may want to better understand the operation and benefits of a cancer survivors self-help group. Ethnography may be a good analytic approach to understanding the culture, attitudes, behaviors, and benefits that group membership signifies.

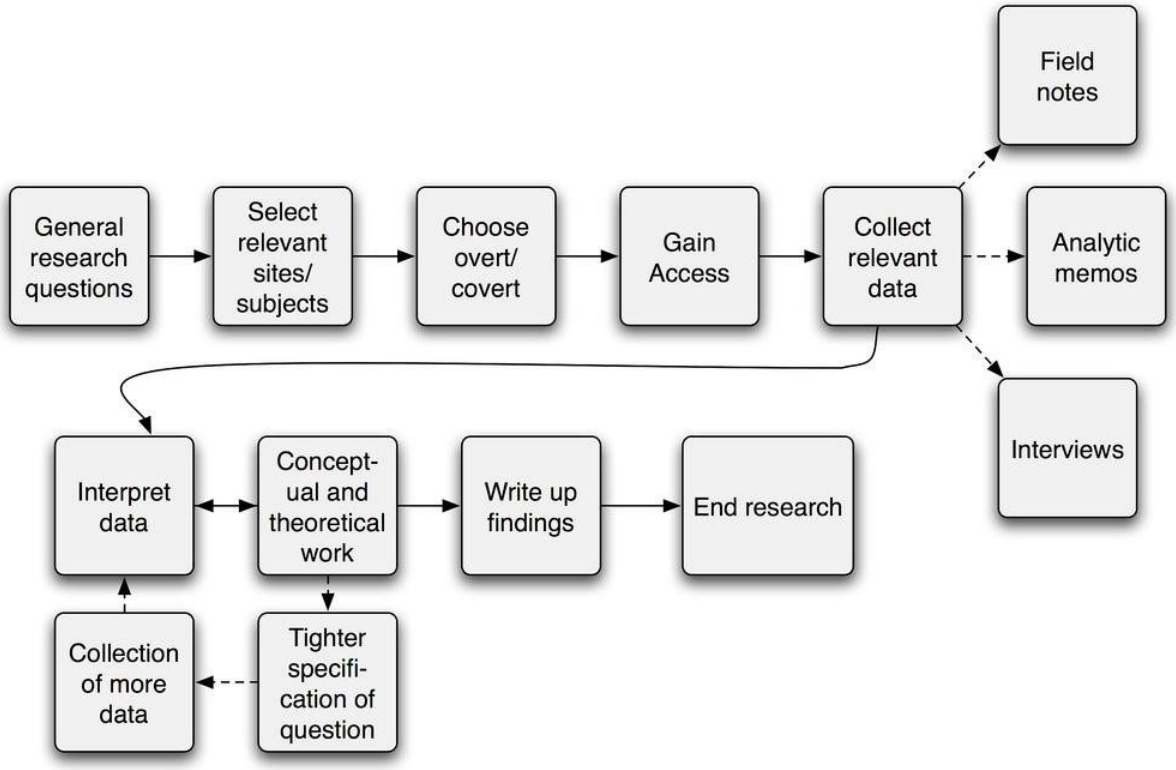


Figure 1. "How to do Ethnography" by Sam Ladner is licensed under CC BY 2.0

Phenomenology focuses on the individual and is directed to examine a person's narrative to capture their perceptions and lived experiences. The researcher is often thought of as an "indirect" participant due to the coding and interpretation processes involved because the goal is to expose these perceptions and experiences as unfiltered as possible. In other words, there is an attempt to set aside any preconceived assumptions about a person's feelings, thoughts, or responses to a particular issue. Across multiple participants, common themes may emerge, but often the real insights occur from the variability and range of lived experiences within a shared context. For example, a researcher may find a theme of "to feel better" when investigating reasons for youth drug use.

Grounded theory focuses on using unstructured interviews to formulate theory that emerges from the data. The general aim is to compare and code data when interviewing participants so that an updating of what "explains" the data emerges and eventually stabilizes. When no new set of ideas or theory emerges, data collection can be halted. Guidelines would suggest 10 to 25 in-depth interviews for coding. The most important perspective of grounded theory is that the data speaks for itself, and the researcher

constructs theory from the interviews and without imposing their theories on the participants. This method has been most helpful in uncovering social processes, which are social relationships and behaviors of individuals in groups.

Content analysis includes an array of techniques for investigating material which may be text, photographs, video, audio, etc. The objective is to use a replicable, standardized process that reveals meaningful insights and patterns. Content analysis is can involve text analysis where computer algorithms manipulate text to extract structured information that may be interpreted. An example of content analysis is PhotoVoice. This is a participatory, qualitative research method where individuals tell "their story" through photographs as indicated in Case Study 3.2.

Case Study 3.2
Content Analysis with a Participatory Process



"Shibaji Bose Explains the Photovoice Method" by STEPS Centre is licensed under CC BY 2.0

PhotoVoice based research in Hawaii involved participants who were residents of Housing First (see Chapter One). Individuals took photographs and/or aided in interpretation as to their experiences in homelessness and Housing First. Fourteen major themes were developed after a participatory process of coding and summarizing findings. These included opportunity to rest, privacy, opportunity to reconnect socially, and improved mental health outcomes (greater hope, self-efficacy, and self-esteem). These findings were useful to researchers exploring different types of housing models for homelessness (Pruitt et al., 2018).

QUANTITATIVE RESEARCH METHODS

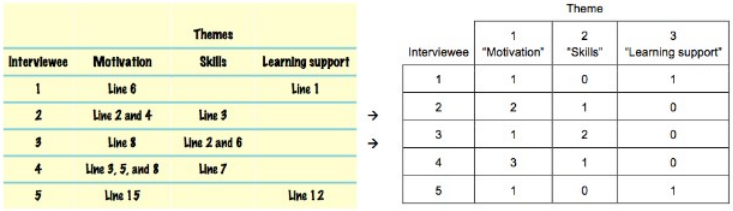


Figure 2. "Quantitative vs Qualitative 2" by Jaime L. K. Anstee is licensed under CC BY-SA 4.0

Quantitative methods involve being able to count or quantify something. Of course, you have to be able to define the "something" but quantitative methods can help with that as well. Even the simplest of quantitative studies can have great value—for example, having a population list their top ten problems and rank them may provide greater insight than having an outside researcher come in and survey the population on a researcher-priority problem.

In Case Study 3.3 below is an example of this type of quantitative research, using what is called a randomized design where some individuals are provided the intervention and some are not, and then both groups are followed over time.

Case Study 3.3
A Quantitative Evaluation of a Home Visitation Program



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A home visitation program was developed for at-risk low-income first-time pregnant women. Participants were randomly assigned to one of two groups. The first group received services such as transportation to prenatal care, routine child development screening, and referrals. In the experimental group, participants received the same services and, in addition, nurses conducted home visits during the prenatal period through early childhood. A 15-year follow-up study showed that the outcomes of the home visit group were fewer unwanted pregnancies, less use of welfare, and reduced child abuse and neglect. Additionally, the children showed fewer instances of running away from home and fewer sexual partners, as well as reduced alcohol consumption and criminal behavior (Olds et al., 1998).

The purpose of the research greatly determines the design and methods used in quantitative studies. Some common design decisions involve whether the research is:

1. Observational or experimental—is there an intervention that the sample will experience?
2. Cross-sectional or longitudinal—is the measurement a “photograph” capturing one moment in time or is it over time, capable of capturing change?
3. Controlled—does the research include a control group? This can be very important for credibility.
4. **Random assignment**—are **participants** randomized to either control or experimental conditions? If not randomized, the research is defined as “quasi-experimental” and if randomized, it is a true experiment.
5. Single level or multilevel—since community psychology is interested in ecological context, clustering often occurs naturally in the data structure—think of students in a school clustered within classes.

The quantitative evaluation of interventions can encompass many methods and designs from a cross-sectional comparison post-intervention with a **control** group to **pre-test** and **post-test** studies with and without controls. The choice of these designs and methods is often limited by practical constraints (e.g., no access to a control group). A large effect size in a weaker design may be more convincing than a weak signal in a more sophisticated design.

MIXED METHODS RESEARCH



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Research in Community Psychology encompasses a broad range of real-world, ecological contexts, and **mixed methods research** uses both qualitative and quantitative methods to capture this scope within the same study or project. In essence, there are many important strategies provided by both qualitative and quantitative research in helping us better understand the transactions between persons and community-based structures. Mixed methods provide ways to stay true to Community Psychology's values by helping to amplify the voices within the lives of unheard and historically silenced communities. This type of research can increase validity because data are collected simultaneously on the same individuals and settings using independent methods of data collection and analysis. This method can help us better understand the complexity of the multiple levels of analysis, including individuals, families, groups, neighborhoods, communities, and cultures, as indicated in the following case study.

Case Study 3.4
A Mixed Methods Approach to Institutional Change



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Allen, Walden, Dworkin, and Javdani (2016) combined qualitative approaches with quantitative ones to enrich our understanding of a statewide network of family violence coordinating councils. Throughout the inquiry process, these authors used qualitative and quantitative methods. The methods were used in a sequential way so that one data collection method informed the next in terms of analysis and understanding of the data. For example, these community psychologists started by examining years of archival data, which then allowed them to better understand how the violence coordinating councils were associated with access to orders of protection across sites. This archival qualitative data allowed the investigators to better understand how the councils achieved positive outcomes. They then collected current data from councils, and this quantitative data showed a high degree of leader effectiveness. Qualitative interviews they conducted allowed them to better understand the roles of other council members not in

the convener role. This helped them to better understand all the roles involved in building council capacity for institutionalized change efforts.

This innovative way of collecting data allows community psychologists to see research as a dynamic process, which helps uncover the texture and inner workings of how groups try to bring about important changes to their communities.

OTHER METHODS

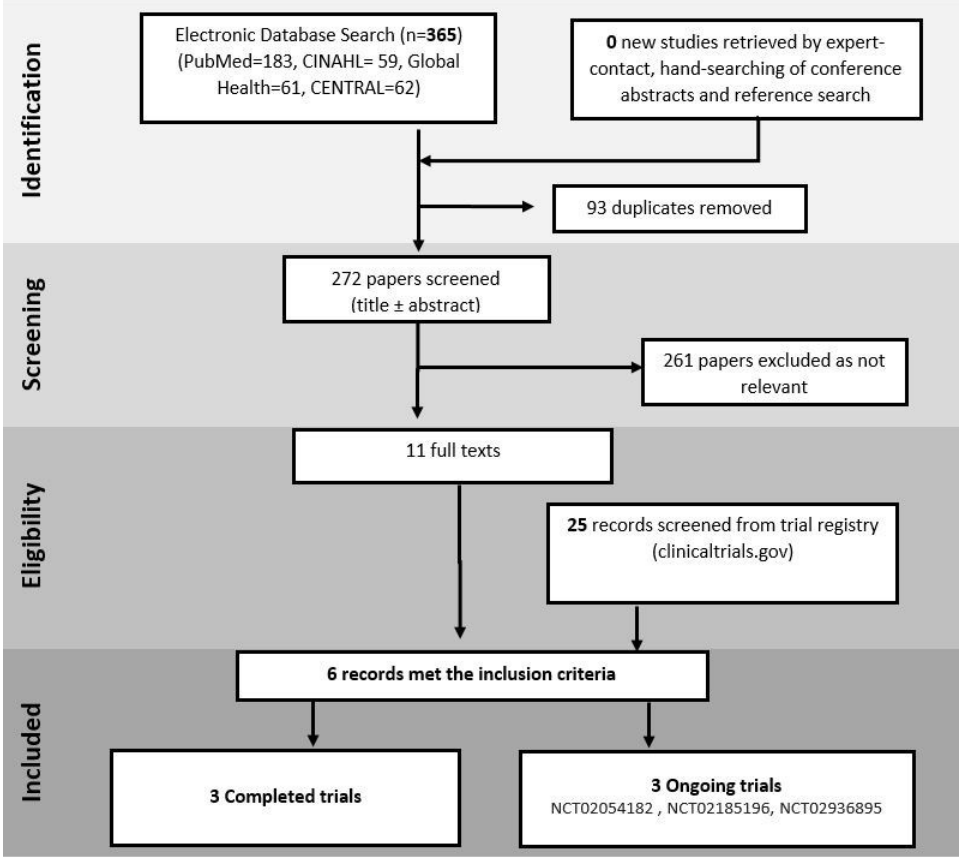
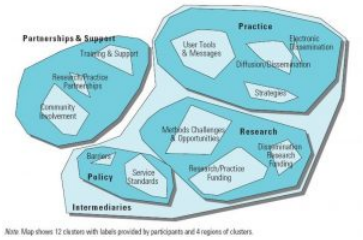


Figure 3. "Vitamin D CAP meta-analysis WikiJournal Fig 1" by Soumyadeep Bhaumik and Zohra Lassi is licensed under CC BY-SA 3.0

Several other methods that are becoming increasingly useful as tools have evolved to include **meta-analysis**, which is a method for statistically summarizing the findings of multiple studies to quantify an average effect and identify possible predictors of variability of outcomes. A meta-analysis of primary prevention, mental health programs for children and adolescents, found that very few programs reported negative results (Durlak & Wells, 1997). This research incorporated 177 studies and the findings provided strong evidence that **prevention** is beneficial for fostering the mental health of children. Another meta-analysis of youth mentoring programs suggested that evidence and theory-based programs did better (DuBois, Holloway, et. al., 2002). Overall, meta-analysis is a powerful technique to understand what past research offers as evidence. In the **mentoring** arena, many of these summary studies have been listed in the Chronicle for Evidence-Based Mentoring, which is a website developed by community psychologist Jean Rhodes.

Practical Application 3.1
The Chronicle



"Final Interpreted Concept Map" by Mdd is Public Domain

The Chronicle of Evidence Based Mentoring translates research into practice recommendations and is an important forum for researchers, practitioners, policy-makers, and volunteers. Since its launch, the *Chronicle* has attracted over a million views from its tens of thousands of monthly visitors and nearly 8,000 subscribers. The site features an impressive editorial board and an ever-changing array of research summaries, profiles, etc.

Geographical information systems (GIS) is a method that can be useful in identifying and measuring visual influences on a map. For example, the presence of "food deserts" (i.e., areas without access to affordable, quality food) among neighborhoods can be both visually and quantitatively understood by using mapping with analytic capabilities. The presence or absence can then be modeled with other neighborhood and demographic characteristics to better understand possible remedial policy or action. For example, Chilenski (2011) found that closeness to alcohol and tobacco retailers was a significant predictor of adolescent problem behaviors.

Social network studies provide insight on how relationships may influence attitudes and behaviors. Let's assume Joey ends up primarily socializing with a group where most members use alcohol. We then learn that Joey begins using alcohol. Did the group influence Joey to begin using alcohol or did Joey join the group to be able to drink with others and not be negatively judged? This question of why youth take on risky behaviors is important to know for the development of interventions and policy. Below is a very practical use of social network analysis in school settings.

Case Study 3.5
A Social Network Analysis of a School-Based Intervention



"Social Network Communication Social Policy Network" on Max Pixel is licensed under CC0 1.0

Social network analysis was used with a school-based intervention focusing on improving the academic, behavioral, and social success of elementary school African American and Latino boys. The intervention included mentoring, family involvement activities, and after-school programming. The elementary school classroom teachers were supported by one or two "lead teachers," who were meant to provide support and help with teaching strategies to improve student achievement. Social network analysis was used to help understand the teachers' existing advice networks for spreading intervention strategies and helping document the lead teachers' abilities to influence their colleagues. This method allowed the community psychologists to understand how the structure of teacher advice networks could either facilitate or hinder the spread of successful classroom intervention practices (Kornbluh & Neal, 2016).

SUMMING UP



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Community psychologists feel that effective research can utilize a multitude of designs and methods (Jason & Glenwick, 2012). One possible framework for conceptualizing methods maps the relationship between the degree of structure and the purpose of the research. The most tightly controlled experiments are focused on testing an intervention's effect. While unstructured investigations are unlikely to lead to definite conclusions, they are, instead, an exploration of how things operate in the world. Figure 4 below portrays this arrangement.

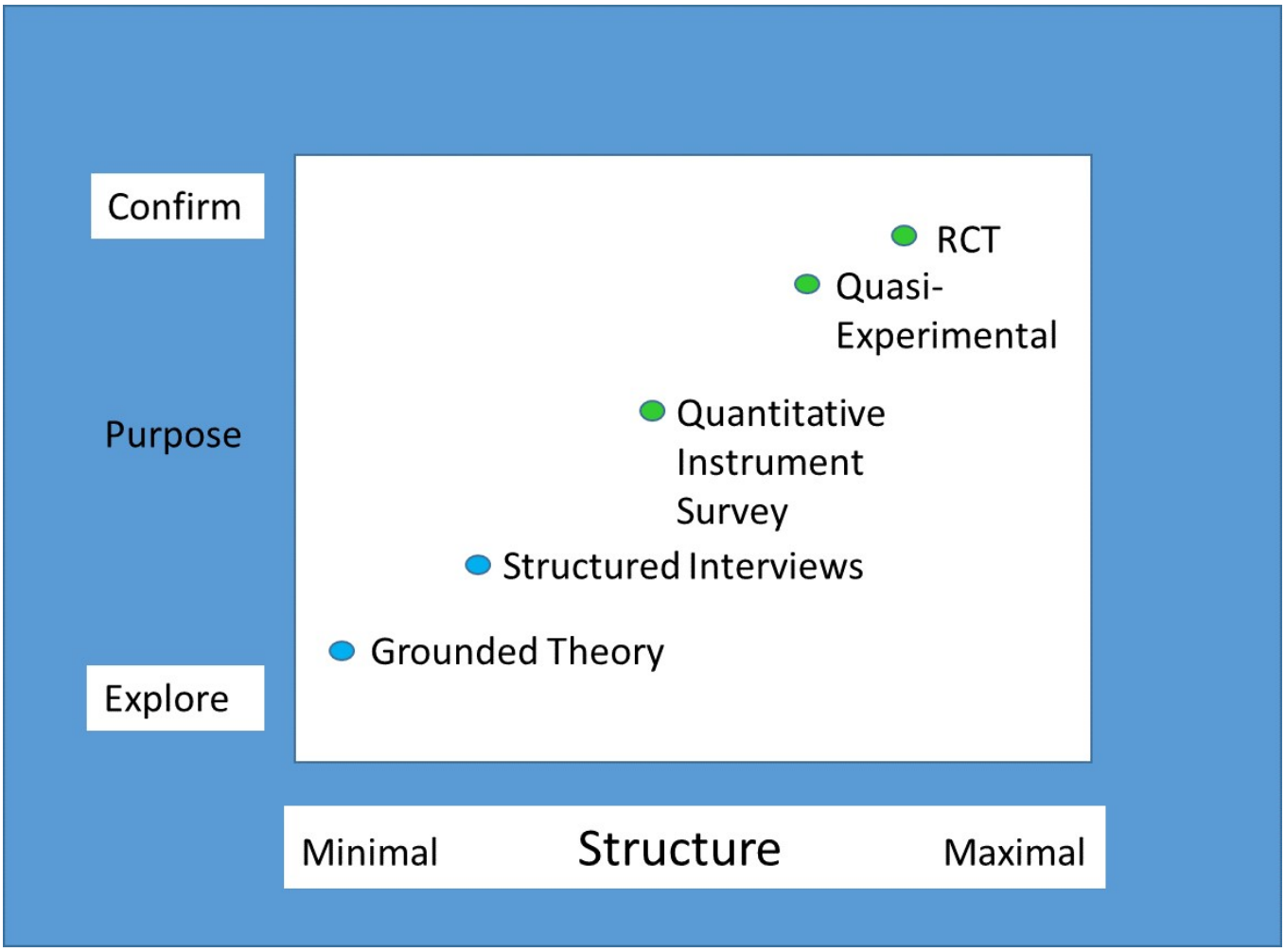


Figure 4. “Methods” by Ed Stevens

Research is a powerful tool that helps us better define phenomena, measure it, make predictions about it, develop theories to explain it and put our knowledge to use for the betterment of our world. Community psychologists are trained to use research to understand what might be accounting for certain community problems like homelessness, as well as to evaluate whether particular interventions are effective. The ecological framework allows community psychologists to broaden the evaluation to include how the intervention affected a community’s commitment, openness, and readiness for change.

Community psychologists might have similar goals as community organizers, but their training in research and their ecological perspective provide them unique contributions to bringing about social justice. Ethics and research are interconnected—as good research should ethically generate evidence and evidence should guide ethical action. Clearly, the commitment of community psychologists is always “first do no harm” and that ineffective and resource wasteful action should be stopped. There are a variety of ecological research methods that can help point the way to bringing about social justice and more equitable distribution of resources.

? Critical Thought Questions--Submit in Canvas

1. Which research method (e.g., qualitative, quantitative, or mixed) would you utilize to research childhood obesity in the African-American community? Why? What are the ethical considerations when working with this population?
2. D.A.R.E. was ineffective for numerous reasons. How would you use research to create an effective youth drug use intervention?
3. Watch the video linked in the dissemination of findings section and here. There is a movement among scientists to disseminate research findings to as many people as possible. What are the possible benefits of making research findings open access? Are there any downsides?

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3.3: Research Issues in Cultural Psychology

Research methods are the elements used in a psychological investigation (experiment) to describe and explain psychological phenomena and constructs. Research methods can also be used to predict and control for issues through the use of objective and systematic analysis. Information, sometimes called data, for psychological research can be collected from different sources like human participants (e.g., surveys, interviews), animal studies (e.g., learning and behavior) and archival sources (e.g, tweets, and social media posts). Research is done with the help of an experiment, through observation, analysis and comparison.

When conducting research within a culture (indigenous study) or across cultures (cross-cultural study) many things can go wrong that will make conducting, analyzing and interpreting data difficult. This section will review four common methodological issues in cultural research (He, 2010).

- Sampling Bias
- Procedural Bias
- Instrument Bias
- Interpretation Issues

Sampling Bias

In the United States, and other Western countries, it is common to recruit university undergraduate students to participate in psychological research studies. Using **samples of convenience** from this very thin slice of humanity presents a problem when trying to generalize to the larger public and across cultures. Aside from being an over-representation of young, middle-class Caucasians, college students may also be more compliant and more susceptible to attitude change, have less stable personality traits and interpersonal relationships, and possess stronger cognitive skills than samples reflecting a wider range of age and experience (Peterson & Merunka, 2014; Visser, Krosnick, & Lavrakas, 2000).

Put simply, these traditional samples (college students) may not be sufficiently representative of the broader population. Furthermore, considering that 96% of participants in psychology studies come from western, educated, industrialized, rich, and democratic countries (so-called WEIRD cultures; Henrich, Heine, & Norenzayan, 2010), and that the majority of these *are also psychology students*, the question of non-representativeness becomes even more serious.

When studying a basic cognitive process (e.g., working memory) or an aspect of social behavior that appears to be fairly universal (e.g., cooperation), a non-representative sample may not be a big deal but over time research has repeatedly demonstrated the important role that individual differences (e.g., personality traits and cognitive abilities) and culture (e.g., individualism vs. collectivism) play in shaping social behavior.

For instance, even if we only consider a tiny sample of research on aggression, we know that narcissists are more likely to respond to criticism with aggression (Bushman & Baumeister, 1998); conservatives, who have a low tolerance for uncertainty, are more likely to prefer aggressive actions against those considered to be “outsiders” (de Zavala et al., 2010); countries where men hold the bulk of power in society have higher rates of physical aggression directed against female partners (Archer, 2006); and males from the southern part of the United States are more likely to react with aggression following an insult (Cohen et al., 1996).

When conducting research across cultures it is important to ensure that there is equivalence across samples from other cultures to maintain the internal consistency (validity) of the research study (Harzing , et al., 2013; Matsumoto and Juang , 2013). Asking middle-school students in the United States about their online shopping experiences may not be a representative sample for middle school students in Kenya, Africa. Even when trying to control for demographic differences there are some experiences that cannot be separated from culture (Matsumoto and Luang , 2013). For example, being Catholic in the United States does not have the same meaning as being Catholic in Japan or Brazil. Researchers must consider the experiences of the sample in addition to basic demographic information.

Procedural Bias

Another type of methodological bias is procedural bias, which is sometimes referred to as administration bias. This type of bias is related to the study conditions including the setting and how the instruments are administered across cultures (He, 2010). The interaction between the research participant and interviewer is another type of procedural bias that can interfere with cultural comparisons.

Setting

Where the study is conducted can have a major influence on how the data is collected, analyzed and later interpreted. Settings can be small (e.g., home or community center) or settings can be large (e.g., countries or regions) and can influence how a survey is administered or how participants might respond. In a large cross-cultural health study Steels and colleagues (2014) found that the postal system in Vietnam was unreliable and demanded a major, and unexpected, change in survey methodology. The researchers were forced to use more participants from urban areas than rural areas as a result of these challenges. Harzing and Reiche (2013) found that their online survey was blocked in China due to internet censoring practices of the Chinese government but with minor changes it was later made available for administering.

Instrument Administration

In addition to the setting, how the data is collected (e.g., paper-and-pencil mode versus online survey) may influence different levels of social desirability and response rates. Dwight and Feigelson (2000) completed a meta-analysis of computerized testing on socially desirable responding and found that impression management (one dimension of social desirability) was lower in online assessment. The impact was small but it does have broad implications for how results are interpreted and compared across cultural groups when testing occurs online.

Harzing and Reiche (2013) found that paper/pencil surveys were overwhelmingly preferred by their participants, a sample of international human resource managers, and had much higher response rates when compared to the online survey. It is important to note that online survey response rates were likely higher in Japan and Korea largely because of difficulties in photocopying and mailing paper versions of the survey.

Interviewer and Interviewee Issues

The **interviewer effect** can easily occur when there are communication problems between interviewers and interviewees, especially, when they have different first languages and cultural backgrounds (van de Vijver and Tanzer, 2003). Interviewers, not familiar with cultural norms and values may unintentionally offend participants or colleagues or compromise the integrity of the study.

An example of the interviewer effect was summarized by Davis and Silver (2003). The researchers found that when answering questions regarding political knowledge, African American respondents got fewer answers right when interviewed by a European American interviewer than by an African American interviewer. Administration conditions that can lead to bias should be taken into consideration before beginning the research and researchers should exercise caution when interpreting and generalizing results.

Using a translator is not a guarantee that interviewer bias will be reduced. Translators may unintentionally change the intent of a question or item by omitting, revising or reducing content. These language changes can alter the intent or nuance of a survey item (Berman, 2011), which will alter the answer provided by the participant.

Instrument Bias

A final type of *method bias* is called instrument bias but it does not have anything to do with the instrument, survey or test but rather refers to the experience and familiarity of the participant with test taking. There are two main types of instrument bias discussed in cross-cultural research (He, 2012), familiarity with the type of test (e.g., cognitive versus educational) and familiarity with response methods (e.g., multiple choice or rating scales).

Demetriou and colleagues describe an example of familiarity with test type (2005) when they compared Chinese and Greek children on visual-spatial tasks. The researchers found that Chinese children outperformed Greek children on the task but not because of cultural differences in visual spatial performance but because writing Chinese is a visual spatial task. Chinese children performed better because learning to write (in all cultures) requires practice and writing in Chinese language is a highly visual spatial task.

An example of how instrument bias can be reduced comes from a study that included Zambian and British children (Serpell, 1979). The children were asked to reproduce a pattern using several different types of response method including paper-and-pencil, plasticine, configurations of hand positions, and iron wire. The British children scored significantly higher on the paper-and-pencil method while the Zambians scored higher when iron wires were utilized (Serpell, 1979). These results make sense within cultural contexts. Paper pencil testing is a common experience in formal, Western education systems and making models with iron wire was a popular pastime among Zambian children. By using different response methods (i.e., paper/pencil, iron wire) the researchers were able to separate performance from bias related to response methods.

Another issue related to instrument bias is **response bias,** which is the systematic tendency to respond in certain way to items or questions. There are many things that may lead to response bias including how survey questions are phrased, the demeanor of the

researcher, or the desire of the participant to be a good participant and provide “the right’ answers. There are three common types of response bias:

Socially desirable responding (SDR) is the tendency to respond in a way that make you look good. Studies that examine sensitive topics (e.g., sexuality, sexual behaviors, and mental health) or behaviors that violate social norms (e.g., fetishes, binge drinking, smoking and drug use) are particularly susceptible to SDR.

Acquiescence bias is the tendency to agree rather than disagree with items on a questionnaire. It can also mean agreeing with statements when you are unsure or in doubt. Studies have consistently shown that acquiescence response bias occurs more frequently among participants from low socioeconomic status and from collectivistic cultures (Harzing, 2006; Smith & Fischer, 2008). Additionally, work by Ross and Mirowsky (1984) found that Mexicans were more likely to engage in acquiescence and socially desirable responding than European Americans on a survey about mental health.

Extreme response bias is the tendency to use the ends of the scale (all high or all low values) regardless of what the items is asking or measuring. A demonstration of extreme response bias can be found in the work of Hui and Triandis (1989). These authors found that Hispanics tended to choose extremes on a five-point rating scale more often than did European Americans although no significant cross-cultural differences were found for 10-point scales.

Interpretation Bias

One problem with cross-cultural studies is that they are vulnerable to **ethnocentric bias.** This means that the researcher who designs the study might be influenced by personal biases that could affect research outcomes, without even being aware of it. For example, a study on happiness across cultures might investigate the ways that personal freedom is associated with feeling a sense of purpose in life. The researcher might assume that when people are free to choose their own work and leisure, they are more likely to pick options they care deeply about. Unfortunately, this researcher might overlook the fact that in much of the world it is considered important to sacrifice some personal freedom in order to fulfill one’s duty to the group (Triandis, 1995). Because of the danger of this type of bias, cultural psychologists must continue to improve their methodology.

Another problem with cross-cultural studies is that they are susceptible to **cultural attribution fallacy.** This happens when the researcher concludes that there are real cultural differences between groups without any actual support for this conclusion. Yoo (2013) explains that, if a researcher concludes that two countries are different based on a psychological construct because one country is an individualistic (I) culture and the other is a collectivistic (C) culture, without connecting differences to IC, then the researcher has made a cultural attribution fallacy.

Other Issues

There are many psychological processes that are considered sensitive topics within specific cultural, social and political contexts. Sensitive topics are anything considered private, stigmatizing or sacred to the participants or culture (McCosker, Barnard and Gerber, 2001). Western cultures tend to be more open about discussing sensitive areas and researchers should be aware of potential methodological issues and possible consequences for participants who agree to the study.

Sex, sexuality, sexual orientation and HIV/AIDS status are topics that may limit participation but more importantly participants may face imprisonment, sanctions (formal and informal) for acknowledging thoughts or behaviors that run contrary to cultural norms. Researchers must be aware of the cultural, social and political contexts of the cultures under study to maintain the safety of participants all the while maintaining ethical research practices. Additionally, researchers should not assume that data privacy and data protections extend to all individuals across all cultures. We will cover these topics in more depth in later chapters.

Attributions and References

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3.3.1: Ethics in Cultural Psychological Research

Research, whether indigenous or cross-cultural, must be conducted ethically. The American Psychological Association (APA) has created a set of common ethical principles and shared standards to guide the professional and scientific responsibilities of psychologists. A major goal of the principles and code of conduct is to educate professionals in psychology, students, colleagues, patients and members of the public about the ethical standards of the field. The ethical principles include:

- Beneficience and non-maleficence
- Fidelity & responsibility
- Integrity
- Justice
- Respect for people's

Psychological researchers agree that good research is ethical and is guided by a basic respect for human dignity and safety. Unfortunately, this has not always been the case. One notable example of unethical research in the United States was the Tuskegee syphilis study conducted by the US Public Health Service from 1932 to 1972 (Reverby , 2009).

The participants in this study were poor African American men in the vicinity of Tuskegee, Alabama, who were told that they were being treated for "bad blood." Although they were given some free medical care, they were not told they had syphilis and were not treated for the disease. Instead, they were observed to see how the disease would develop and progress in untreated patients. Even after the use of penicillin became the standard treatment for syphilis in the 1940s, these men continued to be denied treatment and were not given an opportunity to leave the study. It was eventually discontinued after details were shared with the general public but negative consequences of the study persist. Shaver et al (2000) found that African-Americans had less trust in researchers and were less likely to participate in research as a result of the Tuskegee experiment.

Today, any experiment that involves human subjects is governed by extensive, strict guidelines designed to ensure that the experiment does not result in harm to the participants. Any research institution in the United States that receives federal support for research involving human participants must have access to an **institutional review board** (IRB). The IRB is a committee of individuals often made up of members of the institution's administration, scientists, and community members.

The purpose of the IRB is to review research proposals that involves human participants. Psychologists must receive prior approval from an institutional research board (IRB) before beginning any experiment. Among the most important principles protecting human subjects are:

Informed consent states that people should know when they are involved in research, and understand what will happen to them during the study (at least in general terms that do not give away the hypothesis). Researchers conducting cultural or cross-cultural research should consider the possibility that informed consent may not be custom of the culture and the concept may not be understood by the participants.

Voluntary participation is the choice to participate, along with the freedom to withdraw from the study at any time. Certain kinds of methods—such as naturalistic observation in public spaces, or archival research based on public records—do not require obtaining informed consent. Some cultures may not recognize individual and autonomous choice to participate and involvement may be mandatory. Researchers should be aware of how participation, voluntary or mandatory, may influence participant self-disclosure and responding.

Privacy encompasses two broad concepts, anonymity and confidentiality. Researchers also may not identify individual participants in their research reports. Typically, psychologists and researchers report only group means and other statistics. With online data collection becoming increasingly popular, researchers also have to be mindful that they follow local data privacy laws, collect only the data that they really need (e.g., avoiding including unnecessary questions in surveys), strictly restrict access to the raw data, and have a plan to securely destroy the data after it is no longer needed. Researchers should not assume that the same protections of data privacy extend across cultures.

Risks and Benefits are key elements of ethics in research and people who agree to participate in psychological studies should be exposed to risk only if they fully understand the risks and only if the likely benefits clearly outweigh those risks. Researchers wishing to investigate implicit prejudice using the IAT, need to be considerate of the consequences of providing feedback to participants about their unconscious biases. Similarly, any manipulations that could potentially provoke serious emotional reactions (culture of honor study described earlier) or relatively permanent changes in people's beliefs or behaviors (e.g., attitudes towards vaccination) need to be carefully reviewed by the IRB.

Deception refers to the need of some research to deceive participants (e.g., using a cover story) to prevent participants from modifying their behavior in unnatural ways, especially in laboratory or field experiments. In these instances, researchers may hide the true nature of the study.

For example, when Asch recruited participants for his experiments on conformity, he described it as being a study of visual spatial skills. Deception is typically only permitted (a) when the benefits of the study outweigh the risks, (b) participants are not reasonably expected to be harmed, (c) the research question cannot be answered without the use of deception, and (d) participants are informed about the deception as soon as possible, usually through debriefing. Deception studies may be approved in one culture or country but researchers should not assume that deception studies are permissible or will be approved in all cultures.

Debriefing is the process of informing research participants as soon as possible of the purpose of the study, revealing any deceptions, and correcting any misconceptions they might have as a result of participating. Debriefing also involves minimizing harm that might have occurred. For example, an experiment examining the effects of sad moods on charitable behavior might involve inducing a sad mood in participants by having them think sad thoughts, watch a sad video, or listen to sad music. Debriefing would therefore be the time to return participants' moods to normal by having them think happy thoughts, watch a happy video, or listen to happy music.

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SECTION OVERVIEW

3.2: Understanding Communities

3.2.1: Respect for Diversity

3.2.2: Oppression and Power

3.2.3: Empowerment

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3.2.1: Respect for Diversity

Learning Objectives

By the end of this section, you will be able to:

- Understand cultural humility as an approach to diversity
- Identify and define dimensions of diversity
- Appreciate the complexity of identity
- Identify important cultural considerations for working within diverse communities

Appreciating Diversity

The **2017 Multicultural Guidelines** emphasize three interrelated concepts crucial for culturally responsive psychology: **cultural humility, cultural competence, and reflexivity**. These concepts guide psychologists in fostering **inclusive, ethical, and effective** interactions with diverse populations.

Appreciating diversity in communities includes understanding dimensions of diversity and how to work within diverse community contexts, but also includes a consideration of how to work within systems of inequality. Community psychologists must be mindful of diverse perspectives and experiences when conducting research and designing interventions, as well as working to combat oppression and promote justice and equality. By working within a framework of cultural humility, this chapter attempts to provide a basic understanding of the dimensions of diversity that are most common in psychological research and practice.

Cultural Competence, Humility, and Reflexivity

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As our world becomes increasingly diverse and interconnected, understanding different cultures becomes crucial. Without a basic understanding of the beliefs and experiences of individuals, professionals can unintentionally contribute to prejudice and discrimination or negatively impact professional relationships and effectiveness of services. To understand cultural experiences, it is important to consider the **context** of social identity, history, and individual and community experiences with prejudice and discrimination. It is also important to acknowledge that our understanding of cultural differences evolves through an ongoing learning process (Tervalon & Murray-Garcia, 1998).

Cultural humility is a lifelong commitment to self-reflection, openness, and learning from others without assuming expertise in their cultural experiences (Tervalon & Murray-García, 1998). Unlike cultural competence, which can sometimes imply mastery, cultural humility emphasizes mutual respect, power awareness, and an ongoing willingness to adapt practices based on the lived experiences of individuals and communities. It requires psychologists to acknowledge systemic inequalities and advocate for social justice, ensuring that interventions are not imposed but co-created with those they serve. For example, a psychologist working with Indigenous clients would not impose Western therapeutic models but would instead seek to integrate culturally significant healing practices into treatment.

Cultural competence, on the other hand, refers to the ability to interact effectively with individuals from diverse backgrounds by acquiring cultural awareness, knowledge, and skills (Sue et al., 1982). It involves recognizing one's biases, understanding cultural values and traditions, and modifying psychological interventions to fit cultural contexts. However, critics argue that cultural competence may sometimes be reduced to a checklist approach, where professionals assume they have "learned enough" about a culture rather than engaging in continuous growth (Fisher-Borne et al., 2015). A competent psychologist working with Latinx clients, for instance, would recognize the significance of *familismo*—the emphasis on family interconnectedness—and incorporate family members into therapy when appropriate.

Reflexivity complements both cultural humility and competence by encouraging psychologists to critically examine their own cultural identities, biases, and power dynamics in professional interactions. Reflexivity is an ongoing process that requires self-

awareness and active efforts to mitigate personal and systemic biases (Finlay, 2002). It involves questioning how one's background influences perceptions of clients, students, or research participants and taking steps to ensure that these perspectives do not reinforce oppressive structures. Strategies for reflexivity include journaling, seeking supervision, engaging in cultural immersion experiences, and applying ethical decision-making models that consider cultural factors. For example, a White psychologist working with African American clients might reflect on their own privilege and implicit biases, seeking feedback from colleagues of color to ensure their therapeutic approach is culturally sensitive.

Together, cultural humility, competence, and reflexivity create a framework for psychologists to engage ethically and effectively in multicultural settings. Rather than viewing these concepts in isolation, they should be integrated as a dynamic and continuous process. Cultural humility fosters openness and lifelong learning, cultural competence provides practical knowledge and skills, and reflexivity ensures that psychologists remain critical of their assumptions and adapt to the needs of the individuals they serve. By incorporating these principles, psychologists can work toward reducing bias, promoting inclusivity, and fostering meaningful cross-cultural relationships in research, education, and clinical

Dimensions of Diversity



Diversity is addressed in psychology through frameworks that emphasize **inclusion, cultural responsiveness, and equity** in research, education, and clinical practice. The 2017 Multicultural Guidelines developed by the American Psychological Association (APA, 2017) provide a structured approach to understanding diversity by recognizing the **intersectionality** of identities, the role of social systems, and the impact of historical and contemporary inequities on mental health and well-being. These guidelines encourage psychologists to move beyond a one-size-fits-all model and consider how factors such as race, ethnicity, gender identity, sexual orientation, socioeconomic status, disability, religion, and immigration status influence individuals' experiences and psychological outcomes.

"Harmony Day (5475651018)" by DIAC images is licensed under CC BY 2.0

Culture



Culture is an important dimension of diversity for psychologists to examine. In general, culture has been challenging to define, with modern definitions viewing culture as a dynamic concept that changes both individuals and societies together over time. Further, culture in today's society refers to more than just cultural and ethnic groups but also includes racial groups, religious groups, sexual minority groups, socioeconomic groups, nation-states, and corporations. While numerous definitions for culture are available, there are key defining components, such as shared meanings and shared experiences by individuals in a group that are passed down over time with each generation. That is, cultures have shared beliefs, values, practices, definitions, and other elements that are expressed through family socialization, formal schooling, shared language, social roles, and norms for feeling, thinking, and acting (Cohen, 2009).

"Culture is something that unites people." by Exchanges Photos is licensed under CC0 1.0

Using the Ecological Model, culture can be examined at multiple levels to understand its impact. This means that culture can influence the norms and practices of individuals, families, organizations, local communities, and the broader society. For example, cultural influences can have an impact on how members function and interact with one another. Further, culture should be understood within a broader context of power relationships, and how power is used and distributed (Clauss-Elhers, 2019).

Race

While physical differences often are used to define race, in general, there is no consensus for this term. Typically, **race** has been defined using observable physical or biological criteria, such as skin color, hair color or texture, facial features, etc. However, these biological assumptions of race have been determined to be inaccurate and harmful by biologists, anthropologists, psychologists, and other scientists. Research has proven no biological foundations to race and that human racial groups are more alike than different; in fact, most genetic variation exists within racial groups rather than between groups. Therefore, racial differences in

areas such as academics or intelligence are not based on biological differences but are instead related to economic, historical, and social factors (Betancourt & Lopez, 1993).

Instead, race has been socially constructed and has different social and psychological meanings in many societies (Betancourt & Lopez, 1993). In the US, people of color experience more racial prejudice and discrimination than white people. The meanings and definitions of race have also changed over time and are often driven by policies and laws (e.g., one drop rule or laws).

Case Study

Is Race a Selected Identity?



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Rachel Dolezal, also known as Nkechi Amare Diallo, was born to white parents with no known African ancestry. As a young adult, she became involved in civil rights, became a college instructor of Africana Studies, and began self-identifying as a black woman. She even became president of the Spokane, Washington chapter of the National Association for the Advancement of Colored People (NAACP). She resigned from her position with the NAACP and was dismissed from her role as an instructor after information surfaced casting doubt upon her racial heritage. She later acknowledged that she was born to white parents but continued to insist that she strongly identifies as a black woman. Read more here.

Ethnicity

"Elderly Japanese Women" by Teo Romera is licensed under CC BY-SA 2.0



Ethnicity refers to one's social identity based on the culture of origin, ancestry, or affiliation with a cultural group (Pinderhughes, 1989). Ethnicity is not the same as **nationality**, which is a person's status of belonging to a specific nation by birth or citizenship (e.g., an individual can be of Japanese ethnicity but British nationality because they were born in the United Kingdom). Ethnicity is defined by aspects of subjective culture such as customs, language, and social ties (Resnicow, Braithwaite, Ahluwalia, & Baranowski, 1999).

While ethnic groups are combined into broad categories for research or demographic purposes in the US, there are many ethnicities among the ones you may be familiar with. Latina/o/x or Hispanic may refer to persons of Mexican, Puerto Rican, Cuban, Spanish, Dominican, or many other ancestries. Asian Americans have roots from over 20 countries in Asia and India, with the six largest Asian ethnic subgroups in the US being the Chinese, Asian Indians, Filipinos, Vietnamese, Koreans, and Japanese (read more here).

Gender

Gender refers to the socially constructed perceptions of what it means to be male or female in our society and how those genders may be reflected and interpreted by society. Gender is different from **sex**, which is a biological descriptor involving chromosomes and internal/external reproductive organs. As a socially constructed concept, gender has magnified the perceived differences between females and males leading to limitations in attitudes, roles, and how social institutions are organized. For example, how do gender norms influence types of jobs viewed as appropriate or not appropriate for women or men? How are household or parenting responsibilities divided between men and women?

Gender is not just a demographic category but also influences gender norms, the distribution of power and resources, access to opportunities, and other important processes (Bond, 1999). For those who live outside of these traditional expectations for gender, the experience can be challenging. In general, the binary categories for sex, gender, gender identity, and so forth have received the most attention from both society and the research community, with only more attention to other gender identities (e.g., gender-neutral, transgender, nonbinary, and GenderQueer) in recent years (Kosciw, Palmer, & Kull, 2015).

But the attention to other gender identities is increasing, both academically and publicly. One example is the case of Nicole Maines challenging her elementary school's restroom policy, which resulted in a victory when the Maine Supreme Judicial Court ruled that she had been excluded from the restroom because of her transgender identity. While community psychologists are making efforts to conduct more research on the various gender identities on the gender spectrum, more research needs to continue in this area.

Age

Community Psychology's emphasis on context has also included **aging**, or the developmental changes and transitions that come with being a child, adolescent, or adult. Power dynamics, relationships, physical and psychological health concerns, community participation, life satisfaction, and so forth can all vary for these different age groups (Cheng & Heller, 2009). Although the field has started to include aging issues in research, Cheng and Heller (2009) searched for publications on older adults in major Community Psychology journals and found that this segment of the population has been neglected. Although the skills, values, and training of community psychologists would likely make a difference in the lives of older adults, the attitudes within our profession and society are current barriers.

Social Class

Like the other components of diversity, **social class** is socially constructed and can affect our choices and opportunities. This dimension can include a person's income or material wealth, educational status, and/or occupational status. It can include assumptions about where a person belongs in society and indicate differences in power, privilege, economic opportunities and resources, and social capital. Social class and culture can also shape a person's worldview or understanding of the world; influencing how they feel, act, and fit in; and impacting the types of schools they attend, access to health care, or jobs they work at throughout life. The differences in norms, values, and practices between lower and upper social classes can also have impacts on well-being and health outcomes (Cohen, 2009). Social class and its intersection with other components of one's identity are important for community psychologists to understand. *Unnatural Causes: Is Inequality Making Us Sick?* is a seven-part documentary that focuses on the connection between social class, racism, and health.

Sexual Orientation

Sexual orientation refers to a person's emotional, romantic, erotic, and spiritual attractions toward another in relation to their own sex or gender. The definition focuses on feelings rather than behaviors since individuals who identify with a minority sexual orientation experience significant stigma and oppression in our society (Flanders, Robinson, Legge, & Tarasoff, 2016). Sexual orientation exists on a continuum or multiple continuums and crosses all dimensions of diversity (e.g., race, ethnicity, social class, ability, religion, etc.). Sexual orientation is different from **gender identity** or **gender expression**. Over time, gay, lesbian, asexual, and bisexual identities have extended to other sexual orientations such as pansexual, polysexual, and fluid, and increasingly more research is being conducted on these populations within the field of Community Psychology (Kosciw et al., 2015). As a historically marginalized and oppressed group with inadequate representation in the literature, sexual minority groups face a variety of problems and issues that necessitate further research. The empowering and participatory approaches and methods used in Community Psychology can be beneficial for research with sexual minority groups.

Ability/Disability

Disabilities refer to visible or hidden and temporary or permanent conditions that provide barriers or challenges, and impact individuals of every age and social group. Traditional views of disability follow a medical model, primarily explaining diagnoses and treatment models from a pathological perspective (Goodley & Lawthom, 2010). In this traditional approach, individuals diagnosed with a disability are often discussed as objects of study instead of complex individuals impacted by their environment. Community Psychology, however, follows a social model of ability in which diagnoses are viewed from a social and environmental perspective and consider multiple ecological levels. The experiences of individuals are strongly valued, and **community-based participatory research** is a valuable way to explore experiences while empowering members of a community with varying levels of ability/disability. Learn more by watching the Employment Choice for People with Severe Physical Disabilities video.

Culture must be considered when viewing ability from a social perspective (Goodley & Lawthom, 2000), and may impact whether or not certain behaviors are considered sufficient for inclusion in a diagnosis. For example, cultural differences in the assessment of "typical" development have impacted the diagnosis of Autism Spectrum Disorders in different countries. Further, diagnoses or symptoms can be culturally-specific, and culture may influence how symptoms are communicated. The experience of culture can significantly impact lived experience for individuals diagnosed with a disability.

It is important to consider how intersectionality impacts the experience of disability. For example, students of color and other underserved groups have a higher rate of diagnosis of learning disabilities, emotional and behavioral disabilities, and intellectual disabilities (Artiles, Kozleski, Trent, Osher, & Ortiz, 2010), which may be due to economic, historical, and social factors. Diagnosis must be considered as disabled youth are at a disadvantage in a number of indicators of educational performance, leading to more substantial disparities later in life.

How one identifies individuals with a particular label indicating their race, gender or sexuality is rather complicated, and unless investigators are careful in their definitions of these terms, many problems can be encountered, as has been reviewed above. Identifying who has a disability or health condition can also be a challenge and can have real, tangible consequences for an affected group. As an example, if prevalence research suggests that a particular disability or health condition is relatively rare, it is possible that few federal and state resources will be devoted to those individuals. But if the methodology for selecting individuals is flawed, then the prevalence rates will be inaccurate and potentially biased. This is what occurred with the health condition known as chronic fatigue syndrome, now also known as myalgic encephalomyelitis, as indicated in Case Study 8.2.

Case Study

How Flawed Research Can Lead to More Stigma



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When the Centers for Disease Control tried to estimate the prevalence of those with this illness, they concluded that only about 20,000 people had this condition in the US, and most with this illness tended to be white, middle-class women, which is what led to the stigmatizing label "Yuppie Flu disease." However, the way the investigators conducted this research was flawed; they asked healthcare personnel to identify individuals with this illness, but as many healthcare professionals did not believe that this was a real or legitimate, they tended to refer few individuals to the study. In addition, as many individuals with a chronic health condition do not have access to the healthcare system, many individuals with this illness were not able to be brought into the prevalence study. However, when a group of community psychologists used better research methods that involved deriving their sample from randomly contacting people in the community, without depending on referrals from physicians, they estimated that about a million individuals had ME/CFS. In addition, those identified tended to be from lower socioeconomic status groups and communities of color (just the opposite of what led to the characterization of Yuppie Flu) (Jason et al., 1999). The findings from this study were widely disseminated and led to reductions in some of the bias and stigmatization that has been directed to those with this illness.

Religion & Spirituality

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There are many definitions of **religion**, most of which typically include shared systems of beliefs and values, symbols, feelings, actions, experiences, and a source of community unity (Cohen, 2009). Religion emphasizes beliefs and practices, relationships with the divine, and faith, all of which differentiate it from common definitions of culture. Further, religion is an important predictor for well-being, satisfaction, and other life outcomes (Tarakeshwar, Stanton, & Pargament, 2003). While religion has been neglected in most psychological research, it has been included in Multicultural and Community Psychology's conceptualization of diversity since the beginning of the field.



Religion and spirituality were formerly considered a joint concept but have been differentiated in the past century. Definitions of **spirituality** typically focus on relationships with a higher power and a quest for meaning. The differentiation between religion and spirituality has become more relevant recently as many individuals consider themselves more spiritual than they are religious. Multicultural and Community Psychology has long considered religion as a dimension of diversity, but the importance of spirituality in our understanding of community has been a more recent development.

The importance of religion and spirituality to physical and emotional well-being and a strong sense of community merits the inclusion of both, in research and practice (Tarakeshwar et al., 2003). Psychologists understand the importance of working in natural settings, which frequently include religious and spiritual settings. Collaboration with religious organizations and embedding interventions into these settings may have positive impacts on individuals in the community and may also help religious organizations reach goals.

Impact of Identities



"Black Lives Matter DC, March For Our Lives, Washington DC" by Lorie Shaull is licensed under CC BY-SA 2.0

While the various dimensions of diversity discussed above are a start to understanding human diversity, they do not fully describe an individual, community, or population. Instead, we must consider that these dimensions do not exist independently of each other and that the interaction of these dimensions is referred to as intersectionality (Crenshaw, 1989). Intersectionality focuses on how the dimensions can overlap and give rise to different experiences as well as multiple privileges or inequities; for example, racial/ethnic and sexual minority men will experience more health disparities than white and/or heterosexual men. Psychologists recognize the significance of intersectionality, but published research in this area is still lacking compared to other disciplines. "The urgency of intersectionality" video can help you learn more about intersectionality.

Privilege, or the unearned advantages that individuals have based on membership in a dominant group (e.g., race, gender, social class, sexual orientation, ability), contribute to the systems of oppression for non-privileged individuals and groups. While privilege can come in multiple forms and individuals can have multiple privileges; white privilege, or the advantages that white people have in society, are important for psychologists to examine more extensively to understand how white people participate in systems of oppression for racial minority groups in the US (Todd, McConnell, & Suffin, 2014). For example, white experiences and perspectives tend to be pervasive in curriculum, policy, pedagogy, and practices (Suyemoto & Fox Tree, 2006) at the exclusion of work and research by people of color.

Janet Helms' (1995) important work on the white racial identity model describes how white people move from a racist identity to a non-racist identity as they become more aware, move beyond an effective understanding of racial minorities to an experiential one, and understand their role in a racist society. Other community psychologists have explored how to create organizational contexts that are more inclusive and address white privilege (Bond, 1999) or have examined how white privilege influences commitment and interest toward social justice (Todd et al., 2014). While community psychologists are contributing to this research, more studies are needed to understand the relationship between identity, privilege, and social justice and action in community contexts.

Diversity in Practice

Using a framework of cultural humility, community psychologists consider context. This provides the ability to view various dimensions of diversity while considering the impacts of prejudice and discrimination. It is also important to consider how cultural practices differ in all settings in which the individual operates. Considering context expands the perspective of culture to include historical context, intersectionality of identities, and the experience of prejudice and discrimination.umming Up

Critical Thought Questions

1. How would you explain the differences between cultural humility and cultural competence? Why is cultural humility more beneficial for understanding diversity?
2. How do race and ethnicity differ? How is race socially constructed?
3. What gender norms are present in today's society? Would you say these gender norms are beneficial or not? Why?
4. Why is it important to focus more research on the spectrum of sexual identities?
5. Although disability involves a physical/biological reality, it is also a social construction. How is disability a social construction?
6. What is intersectionality and how does it impact a person's experiences?
7. Why should the culture of a community be considered before designing community programs?

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3.2.2: Oppression and Power

Learning Objectives

By the end of this section, you will be able to:

- Explain the concepts and theories of oppression and power
- Describe the intersection of oppression and power
- Identify strategies used by community psychologists and allies to address oppression and power



"Toddler Looking Through Clear Glass Window" by Oleksandr Pidvalnyi is licensed under the Pexels License

"Healing begins where the wound was made."

-Alice Walker (*The Way Forward is With a Broken Heart)*

Community Psychology has grown up amidst times in US history and throughout the world where social change has been the interwoven thread throughout urban and suburban spaces. Social change continues to be the thread we must use to construct new realities. Not uncommon, as community psychologists have discovered over the past few years, social change work can often be more effective starting at the community level and then branching outward to macrosystems.

"….the definition and critical analysis of oppression has left out the complexity, voices and lived experiences of individuals who have been severely impacted by injustice and oppression…"
– bell hooks (1994)Macrosystems include influences of governmental policies, corporations, and belief systems. To this end, having a firm understanding of the dynamics that challenge communities is critical. This understanding must extend to grappling with some of the more unjust practices such as **oppression** and *power* that have influenced and shaped many of our communities today, particularly where members are people of color. The purpose of this chapter is to introduce the interrelated concepts of oppression and power and explore their relationship to the health and well-being of communities. We conceptualize oppression and power in upcoming sections. First, we give an overview of what oppression is. Second, we discuss the concept of power. Third, we

discuss the relationship between oppression and power, because they typically never act alone. Fourth, we look at methodologies to **deconstruct** oppression and power. Finally, we offer strategies that can, and are, used in Community Psychology practice.



"Community, Equality, Diversity" by Public Domain Pictures is licensed under CC0 1.0

This chapter expands on the discussion of oppression and power in Chapter 1 (Jason, Glantsman, O'Brien, & Ramian, 2019) and other current Community Psychology textbooks, primarily through the lens of those who have been and continue to be oppressed. Broadly defined through theoretical and abstract concepts, the definition and critical analysis of oppression have left out the complexity, voices, and lived experiences of individuals who have been severely impacted by injustice and oppression. Our ways of knowing and being are credible and of critical importance to students learning how knowledge and power are created and what evidence is most credible in discussing them. We also include information that portrays the strength and resiliency of community members as a balance to the scholarship. The authors' perspectives and inclusion of the lived experiences of others will add richness and depth to your studies.

JUST WHAT IS OPPRESSION?



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Oppression is defined in *Merriam-Webster dictionary* as: "Unjust or cruel exercise of authority or power especially by the imposition of burdens; the condition of being weighed down; an act of pressing down; a sense of heaviness or obstruction in the body or mind". This definition demonstrates the intensity of oppression, which also shows how difficult such a challenge is to address or eradicate. Further, the word oppression comes from the Latin root *primere*, which actually means "pressed down". Importantly, we can conclude that oppression is the social act of placing severe restrictions on an individual, group, or institution.



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Moreover oppression is often discussed in the same context as the terms "**dehumanization**" and "**exploitation**". These are terms that portray unjustness and cruelty. To adequately prepare you to effectively address the challenges many communities are facing, we include the terms to help familiarize you with what oppression feels like to the receiver. Understanding the perceptions,

meanings, and experiences of community members is critical for work in Community Psychology in order to address social issues such as oppression. The excerpt below gives an example of a person, who also happens to be a community psychologist, describing their lived oppressive experiences:

Case Study 3.3.1
A Personal Communication



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"…I felt this fullness, unexplainable presence, inner pain but it was not tangible, almost like a phantom ache or pain, that sensation a person has when they have lost a limb and it feels like it is still there but it hurts. It filled my body. I was grief-stricken. Sad. I felt that I, WE, THEY, have let our children down. Our Village is no longer protecting our children. That sacred piece of our legacy.

If I can take accountability or acknowledge this wrong, why doesn't our oppressor? What is the value in destroying a child, a people, their dreams? It is mean, evil, greedy, disastrous, ugly, devilish, and immoral. It is every gunshot into the backs of Black men. It is an assassination of the human spirit. It rapes us of our purpose. Our young people should never, never feel uncared for, unwanted or invisible….

I bow my head with my hands over my ears and I sit in silence. I realize that these feelings have been sitting dormant…"

(-J. Samuel, personal communication, 2018)

It is important to note that while we are providing you with a framework of oppression and power, we will also provide you with examples of action strategies for how community psychologists and allies are supporting the resiliency in communities so that you can feel encouraged to discover your own way into combating oppression.

WHY OPPRESSION?



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After studying the concept of oppression, you might be asking- what is the reason for oppression? Typically, a government or political organization that is in power places these restrictions formally or covertly on groups so that the distribution of resources are unfairly allocated—and this means power stays in the hands of those who already have it (a discussion on power follows this section). We understand that oppression occurs when individuals are systematically subjected to political, economic, cultural, or social degradation because they belong to a certain social group—this results from structures of domination and subordination and, correspondingly, ideologies of superiority and inferiority.

According to **decolonial theory**, over the last 500 years, the **colonial matrix of power**, *patron colonial de poder* has been and is one of the primary sources of oppression. Decolonial theory uses a framework that attempts to answer questions pertaining to knowledge, coloniality, and globalization. The "western world" is a production of coloniality and modernity. The latter two terms refer to the socio-cultural norms developed after the 18th century and the chapter in European history known as the Enlightenment. It is defined loosely by industrialization, science, division of labor, capitalism, secularism, education, and liberalism (Smith, 1999). Further western modernity created and constructed the idea of 'race' as a biological function, as part of a narrative to indicate the superiority of the white race and the inferiority of all other races (peoples). Western modernity and the colonial matrix of power have constructed a particular place: the West. Read more about the nature and origin of oppression here.

PSYCHOLOGICAL **IMPLICATIONS OF OPPRESSION**



"All Oppression is Connected, 2013 by Jim Chuchu#MakingAfrica" by baldiri is licensed under CC BY-NC-SA 2.0

Oppression is described in psychology as states and processes that include psychological and political components of victimization, agency, and resistance where power relations produce domination, subordination, and resistance (Prilleltensky, 2003). The oppressed group suffers greatly from multiple forms of exclusion, exploitation, control, and violence. The literature on the psychological impact of oppression suggests that the erasure and removal of intrinsic cultural identities influenced by oppressive practices can lead to negative outcomes such as "internalization of negative group identities and lowself-esteem."

In understanding *psychology of oppression*, the oppressed initially adopt "*avoidance reactions*" which are responses that prevent adverse outcomes from occurring. This happens before one truly internalizes the ideologies of the oppressor, which ultimately results in engaging in self-destructive behaviors before reaching the point of **internalized racism** and assimilation. Lastly, oppression is not a static concept nor does it have a fixed relationship to racism and discrimination. It changes and can be extremely non-transparent—both covert and overt. The tools of oppression are often disguised or hidden as privileges. Read more here on the impact of oppression and power on communities of color. Case Study 9.2 below provides a number of factors indicative of the impact of oppression from political, economic, and socio-cultural factors on one community in Chicago, IL.

Case Study 3.3.2
Englewood: Struggling to Rise



"NYC 4002 Englewood, Chicago, IL on April 21, 1965" by Marty Bernard is Public Domain

Once known as Junction Grove, the rich history of Englewood began in the mid-1800s as the area quickly developed into a rail and commerce crossroads. Junction Grove changed its name to Englewood in 1868, and in 1889, it became part of the City of Chicago. With its cross streets at 63rd and Halsted, the four railroad stations, and the 63rd Street 'L' stop, Englewood has long been a transportation hub of the southwest side. This easy access helped to make Englewood one of the largest outlying business districts in the country for much of the first half of the 20th century (Roberts & Stamz, 2002).

Yet, as racial strife shook the 1950s and '60s, white flight occurred from US communities while African Americans moved in. Subsequently, banks refused to lend money to people trying to start businesses or buy homes in African American neighborhoods, and major grocery stores and other companies refused to open branches. Englewood was no exception (Lydersen, 2011). Further, political redistricting has resulted in Englewood being divided into five districts, each of which is assigned to a different Illinois district. This has created more division and strife. Can you identify the political, economic and socio-cultural factors resulting from oppression and power?

JUST WHAT IS POWER?



Power & Equality by Steve Snodgrass is licensed under CC BY 2.0

Power is a concept that has come to possess numerous meanings for different individuals. Power is multifaceted and takes various forms: power over, power to, and power from (Kloos et al., 2012). **Power over** is the ability to compel or dominate others, control resources, and enforce commands. **Power to** is the ability of people to pursue personal and/or collective goals and to develop their own capacities. **Power from** is the ability to resist coercion and unwanted commands/demands.

Much of the conversations on power have been through the lens of empowerment (Riger, 1993; Rappaport, 1981; Rappaport, 1987). Rappaport (1981) proposed empowerment as a phenomenon of interest for the field, stating the need for a distinction between actual power (i.e., political empowerment) and perceived power (i.e., psychological empowerment).

Furthermore, we understand *empowerment* as an individualistic concept which needs to incorporate social power. These theorists have conceptualized empowerment as a manifestation of social power and propose three instruments of its implementation. First, it is *having control over resources in such a way that they can be used to reward and punish various people***.** Second, it is *the ability to control barriers to participation through defining what we talk about and how we talk about it.* One example is expert power, which is based on the "perceived knowledge, skill, or experience of a person or group" (Kloos et al., 2012). Third, it *is a force that shapes shared consciousness through myths, ideology, and control of information.* To support these concepts, Serrano-García (1984), a community psychologist, discusses both the successes and failures of a community development intervention in her homeland of Puerto Rico in Case Study 9.3.

Case Study 3.3.3
Proyecto Esfuerzo (Project Effort)



"Modern Buildings Tower Over the Shanties Crowded Along the Martin Pena Canal" by John Vachon is licensed under Public Domain

Irma Serrano-Garcia (1984) wrote, "As a member of a group of people who believe in equality and freedom and in the capacity of human beings to achieve both, I write as a Puerto Rican and community psychologist. My work stems from a social change perspective. As a community psychologist with a commitment to the "disadvantaged" groups of society, I believe that my values should be clearly stated… the island was under Spanish rule from 1843 to 1898 making our traditions mainly hispanic and our language, Spanish. The country was turned over to the US as a war booty of the Spanish American War in 1898" (Serrano-Garcia, 1984, p. 174).

To this end, the country was under the rule of the US for some aspects such as citizenship and foreign trade, and some areas were ruled by Puerto Rico's internal governmental structure. Economically 60% of the citizens earned an annual income of $2,500 or less, while 70% received food stamps (SNAP Benefits) or other public benefits. Unemployed rates soared at 22.7% of the population and 99% of the food was imported. Serrano-Garcia further shared, "Our reality is one of colonization and not self-determination, of hispanic not anglo-saxon traditions and of underdevelopment and not economic growth" (p. 174). This and other factors prompted the onset of community development efforts to foster change directed by the quest for empowerment. The intervention framework to address this challenge included both a community development and research model. Six key points acted as guidelines including familiarization with the community, needs and resources, linking reality, concrete activities and resident's integration, transition, and end of project. Read more here. How do the six guidelines used in the framework intersect with each other?

LANGUAGE AS POWER



"James Baldwin 37" by Alan Warren is licensed under CC BY-SA 3.0

Systems of domination often work not only through physical force but through language. Cultural racism deems a group's culture as inferior, including its language. A group's social and political power typically coincides with the status of their language within the society (Belgrave & Allison, 2019). A byproduct of colonialism is the fact that millions of people around the world speak languages not indigenous to their own lands, but to former colonial powers (England, France, Spain, Portugal, etc.). Native cultures and languages were overthrown by the culture and language of the colonizers. Translation works both as a language tool and as an instrument of power, and this is used when languages are translated and when people are transformed, or translated, by changing their sense of their place in society.

Control over language and information is referred to as power/knowledge. Focult asserts that power is inherently tied to control over and access to information and vice versa. Knowledge is always related to systems of power. James Baldwin (1979) similarly refers to language as a political instrument. The language a person uses communicates their status within that society. He proposed the language barrier that prevented Africans from communicating with one another limited their collective power. According to Baldwin, the development of Black English is a result of particular relationships of power: "A language comes into existence by means of brutal necessity, and the rules of the language are dictated by what the language must convey."

COLONIALISM AS POWER



"Landing of Columbus" by John Vanderlyn is licensed under Public Domain

Perhaps one of the most expansive and dominating forms of power has been **colonialism**. During the 19th century, as much as 90% of the world was controlled and/or colonized by western (European and European-derived) nations. This suppression and domination were justified using the construct of race, false research theories that portrayed non-white populations as infantile, incompetent, primitive, savage, and needing western powers to civilize them and bring them into modernity. The rise of settler societies like the US and Canada are the results of centuries of violent conflict, cultural and spatial displacement, and social, economic, and political oppression. During the 20th century, people across Africa, Asia, and Latin America engaged in anti-colonial struggles for independence. Although formal imperial empires came to an end when these countries gained their independence, informal empires remained, as many nations continued to be dependent on former colonial powers. Consequently, political, economic, and military controls were largely maintained within these nations, as a result of adopting the power and oppression of the colonial powers.

OPPRESSION AND POWER: **TWO SIDES OF THE SAME COIN**



"1854 $3 Indian Princess Head"by National Numismatic Collection, National Museum of American History is licensed under Public Domain

Power and oppression can be said to be mirror reflections of one another in a sense or are two sides of the same coin. Where you see power that causes harm, you will likely see oppression. Oppression emerges as a result of power, with its roots in global colonialism and conquests. For example, oppression as an action can deny certain groups jobs that pay living wages, can establish unequal education (e.g., through a lack of adequate capital per student for resources), can deny affordable housing, and the list goes on. You may be wondering why some groups live in poverty, reside in substandard housing, or simply do not measure up to the dominant society in some facet. We have some idea, but today we are still grappling with these questions and still conducting research studies to better understand.

As discussed at a seminar at the Leaven Center (2003), groups that do not have "power over" are those society classifies or labels as **disenfranchised**; they are exploited and victimized in a variety of ways by agents of oppression and/or systems and institutions. They are subjected to restrictions and seen as expendable and replaceable—particularly by agents of oppression. This philosophy, in turn, minimizes the roles certain populations play in society. Sadly, agents of oppression often deny that this injustice occurs and blames oppressive conditions on the behaviors and actions of the oppressed group. Oppression subsequently becomes a system and patterns are adopted and perpetuated. Thai and Lien (2019) in Chapter 6 discuss diversity and highlight the impact of "white privilege" as a major contributor to systems and patterns of oppression for non-privileged individuals and groups.

Additionally, socialization patterns help maintain systems of oppression. Members of society learn through formal and informal educational environments that advance the ideologies of the dominant group, and how they should act and what their role and place are in society. Power is thus exercised in this instance but now is both psychologically and physically harmful. This process of constructing knowledge is helpful to those who seek to control and oppress, through power, because physical coercion may not last, but psychological ramifications can be perpetual, particularly without intervention.

As shared, knowledge is sustained through social processes, and what we come to know and believe is socially constructed, so it becomes ever more important to discuss dominant narratives of our society and the meaning it lends to our culture. *It is our role as community psychologists to be a witness, to advocate, and to raise the voice and consciousness of those who lack power and /or the capacity to do so themselves. It is also our role to raise the consciousness of those who oppress and disempower.* In the next section, we shall take a look at roles community psychologists can play in consciousness raising and **deconstructing power and oppression**.

ACTION STRATEGIES: **DISMANTLING OPPRESSION AND POWER**



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As mentioned in Chapter 1 (Jason, Glantsman, O'Brien, & Ramian, 2019), community psychologists endorse a social justice and critical psychology perspective, where the position is to challenge and address oppressive systems through a number of action strategies including approaches that fall under a dismantling framework. To this end, we now discuss two interconnected, yet distinct community approaches that focus on what is termed the deconstruction and **reclaiming of power**. *Deconstruction* has its roots in Jacques Derrida's work in critical analysis of theoretical and literary language. We speak about reclaiming as simply recovering or getting back. A discussion of liberation, followed by decolonization and reclaiming power through Black Feminist theory, concludes this section, as it demonstrates how power is de-centered and reclaimed for the power and liberation of communities.

LIBERATION



"Liberate Minds" by Working Image Photography is licensed under CC BY-NC-ND 2.0

Community psychologists engage topics associated with the dismantling of oppression and power. One of these concepts is liberation. *Liberation* is defined as the social, cultural, economic, and political freedom and emancipation to have agency, control, and power over one's life. To live life freely and unaffected or harmed by conditions of oppression is to experience liberation (Watkins, 2002). Although there are varied ways of experiencing liberation – from the individual to the community to the systemic – each one is interconnected with the other. An individual, or psychological sense of liberation, lies in the ability for the person to feel unconstrained by stereotypes and prejudiced ideas that manifest as acts of discrimination. When individuals are constantly feeling that their bodies are being perceived and categorized in biased ways because of their race, ethnicity, gender, sexuality, age, and other visible characteristics, their capacity to act with free will is constrained. For example, students of color at predominantly white institutions of higher education often experience higher levels of stress and anxiety because they experience more micro-aggressions (Hope et al., 2018). Students of color are therefore marked by these experiences in ways that are detrimental to their well-being and academic success. Liberation for these students is limited by the culture of racism and colorblindness inherent in the university. At a collective or community level, liberation is possible when the group is able to gain power and control over the knowledge, systems, and institutions that surround their lives. As Brazilian popular educator, Paulo Freire, suggests, liberation is a social act, a process of becoming free from ideologies that limit our freedom and the institutions or structures that constrain people's collective determination. Liberation must be understood as having a critical consciousness of the circumstances and conditions of oppression that challenge and limit opportunities for freedom. Liberation is also a practice of working to create change. As Martín-Baró proposes, liberation is the dismantling of oppression and power, and striving to create social change that recognizes the humanity and dignity of all people. As an example of this work, we have included in Case Study 9.4 an excerpt of a letter adopted by the Society for Community Research and Action (SCRA) in opposition to the Dakota Access Pipeline.

Case Study 3.3.4
The Dakota Access Pipeline



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In July 2016, the Army Corps of Engineers approved the plans for the Dallas-based Energy Transfer Partners to construct the Dakota Access Pipeline, a 1,172 mile underground crude oil transportation system stretching from North Dakota to Illinois. It is estimated that the pipeline will pump just under half a million barrels of fracked crude oil per day across the Missouri River, the Mississippi River, and other sources of drinking water, which will impact surrounding communities. Although many will potentially be affected by the proposed pipeline, the Lakota Sioux and the Standing Rock Sioux Indian Reservation spanning North and South Dakota are among those most directly affected by the pipeline and have voiced strong opposition to its continued construction. As psychologists committed to racial, ethnic, and cultural justice we stand in opposition to the continued construction of the Dakota Access Pipeline so long as that pipeline infringes on the environmental health and sacred spaces of indigenous communities…Read more of the letter here. What are examples of dismantling and liberation?

DECOLONIALITY



"Mural at Mexican Cultural Heritage Center, San Jose" by Nicole de Beaufort is licensed under CC BY-NC-SA 2.0

Although often associated with freedom, *decoloniality* is not the same nor should it be equated with liberation. Decoloniality is characterized by a process of undoing, disrupting, and de-linking knowledge rooted in Eurocentric thinking that ignores or devalues the local knowledge, experiences, and expertise of non-western peoples or dominant social groups (Maldonado-Torres, 2011). Furthermore, decoloniality challenges coloniality and colonialism – the former defined as the power and control over people and knowledge, and the latter being a process through which power and control are acquired often through violence (Mignolo, 2009). Decoloniality, therefore, contests the assumptions of systems, or the organization of peoples and worlds, into categories. For example, the "*othering*" of Indigenous communities by forcing them onto reservation lands and then subsequently occupying and exploiting these lands and natural resources, as in the Dakota Access Pipeline examples, is a form of coloniality. This "othering" perpetuates the oppression and dehumanization of Indigenous communities across generations (Gone, 2016). Re-thinking and deconstructing Eurocentric/western ideologies and practices that uphold coloniality as the power over people, lands, and knowledge is thus the main point of decolonization. A decolonial standpoint in Community Psychology honors and respects the humanity of all communities, especially those that have been institutionally marginalized, and sees values in local knowledge, culture, and place (Moane, 2003). For an example of a decolonial community-based participatory action research project—collaboratively led by Dr. Jesica Siham Ferńandez and Dr. Laura Nichols with Mexican immigrant mothers in a community

undergoing gentrification in the Silicon Valley (California, US). It centers on the voices, culture, and lived experiences of Mexican and Latinx communities (check out a newspaper report covering the making of the mural, and a short news media coverage showcasing the *madres* speaking about their process).

BLACK FEMINIST THOUGHT



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This section discusses **intersectionality** as a form of decolonialism that is crucial to a well-rounded understanding of how our multiple identities play into the world around us. Intersectionality, rooted in Black feminist thought, emerged at the turn of the 21st century. Black feminist theory, informed by the work of Collins (1990/2000), Lorde (1984), hooks (1994), the Combahee River Collective, and other Black feminist scholars such as *Sojourner Truth* and other writers and activists, surfaced as a radical movement. Intersectionality was developed by Kimberlé W. Crenshaw and this short video link should help with understanding. The concept primarily illustrates the intersectional experiences of Black women, whose concerns were neither fully addressed within the Civil Rights Movement, nor the (white) feminist movement. Intersectionality posits that race and gender categories, along with other dimensions of identity and positionality, such as sexuality, age, class and able-bodiness, are clear and have social, legal, political, and economic implications. Within Community Psychology, intersectionality provides a theoretical lens for re-conceptualizing race, along with other categories of difference and positions of power, beyond identity politics. Rather than focusing on the politics of difference, intersectionality describes the interlocking patterns of oppression and marginality that structure people's lives, opportunities, and enfranchisement. Intersectionality provides a theoretical framework from which we can examine and deconstruct the structures of race and gender oppression (Collins, 1990/2000). Furthermore, intersectionality also offers implications for working toward a practice of solidarity among those interested in advancing social justice.

SYSTEMS PERSPECTIVE



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The concepts of oppression and power are not only multi-dimensional but also involve multifaceted, complex means of being executed. In order to effectively conceptualize dismantling and disrupting power and oppression, it is important to delve further into looking at systems by which power and oppression exist and are maintained. Bronfenbrenner's ecological systems theory provided a framework for us to examine how power and oppression are carried out and perpetuated in individual and community environments. Yet, human behavior is not simply nested as Bronfenbrenner theorized, but our behavior is also networked, where each system is defined in terms of the social relationships surrounding a targeted individual, and where systems at different levels relate to one another in an overlapping fashion (Neal & Neal 2013). Thus, dismantling power and oppression is a difficult task that requires a **community systems approach**. It is also important to note that historical events such as colonialism and change across time necessitate that idea that power/oppression must be continually re-examined and monitored.

The *Chicanx Student Movement* is an example of the results of oppression and power and a social action strategy, to address the issue. See Case Study 9.5 for a discussion on the East LA "Blowouts".

Case Study 3.3.5
The Chicano Student Movement and Educational System in East LA



"San Jose Chicano Rights Marches California002" by San José Library is licensed CC BY-SA 2.0

The 1968 East LA blowouts were a direct response to the educational inequities experienced by Chicanx students attending several of the local high schools in the East LA area (e.g., Wilson, Lincoln, Belmont, Roosevelt, Garfield). For example, students attended schools that lacked resources, were placed in overcrowded classrooms where they often faced derogatory comments by teachers, were prohibited from talking in Spanish and where disobedience was met with corporal punishment or janitorial work. Moreover, non-white male students were pushed into non-academic classes like wood shop or auto-mechanic shop classes while females were sent to cooking classes, sewing, and secretary prep courses. Consequently, dropout rates were as high as sixty percent.

However, as the numbers of students walking out grew, so did the challenges. Students who joined the walkouts were met with violence from police deployed to the schools. While many students were beaten during the walkouts, other students, who helped to lead the movement, faced further legal troubles. As a result, 13 male students were charged with conspiracy, only avoiding charges after protests by the community were held and litigations were filed. Fifty years later the Los Angeles Unified School District and Cal State LA a Hispanic Serving Institution (HSI) in the heart of the East LA area, organized a "walk-in" to commemorate the 1968 blowouts and to highlight the changes that have occurred. Over 500 high school students from the same walkout schools marched onto the Cal State LA campus chanting "Yes we can." While this is certainly a change the reality for students is they continue to struggle to gain access to higher education.

Protests and other forms of addressing community issues often result in *unintended consequences* but continue to be strategies employed to advance social justice. What are some strategies for mitigating unintended consequences?

Other action strategies discussed in earlier chapters that have been met with both challenges and successes are in social movements and consciousness-raising efforts. In recent years there has been an explosion of young people's participation in social movements across the U.S. Some include involvement in long-term struggles such as the fight for equal rights for the LGBTQ+ community, and some are a continuance of prior social movements such as the #MeToo Movement (evolving from the struggle for women's rights) as well as the Black Lives Matter movement. Read more here.



Photo by Nicole Baxter is licensed under the UnsplashLicense

Consciousness-raising efforts have their roots in a number of theorists' frameworks and movements including *Pedagogy of the Oppressed* and the feminist movements as previously mentioned. Yet, it is important to also understand that structural systems of oppression are found in the categorical labeling we use to exclude and separate. Case Study 9.6 below illustrates a strategy for dismantling labeling that perpetuates inequality through reframing the language of liberation.

Case Study 3.3.6
Reframing Language for Liberation



Raise Awareness by Sharon Sinclair is licensed under CC BY 2.0

In 2012, Geri Palmer, former executive director of a non-profit organization in Chicago and current community psychologist, became aware of the importance of the influence of public perspectives and attitudes regarding people who are homeless, specifically relative to funding and resources. She recognized that public perceptions and attitudes are formed in many ways, one being the words and terms used to discuss, and refer to marginalized populations. This is important, as terms that describe and categorize people experiencing homelessness, such as "the homeless" and "homeless people" are widely used by those in the helping professions. Yet, they reflect the core ideologies and economic interests of the dominant majority and have their roots in historical systems of inequality and oppression.

Through a series of workshops held in medical and health care facilities, in board development workshops, conferences, and classrooms designed to raise awareness, *The Language Reframing Project* was initiated. The goal was twofold: (1) Raise awareness of language and labeling and its negative implications; and (2) reframe language and labeling in discourse and in reference to people who are homeless, as well as other populations considered marginalized. This can specifically be applied to all marketing materials including websites and social media. One agency has changed its online marketing materials to align with the campaign's mission, and former employees of this agency report they are pushing forward the language reframing initiative in their new workplaces and overall worldview. The Salvation Army has adopted a similar campaign (Palmer, 2018)…Read more here. Why does categorical labeling of certain groups of people perpetuate oppression?

SUMMING UP

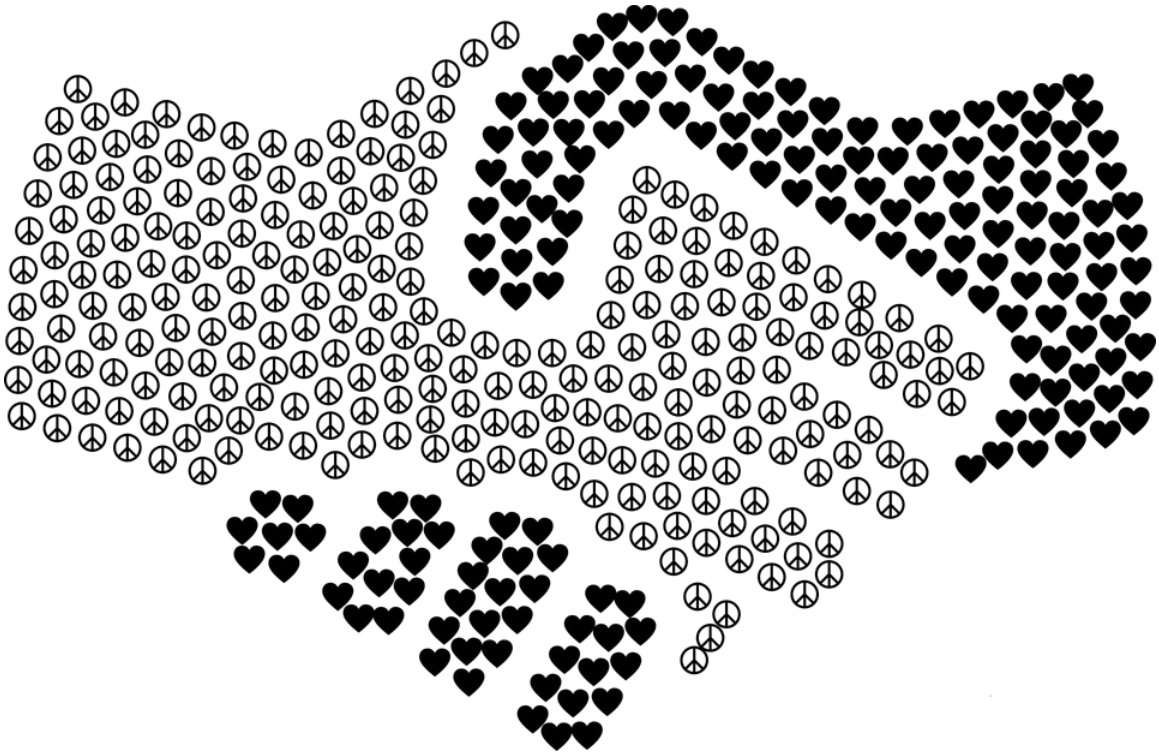


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Community psychologists are equipped with the skills and training, practice, and lived experience needed to address the most pressing of social issues and concerns in our communities today. The continuation of structural systems of oppression and power, and its grip on our communities, families, and individuals is an ever-present concern and it is no easy task to engage in dismantling and addressing structural systems. Yet, we are advancing social justice through the strategies we mention here and are making great

strides by supporting the resiliency in the same communities where oppressive systems exist. We strived to make this portion of the book as realistic as possible, particularly with the help of looking through the eyes of community psychologists who have lived experiences as well as allies who support the work of community psychologists in practice and community-driven research. We wanted a chapter that spoke to the multi-faceted dynamics of oppression and power, but also to provide actionable strategies that are tools for liberation. Moreover, by providing this free online textbook, we are in a very direct way dealing with the high price of textbooks that often is a real hurdle for our college students, who sometimes can not even afford to purchase them and are disadvantaged by this economic barrier. This effort is a strategy that also empowers and liberates.

We have attempted to include a balanced view, discussing the concepts and impact, but showing how resilience and empowerment have been successful at advancing social justice. It is important for undergraduate students, specifically in Community Psychology, to see the fullness of what the discipline embraces and strives to uphold.

? Critical Thought Questions

1. What experiences do you have with power and/or oppression? In thinking about the “two faces” of power and oppression, how have you seen power and oppression operate in your life or in the life of others in your community?

2. Reread Dr. Irma Serrano-Garcia’s article. Identify the role of coloniality and colonialism in shaping the Puerto Rican experience. What do coloniality and colonialism look like today?

3. Explain how you have experienced or seen power operate in your life or in your community. What are some contemporary examples of the coloniality of power today?

4. Think back to the other cases studies presented in this chapter. Identify how oppressed and institutionally disenfranchised communities interrupted and sought to deconstruct power.

5. Reflecting back on the experience of power or oppression that you initially identified, what is one theory or concept that stood out to you, and which helps you think about ways of addressing oppressive systems of power? Why does that theory or concept stand out to you the most?

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3.2.3: Empowerment

Section Objectives

By the end of this section, you will be able to:

- Specify different levels of empowerment
- Understand how we can contribute to power redistribution
- Learn ways to take action to make changes in communities



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The cries of “Black Power!”, “Student Power!”, and “Power to the People!” rang out in the 1960s and beyond. The idea of power was central to those social movements. The work of those groups led to changes in civil rights, gay rights, and women’s rights. For example, the Women’s Movement raised important issues regarding women’s relative lack of power in personal relationships and their lack of opportunities in the workplace and larger society. Oppressive conditions supported by men-driven laws and policies in the larger society affected women on the individual, organizational, community, and societal levels.

Many participating within these social change movements experienced greater **empowerment**, which means gaining greater influence and control over important matters in one’s life and environment. Coupled with visions of hope and possibility, empowerment helped spur movements for positive social change for African Americans, students, women, Latinx, LGBT individuals, people with disabilities, Asian-Americans, prisoners, and people with mental illness, among many other groups.

Rappaport (1981) proposed that empowerment should be one of the primary focus of Community Psychology. He believed that empowerment is about helping those with less than their fair share of power to understand their own situation and gain more power. For Rappaport, empowerment includes considering people’s needs, their rights and their choices, and it captures the breadth of concern with the powerlessness that many groups experience.

To fully address the powerlessness of individuals and groups, efforts toward empowerment must be made on multiple levels. At the individual level, awareness of one’s lack of power can make one more likely to work towards increasing personal power. At a higher level, legal and societal sides of oppression may give rise to societal and political change. Thus, empowerment is a multilevel concept that impacts individuals, organizations, communities, and societies. From these beginnings, empowerment has come to be a key idea in Community Psychology and has also been important to fields such as Social Work, Public Health, Education, Political Science, Anthropology, and Community Development (Keys, McConnell, Motley, Liao, & McAuliff, 2017). Now, let’s consider how empowerment is thought of at different levels of analysis.



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Individual Empowerment

Individual empowerment allows people to exercise control and increase **self-efficacy**. Self-efficacy can be described as developing a sense of personal power, strength, or mastery that aids in increasing one’s capacity to act in situations where one feels a lack of power. Individual self-efficacy is sometimes considered a “westernized” or “individualistic” construct built on the idea that simply having a belief in one’s ability to achieve a certain outcome is all a person needs for self-empowerment. This would

imply that an internal belief in oneself is both sufficient and desirable for changing a one's life. But change in self-efficacy without real change in one's life cannot truly be called empowerment (Cattaneo & Chapman, 2010).

Psychological Empowerment

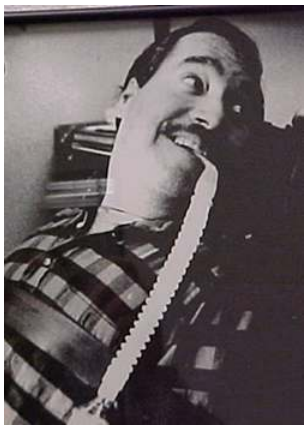
In contrast, **psychological empowerment** at the individual and group levels requires increased awareness and understanding of the factors that influence our lives. It is a process by which we become aware of the power dynamics that occur at multiple levels in our lives. This could be something like becoming aware of being treated differently due to the color of one's skin, or how the lack of resources in the community one lives in affects one's well-being. People then begin to develop skills for gaining control over relevant aspects of their lives, such as advocating for themselves or working on coping techniques to respond to discrimination. To truly address all the factors that affect a person's life, people's actions should also be directed toward changing the conditions of oppression at multiples levels, such as conditions in the home, at work, or in society. These environmental changes can be complemented by an increase in one's degree of control over aspects of one's own life.

Psychological empowerment considers the role of the context and the influences from external factors that impact the lives of all people (Keys et al., 2017). For example, women in the 1950s were affected by how they were treated both at home and in the workplace. In both cases, there were clear power differentials, whether it was between husband and wife or employer and worker. These external factors, or contextual factors outside of individual women's control, impacted women in the environments where they lived and worked. The Women's Movement and related **advocacy** efforts were led by women who had developed empowerment skills individually and began supporting the empowerment of others on a societal scale.

Changes individually and on a group level can be accomplished through critically examining the situations people find themselves in. For example, the Black Power Movement in the 1960s and the Black Lives Matter Movement in the present are responses to the personal and societal oppression African Americans felt as citizens of the US. These social movements criticized the cultural norms of the time and challenged people to really think critically about how African Americans were being mistreated and abused on a daily basis. As with all individual and group level change, the context had to be examined through a critical lens.

Critical awareness leads individuals to identify personal and contextual factors that may be part of empowerment for particular individuals or groups. These factors may include additional skills, access to financial capital, access to other resources and opportunities, and access to individuals with greater power. Methods include, but are not limited to, training, developing advocacy skills, studying, becoming self-efficacious, and pursuing resources and opportunities (Cattaneo & Chapman, 2010). By increasing skills and access to resources, one can work towards achieving an increased sense of individual and psychological empowerment. A good example of psychological empowerment is found in Case Study 10.1, about Ed Roberts and his efforts toward helping people with disabilities live independently.

Case Study 3.3.1
Independent Living Movement



"Edward V Roberts" by Unnamed DOR Employee is Public Domain

The life of Ed Roberts—a central figure in the development of the independent living movement for people with disabilities in the US—is an example of psychological empowerment. Ed became severely paralyzed at a young age. In his childhood, Roberts' mother instilled an appreciation for education in her son. She also taught him how to advocate for what he needed. Roberts experienced firsthand the ways in which society distributed power unfairly. A high school administrator threatened to not allow

Roberts to earn his high school diploma because Roberts had not completed a driver's training or physical education course, which he could not physically perform. He had to fight those decisions. After graduating from high school, Roberts was admitted to the University of California-Berkeley but had to fight for accommodations and support from both the university and his rehabilitation counselor. Roberts' admission to the university drew more individuals with physical disabilities to attend the college. He began to advocate for changes to be made to the physical environment, such as curb cuts to aid people in wheelchairs. He also helped to create the first student-led disability services program in the United States and advocated for attendant services and wheelchair repairs to be provided on campus. At the University of California-Berkeley, he earned both a bachelor's and a master's degree. Because of his work, Ed made this university a more accessible place for himself and other individuals with disabilities.

Organizational Empowerment

At the organizational level, it is useful to think of empowerment in two ways: empowering those within the organization and being effective in fairly addressing organization level issues and working well with those outside the organization such as other organizations and governmental policies and laws. Regarding the first meaning of organizational empowerment, empowering, we can think of ways an organization is empowering of those individual and groups within it. We first need to recognize that organizations can control and influence those who are inside the organization (Peterson & Zimmerman, 2004). For instance, Maton (2008) identified a set of positive core organizational characteristics for empowering community settings. These include a group-based belief system (e.g., the organization inspires change), positive core activities (e.g., active learning), a supportive relational environment (e.g., caring relationships), opportunity role structure (e.g., many roles at multiple levels), **leadership** (e.g., inspirational vision), and setting maintenance and change (e.g., mechanisms to address diversity or conflict). An organization may foster the empowerment of its members and groups by including these characteristics. an empowered organization also can be effective in working with other organizations and others in the local community and larger society in order to address its needs and meet its goals.

An organization's ability to empower individuals may be due to interpersonal factors, such as trust. For example, Foster-Fishman and Keys (1997) found that in a large human service organization, employees distrusted system-wide empowerment initiatives set forth by upper management. This lack of trust often reflects perceptions about organizational policies and authority roles. It is important to consider that some organizations are more democratic in the way they operate (e.g., cooperatives) and incorporate more **intra-organizational strategies**. The way authority and decision making is shared, or not, among employees affects their sense of empowerment. Some organizations try actively to build personal relationships among members and develop greater trust, which provides a better foundation for **organizational empowerment** initiatives. Regarding the second meaning of organizational empowerment, we can consider ways in which the organization gains and uses enough resources to support its people and activities, For example, a community group advocating for trans rights holds an effective fundraising effort to support its education initiative to include topics of transgender, gender identity and cisgendered prejudice in sex education curriculum in local schools. An empowerment initiative at the organizational level is the focus of Case Study 10.2.

Case Study 3.3.2
Staff Nurses in Canada



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Laschinger, Finegan and Shamian (2001) analyzed the impact of organizational empowerment theory on staff nurses in Canada. Results from their study suggested the workplaces that increased perceptions of individual empowerment also increased trust in organizational authority, commitment to organizational goals, and effectiveness of the organization as a whole. The results also suggested an increased work ethic and desire to remain in the organization. This empowerment was facilitated through a number of intra-organizational strategies. First, the nurses were trusted to act on their expertise when performing their work. This was accomplished, in part, by providing nurses access to both timely information and support. Additionally, nurses were given access to resources. Trust can be diminished in an organization if nurses do not have access to medical equipment and supplies or are forced

to work overtime due to staff shortages. The researchers also found a relationship (albeit, less significant) between trust in management and opportunities for career advancement. This view of organizational empowerment required that management nurses and staff nurses work collaboratively towards shared goals, in order to better their organization and improve patient care. In order to foster individual empowerment, management nurses exercised less direct control and practiced providing more feedback, support, and guidance. They also worked to ensure trust both among staff nurses and between staff nurses and management. In this case, greater individual empowerment led to greater organizational empowerment.

Community Empowerment

The concept of community-level empowerment has also received attention from community psychologists. **Community empowerment** means a community has the resources and talent to manage its affairs, to control and influence relevant groups and forces within and outside the community, and to develop empowered leaders and community organizations. One example of developing empowered leaders is community members learning to organize so they can take part in improving their communities and take actions toward these improvements. Empowerment may be particularly important for communities rebuilding after trauma, such as survivors of a natural disaster, or for individuals in a war-ravaged country (Anckermann et al., 2005). Indicators of community empowerment include processes such as collective reflection, social participation, and political discussions, as well as outcomes such as having obtained adequate resources for improving community well-being and social justice (Anckermann et al., 2005). Collective reflection means that community members get together and jointly examine the issues that have mattered to them over time. Social participation and political discussions are ways in which these communities can take the actions needed to empower themselves. Case Study 10.3 demonstrates how community members used empowerment tools in changing the mental health care service system in the US.

Case Study 3.3.3
Mental Health Delivery



"Bush signs ADA" by Executive Office of the President of the United States is Public Domain

Community empowerment has played a role in improving the mental health care system in the US. In the 1970s-1990s, mental health service user activists fought for greater individual autonomy and patients' rights. They did so by developing their community and giving opportunities for community members to participate in decision making. Additionally, they addressed issues that their community faced. For example, they combated unemployment by supporting legislation such as the Americans with Disabilities Act (ADA), which prohibits workplace discrimination (Masterson & Owen, 2006). For a number of years, many groups representing different facets of the disability community advocated for the passage of the Americans with Disabilities Act, a major piece of civil rights legislation. This case study places emphasis on mental health/illness. However, the ADA helped all disability groups and individuals with mobility issues were most active in effecting this legislation.

Community empowerment works through increasing the community's influence over the structures and policies that affect the lived experiences of the community and its members. Increases in influence often occur through partnerships between those in power and other community members. These partnerships may take place in advisory boards, coalitions, or broader community inclusion initiatives (Fawcett et al., 1994). At times, community empowerment may mean that members of the community become empowered with the help of the community leaders and vice versa. Such "co-empowerment" may be challenging, yet can be very beneficial to communities (Bond & Keys, 1993).



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Societal Empowerment

Finally, it is important to examine empowerment on the societal level. Empowerment is concerned not only with a psychological sense of control but also with the equal distribution of resources, attention to material, and political empowerment on the societal level (Nelson & Prilletensky, 2010). Even if empowerment interventions are carried out at other levels, they typically must take broader, more structural societal forces into account. These forces include the impact of systemic racism, sexism, homophobia, ableism, ageism, or classism over time. **Societal empowerment** concerns processes and structures affecting the empowerment of individuals, organizations, and communities (for more information on inadequate resource distribution from Habitat for Humanity, click here). An important consideration is to what extent a society fosters equity, or the equal distribution of resources and opportunities, while providing support to those who have less than their fair share of resources.

An empowering society is one that works to distribute resources equitably as well as effectively. Policies and practices that support such equity are critical, as are the voices of individuals, organizations, and communities. Society-wide empowerment is concerned with how well key components of society work, so that everyone has adequate resources. Moreover, society must use resources wisely to address its needs in cultural, governmental, political, business, educational, health, and other major areas of community living. Societal empowerment may take the form of communities supporting and influencing one another and of communities working to promote change in **public policy** at the state and national levels. Societal empowerment also includes a society's capacity to influence and work with other societies and to manage its own resources effectively. Empowered societies can take care of themselves. They can work with and influence other societies. They can create positive change with their neighbors and others around the world. In short, many societies face the challenge of helping people who are facing serious limitations in their lives. Rarely, if ever, do these individuals have opportunities to deal with the **dehumanizing structures** in society that cause such limitations. These challenges are related to histories of oppression, discrimination, or segregation, as well as disparities in income and opportunities that are systemic and very hard to address, as indicated in Case Study 10.4.

Case Study 3.3.4
Societal Empowerment



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Individuals who experience poverty are often in positions of powerlessness due to their lack of access to necessary resources. In order to address the empowerment of individuals in poverty, societies must develop their critical understanding of the structures that create and sustain poverty. After critical awareness is developed, societies must amend or remove the disempowering structures that have been identified. Empowering people who are experiencing poverty can happen through many different means. For example, addressing workplace discrimination through a legislative action is a step towards creating a more equitable society. Additionally, addressing the barriers to participation in the political system is important to address poverty. People who are impoverished may not be registered to vote. Creating accessible opportunities for voter registration can help to ensure active political participation. On voting days, ensuring that people know they have a right to leave work to vote and providing transportation options is another way that societies can support the empowerment of people experiencing poverty.

PRIVILEGE, OPPRESSION, AND EMPOWERMENT



"protect-and-rise-up-on-overpass-copy-small-1024×513" by Backbone Campaign is licensed under CC BY 2.0

As discussed throughout this textbook, some groups often use their power to accumulate privileges over the groups they oppress. This **oppression** happens with **dehumanization** and **exploitation**, as discussed in Chapter 9 (Palmer et al., 2019). Oppression may occur on any level from individual to societal. It also has a psychological piece. Those in power oppress individuals and groups by reducing their opportunities for education, work, housing and health care. Then those on the receiving end of this oppression may take part in negative activity due to feelings of hopelessness and helplessness. In addition to the experience of exclusion and marginalization on a societal level, the problem of oppression is compounded when those oppressed engage in self-destructive patterns due to the internal feelings of hopelessness. For more information on how oppression works on multiple levels, click here.

Unfortunately, conditions of exclusion and disadvantage are often ignored when those individuals with fewer resources try to obtain services. Furthermore, the economic inequality of people of color, people with disabilities, and many other groups in the US and other countries, contributes to their limited access to many services and supports. Economic inequality also limits opportunities for employment, housing, health care, and education. These conditions can only be eliminated by changing unequal power relations and with the redistribution of wealth. Attention to the distribution of power and wealth is consistent with the principles of Community Psychology regarding social justice, respect for **diversity**, and promoting social change, as discussed in Chapter 1 (Jason, Glantsman, O'Brien, & Ramian, 2019).

CRITICAL CONSCIOUSNESS



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According to Paulo Freire (1970), most people who experience social oppression do not necessarily act to change their reality. This is because they have been taught to accept the dominant, or oppressors', narrative. That narrative has placed them in an inferior position and their oppressor's in a superior one. Over time, the oppressed come to believe in their inferiority and thereby internalize their oppression. The inferiority is now a part of their identity and affects the actions they take and the decisions they make in life. In turn, their acceptance of an inferior position in society enhances the dominance of their oppressors. Freire also argues that marginalized individuals do not have a critical awareness that allows them to see the injustices in their lives. They tend to be passive and unable to recognize their own capacity to transform their social realities, in part, because their condition of marginalization and oppression keeps them in a state of helplessness. Someone forced to the margins of society who lacks critical awareness may accept their low position. They may see it as the result of fate, bad luck or supernatural forces. This is why helping people develop critical awareness and understanding of the factors that contribute to their situation is an important early step in the process of empowerment. Once people understand the reasons for their situation and the importance of taking action(s) in order to address their own problems, the process of empowerment has begun. An example of an oppressed group, in this case children, becoming empowered through participatory means is illustrated in Case Study 10.5

Case Study 3.3.5
School-Based Participatory Action Research



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One of the ways in which critical awareness can be developed is through participatory action research. This is a method of research that allows stakeholders to play an active role in determining, assessing, evaluating and addressing a problem. Dworski-Riggs and Langhout (2010) used a participatory action research project in an elementary school to address disciplinary issues during recess.

Based on a school survey, multiple stakeholders identified recess as a time in which students had more negative relationships with other students and recess staff. One of the ways in which the issues at recess were addressed was through a *peer mediation program*. A group of students was trained to resolve conflicts on the playground. This peer mediation program gave students increased control over recess time, as well as increased skills in conflict resolution. Additionally, it empowered the students to meet with the recess staff in order to determine how they could work together more effectively. The researchers did face significant challenges in engaging parents in active participation in the creation and implementation of the intervention. Based on a school climate survey, most parents felt powerless to make changes within the school. However, the students did engage in the process and were satisfied with the outcomes.

A CONCEPTUAL MODEL OF EMPOWERMENT

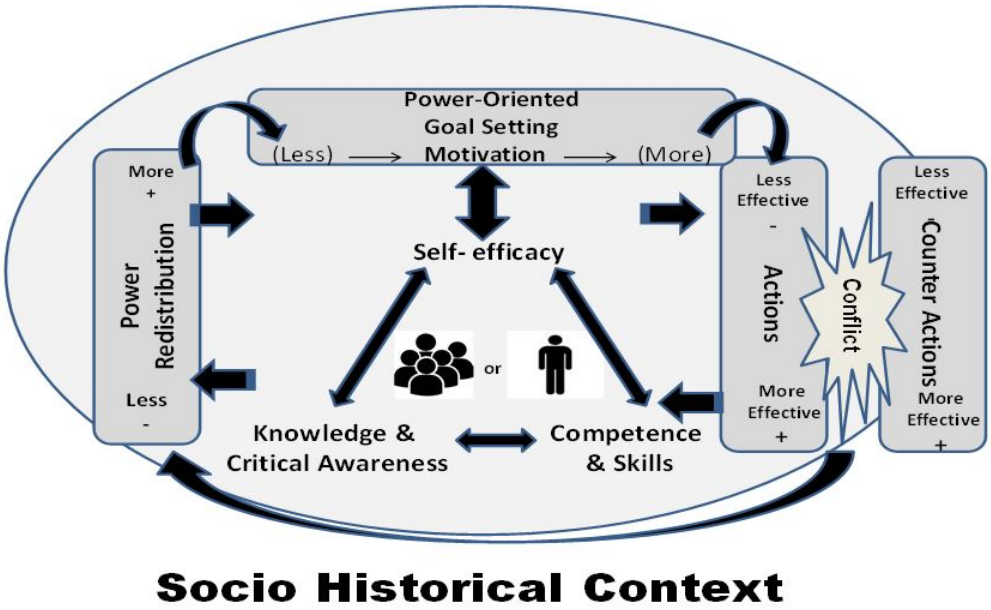


Figure 1. "Empowerment Process Model" by Fabricio Balcazar and Yolanda Suarez Balcazar

Balcazar and Suarez-Balcazar (2017) offer a model of empowerment that is a framework of analysis for the struggle in the redistribution of resources in a historical context (see Figure 1 above). The model can explain some of the factors that lead people to seek power redistribution, and a redistribution of power is needed to give people the resources necessary for the empowerment process. From this model, it is possible to propose specific strategies that can be used to promote empowerment on the levels we discussed earlier in the chapter. This process is explained further in Case Study 10.6 below.

Case Study 3.3.6
A Personal People First Story

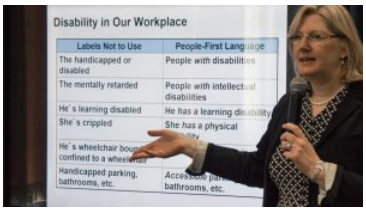


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The empowerment process starts when the individual identifies an injustice that she or he has experienced. Joe grew up in a rural town in Missouri to a family with few economic resources. He was born with Down syndrome, and from his earliest memories recalled being stared at, whispered about, laughed at, and treated differently. In an effort to help him, his parents would always decide what was best for him and advocate on his behalf at school and in the community. When Joe tried to speak up and express himself he was either ridiculed by his peers or defended by his parents. As a result of these experiences growing up, Joe felt disempowered and defective. But, he resolved later in life to find others like him and see if he could do anything to change things for people like him. Joe became aware of historical inequalities, injustices, and grievances that have not been attended to, such as

the mistreatment of people with disabilities in his rural town. Joe began to network and organize with other people with disabilities, and expanded beyond those with Down syndrome to include other people with disabilities. He recalls being shocked at the number of people he met while trying to form a support network. While networking and researching, he discovered the People First movement, which was formed to promote the sharing of ideas, cultivate independence and friendship, and advocate for people with disabilities. Joe was taken with the ideals of the movement, proudly saying, “We can speak for ourselves, thank you!” By organizing a new chapter of People First, Joe and his peers were able to create advocacy goals to change how they were being mistreated and marginalized in their community.

As shown in Balcazar and Suarez-Balcazar’s (2017) Empowerment model, goals are developed regarding what is desired in a particular situation or context. There are different degrees of motivation associated with the individual’s goal, depending on the circumstances and sense of urgency.

According to this empowerment model, there are several factors that determine the degree of effectiveness of the individual or group in seeking power redistribution. In the case of Joe and his People First chapter, they were a dedicated group committed to influencing the community on multiple levels. They began to petition the local government to offer special accommodations for people with physical disabilities, such as wheelchair ramps and accessible seating on public transit. And, near and dear to Joe’s heart, they advocated for “People First Language Days,” at the local grade schools and high schools. Joe wanted to change how people viewed and talked about disability, to ensure that kids growing up with disabilities were not ridiculed and picked on. Joe thought that if students had more of an awareness of what it’s like to live with a disability, and how hurtful words can be, then attitudes and treatment of people with disabilities might start to change. He wanted members of the community to view him and others like him as “people first, disability always second. Like any other card normal folks have been dealt, it’s just a part of who we are. But we’re just people.” Joe and the People First chapter were successful in their efforts to implement People First Language Days at the schools, and even started having language days in places of business and legislation. Their group possessed factors necessary to implement meaningful change and empower not only themselves but many others like them in their community. These factors included knowledge of rights and responsibilities, level of skills and degree of self-efficacy (as well as the result of cumulative experience, challenges, and successes) in attaining personal and group goals.

What can be unexpected when working in Community Psychology are the counteractions taken by the opposing individual, group, or organization. There were some people in Joe’s town who opposed using taxpayer funds to increase accessibility for people with physical disabilities. Some educators questioned the need for having time taken from their classes to educate students on People First language. Sometimes the individual or group runs out of options, exhausts their resources, or gets demoralized and concedes defeat. There is no guarantee that the process will result in greater power to the aspiring individual or group. It takes time to empower oneself and to empower a group of people, and there may be setbacks before achieving meaningful power redistribution. The resulting changes in power redistribution may stop the process if the parties are satisfied, meaning the person or group aiming for empowerment feels they have achieved their goals. At some future point, the parties may resume the process in order to pursue better results.

As mentioned earlier, the Women’s Movement of the 1950s and beyond led to great strides for women in America, and the “Me Too” movement is another call for women to receive fair treatment and justice in society. Balcazar and Suarez-Balcazar’s (2017) Empowerment Process Model is cyclical, meaning individuals or groups may seek more knowledge or advocacy training or critical awareness of the members in order to succeed. The individual’s sense of efficacy is affected by the degree of success in conducting these efforts over time, which in turn can lead the person to try to seek empowerment in other situations.

TACTICS FOR COMMUNITY ACTION

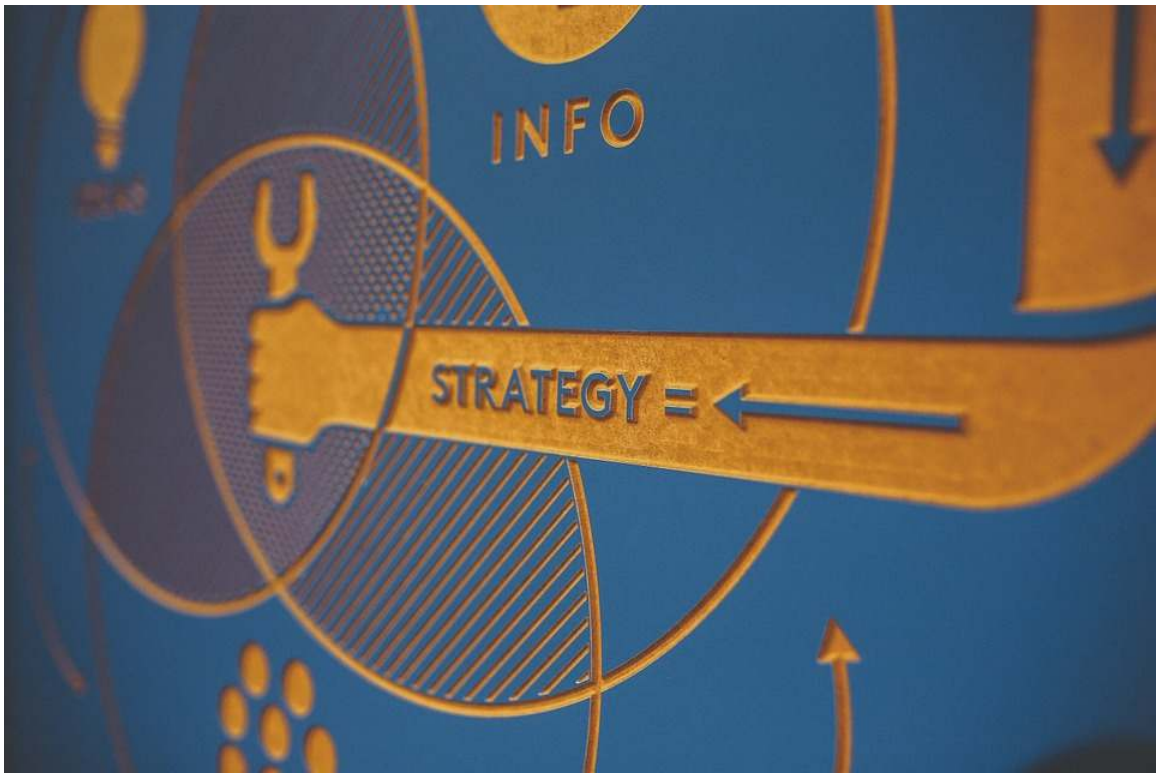


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Along with the empowerment model presented here, individuals may use a variety of strategies to address power imbalances (Fawcett et al., 1994). These strategies can help reduce or eliminate barriers, develop networks, and educate others in the community (see Practical Application 10.1). They can also create opportunities for **capacity building** and allow participants to advocate for changes in policies, programs, or services. To promote empowerment at the environmental and societal level, it is important to examine national, state, and local policies. Many programs and services unexpectedly place barriers and stressors on oppressed groups, such as people with disabilities. Ultimately, empowerment efforts are directed at promoting social justice. The strategies highlighted in this chapter can serve as a guide for individuals interested in promoting empowerment in their communities. It should be noted that there are many tactics that have been used to promote change over time. For example, Sharp (1973) researched and catalogued 198 methods of non-violence actions to promote social change and provided a rich selection of historical examples of the tactics.

Practical Application 3.3.1
Examples of Advisory Tactics

The tactics below help in thinking about the best approaches to advocacy. Each tactic is supplemented by a real-world example that can help you think of ways to advocate in your community.

Tactics for Understanding Issues

- *Gather more information*:
  A group of concerned family members interviews the staff and clients at a local group home to investigate claims of client neglect.
- *Volunteer to help*:
  Volunteers from the local Alliance for the Mentally Ill (AMI) are making efforts to contact the parents of youth who are hospitalized to introduce the services of the organization and offer their support. These volunteers often help these parents talk about their feelings regarding their family's situation.

Tactics for Public Education

- *Give personal compliments and public support*:
  A member of a local student organization sends a letter of support to their member of Congress who co-sponsors a bill which would prevent workplace discrimination against individuals who are part of the LGBTQ+ community.
- *Offer public education*:
  A group of college students organizes a performance which depicts institutionalized racism in American society. They perform this show at high schools in their home state.

Tactics for Direct Action

1. Making your presence felt

- *Express opposition publicly*:
  A student at a local university writes a blog about unfair wages for student workers.
- *Make acomplaint*:
  An employee notifies the human resources department after seeing an instance of sexual harassment.

2. Mobilizing public support

- *Conduct a fundraising activity*:
  A local service provider holds an annual theater benefit to help individuals who are living with HIV/AIDS.
- *Organize public demonstrations*:
  A group of service providers is angry with the proposed decrease in funding for home services. They organize a sit-in with their group home residents, their family members, and other interested community members on the steps of the State House Building.

3. Using the system

- *File a formal complaint*:
  A person in a wheelchair files a complaint with the Equal Employment Opportunity Commission because the place where she works lacks accessible bathrooms. In her written complaint, she cited the Americans with Disabilities Act, which requires organizations to adapt their buildings to accommodate people with disabilities.
- *Seek a mediator or negotiator*:
  A parent has a child with disabilities who is just starting school. She comes to the first Individualized Education Plan (IEP) meeting with an experienced parent who has attended many such meetings at the school.

4. Direction action

- *Arrange a media exposure*:
  A local teacher union uses social media sites in order to share their stories of workplace injustices and economic instability.
- *Organize a boycott*:
  A group of college students organizes a boycott of organizations that practice unfair labor practices in order to ensure cheap products.

SUMMING UP



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A fundamental principle of Community Psychology is that individuals have the right to live healthy and fulfilling lives, regardless of their ability levels, gender, sexual orientation, race, ethnicity, income, or other characteristics. A person's well-being depends on personal choices and the dynamic interaction between individual and environmental factors. Community psychologists support the most vulnerable groups of society in their quest for justice and equality. We can work with historically oppressed groups as they claim their rights and their own personal and cultural identities. Research and advocacy efforts must continue until full participation in society has been achieved.

Community psychologists are continually working to refine the effectiveness of empowerment and advocacy efforts. In this chapter, we have provided definitions and successful examples of empowerment and identified some of the strategies, predictors, and facilitators in our efforts to achieve power redistribution. Consistent with an **ecological** approach, **community-based participatory research** methodologies help us include the voices of historically oppressed groups in our research and advocacy efforts. Partnering with historically oppressed groups allows us to better understand oppression and allows us to work toward developing effective ways in which they can gain power to address their unmet needs. Our goal is to work toward a more fully empowered and empowering society and realize the promise of equity and quality of life for all. This ongoing commitment will continue to propel our social and community change efforts into the future!

? Critical Thought Questions

1. Where do you feel disempowered in your life? What makes you feel this way?
2. What are the tangible steps that you can take in order to gain more power? What skills can you gain? How can you increase your critical awareness?
3. Think about an issue that is occurring in your community. What are tactics that you can employ in order to address the issue? What group(s) would be important for you to partner with in order to be more effective?

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3.4: Implementing Responsible, Culturally Appropriate Research

Culturally Appropriate Research in Psychology

Introduction

Culturally appropriate research is essential for ethical and valid psychological inquiry. The increasing recognition of cultural diversity in psychological research has led to the development of methodologies that acknowledge and respect cultural values, norms, and epistemologies. Historically, psychological research has often been conducted through a Western-centric lens, leading to the marginalization of non-Western perspectives and the misrepresentation of diverse cultural groups. To address these limitations, researchers must employ culturally responsive methodologies that prioritize the inclusion of diverse populations and respect their unique worldviews. This chapter explores the principles of culturally appropriate research, its significance in psychological studies, and best practices for ensuring cultural sensitivity and inclusivity.

Theoretical Foundations of Culturally Appropriate Research

Research in psychology has historically been dominated by Western paradigms that often fail to account for cultural diversity (Arnett, 2008). The application of Eurocentric theories and methods to diverse populations can result in biased findings and misinterpretations of psychological phenomena (Sue et al., 2019). Many psychological constructs, such as intelligence, personality, and mental health, have been defined based on Western norms without considering their variability across cultures.

Culturally appropriate research in psychology refers to research methodologies that respect, acknowledge, and integrate the cultural backgrounds, values, and lived experiences of diverse populations. This approach ensures that psychological studies are ethically conducted, accurately interpreted, and relevant to the communities being studied. Traditional psychological research has often been rooted in Western, Educated, Industrialized, Rich, and Democratic (WEIRD) populations (Henrich et al., 2010), limiting its generalizability to non-Western and marginalized groups. Culturally appropriate research addresses this bias by incorporating inclusive methodologies, culturally valid measurement tools, and ethical frameworks that align with the needs and perspectives of diverse groups.

Key principles of culturally appropriate research include cultural humility, community engagement, and methodological adaptation. Researchers practicing cultural humility remain aware of their own biases and avoid imposing dominant cultural perspectives on the populations they study. Engaging with communities through collaborative models such as C**ommunity-Based Participatory Research (CBPR)** ensures that research questions, methodologies, and findings are shaped by the people being studied. Additionally, adapting psychological measures—through linguistic translation, cultural equivalence testing, and the development of indigenous psychological constructs—helps ensure that data collection and analysis accurately reflect cultural realities (van de Vijver & Poortinga, 2005).

Ethical considerations are also central to culturally appropriate research, as outlined in the **APA Multicultural Guidelines (2017)**. These guidelines emphasize the importance of intersectionality, self-reflection, and power dynamics in research. Culturally appropriate research also involves respecting local traditions, gaining informed consent in culturally meaningful ways, and ensuring that findings benefit the studied communities rather than merely serving academic interests.

In practice, culturally appropriate research can be seen in mental health studies that account for culturally specific expressions of distress, such as **ataque de nervios** in Latinx populations or **hikikomori** in Japan. It also appears in educational and developmental psychology, where studies incorporate indigenous storytelling methods or community-based assessments rather than relying solely on Western frameworks. By prioritizing cultural responsiveness, psychology can move toward more inclusive, ethical, and accurate representations of human behavior and experiences across diverse populations.

Cultural Relativism and Emic-Etic Perspectives

Cultural relativism is the principle that beliefs, values, and practices should be understood within their own cultural context rather than judged by the standards of another culture. This perspective challenges ethnocentrism, the tendency to evaluate other cultures through the lens of one's own, and promotes an appreciation for cultural diversity. In psychology, cultural relativism plays a crucial role in understanding human behavior, mental health, and social norms across different societies. For example, what is considered a psychological disorder in one culture may be viewed as a spiritual experience in another. Researchers and practitioners applying cultural relativism recognize that psychological constructs are shaped by cultural influences and that no single framework can universally define human experiences. While cultural relativism fosters inclusivity and respect, it also raises ethical questions about

the extent to which harmful practices should be tolerated under the guise of cultural differences. Thus, psychologists must balance cultural sensitivity with ethical considerations when working across diverse populations.

A key concept in culturally appropriate research is the distinction between **emic** (culture-specific) and **etic** (universal) approaches. Emic research focuses on understanding psychological phenomena within a cultural context, recognizing that constructs may not have the same meanings across cultures (Berry, 1989). This approach acknowledges the importance of studying cultural values, beliefs, and practices from the perspective of individuals within that culture, allowing for a more authentic understanding of their experiences.

In contrast, etic approaches seek universal principles that apply across different cultural groups. While etic research is useful for identifying broad psychological trends, it can sometimes overlook culturally specific nuances that shape individual and group behaviors. Balancing these perspectives can enhance the validity of cross-cultural research by integrating universal principles while acknowledging cultural specificity (Matsumoto & Juang, 2020).

Methodological Considerations

Ethical Principles and Community Engagement

Ethical research with culturally diverse populations requires adherence to culturally responsive ethical guidelines, such as those outlined in the American Psychological Association's (APA) Multicultural Guidelines (APA, 2017). These guidelines emphasize the importance of researcher self-reflection, collaboration with community members, and the avoidance of deficit-based perspectives.

Community-Based Participatory Research (CBPR) is a collaborative research approach that equitably involves community members, researchers, and other stakeholders in the research process. It emphasizes partnership, co-learning, capacity building, and action to address community-identified issues. Unlike traditional research, where researchers study communities as external observers, CBPR ensures that communities are active participants in all phases of the research, from defining the problem to interpreting results and implementing solutions.

Key Principles of CBPR (Israel et al., 2013):

Collaboration & Partnership – CBPR fosters equal partnerships between researchers and community members, recognizing the expertise of all involved.

Co-Learning & Capacity Building – The approach values shared learning, ensuring that both researchers and community members gain skills and knowledge.

Cultural Relevance & Sensitivity – CBPR respects and integrates cultural norms, histories, and lived experiences of the community.

Shared Decision-Making & Power – Research priorities, methods, and outcomes are jointly determined to prevent exploitation and ensure community empowerment.

Sustainability & Action-Oriented Outcomes – The research aims to produce tangible benefits, leading to social change, policy improvements, or health interventions.

Reflexivity & Ethical Responsibility – Researchers continuously assess their own biases, positionality, and impact on the community.

Applications of CBPR in Psychology

- **Mental Health Research** – CBPR has been used to co-develop culturally responsive mental health interventions for marginalized communities (e.g., culturally adapted therapy for Latinx populations).
- **Health Disparities & Public Health** – CBPR helps address inequities in healthcare access, such as improving health education for Indigenous communities.
- **Social Justice Research** – CBPR is widely used in decolonial and anti-racist research, ensuring that marginalized voices drive the research agenda.
- **Educational & Youth Studies** – Schools and researchers collaborate using CBPR to develop curricula and interventions that better reflect students' cultural backgrounds.

Example 3.4.1

Example of CBPR in Action

A CBPR study with African American communities in the U.S. explored the **impact of systemic racism on mental health**. Instead of just gathering data, researchers **trained community leaders as co-researchers**, co-designed interventions, and worked with policymakers to enact change (Wallerstein et al., 2017).

CBPR vs. Traditional Research

Feature	Traditional Research	CBPR
Researcher Role	Expert & Decision-Maker	Co-Learner & Partner
Community Role	Passive Participants	Active Co-Researchers
Research Goals	Generalizable Knowledge	Practical Community Impact
Power Dynamics	Researcher-Controlled	Shared Power
Ethical Considerations	Research Ethics	Relationship-Based Ethics

CBPR ensures that **psychological research is culturally appropriate, ethical, and impactful**, aligning with the **APA Multicultural Guidelines (2017)**. It bridges the gap between academia and communities, ensuring that research does not exploit but **empowers** those it seeks to study.

Culturally Valid Measurement Tools

Culturally valid measurement tools are psychological assessments, surveys, or instruments that accurately capture psychological constructs across diverse cultural groups while accounting for **linguistic, conceptual, and contextual differences**. Traditional psychological measures may not be valid across cultural contexts due to linguistic and conceptual differences (Cheung et al., 2011). Many standardized psychological tests have been developed in Western contexts and may not accurately capture psychological constructs in non-Western populations.

The adaptation of research instruments requires rigorous translation procedures, including back-translation, expert consultation, and cultural equivalence testing (van de Vijver & Poortinga, 2005). Additionally, researchers should consider developing indigenous measures that align with culturally relevant constructs (Heine & Buchtel, 2009). The use of culturally valid measurement tools enhances the reliability and validity of research findings and ensures that assessments are meaningful within the studied cultural context.

Linguistic Equivalence

A direct **word-for-word translation** of a psychological test does not guarantee cultural validity. Instead, culturally valid tools undergo rigorous translation procedures, including **back-translation**, expert review, and pilot testing in the target culture (van de Vijver & Poortinga, 2005). For example, depression scales originally developed in English may need semantic adjustments to reflect culturally specific expressions of distress in other languages.

Conceptual Equivalence

Psychological constructs do not always have the same meaning across cultures. For instance, the concept of "self-esteem" in **individualistic cultures (e.g., U.S., Canada)** emphasizes **personal achievement**, whereas in **collectivistic cultures (e.g., Japan, China)**, it may be tied to social harmony and group belonging (Markus & Kitayama, 1991). Culturally valid tools modify or redefine constructs to ensure their relevance across different cultural frameworks.

Metric Equivalence

Even if a test translates well linguistically and conceptually, its scoring system may not function the same way across cultures. Differences in response styles—such as **extreme responding (choosing only high or low values)** or **acquiescence bias (tendency to agree with statements)**—can affect reliability and validity (Chen et al., 1995). Researchers may adjust scoring systems or use statistical methods such as measurement invariance testing to ensure comparability.

Sampling and Representation

Ensuring adequate representation of diverse cultural groups is critical for generalizable findings. Many psychological studies suffer from a lack of diversity in their samples, with an overrepresentation of participants from Western, Educated, Industrialized, Rich, and Democratic (WEIRD) societies (Henrich et al., 2010). This overrepresentation limits the applicability of research findings to global populations.

Purposive sampling techniques and quota sampling can enhance the inclusion of marginalized populations (Patton, 2015). Additionally, researchers should acknowledge within-group differences, as cultural identity is not monolithic but shaped by intersecting factors such as ethnicity, gender, socioeconomic status, and migration history (Torres et al., 2012). Failure to consider these intersecting identities can lead to oversimplified conclusions that do not accurately reflect the complexity of cultural experiences.

Cultural-Specific Measures

Instead of modifying Western-developed scales, researchers sometimes create entirely new measures grounded in indigenous psychological concepts. For example, **the Indigenous Wellness Index** was developed for Native American communities to assess holistic well-being beyond Western mental health criteria (Gone, 2010). Similarly, the **African Self-Consciousness Scale (Baldwin & Bell, 1985)** was created to reflect **Afrocentric identity and worldview** rather than using Western self-concept measures.

Examples of Culturally Valid Measurement Tools

- **The South Asian Adaptation of the Beck Depression Inventory (BDI)** – Adjusted to reflect **somatic expressions of depression**, such as **bodily pain and fatigue**, which are more common in South Asian populations (Chandna & Abas, 2020).
- **The Cross-Cultural Personality Assessment Inventory (CCPAI)** – Developed to assess **personality traits in non-Western cultures**, avoiding the bias of Western personality frameworks (Cheung et al., 2011).
- **The Cultural Formulation Interview (CFI) in DSM-5** – A structured clinical interview that helps clinicians **assess mental health within a patient's cultural context**, reducing diagnostic bias (Lewis-Fernández et al., 2014).

Why Culturally Valid Measurement Tools Matter

Without cultural validation, psychological assessments risk overdiagnosing, underdiagnosing, or misinterpreting mental health and personality traits in diverse populations. Using culturally adapted or culture-specific tools enhances diagnostic accuracy, cross-cultural research validity, and ethical psychological practice. By integrating these tools, psychology can move toward greater inclusivity and scientific integrity in its research and applications.

Case Studies in Culturally Appropriate Research

Indigenous Research Methodologies

Indigenous research methodologies prioritize relational accountability, storytelling, and respect for traditional knowledge (Wilson, 2008). These methodologies challenge dominant Western approaches by centering indigenous worldviews and epistemologies.

For example, Maori researchers in New Zealand have developed **Kaupapa Maori research** as a decolonizing approach that centers indigenous epistemologies (Smith, 2012). This approach ensures that research is conducted in a way that benefits indigenous communities, respects cultural protocols, and challenges colonial power dynamics.

Mental Health Research Among Immigrant Populations

Studies on immigrant mental health demonstrate the importance of culturally adapted interventions. Many immigrant groups experience acculturation stress, discrimination, and barriers to accessing mental health services. Research on Latinx populations, for example, has shown that acculturation stress impacts mental health outcomes, necessitating culturally tailored therapeutic approaches (Schwartz et al., 2010).

Culturally appropriate mental health research takes into account factors such as language barriers, cultural stigma surrounding mental health, and the need for bilingual and bicultural therapists. Additionally, it considers the impact of immigration policies and sociopolitical factors on mental well-being.

Conclusion

Culturally appropriate research is vital for advancing psychological science in a way that respects and reflects the lived experiences of diverse populations. By adopting ethical research practices, utilizing culturally valid methodologies, and engaging with communities, psychologists can contribute to a more inclusive and equitable field. As the discipline of psychology continues to expand its global reach, it is crucial to ensure that research methods evolve to reflect the cultural diversity of human experiences.

By implementing culturally responsive research practices, psychologists can work toward decolonizing psychological science and ensuring that their research has a meaningful impact on all communities, not just those traditionally represented in the field.

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3.4.1: Best Practices for Researching Diverse Groups

Best Practices for Researching Diverse Groups

The article *Best Practices for Researching Diverse Groups* by Burlew et al. (2019) presents comprehensive guidelines for conducting high-quality, methodologically sound research on racial and ethnic minority groups. The authors emphasize that merely including diverse participants in research is insufficient to reduce disparities; instead, research methodologies must be critically examined to ensure they appropriately address cultural considerations. The paper outlines six key steps for conducting research on diverse populations: **planning and literature review, research design, measurement, recruitment, data analysis, and dissemination**. Each step highlights challenges researchers face and provides concrete recommendations to improve the validity and impact of multicultural research.

The full PDF is available in the chapter 3 Canvas module.

Step 1: Planning and Literature Review

The first step involves **identifying research gaps** and selecting an **appropriate theoretical framework**. The authors recommend moving beyond traditional White-centric psychological models and incorporating culturally relevant variables such as racial identity, acculturation, and racial socialization. Researchers should expand their literature reviews beyond their field to capture interdisciplinary insights and prioritize **strength-based approaches**, which focus on resilience and success within minority communities rather than deficit-based narratives. Theories can be approached from three perspectives:

(1) **generalizability**, which assumes universal human experiences;

(2) **group differences**, which focuses on how culture affects psychological phenomena; and

(3) **multicultural models**, which highlight unique aspects of a specific ethnic group.

Step 2: Design

This phase focuses on **avoiding pitfalls in race-comparison studies** and **choosing appropriate terminology**. Race-comparison designs often assume that White participants represent the "norm" against which minorities are measured, which can reinforce biased conclusions. Researchers must consider **within-group heterogeneity**, ensuring they do not overlook differences within racial/ethnic groups (e.g., between rural and urban Black populations). Additionally, the article warns against using race as a **proxy for social variables** like income or education without further investigation. Regarding terminology, the authors advise against outdated or offensive labels (e.g., "colored" or "non-White") and encourage researchers to use **self-identification** and **multiple race selection options**.

Step 3: Measurement

Accurate measurement in diverse populations requires **measurement equivalence**, which ensures that psychological instruments assess the same construct across different cultural groups. Researchers should use advanced statistical techniques like **Confirmatory Factor Analysis (CFA)** and **Item Response Theory (IRT)** to assess whether their measures function similarly across groups. The article also highlights the importance of **functional equivalence**, which examines whether a test's relationship with external outcomes is consistent across groups. Furthermore, **qualitative methods**, such as cognitive interviews and focus groups, can be used to verify whether participants interpret items similarly. The article also discusses challenges in **translation and linguistic equivalence**, cautioning against simplistic methods like direct translation and recommending **committee-based translations** to capture nuanced cultural meanings.

Another key issue in measurement is the **ethnicity of the interviewer and coder**, which can influence responses. The authors cite studies demonstrating that Black respondents tend to report different answers depending on whether the interviewer is Black or White, and that cultural biases can affect how coders rate behaviors in observational studies.

Step 4: Recruitment

Recruiting racial/ethnic minorities for research presents challenges, including historical mistrust, language barriers, lack of access to research institutions, and scheduling conflicts. The article categorizes recruitment challenges into **participant-related, practical, family/community-related, health services-related, and research process barriers**.

To address these challenges, the authors outline effective recruitment strategies such as:

- **community outreach**
- **respondent-driven sampling, and**
- **culturally adapted materials**.

The **least effective** strategies included **internet advertisements, adding racial/ethnic researchers' photos to recruitment materials, and using generic culturally sensitive language in outreach efforts**.

Different racial/ethnic groups respond better to different recruitment strategies. For instance, **respondent-driven sampling** was effective for Black participants but less successful for Latinos, who responded better to **Spanish-language recruitment materials** and **community-based participatory research**.

Step 5: Data Analysis

The article warns against **inappropriate use of standardized norms** and **combining racial/ethnic groups in analyses**. Using norms derived from White samples can lead to misleading conclusions about minority participants. For example, on psychological measures like the **MMPI-2**, an Asian American man's score may be classified as "clinically significant" if compared against White norms but would be considered normal when using Asian American-specific norms.

Similarly, **combining racial/ethnic minority groups** into a single category can obscure important subgroup differences. The article illustrates this problem with a hypothetical graph showing that a combined minority group appeared similar to Whites, but when disaggregated, certain subgroups were significantly different. The authors recommend conducting **separate analyses for different racial/ethnic groups** whenever possible and considering **alternative statistical methods** to account for small sample sizes rather than aggregating diverse groups.

Step 6: Dissemination

Dissemination involves **selecting appropriate journals, diversifying research portfolios, and sharing findings with both academic and lay audiences**. Researchers should be aware that race-related research is sometimes devalued in mainstream journals, leading to lower impact factors for racial/ethnic-focused publications. To navigate this challenge, the authors suggest submitting to both generalist and multicultural journals, communicating with editors about their interest in race research, and framing studies within widely accepted psychological theories.

Beyond academia, researchers have an **ethical responsibility** to disseminate findings to the communities they study. This includes **p**resenting findings at community meetings, publishing in accessible formats like blogs and news articles, and engaging with policymakers to influence health and social policies.

Implications

The article concludes by reinforcing that **methodologically sound research on racial/ethnic minorities can contribute to reducing health disparities** and **informing culturally competent interventions**. However, simply increasing racial/ethnic representation in studies is not enough; researchers must critically evaluate how their methods, measurements, and dissemination practices impact racial/ethnic minority communities. The authors call for institutional changes, such as requiring dissemination plans in IRB proposals, publishing open-access findings, and mandating cultural competence training for clinicians and researchers.

Key Takeaways

1. **Culturally competent research** requires more than just diverse participants; it demands **methodological rigor and cultural sensitivity** at every stage.
2. **Race-comparison studies** should be used cautiously to avoid reinforcing White norms as the default reference group.
3. **Measurement tools** must be tested for **equivalence across cultural groups** to avoid biased results.
4. **Effective recruitment strategies** vary by racial/ethnic group, and **community engagement is crucial** for success.
5. **Combining racial/ethnic groups in analyses** can obscure meaningful differences and should be avoided.
6. **Dissemination should extend beyond academia**, ensuring that findings reach communities and policymakers.

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Example 3.4.1.1

How is the American Psychological Association doing with increasing culturally competent research?

There is still work to be done...

In the fall of 2024, the journal *American Psychologist* published a special issue dedicated to dismantling racism in the field of psychology and beyond.

The introduction to the special issue (Awad et al., 2024) provides historical context on psychology's role in systemic racism, highlights recent efforts by the American Psychological Association (APA) to atone for its past, and outlines theoretical and methodological approaches needed to advance antiracist research and practice.

Articles in this Special Edition Address

History of Racism in Psychology

- Psychology has long been complicit in racial discrimination, often using pseudoscience to justify human hierarchy.
- Early psychologists supported racist theories, including eugenics, racial intelligence testing, and segregation.
- The APA has recently acknowledged this history and issued an apology in 2021, marking a turning point for the field.

Theories and Methods for Dismantling Racism

- Antiracist and decolonial approaches must be integrated into psychological research and practice.
- Liberation psychology, critical race theory, and other frameworks offer ways to challenge systemic oppression.
- Psychology must actively address racial trauma and systemic inequities rather than reinforcing dominant norms.

Bias and Scientific Racism in Research

- The concept of "good science" has often excluded alternative epistemologies, privileging postpositivist and white supremacist approaches.
- The persistence of racial hereditarianism continues to uphold racist ideas in psychological research.
- Policies need to change to require transparent racial demographic reporting in studies.

Intergroup Collaboration

- Cross-racial solidarity is essential to combat racism in psychology and society.
- Historical divisions among racial and ethnic groups must be addressed to build collective resistance against systemic oppression.

Organizational and Clinical Implications

- Despite efforts to increase diversity, equity, and inclusion (DEI), many organizations overestimate their progress.
- Counseling and psychotherapy have often perpetuated racist assumptions, necessitating reform in mental health practices.

Changing the Culture of Psychology

- Psychology must confront its deep-seated racial biases and work toward transforming its institutions.
- Indigenous perspectives and decolonial approaches need to be elevated in psychological education and research.
- Critical histories should be integrated into psychology curricula to challenge dominant narratives.

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3.4.2: Hofstede's Cultural Dimensions

Hofstede's cultural values provide a framework that describes the effects of culture on the values of its members, and how these values relate to behavior. Hofstede's work is a major resource in fields like cross-cultural psychology, international management, and cross-cultural communication.

Hofstede conducted a large survey (1967-1973) that examined value differences across the divisions of IBM, a multinational corporation. Data were collected from 117,000 employees from 50 countries across 3 regions. Using factor analysis, a statistical method, Hofstede initially identified four value dimensions (Individualist/Collectivist, Power Distance, Uncertainty Avoidance, and Masculinity /Femininity). Additional research that used a Chinese developed tool identified a fifth dimension: Long Term/Short Term orientation (Bond, 1991) and a replication, conducted across 93 separate countries, confirmed the existence of the five dimensions and identified a sixth known as Indulgence/Restraint (Minkov , 2010). The five values are discussed in detail below.

Masculinity and Femininity (task orientation/person orientation) refers to the distribution of emotional roles between the genders. Masculine cultures value competitiveness, assertiveness, material success, ambition, and power. Female cultures place more value on relationships, quality of life and greater concern for marginalized groups (e.g., homeless, persons with disabilities, refugees). In masculine cultures differences in gender roles are very dramatic and much less fluid than those in feminine cultures where women and men have the same values that emphasize modesty and caring. Masculine cultures are also more likely to have strong opinions about what constitutes men's work versus women's work, while societies low in masculinity permit much greater overlap in social and work roles of men and women.

Uncertainty Avoidance (UA) addresses a society's tolerance for uncertainty and ambiguity. It reflects the extent to which members of a society attempt to cope with anxiety by minimizing uncertainty. Another, more simplified, way to think about UA is how threatening change is to a culture. People in cultures with high UA tend to be more emotional, try to minimize the unknown and unusual circumstances and proceed with carefully planned steps and rules, laws and regulations. Low UA cultures accept and feel comfortable in unstructured situations or changeable environments and try to have as few rules as possible. People in these cultures tend to be more tolerant of change. Students from countries with low uncertainty avoidance don't mind it when a teacher says, "I don't know."

Power Distance (strength of social hierarchy) refers to the extent to which the less powerful members of organizations and institutions (like a family) accept and expect that power is distributed unequally. There is a certain degree of inequality in all societies, notes Hofstede; however, there is relatively more equality in some societies than in others. Individuals in societies that exhibit a high degree of power distance accept hierarchies to which everyone has a place without the need for justification. Societies with low power distance seek to have an equal distribution of power. Cultures that endorse low power distance expect and accept re lations that are more consultative or democratic – – we call this egalitarian.

Countries with lower PDI values tend to be more egalitarian. For instance, there is more equality between parents and children with parents more likely to accept it if children argue with them, or "talk back" to use a common expression. In the workplace, bosses are more likely to ask employees for input, and in fact, subordinates expect to be consulted. On the other hand, in countries with high power distance, parents expect children to obey without questioning. People of higher status may expect obvious displays of respect from subordinates. In the workplace, superiors and subordinates are not likely to see each other as equals, and it is assumed that bosses will make decisions without consulting employees. In general, status is more important in high power distance countries.

Individualist and Collectivism refers to the degree to which individuals are integrated into groups. Individualistic societies stress personal achievement and individual rights, focus on personal needs and those of immediate family. In individualistic societies, people choose their own affiliations and groups and move between different groups. On the other hand, collectivistic societies put more emphasis on the importance of relationships and loyalty. Individuals in collectivist societies belong to fewer groups and they are defined more by their membership in particular groups. Communication is more direct in individualistic societies but more indirect in collectivistic societies.

Long Term (LT) and Short Term (ST) describes a society's time horizon; the degree to which cultures encourage delaying gratification or material, social, emotional needs of the members: LT places more importance on the future, pragmatic values, oriented toward rewards like persistence, thrift, saving, and capacity for adaptation. Short term values are related to the past and the present (not future) with emphasis on immediate needs, quick results, and unrestrained spending often in response to social or ecological pressure.

The cultural value dimensions identified by Hofstede are useful ways to think about culture and to study cultural psychology; however, Hofstede's theory has also been seriously questioned. Most of the criticism has been directed at the methodology of the study beginning with the original instrument. The questionnaire was not originally designed to measure culture but rather workplace satisfaction (Orr & Hauser, 2008) and many of the conclusions are based on a small number of responses (McSweeney, 2002). Although 117,000 questionnaires were administered, the results from 40 c ountries were used and only six countries had more than 1000 respondents. Critics also question the representa tiveness of the original sample.

T he study was conducted using employees of a multinational corporation (IBM) who were highly educated, mostly male, who performed what we call 'white collar' work (McSweeney, 2002). Hofstede's theory has also been criticized for promoting a largely static view of culture (Hamden-Turner & Trompenaars, 1997; Orr and Hauser, 2008) that does not respond to changes or influences of other cultures. It is hard to deny that the world has changed in dramatic ways since Hofstede's research began.

Material and nonmaterial aspects of culture can vary subtly from region to region. As people travel, moving from different regions to entirely different parts of the world, certain material and nonmaterial aspects of culture become dramatically unfamiliar. As we interact with cultures other than our own, we become more aware of our own culture, which might otherwise be invisible to us, and to the differences and commonalities between our culture and others.

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CHAPTER OVERVIEW

4: Living in a Multicultural World: Immigration and Acculturation

4.1: Intergroup Relations
4.2: Psychology of Immigration and Acculturaiton
4.3: Bilingualism
4.4: Challenges of Living in a Multicultural World
4.5: Immigration and Immigrant Policy
4.5.1: Different Shared Experiences
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4.5.3: Role of Resources in Achieving Aspirations
4.5.4: Case Studies 1-3
4.5.6: References Immigration Section

Learning Objectives

By the end of this chapter, students should be able to:

1. **Define** key terms related to immigration and acculturation.
2. **Explain** major models of acculturation and how they affect psychological outcomes.
3. **Describe** the personal, familial, and societal challenges faced by immigrants and refugees.
4. **Analyze** the role of cultural identity in the adaptation process.
5. **Discuss** the impact of systemic barriers and discrimination on immigrant mental health.
6. **Identify** strengths and coping strategies commonly used in immigrant and bicultural communities.
7. **Apply** culturally informed frameworks to support individuals navigating multicultural environments.

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4.1: Intergroup Relations

Assimilation, Acculturation, and Intergroup Relations

Classic assimilation theory or straight-line assimilation theory can be dated back to the 1920's originating from the Chicago School of Sociology (Park, Burgess, & McKenzie, 1925; Waters, Van, Kasinitz, & Mollenkopf, 2010). (See also Chapter 2.3). This early assimilation model set forth by Park (1928) described how immigrants followed a straight line of convergence in adopting "the culture of the native society" (Scholten, 2011). In many ways assimilation was synonymous with 'Americanization' and interpreted as 'becoming more American' or conforming to norms of the dominant Euro-American culture (Kazal, 1995). Assimilation theory posited that immigrant assimilation was a necessary condition for preserving social cohesion and thus emphasized a one-sided, mono-directional process of immigrant enculturation leading to upward social mobility (Warner & Srole, 1945). Assimilation ideas have been criticized for lacking the ability to differentiate the process of resettlement for diverse groups of immigrants; they fail to consider interacting contextual factors (van Tubergen, 2006).

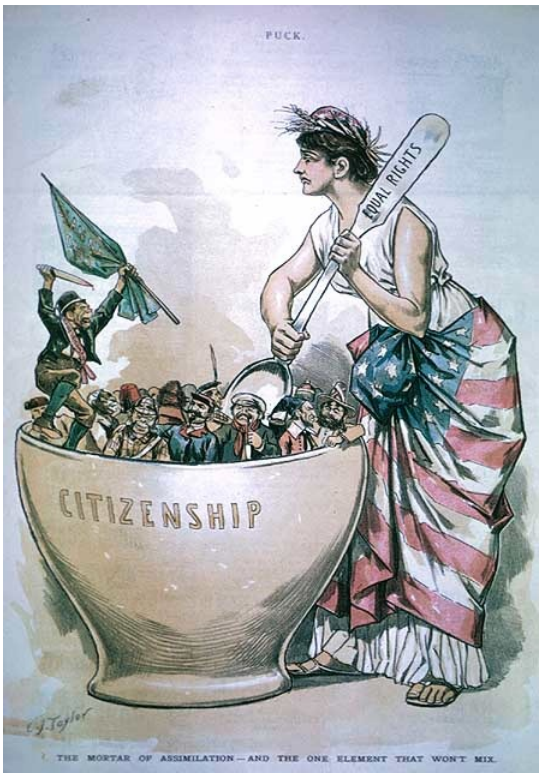


Figure 4.1.1: "The Mortar of Assimilation and the One Element that Won't Mix." Cartoon from *PUCK* June 26, 1889. (CC PDM 1.0; *Puck* via Wikimedia)

Segmented assimilation theory emerged in the 1990's as an alternative to classical assimilation theories (Portes & Zhou, 1993; Waters et al., 2010). Segmented assimilation theory posits that depending on immigrants' socioeconomic statuses, they may follow different trajectories. Trajectories could also vary based on other social factors such as human capital and family structure (Xie & Greenman, 2010). This new formulation accounted for starkly different trajectories of assimilation outcomes between generations and uniquely attended to familial effects on assimilation. The term segmented assimilation is often employed when one group is at a greater advantage and is able to make shifts more readily (Boyd, 2002).

Later, Alba and Nee (2003) formulated a new version of assimilation, borrowing from earlier understandings yet rejecting the prescriptive assertions that later generations must adopt Americanized norms (Waters et al., 2010). Within their conceptualization, assimilation is the natural but unanticipated consequence of people pursuing such practical goals of getting a good education, a good job, moving to a good neighborhood and acquiring good friends (Alba & Nee, 2003).

Critique of Assimilation Theory

Numerous studies have utilized assimilation theories to guide their inquiry with diverse foci like adolescent educational outcomes, college enrollment, self-esteem, depression and psychological well-being, substance use, language fluency, parental involvement in

school, and intermarriage among other things (Waters & Jimenez, 2005; Rumbaut, 1994). Despite such widespread use of assimilation, some scholars have noted that the theory may not adequately explain immigrants' diverse and dynamic experiences (Glazer, 1993) and some note that other theories such as models of self-esteem or social identity may be added to assimilation to bolster its value (Bernal, 1993; Phinney, 1991).

A further critique is that a push for assimilation may mask an underlying sentiment that immigrants and refugees are unwelcome guests who have to compete for scarce resources, which can significantly impact intergroup relations (Danso, 1999; Danso & Grant, 2000). These sentiments can impact the reception and adaptation experiences of immigrant populations in the receiving country (Esses, Dovidio, Jackson, & Armstrong, 2001). Extreme nationalism and a sense of fear may encourage ideals of conformity that defines "successful integration" or "successful resettlement" as full adoption of the receiving country's ways and beliefs while giving up old cultures and traditions. There is little or no support for the maintenance of cultural or linguistic differences, and groups' rights may be violated. This belief can lead to misunderstandings when new United States residents speak, act, and believe differently than the dominant culture. It can result in an unwelcoming environment and prevent the development and offering of culturally and linguistically appropriate services for immigrant and refugee families, erecting barriers to their opportunity to adapt and thrive in their new homes. This unfriendly environment has serious repercussions for intergroup relations by keeping them hostile. Assimilation may implicitly assume that some cultures and traits are inferior to the dominant white-European culture of the receiving nation and therefore should be abandoned for ways more sanctioned by that privileged group.

Assimilation Patterns

While white ethnics, Cubans, Asians, non-Mexican Latinx, and Middle Easterners follow the traditional assimilation pattern, three significantly large marginalized groups do not: Mexican Americans (about 50%), Puerto Ricans, and African Americans. The assimilation patterns for these groups differ due to propinquity, method of immigration, and let us not mince words, racism. Approximately 50% of all Mexican immigrants to the United States do not follow the traditional assimilation pattern. This is partly due to the propinquity of the mother country, the nearly continuous new migration stream, a relatively high rate of return migration, racism, and in some cases, involuntary immigration in that parts of Mexico have been annexed by the United States so that some people's native land quite literally changed overnight—they went to bed Mexican and woke up American (Current, Williams, Freidel, & Brinkley, 1987; Harrison & Bennett, 1995; Marger, 1996).

Puerto Ricans, following the treaty that concluded the Spanish American War, became citizens of the United States, albeit citizens without suffrage. Therefore, Puerto Ricans, who are already citizens, have little incentive to assimilate and, like their Mexican counterparts, are physically close to their homeland, maintain a nearly continuous migration stream onto the mainland, and have a relatively high rate of return migration. Puerto Rico is a desperately poor colony of the United States populated primarily by Spanish-speaking, Hispanic-surnamed descendants of African slaves. Thus, entrenched intergenerational poverty, coupled with language difficulties and racism, have prevented assimilation. Most Puerto Ricans who live on the mainland live in poor, inner city neighborhoods in New York and Chicago. These neighborhoods are not ethnic enclaves but are rather huge concentrations of the poor, poorly educated, and Black underclass (Current, et al. 1987; Harrison & Bennett, 1995; Marger, 1996).

African Americans differ dramatically from all other migrants. Many, probably most, African Americans have been Americans far longer than most whites. Many African Americans can trace their ancestry back more than seven generations. Those ancestors however were involuntary immigrants who were stolen from their homes, thrown into the bellies of slave ships, and brought to these shores as pieces of property—chattel—to work for the rest of their lives and for the rest of the lives of their descendants in involuntary servitude as the slaves of white masters. No other people have involuntarily migrated to America in such vast numbers. No other people have been treated as property. No other people have suffered 350 years of slavery. No other people have been so vilely used, abused, mistreated, maltreated, and battered physically, emotionally, intellectually, and spiritually. It was not until the late 1860s that Blacks were granted Constitutional rights in the United States, and it was not until 1953, and then again in the middle 1960s through the mid 1970s, that real civil rights were finally established for African Americans. Until that time African Americans were second-class people who were often denied their political citizenship by being denied suffrage. Therefore, the opportunity for traditional assimilation for African Americans has not existed until very recently. Given the traditional assimilation pattern, African Americans for all practical purposes, are only second generation Americans regardless of how far back they can trace their actual ancestry in America (Current, et al. 1987; Harrison & Bennett, 1995; Marger, 1996).

For many non-white groups in America there has been denial of political citizenship through denial of suffrage, denial of economic citizenship through *de jure* and *de facto* discrimination that prevented competition for jobs and small business loans, denial of social citizenship through *de jure* and *de facto* residential segregation and educational segregation, and denial of human citizenship through racist public policies. This discrimination strains intergroup relations.



Figure 4.1.2: "Captain America: Shield Agent" (CC BY 2.0; JD Hancock via Flickr)

There has often been the assumption that America is the land of opportunity for everyone, and indeed it can be, however, there are those who also make the assumption that America is a melting pot in which immigrants either do or should assimilate quickly and readily. If assimilation is the process by which a racial or ethnic group loses its distinctive identity and lifeways and conforms to the cultural patterns of the dominant group, then submerging one's self into the melting pot of American society means trying to be as white as possible. The dominant culture in America is white even though it has many aspects of great diversity and even though it has taken many elements from other cultures and incorporated them into its culture; it has in most cases stamped diversity with the imprimatur of white acceptance. While America is a melting pot for white ethnics, for people of color it has become a kind of tossed salad or lumpy stew where all share the same seasoning, (the sociocultural structure), while each still retains its separate identity. This societal pattern is called **pluralism**—cooperation among racial and ethnic groups in areas deemed essential to their well being (e.g. the economy the national political arena), while retaining their distinctive identities and lifestyles. (See also Chapter 2.3). In pluralistic societies, citizens share what they can and maintain what they can. With the notable exception of Switzerland with its four distinct ethnic/language groups, most pluralistic societies have destroyed themselves with bloody ethnic strife (Current, et al., 1987; Harrison & Bennett, 1995; Marger, 1996). Whether America can balance the melting pot with semi-pluralism is yet to be seen. The great experiment that is America may be the only nation on earth where the possibility of unity through diversity may actually come to fruition.

Middleman Minorities

Some minority immigrants, most notably Jews and Asians, have found themselves in the unique position of being **middleman minorities**. Marger (1996) explains the middlemen minority phenomenon:

> Certain ethnic groups in multiethnic societies sometimes occupy a middle status between the dominant group at the top of the ethnic hierarchy and subordinate groups in lower positions. These have been referred to as middleman minorities . . . Middleman minorities often act as mediators between dominant and subordinate ethnic groups. They ordinarily occupy an intermediate niche in the economic system being neither capitalists (mainly members of the dominant group) at the top nor working masses (mainly those of the subordinate group) at the bottom. They play such occupational roles as traders, shopkeepers, moneylenders, and independent professionals. . . . They perform economic duties that those at the top find distasteful or lacking in prestige and they frequently supply business and professional services to members of ethnic minorities who lack such skills and resources. . . . In times of stress they are . . . natural scapegoats. . . . Subordinate groups will view middleman minorities with disdain because they often encounter them as providers of necessary business and professional services [that members of their own group do not or cannot provide in sufficient numbers to supply the demand]. Such entrepreneurs therefore come to be seen as exploiters. . . . Because they stand in a kind of social no-man's-land middleman minorities tend to develop an unusually strong in-group solidarity and are often seen by other groups as clannish.

Middleman minorities uniquely affect intergroup relations as they are fulfilling specific roles, hence, are accepted, but are not fully represented in the mainstream.

Acculturation and Adaptation

Later Milton Gordon's (1964) newer multidimensional formulation of assimilation theory provided that 'acculturation,' which refers to one's adoption of the majority's cultural patterns, happens first and inevitably. Contemporary acculturation models embrace some of the previous ideas of assimilation but can be less one-dimensional (Berry, 1990). At times, the terms assimilation and acculturation have been used interchangeably. John Berry employed the concept of acculturation and identified 4 modes: integration (where one accepts one's old culture and accepts one's new culture), assimilation (where one rejects one's old culture and accepts one's new culture), separation (where one accepts one's old culture and rejects one's new culture), and marginalization (where one rejects one's old culture and also rejects one's new culture) (Berry, 1990). This understanding of acculturation proposes that immigrants employ one of these four strategies by asking how it may benefit them to maintain their identity and/or maintain relationships with the dominant group, and it does not assume that there is a typical one-dimensional trajectory they would follow.

While assimilation is applied to the post-migration experience generally, acculturation refers to the psychological or intrapersonal processes that immigrants experience (Berry, 1997). Hence, the concept of acculturative stress –linked to psychological models of stress (Lazarus & Folkman, 1984) arose to describe how incompatible behaviors, values, or patterns create difficulties for the acculturating individual (Berry, Kim, Minde, & Mok, 1987). Adaptation has been used in recent years to refer to internal and external psychological outcomes of acculturating individuals in their new context, such as a clear sense of personal identity, personal satisfaction in one's cultural context, and an ability to cope with daily problems (Berry, 1997).

Much of the discourse concerning adaptation has focused on the socio-economic adaptation of immigrants as measured by English language proficiency, education, occupation, and income. When culture is included, the emphasis is typically on concepts of ethnic intermarriage and language proficiency (van Tubergen, 2006). Much less attention has been paid to how immigrants form attachments to their new society, subjective conceptions of 'success' in the new country, or to the factors that lead some immigrants to retain distinct characteristics and identities but adopt to new ways of being. Some have gone further to identify three types of adaptation: psychological, sociocultural, and economic (Berry, 1997).

Intersectionality Theory and the Immigrant Experience

In many ways, the discourse about immigrant experiences has shifted from an emphasis on group processes to individual processes. Contemporary scholars are beginning to explore the theory of **intersectionality** as a lens to understand immigrant identities and adaptation to receiving countries (Cole, 2009; Shields, 2008). Intersectionality theory allows for an understanding of the complex intersections of an individual's identities shaped by the groups to which an individual belongs or to which s/he is perceived to belong, along with the interacting effects of an individual and the different contexts they are in. Intersectionality theory does not claim to be apolitical; it posits that an accurate understanding of the experiences of marginalization requires knowledge of broad historical, socio-political, cultural, and legal contexts. While theories of assimilation and acculturation tend to endorse integration – a stage in which an immigrant has successfully integrated their culture or origin and new culture (Sakamoto, 2007), intersectionality theory proposes that structural issues such as discrimination, migration policy, and disparity in accessibility of resources based on language or nationality, affect an immigrant's ability or desire to integrate.

Intersectionality Review

Intersectionality rests on three premises:

- People live in a society that has multiple systems of social stratification. They are afforded resources and privileges depending on one's location in this hierarchy (Berg, 2010). These divisions and hierarchy are arbitrary in that they are socially constructed and have no essential meaning but have been established by those in power and maintained by society historically.
- Social stratification systems are interlocked. Every individual may hold different positions in different systems of stratification at the same time; there is not only variation among groups of people but within groups of people (Weber, 1998).
- Where one is located within this complex social stratification system will consequently influence one's worldview. This is logical given that each individual has different experiences depending on where they are located within the social stratification system (Demos & Lemelle, 2006).

For example, an immigrant is not only from Central America and female, but is a Latina woman, two identities that when combined, create her unique experience.

Within intersectionality theory, an individual has multiple intersecting identities. These identities are informed by group memberships such as gender, class, race, sexuality, ethnicity, ability, religion, nativity, gender identity, and more (Case, 2013). Intersecting identities place an individual at a particular social location. Individuals may have similar experiences with other individuals within one community, such as similar experiences to others of their nation of origin, but their experiences may also be quite different depending on other identities they hold.

There are pressures to conform to the expectations of each social group to which an individual belongs. Each cultural community has images, expectations, and norms associated with it. These ideas vary by culture and generation because they are constructed for that time, group, and purpose. Conformity to expectations of a social group has both tangible and intangible benefits (Cialdini, 2001), not the least of these is the benefit of affiliation (Cialdini & Trost 1998). There has been much research about conflict and dissonance that can arise from an individual's pressure to identify with the larger social groups and contexts, and also reaffirm their identity within their family's cultural group or the culture of their country of origin (Farver, Narang, & Bhadha, 2002; Phinney, Horenczyk, Liebkind, & Vedder, 2001; Rumbaut, 1994).

Furthermore, these identities may be external/visible, such as race and gender, or internal/invisible, such as sexuality or nativity, and carry privileges or limit choices depending upon one's positionality. Thus one's position and standpoint may be the most suitable way in which to frame and understand the discussion of immigrant resettlement. An example would be how research has indicated that skin color, often a physical feature that indicates identity, affects how an immigrant experiences and adapts to their new society (Telzer & Garcia, 2009; Viruell-Fuentes, 2007).

The concept of intersectionality has been revolutionary in conceptualizing the lived experiences of people existing on the margins of society, a place where immigrants and refugees often find themselves existing. Specifically, intersectionality highlights ways in which "social divisions are constructed and intermeshed with one another in specific historical conditions to contribute to the oppression" of certain groups (Oleson, 2011, p. 134). Many hail the usefulness of intersectionality as a methodological tool that allows researchers to explore the interacting effects of multiple identities (Weldon, 2006). For example, research could examine ways that an immigrant may make decisions based on several important aspects of her/his identity such as race, gender, social class position, religion, and nationality.

This theory has been used to explore immigrants' economic success, their experience of internalized classism, and their power and access to resources (Ali, Fall, & Hoffman, 2012; Cole, 2009). Intersectionality may be a unifying theory that illuminates the immigrant experience in a way that increases understanding of the role of the larger society, informs the efforts of each community, and provides a framework for policy.

Multiculturalism and Pluralism

Theories of assimilation, acculturation, and adaptation are all focused on the immigrant. This is not to say that these theories have not included the receiving society or the dominant group's influence on the immigrant. However, a different way to conceptualize the post-migration experience may be by exploring how any society can support multicultural individuals, both United States-born and foreign-born, and how adjustments and accommodations are made by both the receiving culture and the immigrant culture to aid resettlement.



Figure 4.1.3: Critical Making. (CC BY-SA 4.0; Coco0612 via Wikimedia)

Multiculturalism and pluralism are often understood as the opposite of assimilation (Scholten, 2011), emphasizing a culturally open and neutral understanding of society. These ideas purport that diverse people need freedom to determine their method of resettlement and the degree to which they will integrate. A nation that embraces a multicultural view may promote the preservation of diverse ethnic identities, provide political representation, and protect rights of minority populations (Alba, 1999; Alexander, 2001). There are those, especially more liberally minded groups that support the idea that immigrant groups should not be judged according to their religion, skin color, ability or willingness to assimilate, language, or what is deemed culturally useful. This pluralist lens fosters greater and more positive intergroup relations. Because multiculturalism acknowledges differences and responds to inequality in a society, critics charge that it is a form of ethnic or “racial particularism” that goes against the solidarity on which the United States democracy stands (Alexander, 2001). Behind every policy are assumptions that implicitly or explicitly support a vast theoretical and ideological continuum. With the ebb and flow of immigration throughout the history of this country, some of these ideological positions have shifted, and also residuals of traditional nationalistic ideals remain.

Genocide

On the opposite end of the continuum from pluralism, immigrants from various countries have fled **genocide**, the systematic killing of an entire group of people. Thousands of Armenians escaped the the Armenian Genocide of 1915-1918 in the Ottomon Empire. Approximately 125,000 Germans, most of them Jewish, immigrated to the United States between 1933 and 1945, fleeing persecution and death at the hands of the Third Reich during World War II. Though estimates vary, somewhere between 180,000 and 220,000 European refugees immigrated to the United States between 1933 and 1945 (United States Holocaust Memorial Museum). Hundreds of thousands of Germans, mainly Jewish, were on the waiting list to emigrate from Europe, most of them never allowed to come into the U.S., though the U.S. accepted more refugees fleeing the Nazi regime than any other country in the world (United States Holocaust Memorial Museum). Escaping the Khmer Rouge genocide, Cambodian refugees fled their homeland from 1975-79 during the communist Pol Pot regime. Estimates of 1.5 to 2 million Cambodians were killed during this atrocious time. Between 1975 and 1994, nearly 158,000 Cambodians were admitted to the U.S. (Chan, 2015). "Refuge-seekers from other countries, including people from Iraq and Afghanistan where the United States has fought long wars, have also entered but in very small numbers compared to the (combined) millions of Cubans, Soviet Jews, and Indochinese (the last group includes Vietnamese, Sino-Vietnamese, Cambodians, lowland Lao, Hmong, Iu Mien, Tai Dam, and Cham)—all of them refugees from communism" (Chan, 2015).

Armenian Genocide

World War One gave the Young Turk government the cover and the excuse to carry out their plan. The plan was simple and its goal was clear. On April 24th 1915, commemorated worldwide by Armenians as Genocide Memorial Day, hundreds of Armenian leaders were murdered in Istanbul after being summoned and gathered. The now leaderless Armenian people were to follow. Across the Ottoman Empire (with the exception of Constantinople, presumably due to a large foreign presence), the same events transpired from village to village, from province to province.

The remarkable thing about the following events is the virtually complete cooperation of the Armenians. For a number of reasons they did not know what was planned for them and went along with "their" government's plan to "relocate them for their own good." First, the Armenians were asked to turn in hunting weapons for the war effort. Communities were often given quotas and would have to buy additional weapons from Turks to meet their quota. Later, the government would claim these weapons were proof that Armenians were about to rebel. The able bodied men were then "drafted" to help in the wartime effort. These men were either immediately killed or were worked to death. Now the villages and towns, with only women, children, and elderly left were systematically emptied. The remaining residents would be told to gather for a temporary relocation and to only bring what they could carry. The Armenians again obediently followed instructions and were "escorted" by Turkish Gendarmes in death marches.

The death marches led across Anatolia, and the purpose was clear. The Armenians were raped, starved, dehydrated, murdered, and kidnapped along the way. The Turkish Gendarmes either led these atrocities or turned a blind eye. Their eventual destination for resettlement was just as telling in revealing the Turkish governments goal: the Syrian Desert, Der Zor. Those who miraculously survived the march would arrive to this bleak desert only to be killed upon arrival or to somehow survive until a way to escape the empire was found. Usually those that survived and escaped received assistance from those who have come to be known as "good Turks," from foreign missionaries who recorded much of these events and from Arabs.



Figure 4.1.4: Bodil Biørn's caption: "The Armenian leader Papasian considers the last remnants of the horrific murders at Deir ez-Zor in 1915–1916."

After the war ended, the Turkish government held criminal trials and found the triumvirate guilty in abstentia. All three were later executed by Armenians. Turkey agreed to let the US draw the border between the newly born Republic of Armenia and the Turkish government. What is now called Wilsonian Armenia included most of the six western Ottoman provinces as well as a large coastline on the Black Sea. Cilicia, a separate Armenian region on the Mediterranean, was to be a French mandate. Mustafa Kemal's forces pushed the newly returned Armenian refugees and forces from these lands and forced a new treaty to be written which was an insult to Armenian victims. They were basically told never to return and that they would never receive compensation. The Kars and Ardahan provinces of Armenia were taken as well in an agreement with the Soviet Union.

On the 50th anniversary of the genocide, the scattered survivors of the genocide and their children around the world began commemorating the genocide on April 24th, the day which marked the start of the full-scale massacres in 1915. Many Armenian Genocide Monuments have been built around the world since, as well as smaller plaques and dedications.

The Turkish government has in the past few decades been denying that a genocide ever occurred and spending millions of dollars to further that view. This is adding insult to injury and will cause bad feelings to continue much longer than would otherwise be the case between the peoples. Those who say forget about it, it is in the past, are wrong. Unless crimes like this are faced up to and compensated for, they will be committed again and again by people who do not fear prosecution or justice. Read what Hitler said before beginning the Jewish Holocaust here.

A class action suit against New York Life insurance company by genocide survivors was filed in 1999. They were sued for not being forthcoming in paying up for policies of those killed in the genocide. The suit was settled in 2004 for $20 million, and payouts began to individuals and some Armenian charitable organizations.

A 2002 study by the International Center for Transitional Justice (ICTJ), a New York-based human rights organization, ruled that the slaughter of some 1.5 million Armenians fits into the internationally accepted definition of genocide. The study was commissioned by TARC - a group of Armenians and Turks set up by the US State Department.

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Emigration, Immigration, and Intergroup Relations

Is America a melting pot or a lumpy stew/tossed salad? America is a nation of immigrants. With the exception of Native Americans, we all have immigrant ancestors or are ourselves immigrants. Assimilation is the process by which a racial or ethnic minority loses its distinctive identity and lifeways and conforms to the cultural patterns of the dominant group. Cultural assimilation is assimilation of values, behaviors, beliefs, language, clothing styles, religious practices, and foods while structural assimilation is about social interaction. Primary structural assimilation occurs when different racial/ethnic groups belong to the same clubs, live in the same neighborhoods, form friendships, and intermarry. Secondary structural assimilation concerns parity in access to and accumulation of the goods of society, (wealth, power, and status), which is measured by SES and political power—it is becoming middle class or above. The traditional American assimilation pattern is that white ethnics, Asians, Cubans, and non-Mexican Latinx, by the *third generation* (third generation Americans are those people whose grandparents were foreign-born), have assimilated both culturally and structurally. However, Mexican Americans, Puerto Ricans, and African Americans do not follow this traditional pattern which differs due to propinquity, coercion, and lack of socioeconomic opportunity (Marger, 1996).

Push and Pull Factors in Emigration/Immigration

Emigration is the movement of people from one country to another while **immigration** is the movement of people into a country other than their land of birth. Emigration and immigration are ubiquitous among human beings: we have been moving ever since we were born in Africa tens of thousands of years ago. There are various reasons why people move from one country to another and we call those motivating forces push and pull factors. The table, below, shows some of the push and pull factors for sending and receiving countries.

Table 4.1.5: Immigration Factors: Leaving Your Homeland.

Immigration	
Push Factors: Leaving Your Homeland	
Political Strife	**Social Strife**
War	Ethnic Conflict
Repressive Government	Religious Repression/Conflict
Lack of Individual Rights	Lack of Educational Opportunities
Abuse of Human Rights	Economic Instability
Fear of Arrest or Murder	Lack of Economic Opportunity
	Poverty

Table 4.1.6 Immigration Factors: Coming to America.

Immigration	
Pull Factors: Coming to America	
Political Factors	**Social Factors**
Peace	Ethnic Diversity
Freedom	Religious Freedom
Support of Individual Rights	Many Educational Opportunities
Support of Human Rights	Economic Stability
No Political Arrests or Murders	Economic Opportunity
No Fear of Torture	

Table 4.1.7: Immigration Factors: Push Me Pull You.

Immigration	
Pushmepullyou	
Push factors and pull factors work simultaneously	Push factors and pull factors work simultaneously
Which factor is strongest is situationally dependent	Which factor is strongest is situationally dependent
Migration Is a complex yet ancient and common phenomenon	Migration Is a complex yet ancient and common phenomenon
Migration may be forced	Migration may be forced
The "sending country" may expel unwanted groups	The "sending country" may expel unwanted groups
The "receiving country" may bring in foreigners as low level workers	The "receiving country" may bring in foreigners as low level workers

Assimilation is the process by which a racial or ethnic minority loses its distinctive identity and lifeways and conforms to the cultural patterns of the dominant group. It is submerging one's self into the melting pot of American society. There are two kinds of assimilation cultural and structural. **Cultural assimilation** concerns values, behaviors, beliefs, language, clothing styles, religious practices, and foods; whereas **structural assimilation** concerns social interaction in clubs, neighborhoods, friendship, marriage (primary structural assimilation), and parity in access to and accumulation of the goods of society (wealth power and status) measured by SES and political power (secondary structural assimilation).

There are certain patterns of primary and secondary structural assimilation (hereinafter referred to by the term assimilation) into American culture that differ based on race and ethnicity but before discussing those patterns an explanation of terminology is necessary. First generation Americans are those people who are foreign-born; second generation Americans are the children of foreign-born parents; and third generation Americans are the grandchildren of the foreign-born. For white ethnics—primarily Southern and Eastern Europeans, although arguably anyone who is not one of the primary racial or ethnic people of colors such as Arabs, Asians, Blacks, Latinx, American Indians could be considered a white ethnic—Asians, Cubans, South American, and other, non-Mexican Latinx, assimilation follows a fairly traditional pattern even though some prejudice and discrimination may continue to exist. First generation white ethnic Americans, although the vast majority learn and speak English, tend to maintain their native language in their own homes, to keep many of their traditional religious and holiday customs, retain native styles of dress and food preferences, marry among themselves (endogamous marriage), and live near others from their homeland. Second generation white ethnic Americans generally lose much of the language of their parents, drift away from traditional religious and holiday customs, let go of native styles of dress and food preferences in favor of more American-style clothing and food, marry outside their parents' ethnic group, and move into neighborhoods that are ethnically mixed. By the third generation, most white ethnics have become thoroughly Americanized and have failed to learn all but a very few words of their grandparents language, found meaningless many of the traditional religious and holiday customs, and have adopted American customs (turkey instead of lasagna for Christmas dinner) instead, wear American-style clothing exclusively, eat fast food, marry outside their ethnic group (in fact third generation white ethnic Americans usually do not even consider the ethnic background of those they marry) and live in such ethnically-mixed communities that, except for the generalized whiteness, there is no consideration of the ethnic backgrounds of their neighbors. Moreover, by the third generation, most white ethnics enjoy relatively high levels of structural assimilation (Current, et al. 1987; Harrison & Bennett, 1995; Marger, 1996).

Some of this ease of both cultural and structural assimilation is based on the migration patterns of white ethnics. Although many white ethnics have come to America because they perceive it to be a land of economic and political freedom and opportunity, many have been driven from their homelands by border wars, internal ethnic conflict, economic uncertainty or collapse, lack of educational opportunities, less political freedom, and myriad other reasons. The primary **push factors**—those conditions which impel people to emigrate from their native lands and immigrate to a new and unknown country—are political and economic, and, as one might guess, the primary **pull factors**—those real or perceived conditions in the new country which beckon to those on foreign shores moving people to emigrate from the countries of their birth—are also political and economic. Regardless of the push or pull factors, white ethnics are voluntary migrants to America choosing to migrate, sometimes at great personal risk, because they choose to migrate; a migration pattern that sociologists call voluntary migration. Although many white ethnic groups—Jews, Irish, and Italians particularly—have experienced greater or lesser degrees of discrimination, complete assimilation by the third generation is the rule. However, that assimilation was often accomplished with the help of others.

Many white ethnic groups (and as will be shown many nonwhite migrants) formed neighborhoods where first, second, and third generation white ethnics lived and worked together in ethnic enclaves. (See also Chapter 1.3). In general, ethnic enclaves provide a safe haven with a variety of social supports for new immigrants that serve to ease their transition into a new and different culture. The Little Italys in New York, Chicago, Boston, and Philadelphia; the Chinatowns of San Francisco, Los Angeles, and New York; the Little Saigons of Houston, Los Angeles, and Atlanta; the Calle Ocho Little Havana district of Miami and the Little Mexico Barrios in Houston, Los Angeles, Atlanta, Dallas, and Phoenix; the Crown Heights area of Brooklyn New York which is home to nearly 100,000 Lubavitsch-sect, ultra-Orthodox Jews; the Amish and other Old Order religious groups of Iowa, Indiana, Pennsylvania, and far Northwestern Minnesota are all primary exemplars of ethnic enclaves. Ethnic enclaves, once they have served their purpose of socializing new immigrants into American culture, tend to disappear as later generations follow the traditional assimilation pattern and move further and further out into the wider society (Current, et al. 1987; Harrison & Bennett, 1995; Marger, 1996).

Anti-Immigrant Groups

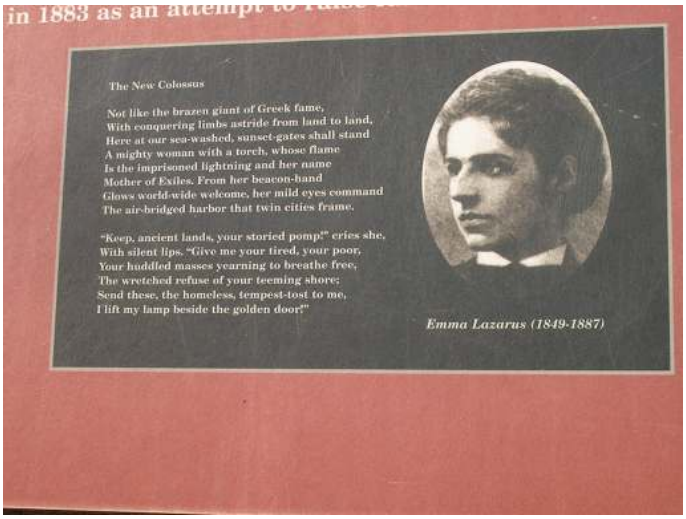


Figure 4.1.8: "Give me your tired, your poor" (CC BY-NC 2.0; garden beth via Flickr)

The Statue of Liberty notwithstanding, ("give me your tired, your poor"), the United States has a long history of preventing immigration and attempting to block persons based on national origin and/or religion. There have been many anti-immigration groups and political parties in the United States beginning in the early 19th century and continuing until the present day. Many of our immigration laws have been discriminatory and have stultified migration rather than encouraged it. The Native American Party, the American Party, the American Protective Association, the Immigration Restriction League, and the Ku Klux Klan, among many other groups, were all founded based on their opposition to the immigration of anyone they considered unworthy—Italians, Jews, Greeks, Poles, Irish Catholics, Catholics or non-Protestants in general, and all non-whites which included, among people traditionally classified as non-white, Italians, Greeks, Turks, and other residents of the southern European, Mediterranean coast, and eastern European, mostly Catholic or Muslim, peoples. Congress vacillates between restricting and encouraging migration from various regions of the planet. Nevertheless, we were a nation of immigrants at our inception and remain a nation of immigrants to this day.

In 2010 there are still anti-immigration groups. PublicEye.org and the Southern Poverty Law Center each publish a list of about a dozen anti-immigrant groups that ranges from think tanks to the Christian right. In February 2010, former US House of Representatives member Tom Tancredo (R-CO), gave the keynote address to the first Tea Party convention arguing that we need "a civics literacy test" before anyone in this country can vote. He also stated that if John McCain had been elected president in 2009, "President Calderon and President McCain would be toasting the elimination of those pesky things called borders and major steps taken toward creation of a North American Union (Tancredo, 2010)." In other words, there are those today who would block all immigration into this country legal and illegal because they are afraid of the changes that immigrants make to the culture of the United States. The question then becomes, how have other immigrants changed America and has America changed them more than they have changed it? Most of the literature on this question would suggest that it is a reciprocal process but that the American ideology and the American constitution remain strong.

With regards with more contemporary anti-immigrant groups and the anti-immigrant movement, we will begin with Minutemen Project. Meredith Hoffman (2016) writes,

Between 2004 and 2009, Gilchrist's Minutemen were a powerful force in the anti-immigration movement, drawing in thousands of members who believed the government was doing too little to stop border crossings, and subsequently felt they should take enforcement into their own hands. The coalition against the Establishment—composed largely of veterans and retirees—tried to cover the border with 'outposts,' sometimes as barebones as lawn chairs, to block immigrants from coming into the US from Mexico.

Due to internal strife, the Minutemen Project eventually fell apart with some of its members joining other militias, like Arizona Border Recon (Hoffman 2016; Carranza, 2017). It is not surprising that anti-immigrant militias that patrol, like the Minutemen and Arizona Border Recon, have previously discussed and promoted border security, like building a wall. Thus, anti-immigrant groups were supportive of Donald Trump's proposed Wall along the U.S.-Mexico border and other austere immigration policies from his administration (Grandin, 2019). Unfortunately, with the increasing xenophobia and **nativism** (actions and/or the promotion of

policies usually from citizens that benefit citizens to the detriment of non-citizens like immigrants) displayed openly by political leaders, the anti-immigrant movement is on the rise. As reported by the Anti-Defamation League (ADL, 2018),

Anti-immigrant fervor, once relegated to more extreme quarters, has been increasingly mainstreamed over the last ten years. Over the last two years, with the advent of a new administration focused on much stricter immigration policies and complementary executive actions, anti-immigrant and anti-refugee sentiment has made life substantially more difficult for all immigrants.

Among the anti-immigrant groups profiled by the ADL (2018) report were Federation for Immigration Reform (FAIR), Center for Immigration Studies (CIS), Numbers USA, The Remembrance Project, and San Diegans for Secure Borders. In order to successfully halt the anti-immigrant movement and its nativistic groups, the ADL (2018) suggests the following:

the government, media and general public must take the necessary steps to make sure that the demonization of immigrants and the bigotry that underlie it do not become further entrenched in our society. These ideas should not become part of the acceptable discourse in America's diverse and pluralistic society.

Contributors and Attributions

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4.2: Psychology of Immigration and Acculturaiton

Berry's Acculturation Model

Culture shock and the stages of culture shock are part of the acculturation process. Scholars in different disciplines have developed more than 100 different theories of acculturation (Rudiman, 2003); however contemporary research has primarily focused on different strategies and how acculturation affects individuals, as well as interventions to make the process easier (Berry, 1992).

Berry proposed a model of acculturation that categorizes *individual* adaptation strategies along two dimensions (Berry, 1992). The first dimension concerns the retention or rejection of an individual's native culture (i.e. "Is it considered to be of value to maintain one's identity and characteristics?"). The second dimension concerns the adoption or rejection of the host culture. ("Is it considered to be of value to maintain relationships with the larger society?") From these two questions four acculturation strategies emerge:

- **Assimilation** occurs when individuals adopt the cultural norms of a dominant or host culture, over their original culture.
- **Separation** occurs when individuals reject the dominant or host culture in favor of preserving their culture of origin. Separation is often facilitated by immigration to ethnic enclaves.
- **Integration** occurs when individuals are able to adopt the cultural norms of the dominant or host culture while maintaining their culture of origin. Integration leads to, and is often synonymous with biculturalism.
- **Marginalization** occurs when individuals reject both their culture of origin and the dominant host culture.

Studies suggest that the acculturation strategy people use can differ between their private and public areas of life (Arends-Tóth, & van de Vijver, 2004). For instance, an individual may reject the values and norms of the host culture in his private life (separation) but he might adapt to the host culture in public parts of his life (i.e., integration or assimilation). Moreover, attitudes towards acculturation and the different acculturation strategies available have not been consistent over time. For example, for most of American history, policies and attitudes have been based around established ethnic hierarchies with an expectation of one-way assimilation for predominantly white European immigrants (Fredrickson, 1999).

The metaphor of the melting pot has been used to describe the immigration history of the United States but it doesn't capture the experiences of many immigrant groups (Allen, 2011). Generally, immigrant groups who were white, or light skinned, and spoke English were better able to assimilate but immigrant groups that we might think of as white today were not always considered white enough. For example, Irish and Italian immigrants were discriminated against and even portrayed as black in cartoons that appeared in newspapers and it wasn't until 1952 that Asian immigrants were allowed to become citizens of the United States (Allen, 2011).

Within the United States, separation as an acculturation strategy can still be seen today in some religious communities such as the Amish and the Hutterites. An integration strategy for acculturation can be observed within Deaf culture. Individuals who are deaf use a different language to communicate, learn about their culture and language from institutions and not their family (most deaf children have hearing parents) and are united by shared experiences as persons with disabilities. Deaf individuals in the United States live within the dominant culture and share the same cultural values but are separated by language and disability (Maxwell-McCaw, et al., 2000). Members of the Deaf culture have created their own unique cultural and social norms for communicating, interacting and experiencing the world around them.

Some acculturation research suggests that the integrated acculturation strategy has the most favorable psychological outcomes (Nguyuen, et al., 2007; Okasaki, et al., 2009) for individuals adjusting to a host culture and marginalization has the least favorable outcomes (Berry, et al., 2006). Additionally, marginalization has been described as a maladaptive acculturation and coping strategy (Knust et al., 2013). Other researchers have argued that the four strategies have very little predictive validity because people do not always fall neatly into the four categories (Kunst et al., 2013; Schwartz et al., 2010). Situational determinants (e.g., traveling with family, familiarity with language) and environment factors also impact the availability, advantage, and selection of different acculturation strategies (Zhou, 1997).

Immigration Status and Acculturation

"Just because you leave war, war does not leave you. And for me in America, it came back in my nightmares, it came back in the low kick of a car's engine, it came back in the loud roar of a plane, it came back in a mother's hum, in a father's song."

–Loung Ung, Cambodian American Author and Human-Rights Activist, full speech available at: https://www.youtube.com/watch?v=6odKrFRfqkI&feature=youtu.be.

Much of the literature on immigrant and refugee mental health focuses on loss and trauma, as well as the depression and anxiety that frequently accompanies them. The interconnectedness of loss, trauma, depression, and anxiety can make it difficult to distinguish what is the presenting problem. When looking at one, others are likely to be present. Those who work with immigrants and refugees must be aware of how loss, trauma, depression, and anxiety may each affect an immigrant or refugee's mental health as well as family health and functioning.

Loss

In every story of immigration or refugee resettlement, a common thread of loss is present. Some losses are obvious, like the loss of home and community or the severance from family and friends who have been left behind or killed. Loss does not end with resettlement; new losses are experienced and revealed over time, some of which can be obscure, like the loss of identity, social status, language, and cultural norms and values.

The grief response that comes with loss can manifest as physical, emotional, and psychological responses including crying, anger, numbness, confusion, anxiety, agitation, fatigue, and guilt. The loss of surroundings, possessions, ideas, and beliefs such as those experienced by immigrants and refugees can trigger a grief response similar to those experienced with the death of someone close (Casado, Hong, & Harrington, 2010).

Some losses and the accompanying grief are considered normative in United States culture. For instance, the death of a loved one or child is a recognized loss and the manifestations of grief associated with that type of loss are understood by most people. However, some losses and the accompanying grief are disenfranchised, meaning that grief occurs when a loss is experienced but is not recognized by others as loss. For example, Kurdish families who resettled in the United States while Saadam Hussein was president may have found that people in the United States did not understand why they would miss living in Iraq. Migratory grief is considered a disenfranchised grief (Casado et al., 2010) and is often dismissed in the immigrant and refugee adjustment experience. As a result, people with disenfranchised grief are unable to express feelings, and grief-related emotions are not recognized or accepted by others.

Another way to think about grief and loss experienced by immigrants and refugees is to understand the ambiguous nature of their loss experiences. There are two types of ambiguous loss (Boss, 2004). The first occurs when a loved one is physically absent but emotionally present because there is no proof of death. A kidnapped child, soldiers missing in action, family separation during war, deportation, and natural disasters can all result in this type of ambiguous loss. The second type of ambiguous loss occurs when a loved one is physically present but emotionally absent. Dementia, brain injuries, depression, PTSD, and homesickness can all result in individuals being physically present but emotionally or cognitively they have "gone to another place and time" (Boss, 2004, p 238). Family members who experience ambiguous loss describe physical and mental pain as a result (Robins, 2010). The lack of clarity associated with ambiguous loss can lead to boundary ambiguity expressed in conflict and ambivalence in the new roles family members take after resettlement. Ambiguous loss is also often characterized by frozen grief, represented by the immobilization of individuals and relational systems stuck between the old and new worlds (Boss, 2004). Although ambiguous loss is a common experience for immigrants and refugees, limited research has been conducted with this population (Rousseau, Rufagari, Bagilishya, & Measham, 2004).

Most people experience grief reactions to a mild or moderate degree and then return to pre-loss levels of functioning without the need for clinical intervention. However, some suffer a more complicated grief reaction (Bonanno et al., 2007). Complicated grief occurs when acute grief becomes a chronic debilitating condition (Shear et al., 2011). It may be incorrectly labeled as depression (Adams, Gardiner, & Assefi, 2004). However, research indicates that complicated grief is distinguishable from depression and other trauma-related psychological disorders. Intense longing for the object of loss, preoccupation with sorrow, extreme focus on the loss, and problems accepting the death or loss are all symptoms of complicated grief. Complicated grief can exacerbate psychiatric disorders and influence the relationship between loss, symptoms of posttraumatic stress and depression (Nickerson et al., 2011). In one study with Bosnian refugees, for example, complicated grief was a better predictor of refugee general mental health than was PTSD (Craig, Sossou, Schnak, & Essek, 2008).

Anxiety and Depression

The literature on immigrants' and refugees' experiences with anxiety and depression is often intermingled with that of loss and trauma. Comorbidity can make it difficult to measure and separate one symptom cluster from the other but the two comprise different psychological diagnoses. Anxiety is characterized as a normal human emotion that we all experience at one time or another. Symptoms include feelings of fear and panic, uncontrollable and obsessive thoughts, problems sleeping, shortness of breath, and an inability to be still and clam. Anxiety disorders are serious and sufferers are often burdened by constant fear and

worry further exacerbating comorbidity of PTSD symptoms. The literature on anxiety prevalence of immigrant and refugee populations is limited but expected to be highly correlated with that of PTSD and depression. Depression, described as feelings of sadness, unhappiness, or feeling down, is a normative reaction and can be felt in varying degrees. However, clinical depression is a mood disorder in which the feelings of sadness interfere with everyday life for weeks or longer. Immigrants and refugees are at high risk for clinical depression due to their extensive histories of loss, potential trauma, and resettlement. Studies have also shown that depression among immigrants is related to the process of adapting to the host culture (Roosa et al., 2009). Depression is known to cause long-term psychosocial dysfunction in refugees who have experienced violence and loss (such as in Bosnian refugees resettled in Australia; Momartin et al, 2004). It should not be seen as a marginal issue when compared to PTSD and other trauma related diagnoses (Weine, Henderson, & Kuc, 2005). Depression is a common clinical problem with successful available treatments. Weine et al. (2008) argue that it should be a target of intervention and focus of health education with immigrant and refugee populations.

Traumatic Stress

Many immigrants and most refugees have experienced or been exposed to traumatic events such as witnessing or experiencing violence, torture, loss, or separation. Psychological trauma is most often not limited to a single traumatic event but includes direct and indirect events over the course of a person's life (Jamil et al., 2002). Traumatic stress affects how people see the world, how they find meaning in their lives, daily functioning and family relationships. Several studies have documented the effects of traumatic stress related to war violence on refugee health. Steel et al. (2009) conducted a meta-analysis with over 80,000 refugees and reported a weighted prevalence rate of PTSD ranging between 13% and 25%. In one critical review, torture and cumulative exposure to traumatic events were the strongest factors associated with PTSD, with some refugee communities experiencing PTSD prevalence rates as high as 86% (Hollifield et al., 2002). A study of symptom severity of PTSD and depression with 688 refugees in the Netherlands supported these findings, reporting that a lack of refugee status and accumulation of traumatic events were associated with PTSD and depression (Knipscheer, Sleijpen, Mooren, ter Heide, & van der Aa, 2015). Studies have also established the enduring effects of pre-migration traumatic stress even years after resettlement (Marshall, Schell, Elliott, Berthold, & Chun, 2005) as well as the long-term physical health effects of refugee trauma, including hypertension, vascular disease, coronary, metabolic syndrome, and diabetes (Crosby, 2013).

For immigrants and refugees, it is possible that entire families will have been exposed to similar traumatic events and losses that disrupt family and social networks (Nickerson et al., 2011). This is especially true for those who have experienced war or interpersonal violence. War is characterized as an attack on civilian populations where citizens are targeted, dislocated, and displaced (Lacroix & Sabbath, 2011). According to Sideris (2003), war unravels the social fabric of a community as the "social arrangements and relationships which provide people with inner security, a sense of stability, and human dignity are broken down" (p. 715). For instance, people may experience a sense of helplessness, damaged trust, shame, and/or humiliation associated with traumatic experiences such as rape, physical violence, witnessing death, being forced to violently turn on one another, and having to flee homes.

The harmful effects of traumatic stress on mental health and functioning have been well documented in refugee populations (de Jong et al., 2001; Hebebrand et al., 2016; Nickerson et al, 2011). Research in the United States shows that PTSD is higher for refugees who spent time in refugee camps affected by war and forced migration than for other resettled communities (LaCroix & Sabbath, 2011). Common trauma-related diagnoses are PTSD and Acute Stress Disorder (ASD). According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), PTSD and ASD correspond to a situation in which a person experiences or witnesses threatened or actual death, serious injury, or sexual violence and continues to bear the mark of the experience after the event has ceased. PTSD and ASD are characterized by a cluster of symptoms that cause symptom-related stress or functional impairment (e.g., difficulty in work or home life). Symptoms that are present between three days and one month after the traumatic event are classified as ASD, symptoms that last more than one month are classified as PTSD. Both adults and children can have PTSD and ASD. Symptoms fall into four categories: (a) persistently re-experiencing through intrusive thoughts or nightmares; (b) avoiding trauma-related reminders such as people, places, or situation; (c) negative alterations in mood or cognitions such as the inability to recall key features of the traumatic event, negative beliefs about and expectations about oneself and the world (e.g., "I am bad," "the world is completely unsafe"), diminished interest in pre-traumatic activities, and persistent negative trauma-related emotions (e.g., fear, horror, anger, or shame); and (d) alterations in arousal and reactivity that worsen after the traumatic event such as increased irritable or aggressive behavior, self-destructive or reckless behavior, hypervigilance, exaggerated startle response, problems concentrating, and sleep disturbance.

Traumatic Stress and Family Relationships

Family consequences of exposure to traumatic stress include financial strain, abuse, neglect, poverty, chronic illness, and increased family stress (Weine et al., 2004), as well as a decreased ability to parent (Gewirtz, Forgatch, & Wieling, 2008). Individuals with PTSD, for example, are likely to be more reactive, more violent, and more withdrawn in relationships with a spouse or children (Gewirtz, Polusny, DeGarmo, Khaylis, & Erbes, 2010; Nickerson et al. 2011).



Floods in Sahrawi refugee camps in southwest Algeria.

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The literature shows that family attachment and support can have a protective effect on those who have experienced traumatic stress, while separation from family can exacerbate symptoms (Rousseau et al., 2001). This makes family mental health and functioning particularly important when there has been loss and exposure to traumatic stress (Nickerson et al., 2011).

Research shows that parental PTSD can significantly affect the parent-child relationship. Parental PTSD is associated with an increase in self-reported aggressive parenting, indifference and neglect (Stover, Hall, McMahon, & Easton, 2012), lower parenting satisfaction (Samper, Taft, King, & King, 2004), an increase in family violence (Jordan et al., 1992), an increase in challenges with couple adjustment and parenting (Gewirtz et al., 2010), and lower perceived relationship quality with children (Lauterbach et al., 2007; Ruscio, Weathers, King, & King, 2002). Having a parent with PTSD has been linked to an increase in children's behavior problems (Caselli & Motta, 1995; Jordan et al., 1992), trauma-related symptoms (Kilic, Kilic, & Aydin, 2011; Polusny et al., 2011), anxiety and stress (Brand, Schechter, Hammen, Brocque, & Brennan, 2011), and depression (Harpaz-Rotem, Rosenheck, & Desai, 2009). A recent study in Northern Uganda also found that exposure to trauma was associated with family violence (Saile, Neuner, Ertl, & Catani, 2013). In the same study, children reported that their worst traumatic experiences were related to family violence, not exposure to war violence. Similarly, Catani, Jacob, Schauer, Kohila, and Neuner (2008) found that following war and the tsunami in Sri Lanka, 14% of children reported an experience of family violence as the most distressing experience of their lives. A later study with by the same research group (Sriskandarajah, Neuner, & Catani, 2015) found that children listed their worst experiences of family violence immediately after war experiences, but reported that parental care significantly moderated the relationship between mass trauma and internalizing behavior problems. This literature documents the ubiquitous impact of traumatic stress on family relationships and underscores the need for prevention and intervention treatment modalities targeting individual and relational family systems for populations commonly exposed to multiple traumatic events (Catani, 2010).

Child Mental Health

Children are not immune to the deleterious effects of the immigrant and refugee experience. Children who flee adversity to seek refuge in a foreign land often endure physical and mental challenges during a turbulent and uncertain journey (Fazel, Reed, Panter-Brick, & Stein, 2012). They may experience traumatic experiences in their homelands (war, torture, terrorism, natural disasters, famine), lose or become separated from family and caregivers, and endure traumatic journeys to a host country (crossing rivers and large bodies of water, experiencing hunger, lacking shelter; Pumariega, Rothe, & Pumariega, 2005). Children may feel relief once

they resettle, but resettlement can bring additional challenges including financial stressors, difficulties finding adequate housing and employment, a lack of community support, new family roles and responsibilities that often transcend developmental age, acculturation stressors such as generational conflict between children and parents, and a struggle to form a cultural identity in the resettled country.



Abed (15) fled Syria to escape the war and was separated from his parents along the way.

Trocaire – DSC_1009 – CC BY 2.0.

The cumulative effects of being exposed to traumatic events and/or stressors pre- and post-migration may overwhelm the coping ability and resilience of children, leading to an accumulation of stressors that may have profound and lasting effects on children's ability to meet developmental milestones and optimally function on a day-to-day basis. This is especially true for children who experience post-migration detention or enter a host country unaccompanied (Hodes, Jagdev, Chandra, & Cunniff, 2008; Rijneveld, Boer, Bean, & Korfker, 2005). Immigrant and refugee children may continue to suffer from similar conditions as adults, such as anxiety disorders, depression, and PTSD (Fox, Burns, Popovich, Belknap, & Frank-Stromborg, 2004). Studies have shown that the prevalence of PTSD and depression among resettled refugee children in the United States is significantly higher than for children in the general population (Bronstein & Montgomery, 2011; Merikangas et al., 2010). A community-based participatory study conducted by Betancourt, Frounfelker, Mishra, Hussein, and Falzarano, (2015) with Somali Bantu and Bhutanese youth in the United States found that these communities also identified areas of distress corresponding to Western concepts of conduct disorders, depression, and anxiety.

Age Specific Effects of Trauma

See the National Child Traumatic Stress Network's list of age-specific effects of trauma at: learn.nctsn.org/mod/book/view.php?id=4518&chapterid=38.

"We don't heal in isolation, but in community."

—S. Kelley Harrell, Gift of the Dreamtime: Awakening to the divinity of trauma, Reader's Companion (2014).

Mental Health Treatment

Addressing the mental health needs of immigrants and refugees can be a complex challenge for providers. Research has shown that immigrants and refugees underutilize mental health services. This can be for a variety of reasons including the stigma associated with mental health in many cultures, the inability to properly diagnose because of cultural and linguistic barriers, less access to health insurance, lack of financial resources, and the propensity to seek help from traditional healers or providers before seeking Western mental health services (Betancourt et al., 2015; Kandula et al., 2004).

Treating immigrants and refugees within the United States offers unique opportunities and challenges. The refugee experience should be considered multidimensional and multifaceted, and the therapeutic perspective should be sensitive to each family member's experience (Lacroix & Sabbath, 2011). However, many westernized treatments and interventions do not accommodate

for such complexities. Using westernized treatments without proper cultural tailoring and testing may not be ideal or even ethical for those who come from other countries. Many immigrants and refugees come from collectivistic cultures that prioritize interpersonal relationships and social networks above the needs of the individual. The Western concept of psychotherapy as an individualized treatment modality that involves talking with a stranger might not fit with their more collectivist worldview. Many of the native cultures of immigrants and refugees take a holistic approach to mental health and are likely to seek assistance from religious leaders, community elders, or family members (Akinsulure-Smith, 2009; Bemak & Chung, 2008; Fabri, 2001). In a new country, they may be separated from family and indigenous leaders and may not know where to turn for help.

Another challenge is the inadequacy of Western psychiatric categories' ability to describe refugees' problems (Adams et al., 2004). Some critics question the validity of applying Western-based trauma models to diverse cultures and societies and believe that the PTSD diagnosis may not fully capture the complexities of the psychological responses that arise from individuals who have experienced human rights violations (Marsela, 2010; Silove, 1999).

Available treatments may also be limited in their abilities to treat immigrants and refugees. Many Western treatments are individually based, which may be appropriate for PTSD and other intrapsychic diagnoses but have not proven effective or sufficient to address the relational and systemic consequences of trauma and displacement-related stressors. In contrast, community connections offer protective factors that can buffer mental health and relational functioning of immigrants and refugees. Studies show that living in communities high in same-ethnic neighbors may contribute to lower levels of depression amongst immigrants and refugees (Ostir, Eshbach, Markides, & Goodwin, 2003). Practitioners can incorporate the positive influence of community support in treatment approaches. Traditional healers can be used to help immigrants and refugees in culturally relevant and acceptable ways, and family-level interventions can improve psychological symptoms and access to services (Weine et al., 2008; Nickerson et al., 2011). When possible, the incorporation of families in the treatment process is paramount. Families bring with them knowledge, competence, and values that can be used during the intervention process to facilitate healing and foster resilience (Lacroix & Sabbath, 2011).

In mental health treatment for children, it is particularly important to engage the child's support system. Studies suggest that higher levels of family, community, and school support are related to fewer psychological symptoms among children who have experienced war (Betancourt & Khan, 2008). Family-based interventions may target improving the emotional functioning of the family, identifying family patterns of coping, and making meaning of the family's experience. Schools offer a secure and predictable environment in which immigrant and refugee children struggling with anxiety, depression, and PTSD can be identified and receive supportive services.

Despite the protective factors associated with community and family connections, caution must be taken to acknowledge the potential complexities of a particular cultural community and to develop a deep understanding of contextual and relational dynamics of the group. Many refugee communities share a complex history involving conflict between groups from similar or same ethnic backgrounds that can problematize healing and community building.

PTSD Treatments

A variety of Western therapies have demonstrated efficacy and/or effectiveness for treating PTSD in children and adults. They commonly use various levels of exposure therapy to address one or more traumatic memories in an effort to reduce PTSD symptomatology. Evidence-based exposure therapies include Prolonged Exposure (PE), Trauma-Focused Cognitive Behavior Therapy (TF-CBT), Eye Movement Desensitization and Reprocessing (EMDR), and Narrative Exposure Therapy (NET; KIDNET for children). NET (Schauer, Neuner, & Elbert, 2011) is the only model specifically developed for treating immigrant and refugee populations in post-conflict, low-income contexts and has been extensively researched with refugee populations (Robjant & Fazel, 2010; Crumlish & O'Rourke, 2010). NET integrates elements of cognitive behavior therapy and testimony therapy and is specially targeted for individuals who have been exposed to multiple traumatic events in their lifetime (see Schauer, Neuner, & Elbert, 2011 for a full description of the treatment model). A recent study conducted by Slobodin and de Jong (2015a) reviewed the literature on the efficacy of treatments for asylum seekers and refugees, including trauma focused interventions, group therapies, multidisciplinary interventions and pharmacological treatments. They reported that the majority of studies had positive outcomes for reducing trauma-related symptoms. However, the evidence mostly supports NET and CBT as the recommended treatment modalities for refugees.

Parenting and Family Interventions for Trauma-Affected Immigrants and Refugees

The effects of traumatic stress related to war, violence, and subsequent displacement have far-reaching implications for parent-child relationships. There is a small but developing literature documenting the importance of parenting interventions for populations

affected by traumatic stress, as parents are the most proximal resources to effectively intervene and affect child outcomes (Gewirtz et al., 2008; Siegel, 2013). Persistent intergenerational transmission of family violence accompanied by harsh parenting practices and low positive involvement between parents and children is one dimension of a complex set of consequences related to traumatic stress that affect family and community functioning. Although resilience is readily seen in displaced communities, the lasting negative effects of traumatic stress on individual and family health is ubiquitous across multiple generations. The sequelae of maladaptive coping that often includes mental health disturbances, substance abuse and intimate partner violence, are further exacerbated by poverty and social disparities that place these families on a delicate faultline. There are currently no evidence-based parent or family-level treatments for traumatic stress. A review of the literature on family-based interventions for traumatized immigrants and refugees conducted by Slobodin and de Jong (2015b) found only six experimental studies, four school-based and two multifamily support groups. They validated that the shortage of research in this area currently does not allow for effectiveness claims to be made about family-based interventions with these populations.

However, a small number of researchers worldwide have been advancing systemic treatments with promise. One such team is comprised of vivo International (vivo; www.vivo.org) researchers who have collaborated with post-conflict communities for over a decade, primarily providing treatment for PTSD. One of these communities is in Northern Uganda, the setting of a brutal civil war that lasted nearly two decades through 2006. Involvement in this community revealed a critical need for parent and family-level interventions in addition to PTSD treatment. Wieling and colleagues adapted an evidence-based intervention called Parent Management Training, Oregon model (PMTO; Patterson, 2005) which includes core components of encouragement, positive involvement, setting limits, monitoring, and problem solving to the context of traumatic stress. Additional content areas included the individual and relational effects of traumatic stress, intergenerational transmission of violence, substance abuse, and other risk-taking behaviors. Multi-method data collection approaches and the parenting intervention were carefully tailored to fit the cultural characteristics of Northern Uganda and the models was successfully tested for feasibility of implementation in 2012 with much promise (see Wieling et al., 2015a; 2015b). The research team is currently adapting and testing a similar model with the Karen refugee community in the United States and hope to further test and implement it with other immigrant and refugee groups in the United States. Another approach that specifically targets the family and broader community level to rebuild societies after conflict or resettlement is called the Linking Human Systems or Link Approach (Landau, Mittal, & Wieling, 2008). Link is a specific method of engaging with individuals, families, and communities after trauma and disaster. It suggests that clinicians assess 1) individual, family, and community resources, 2) how resources balance against stressors, and 3) strengths and themes of resilience, including connection to stories of resilience within the family and community facing past adversities. The Link approach identifies specific intervention strategies to target the individual, family, and community levels. At each level, service providers work collaboratively with the individual, family, or community to identify goals and mobilize resources. This approach demonstrates an ecologically based, culturally informed, and multilevel intervention that holds promise for immigrant and refugee groups affected by trauma and disaster.

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4.3: Bilingualism

The Importance of Language

Language can play a large role in the intensity of culture shock and an individual's adaptation to a new culture. A **bilingual** or **multilingual** person can traditionally be defined as an individual who uses (understands and produces) two (or more) languages on a regular basis (Grosjean, 2013). Globally, the majority of individuals who speak English also speak at least one other language fluently.

- 56% of Europeans speak more than one language (2018 Eurostat Yearbook)
- 20% of Americans speak more than one language (2016 US Census Report)
- 19% of Canadians speak more than one language (2018 Government of Canada)

It is not uncommon for individuals in China and Africa to speak many languages. There are 7 major languages in China and more in India and Africa when including specific regional and tribal dialects. Around the global monolingual speakers are the minority (Grosjean, 2013).

A bilingual person's initial exposure to both languages may have started in early childhood (e.g. before age 3) (Baker, 2006) but exposure may also begin later in life. It is often assumed that bilinguals must be equally proficient in their languages but proficiency typically varies by domain. For example, a bilingual person may have greater proficiency for work-related terms in one language, and family-related terms in another language (Grosjean, 2013).

Takano and Nado (1993) describe the **foreign language effect** (FLE) which refers to a temporary decline in thinking by those who use a second language rather than their native language. They explain that when an individual is spoken to, in the second language, linguistic processing (not cognitive processing) is necessary for an appropriate response and to accommodate the processing thinking declines. With practice and increased proficiency, the decline diminishes (i.e., interpreters). Using German, Korean and English speakers, the researchers found that the FLE was larger when the discrepancy between the native and foreign languages was greater (e.g., German and Korean) and smaller when the differences between the native and foreign languages were smaller (e.g., German and English) (Takano & Nado, 1995).

Research examining the interaction between bilingual individuals' first language and second language has shown that both languages have an influence on one another, and on cognitive functioning outside of language. For example, research on executive functions such as working memory, perception, and attentional and inhibitory control, has suggested that bilinguals have cognitive advantages over their monolingual peers (Marian & Shook, 2012).

Psychological and cultural research has identified differences among multilingual and bilingual speakers when speaking the foreign language. For example, Ervin (1964) found that English/French bilinguals demonstrated different characteristics and emotions when telling stories (based on Thematic Apperception Test) in English versus in French. Matsumoto and colleague (2008) found that Spanish and English-speaking Mexican bilinguals were more accurate in judging emotions in English but inferred greater intensity of subjective experience in the expresser in Spanish.

Additionally, there appear to be age-related benefits for bilinguals. Speaking more than one language appears to help older adults reduce cognitive decline and some research has suggested that bilingual ability can delay the onset of Alzheimer's disease (Marian & Shook, 2012). It should be noted that there is strong disagreement over how findings on cognitive benefits should be interpreted. Systematic reviews and meta-analyses of studies have found mixed evidence for cognitive advantages in healthy adults. Some have suggested that publication bias (only publishing studies that show positive cognitive benefits) has provided a distorted view of the evidence (Lenhonten, 2013). Though mixed, research results have found support for cognitive, psychological and cultural differences in the experiences of bilingual and multilingual individuals.

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4.4: Challenges of Living in a Multicultural World

As we learned earlier, individuals who are fully immersed in more than one culture likely have a bicultural or multicultural identity, which may or may not be associated with language ability or proficiency. Bicultural individuals may experience difficulty balancing identities because of the influence of both cultures. Bicultural identity may also have positive effects on individuals, in terms of the additional knowledge they acquire from belonging to more than one culture. Using knowledge from more than one culture, individuals are able to make cognitive, behavioral and linguistic switches to negotiate different social interactions and situations. We are going to learn about two types of cultural switching:

Cultural frame switching

Cultural frame switching refers to the process of bicultural or multicultural individuals accessing different culture-specific mental modules or changing their perspective of the world, depending on the language that is used (Hong, Chiu, & Kung, 1997). Research with bicultural individuals has shown that the presence of culture-specific cues can elicit culture-specific, attributions values and personality differences. Benet-Martinez and colleagues (2002) found that Chinese American biculturals displayed more internal attributions when primed with American icons (e.g., Superman), and more external attributions when primed with Chinese icons (e.g., Great Wall) Similarly, Hong Kong Chinese and Chinese Americans generated more collective self-descriptions when their Chinese identity was activated, than did North Americans. In a different study, North Americans and Chinese Americans generated more individual self-descriptions, when their American identity was activated, than did Hong Kong Chinese (Hong, Ip, Chiu, Morris, & Menon, 2001).

Different personality traits were activated among Spanish – English bilinguals when completing a personality questionnaire in English (Ramírez-Esparzaa, Goslinga, Benet-Martínez, Potter & Pennebaker, 2004). Spanish-English speakers scored higher on measures on Extraversion, Agreeableness and Conscientiousness when completing the questionnaire in English.

From a practical standpoint, culturally influenced differences in language and meaning can lead to some interesting encounters, ranging from awkward to informative to disastrous. Words in two different languages that may seem to be exact translations of each other are likely to have different sets of culture-specific conceptual associations. For example, in Taiwan, Pepsi used the slogan “Come Alive with Pepsi” only to later find out that when translated it meant, “Pepsi brings your ancestors back from the dead” (Kwintessential Limited, 2012). Another example is the ‘Got Milk? campaign which was very successful in the United States. When this phrase was translated literally into Spanish as “Tienes (Do you have) Leche (milk)?” for use in its Hispanic media debut there were some serious problems. That particular phrase is taken literally in the Hispanic culture to mean, “Are you lactating?” This was definitely not what the advertisers had in mind but underscores the importance of cultural frame switching when engaging bicultural or multicultural individuals.

Code-switching

Code-switching involves changing from one way of speaking to another between or within interactions and includes changes in accent, dialect, language (Martin & Nakayama, 2010). Code-switching can also refer to the process of multicultural individuals using more than one language in conversation or other communicative acts (e.g., gestures, body language, and understood contexts). By using different languages at the same time the brain switches back and forth between transmitting and receiving messages. Code-switching among multicultural individuals creates a dual communication system in which people are able to maintain their identities with their in-group but can still acquire tools and gain access needed to function in larger dominant society (Yancy, 2011).

There are many reasons that people might code-switch. There has been cross-cultural research indicating that an accent can activate stereotypes and change perceptions (Bourhis, Giles & Lambert, 1975; Dixon & Mahoney, 2004). In the United States, people who have a Southern accent are perceived as being less intelligent and having a lower socioeconomic status when compared to individuals with a standard American accent (Phillips, 2010). If an individual believes that their accent is leading others to form unfavorable impressions, they can consciously change their accent with much practice and effort. Once their ability to speak without their Southern accent is honed, they may be able to switch very quickly between their native accent when speaking with friends and family and their modified accent when speaking in professional settings.

Increased outsourcing and globalization have produced heightened pressures for code-switching among call center workers in India. Although many Indians learn English in school as a result of British colonization, their accents often active negative stereotypes and reactions among Western customers calling for help or customer service support. Some Indian call center workers completed intense training to be able to code-switch and accommodate the speaking style of their customers (Pal, 2004) and there

has been a growing trend toward accent neutralization as a response to racist verbal abuse call center workers receive from customers (Nadeem, 2012).

People who work or live in multilingual settings may code-switch many times throughout the day, or even within a single conversation. Some cultural linguists have argued that as a result of social media, the majority of Americans engage in code-switching regularly. Words like text, tweet, liked, googled and communicating with symbols (e.g., emojis) are used every day, across technological platforms and by individuals of all ages. Also, within the United States, some people of color may engage in code-switching when communicating with dominant group members because they fear they may be negatively judged and switching may minimize perceived differences. Code-switching may also signal a shift from formal interactions to more informal interactions and individuals may code-switching to reinforce their ingroup identity (Heller, 1992).

As our interactions continue to occur in more multinational contexts, the expectations for code-switching and accommodation are sure to increase. It is important for us to consider the intersection of culture and power to think critically about the ways in which expectations for code-switching may be based on cultural biases and how we can avoid ethnocentric bias and misinterpretations.

Up to this point we have largely focused on many benefits of living in a multicultural world including the cognitive and psychological benefits of bilingualism, cultural frame switching and the regular use of code-switching in the age of social media. This section will focus on many some of the challenges that persist when living in a multicultural world.

Cultural Reaffirmation

Cultural reaffirmation is a phenomenon that occurs when multicultural individuals living in multicultural societies endorse even more traditional values than persons from the native country or monoculture individuals. There have been several instances observed in Western and Eastern cultures. For example, Kosmitzki (1996) examined monocultural and bicultural Germans and Americans who rated themselves, their cultural group and adopted cultural group. The bicultural individuals endorsed even more traits and values of the native culture than the monoculture individuals. Matsumoto, Weissman, Preston, Brown and Kupperbusch (1997) compared Japanese and Japanese Americans on ratings of interpersonal interactions and found that the Japanese Americans rated themselves higher in areas of collectivism than the Japanese nationals. Cultural reaffirmation has been explained by the stresses of immigrating or becoming part of a multicultural society. In other words, the immigrant group hangs tightly to the native culture even as the native culture changes, in this way the immigrant culture begins to conform to stereotypes.

Identity Denial

Identity denial occurs when individuals are not accepted as a member of the group that they identify with. To be clear, individuals are not denying their heritage, culture or experience but others who share their identity are rejecting them. Cheryan and Monin (2005) revealed that Asian Americans experience more identity denial than other ethnic groups in the United States. As a reaction to the denial, individuals will often over identify with American culture (e.g., football, music, television).

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SECTION OVERVIEW

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4.5.1: Different Shared Experiences

"While every refugee's story is different and their anguish personal, they all share a common thread of uncommon courage – the courage not only to survive, but to persevere and rebuild their shattered lives."

–Antonio Guterres, UN High Commissioner for Refugees (UNHCR, 2005).

Families immigrate to the United States for various reasons. Some voluntary immigrants may choose to leave their country of origin in search of better opportunities, while others are forced to flee due to war, political oppression, or safety issues. Some families manage to stay together over the course of their journey, but many are divided or separated through the migration process. This is particularly true of **refugee** families whose migration is involuntary, hasty, and traumatic in nature (Rousseau, Mekki-Berrada, & Moreau, 2001). Refugees in particular may have survived traumatic events and violence including war, torture, multiple relocations, and temporary resettlements in refugee camps (Glick, 2010; Jamil, Hakim-Larson, Farrag, Kafaji, & Jamil, 2002; Keys & Kane, 2004; Steel et al., 2009). The destructive nature of war "involves an entire reorganization of family and society around a long-lasting traumatic situation" (Rousseau, Drapeau, , & Platt, 1999, p. 1264) and individuals and families may continue to experience traumatic stress related to family left behind and stressful living conditions long after they have resettled.

When it comes to mental and physical health, refugees are a part of an especially vulnerable population. While some adjust to life in the United States without significant problems, studies have documented the negative impact of a trauma history on the psychological wellbeing of refugees (Keller et al., 2006; Birman & Tran, 2008).

Pre-migration experiences may precipitate refugee mental health concerns, particularly in the early stages of resettlement (Beiser, 2006; Birman & Tran, 2008). These experiences may include:

- witnessing and experiencing violence,
- fleeing from a family home located in a city or village that is being destroyed, and
- walking to find refuge and safety for days or weeks with limited food, water, and resources.

Post-migration conditions, such as

- adapting to living in an overcrowded refugee camp or
- trying to rebuild life in a foreign country,
- structural stressors, such as going through the legal process of obtaining asylum or legal documentation, may also precipitate a cascade of individual mental health and family relational issues.

The pre- and post-migration experiences and stressors of refugees may compound and create a "cumulative effect on their ability to cope" (Lacroix & Sabbah, 2011). Spending weeks, months, or even years managing stressful and traumatic experiences may weaken an individual or family's ability to cope with continued change and the multiple stressors of resettlement.

While it is reported that refugees are at risk for higher rates of psychiatric disorders such as posttraumatic stress disorder (PTSD), depression, anxiety, complicated grief, psychosis, and suicide (Akinsulure-Smith & O'Hara, 2012; Birman & Tran, 2008; Jamil et al., 2002; Jensen, 1996; Kandula, Kersey, & Lurie, 2004; Steel et al., 2009), immigrants are also at risk for these mental health complications, especially if they have been exposed to multiple traumatic events. However, when working with immigrants and refugees, it is important to remember that one cannot assume that all members of an affected population are psychologically traumatized and will have the same mental health symptoms (Shannon, Wieling, Simmelink, & Becher, 2014; Silove, 1999). Further, mental health symptomatology is expressed in a variety of culturally sanctioned ways. For example, somatic complaints such as headaches, dizziness, palpitations, and fatigue might be a way to avoid stigma and shame often associated admitting to mental health problems (Shannon, Wieling, Im, Becher, & Simmelink, 2014).

We know that the mental health of an individual does not exist in isolation; the experiences of one person in a family or community affect others. Unfortunately, the majority of the literature about immigrant and refugee mental health focuses on mental health as an individual process; the systemic ramifications are understudied and underrepresented in academic literature (Landau, Mittal, & Wieling, 2008; Nickerson et al., 2011).

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4.5.2: Opportunities and Barriers for Immigrant Families

Opportunities and Barriers for Immigrant Families

The United States gives priority to family reunification, and has made great efforts to make the process of reunification accessible to immigrants. This provides new opportunities and security for immigrant families. However, there are still substantial challenges and barriers to families. In the sections below, we will describe the opportunities and barriers available to families in different configurations, including families seeking reunification, families living together in the United States without documentation, and couples in international marriages.

Reunification

As we outlined in the policy section, United States policy prioritizes family reunification, and immigrant and refugees' spouses and children are eligible to immigrate without visa quotas. The majority of current immigrants are family members being reunited with United States citizens or permanent residents.



USCIS providing answers about citizenship and immigration for soldiers and families at Army Community Services in Seoul.

US Army Garrison Red Cloud – U.S. Embassy answers immigration questions – CC BY-NC-ND 2.0.

In addition to these policies that promote family reunification, there are now more accepting policies to support reunification of gay citizens and their immigrant spouses. Historically, United States immigration policy has denied immigration to same-sex orientation applicants. Under the 1917 Immigration Act, homosexuality was grounds for exclusion from immigration. In 1965, Congress argued that gay immigrants were included in a ban on "sexual deviation" (Dunton, 2012). The ban against gay immigrants continued until 1990, when the Immigration and National Act was amended, removing the homosexual exclusion. Moreover, asylum has been granted for persecution due to sexual orientation (Dunton, 2012). Until 2013, immigrants and refugees could apply for residency or visas for their opposite-sex spouses. There was no provision made for same-sex partners. Following the overturn of the Defense of Marriage Act (DOMA), citizens and permanent residents can now sponsor their same-sex spouses for visas. United States citizens can also sponsor a same-sex fiancé for a visa (USCIS, 2014).

Despite these advances, there are two large challenges faced by immigrants seeking reunification. First, it requires substantial time and resources, including legal counsel, to navigate the visa system. Adults can petition for permanent resident visas for themselves and their minor children, but processing such applications can take years. Currently, children of permanent residents can face seven-year wait times to be accepted as legal immigrants (Meissner, Meyers, Papademetriou & Fix, 2006).

In some cases, children can age out of eligibility by the time the application is processed and the visa is granted. Such children then go to the end of the waiting list for adult visa processing (Brown, 2014). The 2002 Child Status Protection Act is designed to protect children against aging out of visa eligibility when the child is the primary applicant for a visa, but the act does not state if it applies if a parent was applying on behalf of their family (Brown, 2014). In the 2014 ruling to Cuellar de Osorio v. Mayorkas, the Supreme Court found that the child status protection act does not apply for children when a parent is applying on behalf of their family. Such young adults have already generally been separated from family for many years, and will now be separated for years or decades more.

Undocumented Families

For families who do not have a sponsoring family member, have a sponsoring employer, or originate from a country with few immigrants, the options for legal immigration to the United States are very limited. Those families who choose to travel to the United States face substantial barriers, including a perilous trip across the border, few resources, and constant threat of deportation.

One of the most dangerous times for undocumented families is the risky trip across the border. In order to avoid border patrol, undocumented immigrants take very dangerous routes across the United States border. The vast majority of all apprehensions of undocumented immigrants are on the border (while the remainder is apprehended through interior enforcement). For example, in 2014 ICE conducted 315,943 removals, 67% of which were apprehended at the border (nearly always by the Border Patrol), and 33% of which were apprehended in the interior (ICE, 2014). The trip and efforts to avoid Border Patrol can be physically dangerous and in some cases, deadly. The acronym ICE symbolizes the fear that immigrants feel about capture and deportation. A deportee in Exile Nation: The Plastic People (2014), a documentary that follows United States deportees in Tijuana, Mexico, stated that ICE was chosen as the acronym for the Immigration and Customs Enforcement agency because it "freezes the blood of the most vulnerable."

Even after arrival at the interior of the United States, undocumented immigrants feel stress and anxiety relating to the fear of deportation by ICE (Chavez et al., 2012). This impacts their daily life activities. Undocumented parents sometimes fear interacting with school, health care systems, and police, for fear of revealing their own undocumented status (Chavez et al., 2012; Menjivar, 2012). They may also avoid driving, as they are not eligible for a driver's license.

Since 2014, the Department of Homeland Security has placed a new emphasis on deporting undocumented immigrants. Department efforts generally prioritize apprehending convicted criminals and threats to public safety, but recent operations have taken a broader approach. In the opening weeks of 2016, ICE coordinated a nationwide operation to apprehend and deport undocumented adults who entered the country with their children, taking 121 people into custody in a single weekend. The majority of these individuals were families who applied for asylum, but whose cases were denied. Similar enforcement operations are planned (DHS press office, 2016). In many cases, the parents' largest concern is that immigration enforcement will break up the family. Over 5,000 children have been turned over to the foster care system when parents were deported or detained. This can occur in three ways:

- when parents are taken into custody by ICE, the child welfare system can reassign custody rights for the child,
- when a parent is accused of child abuse or neglect and there are simultaneous custody and deportation proceedings, and
- when a parent who already has a case open in a child welfare system is detained or deported (Enriquez, 2015; Rogerson, 2012).

"One of my greatest fears right now is for anybody to take me away from my baby, and that I cannot provide for my baby. Growing up as a child without a father [as I did], it's very painful… I felt like there was no male to protect them." – Mexican Immigrant describing how his fear of deportation grew after his baby daughter was born (Enriquez, 2015, p. 944)

Although the perilous trip and threat of deportation are significant challenges for undocumented immigrant families, there are two recent policy changes that offer new opportunities and protections for undocumented families. First, some states have sought to expand the educational supports available to undocumented immigrants. The State of Minnesota, for example, enacted the "Dream Act" into law (2013). This unique act, which is also known as the "Minnesota Prosperity Act," makes undocumented students eligible for State financial aid (State of Minnesota, 2014; Chapter 99, Article 4, Section 1).



Protesting for immigration reform.

Peoplesworld – CC BY-NC 2.0.

Second, there are now greater protections for unaccompanied children. In some cases, children travel across the border alone, without their families. They may be travelling to join parents already in the United States, or their parents may send them ahead to try to obtain greater opportunities for them. As a result of human rights activism, unaccompanied and separated immigrant children are now placed in a child welfare framework by licensed facilities under the care of the Office of Refugee Replacement (Somers, 2011). They provide for education, health care, and psychological support until they can be released to family or a community (Somers, 2011). Each year, 8,000 unaccompanied immigrant children receive care from the ORR (Somers, 2011).

Mixed Status Families

Some members of the family may have documentation, while the others do not. There may be cases where a United States citizen has applied for a visa for his family members, but they live without documentation while they wait for their priority date. Alternatively, there may be children who are born in the United States to undocumented parents. These children are entitled to benefits that their undocumented parents are not, such as welfare benefits (Peterson Institute for International Economics, 2005).

Children are subject to "multigenerational punishment," where they are disadvantaged because of their parents' undocumented status (Enriquez, 2015). As in undocumented families, parents fear interacting with school, health care, or police (Chavez et al., 2012; Menjivar, 2012).These children have limited opportunities to travel domestically (due to risks of driving without a license) or internationally (due to lack of travel papers) (Enriquez, 2015). When parents' employment opportunities are limited due to their lack of documentation, the children share in the economic instability (Enriquez, 2015).

"I'm still [supposed to be] perceived as this male provider… [but] we lost our place [after my job found out about my status], and now I'm [living] with my in-laws, and it's hard to find a great-paying job… It makes you feel like [people are saying]. 'How dare you do that to a little child.' It's hard because you do feel guilty, you feel that you're punishing someone that shouldn't be punished." –Mexican immigrant (Enriquez, 2015, p. 949)

International Marriages



Spouses of United States service members in Italy take the oath of allegiance to become United States citizens.

felicito rustique, jr. – CC BY 2.0.

In our increasingly global world, more couples are meeting and courting across national borders. Many of these couples ultimately seek to live together in the same country. In some cases, an immigrant travels to the United States and obtains citizenship, but still hopes to marry someone from their home country and culture. Under current United States policy, there are visas available for fiancés to immigrate to the United States. However, these relationships are screened. There are strict requirements to prove that the marriage is "bonafide." If a marriage is considered "fraudulent," the immigrant spouse can be detained and the native spouse can be fined. There are also limits to how many fiancé visas can be filed within a certain time frame, so that the same person cannot repeatedly apply for a fiancé visa with different partners (USCIS, 2005).

Regulations are in place to protect the non-citizen fiancés. In some cases, the United States citizen has much greater power than the non-citizen fiancé, and may exploit their lack of knowledge of English, local customs, and culture. The United States Government is required to give non-citizen fiancés information about their rights and resources, in an effort to prevent or intervene in cases of intimate partner violence (USCIS, 2005). A citizen can use an international marriage broker (IMB) to connect with a partner from their home country or another desired country. The International Marriage Broker Regulation Act of 2005 (IMBRA) states that the government must conduct criminal background checks on prospective citizen clients, in order to protect the welfare of the fiancés who will enter the United States (USCIS, 2005).

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4.5.3: Role of Resources in Achieving Aspirations

Role of Resources in Achieving Aspirations

An ecological approach to resiliency invites us to consider strengths of individuals and families as well as the ways that context contributes to the barriers and support of success (Parra-Cardona et al., 2008). Walsh (2006) cautions, “In advancing an understanding of personal or family resilience, we must be cautious not to blame those who succumb to adversity for lacking ‘the right stuff,’ especially when they are struggling with overwhelming conditions beyond their control” (p. 6). This section examines differences in families’ access to the resources that allow them to overcome adversity, specifically focusing on social stratification, contextual risk exposure, and acculturation.

Social Stratification

Kasinitz and colleagues (2009) point out that many groups of immigrants experience economic success. In New York, children of Chinese and Russian Jew immigrants have levels of income similar to United States-born White European Americans, children of West Indian immigrants have higher income levels than United States-born African Americans, and children of Dominican Republicans and South Americans have higher income levels than United States-born Puerto Ricans. However, Parra Cardona and colleagues (2006) paint a stark contrast to this picture of upward mobility for immigrants. Migrant workers earned lower levels of income than other groups in poverty ($7,500/ year), with little opportunity for upward mobility despite their hard work (Parra-Cardona et al., 2006). These families were often required to move across the country without any advance notice; as they moved north to new work locations, schools were less likely to provide bilingual support.

Expectations of financial success in the United States often fall short of expectations. Families from Mexico reported that the cost of living in the United States was higher than expected, and the families could not save for goals as quickly as they had hoped (Solheim et al., 2012). A quantitative study of Latino/a families unexpectedly found that human capital was associated with lower life satisfaction; this suggests a gap between reality and expectations based on level of education and skill (Raffaelli et al., 2012). Although family influences can be protective, family needs and obligations may present a barrier for reaching goals among young adults. For example, one single young man had come to the United States to better his personal circumstances, but supported his mother back in Mexico at the expense of his own education (Solheim et al., 2012). This is consistent with larger trends in research, where first generation immigrant young adults were more likely than second or third generation young adults to provide financial assistance to their families (Fuligni, 2011). Those immigrant youth who provided financial help to families were less likely to complete a 2 or 4 year degree. Similarly, in families whose primary motivation for immigrating was work prospects rather than educational prospects, children’s grades were more likely to decline over five years (Hagelskamp et al., 2010). This suggests that in families where family employment and work concerns are pressing, individual educational goals can suffer. These findings suggest that a hierarchy of needs may exist where basic needs are more important than education and limit upward mobility (Hagelskamp et al., 2010). Together, these studies suggest that high levels of family obligation may interfere with academic success.

Educational attainment. Some of the variation in achieving financial success may depend on the level of parents’ education upon arrival to the United States, which is a reminder that immigration is a selective process (Fuligni, 2012). Many immigrants are able to migrate because they have higher resources than their peers at home. In one study, Black immigrant heads of household had higher levels of education than Black United States-born heads of household (Thomas, 2011). Zhou (2008) found that many Chinese immigrant families had higher education than other immigrant groups and built a community of support for educational experiences, which benefited families with lower levels of SES as well. In another study, Chinese fathers were more educated that immigrant fathers from Central America, Dominican Republic, Mexico, or Haiti, and these Chinese families cited work prospects as motivation to migrate less often than those from other countries of origin (Hagelskamp et al., 2010). Children from Chinese families also tended to have higher grades. In contrast, those from Haiti and Central America were more likely to be fleeing political chaos and mentioned education less as a reason for migrating. In refugee samples outside the United States, parents’ education may be a long-term protective factor (Montgomery, 2010), but those who are educated may also be targeted in violent conflicts and suffer more as a result (Fazel et al., 2012).

Many of the examples of the immigrant paradox throughout the literature rely on data that controls for SES, but these may not have real world application if socioeconomic status is strongly related to outcomes. Crosnoe (2012) responded to this concern by examining educational outcomes over time for first- and second-generation immigrants as well as United States-born groups in two nationally representative samples, but without controlling for SES. The results showed that White European American children of third-generation-plus families scored well above all other groups. Among high school students, second-generation Latino/a students

outpaced third-generation Latino/a students; first-generation were in-between, but not significantly different from either the second- or third-generation. Among elementary students, third-generation-plus Latino/a students scored above first- and second-generation immigrants but this gap decreased as the children reached fifth grade. In a study of younger children, access to early education has been found to be limited for some groups of immigrants (Hernandez et al., 2012). Although some cited family and cultural barriers to obtaining early education, research shows the differences were largely accounted for by socioeconomic barriers for both immigrant and United States-born families from Central America and Southeast Asia (Hernandez et al., 2012). Thus, education barriers may vary across generations and across immigrant communities.

Contextual Risk Exposure

Contextual risk exposures can stem from numerous sources, but some of the most salient are local policies, neighborhoods, and discrimination. One study found that pro-immigrant local policies and integration among immigrants and other groups in 2000 was related to the availability of diverse job opportunities for immigrant families (Lester & Nguyen, 2015). In these contexts, immigrants were less likely to lose their jobs and had higher incomes in 2010, implying that they were more resilient to the economic stress of the Great Recession.

Immigrant families often settle in poor, high crime areas with lower quality schools and limited access to resources (Fuligni, 2011; Xiong et al., 2004). Ponger and Hao (2007) found that the schools Latino/a immigrant children attended had a higher record of problem behaviors and poor learning climate compared to schools where Asian immigrant children attended. Portes and Raumbaut (2001) reported that immigrant children from Laos, Vietnam, or Cambodia were likely to attend unsafe schools. This research was substantiated by a large national study which found that schools immigrant children attended were more chaotic and had lower levels of academic expectations and challenge than schools that second- or third-generation students attended (Pong & Zeiser, 2012). Comparisons with children from non-immigrant families were not made, however, which may have shown an even greater difference. Furthermore, Southeast Asian adolescents of immigrant parents felt that their parents frequently lacked the resources to advocate for their children in a school environment because they were socially isolated (Xiong et al., 2004).

In addition to impoverished, low-resource communities, many immigrants face discrimination. Kasinitz and colleagues (2009) reported that children of immigrants from Indian or Latino/a backgrounds faced more discrimination than other groups of immigrants in New York, which may have influenced their ability to access local resources. For example, criminal justice systems tend to give more lenient sentences to White adolescents than to Latino or Black adolescents for the same crimes, and these adolescents also have fewer economic and family resources to navigate their sentences. In a qualitative study, immigrants expressed more discrimination barriers than United States-born Latino/as; they felt a sense of isolation in communities where Latino/as were a minority and experienced discrimination rooted in language barriers (Parra-Cardona et al., 2006). In that same study, immigrant migrant workers experienced extreme discrimination, including from employers who reneged on the original agreement for compensation. Few employees received health care, and taking a day off for health or family reasons was punished by extra days of work. Parents felt that their children were disadvantaged in schools by being placed in a slow learning track and negatively labeled (Parra-Cardona et al., 2006). A study of Somali refugee children found those who perceived discrimination were more likely to report symptoms of depression and PTSD (Ellis et al., 2008). In contrast, those who felt safe at school or a sense of belonging were less likely to report depression or PTSD (Geltman et al., 2005). Even if discrimination is not obvious, social stereotypes created barriers to resources with long-term implications for mental and physical health (Fuligni et al., 2007). For example, East Asian immigrants tended to have higher incomes that allow high school students to enroll in higher level courses and receive higher grades than peers from Latin American or Filipino backgrounds. In turn, these courses and grades predict college enrollment (Fulgini et al., 2007).

Acculturation Gap

Levels of acculturation may also affect access to resources. Adolescents and young adults who combine aspects of both their family of origin culture and the new culture and speak both languages tend to adjust better than those who either stay steeped in their root culture only or assimilate completely to their new culture (Kasinitz et al., 2008; Portes & Rumbaut, 2001).

In some cases, an acculturation gap between parents and their more quickly acculturated children leads to family conflict. As a result, family relationships become a risk factor rather than a protective factor (Lee et al., 2009; Xiong et al., 2004; Lazarevic, Wiley, & Pleck, 2012). When patterns of parent and child acculturation are similar to each other, parent-child relationships and youth well-being may benefit (Portes & Rubaut, 2001; Lazarevic et al., 2012). In a Canadian study, parenting efficacy mediated the relationship between acculturation into the new culture and psychological adjustment of both Chinese mothers and fathers

(Costigan & Koryzma, 2011). A direct relationship between maintaining an orientation toward Chinese culture and positive psychological adjustment was found for women but not for men.

Research suggests that parents' acculturation and adjustments in parenting that align with the demands of the new culture may have some protective factors for children in immigrant families. However, research also shows that subsequent generations do less well. It may be that over time as acculturation and opportunities increase, there is an erosion of a strong sense of family identity which diminishes the protection these connections provide.

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4.5.4: Case Studies 1-3

Case Studies

Though there are substantial barriers to family reunification and well-being, there are also great opportunities. Never before has policy been so inclusive or aimed so intensely on family reunification. The case studies below outline different paths to immigration and family reunification. They demonstrate the opportunities and assistance which are available, as well as the challenges faced.

Case Study 1: Becoming a Citizen

Mr. and Mrs. Addisu, both in their early 70s, immigrated to the United States from Ethiopia nearly 15 years ago with sponsorship from their daughter and her United States-born husband. The couple was eager to learn English and embrace the different cultural values, which meant becoming citizens. They wanted to join the country that their child and grandchildren called home.

After filing the appropriate documentation, paying related fees, and waiting for several years, both Mr. and Mrs. Addisu were scheduled for their naturalization test. The Addisu's daughter helped them study the material. They particularly hoped that their parents could obtain citizenship so that the Addisus could take a long trip home to see their friends in Ethiopia, which they had not been able to do since moving to the United States with strict residency requirements.

But it quickly became apparent that Mr. Addisu had trouble learning English, which was primarily age-related. With assistance from a local church, Mr. Addisu applied for an English Language Exemption. This enabled him to exempt from the English language requirement and take the civics test in Oromo with the assistance of an interpreter.

Case Study 2: Family Reunification

Matias, a United States citizen, filed a petition to request a green card for his daughter Victoria who still lived in Mexico. Victoria had a 15-year old son and a 14-year daughter, who were listed on the petition as "derivative beneficiaries", eligible to receive a visa if their mother received one. Their petition was approved, and they waited for their priority date. Victoria and her son and daughter continued living in Mexico, they lived on a low income and in a violent neighborhood. They communicated regularly with Matias, and Victoria repeatedly expressed how excited she was to see her dad again, and to be able to provide a better life for her kids. She regularly checked on her application and the priority date, excited for its arrival.

The priority date arrived 7 years later. Victoria's children were now 22 and 21, and so they were no longer eligible to be derivative beneficiaries on Victoria's visa. When Victoria learned, she was distraught. She talked to every advocacy group she could find, but there were no options. There would have been services available to expedite their petition as the children approached adulthood, but she and Matias had been unaware.

Victoria talked with her children about the options; they could all remain together in Mexico, or she could travel to the United States and apply for them to join her. One of her children as now working, and the other was attending a technical school. They decided together that it would be best for Victoria to go on to the United States. Once she arrived and became a lawful permanent resident, she filed a petition for her kids to get a visa. It was approved. Once again, the family waited for their priority date. Now, Victoria was with her father, but separated from her kids. It was now her kids she was calling, saying, "I miss you, I am excited to see you, I hope we can be together soon, soon, soon." After 8 years, the priority date arrived. Victoria's children, now ages 29 and 30, joined their mother in the United States.

Discussion Questions for case study 1 and 2

1. Think back on your own family history. If you had family immigrate to the United States, what policies were in place when they arrived?
2. What would motivate a family to immigrate without documentation? What might make them decide against it?
3. What challenges does a child face if their parents do not have documentation?
4. What are the arguments for making family reunification quicker and more accessible? What are the arguments against it?
5. What barriers did the families in the case studies have to reunification? What supports did they receive?

Helpful Links

Migration Policy Institute

- http://www.migrationpolicy.org/

- The Migration Policy Institute is “an independent, nonpartisan, nonprofit think tank in Washington, DC dedicated to analysis of the movement of people worldwide”. They have regular publications and press releases about trends in migration, both to the United States and internationally.

Statue of Liberty Oral History

- www.libertyellisfoundation.org/oral-history-library
- The Statue of Liberty – Ellis Island Foundation, Inc. keeps a database of oral histories of immigrants who came through Ellis Island during their migration to America between 1892 to 1954.

Case Study 3

“Big trucks remind him of the tanks…they shot his friends.”

Ari was a bright-eyed, precocious child with big brown eyes. At the young age of 5 he was full of creative ideas and imaginative scenarios. “I’m stronger than Superman!” he said with unbending confidence while whizzing around the living room of his family’s first floor apartment.

“He is obsessed with superheroes,” His older brother Amed responded.

Ari climbed on the back of the couch, put his fisted hands on his hips, puffed out his chest and with a steely smile ripped open his buttoned shirt revealing a blue t-shirt with the iconic Superman S emblazoned across the chest. “I AM STRONGER THAN SUPERMAN!” he yelled as he threw one arm in the air and jumped off the couch. He continued to run around the room, making whooshing noises and stopping every few seconds to flex his tiny arm muscles.

“We didn’t have superheroes in Kurdistan,” Amed said. “At least I don’t remember them.”

“How old were you when you left Kurdistan?” I asked.

“I was 7, Ari was 3.”

“And how long have you been in the United States?” I asked.

“A little over a year,” he replied.

At that moment Ari and Amed’s mom entered the room with a large warm disk of flatbread wrapped in towel.

“For you,” she said, handing me the bread.

Ari rushed over to grab a piece but was swatted away by his mother’s hand. She began talking to him in Arabic.

“She is telling him to act like a good boy and to stop running around,” Ahmed translated.

Ahmed was 9. He was tall for his age, slender, and very soft spoken. He and his father were the only two in the house who spoke English fluently. This meant Ahmed was often tasked with translating for the family. Sometimes he appeared to enjoy this. At other times he looked burdened.

I smiled. “Little boys are full of energy,” I said while watching Ari flex his muscles at his mother.

At that moment the loud grumbling sound of the garbage truck came in through the open window. The heavy machine wheeled in front of the house, its hydraulics let out a violent gush of air as it thrust its iron teeth into the large dumpster. The dumpster was effortlessly thrown up in the air, its content dumping into the back of the truck. hen with a whoosh and a gush it was slammed back down to earth with a loud bang.

Ari froze. The rigidness in his body was instantaneous. All super hero powers melted away. His eyes grew large and glazed over. His face contorted into that of horror. He screamed uncontrollably. The gregarious little boy was gone, and in his place the embodiment of terror.

“What is wrong?” I asked.

His mother grabbed him. Ari flailed. She pulled his head into her chest and started singing.

“Big trucks remind him of the tanks,” Ahmed said nonchalantly.

“The tanks? I asked, “What tanks?”

“He was on the playground back home when the tanks came. The soldiers shot his friends.”

Unsure of how to respond, a quiet “oh” slipped from my lips.

“They shot his friends?” I asked.

“Yes, they shot everyone. They didn’t care. They killed children. I saw lots of kids die.” Ahmed spoke with authority but without emotion.

Ari continued screaming for several more minutes as his mother sang and rocked him. The garbage truck finished emptying the dumpsters and drove away. Its loud hum resonating throughout the complex as it left. After it was gone and the usual sounds of the apartment complex returned Ari slowly calmed down.

“Bread. Eat.” His mother smiled and motioned to me and the bread she had handed me minutes before.

“She wants you to eat the bread,” Ahmed said.

“Oh yes. The bread.” I looked down at my hands. “This is the best bread.” I said looking up, half smiling. My eyes moved to Ari. The boy stronger than Superman slowly crept back to life. His eyes unglazed. He yawned, and his mother kissed the top of his head. I pointed to the S on his t-shirt. He looked down at his chest and then instinctively flexed his tiny arm in a show of power before shyly burying his head in his mother’s arm.

Discussion Questions for Case Study 3

1. What are some mental health challenges that may arise in this family? How might an educator, social worker, therapist, religious/spiritual leader, employer, etc. support them?
2. What types of treatments might be helpful for this family system?
3. What do you believe are the challenges and opportunities in helping this family successfully resettle in the United Stated?
4. What do you see as the role of United States’ communities in immigrant and refugee resettlement – whose responsibility is it to support these families?

Helpful Links

The National Child Traumatic Stress Network (NCTSN)

- http://www.nctsn.org/
- NCTSN’s mission is to raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States. Their website contains information for parents and caregivers, school personnel, and professionals.

The Center for Victims of Torture (CVT)

- http://www.cvt.org/resources#sthash.myQihJ8T.dpuf
- CVT believes in the exchange of knowledge, ideas and creative strategies to heal torture survivors and inspire effective action to end torture worldwide.

Bridging Refugee Youth and Children’s Services (BRYCS)

- http://www.brycs.org
- BRYCS maintains the nation’s largest online collection of resources related to refugee immigrant children and families.

vivo International

- (http://www.vivo.org/en/)
- vivo (victim’s voice) is an alliance of professionals experienced in the fields of psychotraumatology, international health, humanitarian aid, scientific laboratory and field research, sustainable development and human rights advocacy.

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CHAPTER OVERVIEW

5: Intersections of Identity- Personality, Race, and Ethnicity

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5.3.7: AAPI and Biracial/Multiracial Identity Development

5.3.8 Whiteness and Identity

Learning Objectives

By the end of this chapter, students should be able to:

1. **Define** key concepts related to personality, race, and ethnicity.
2. **Describe** how cultural background influences personality development and expression.
3. **Explain** major theories of racial and ethnic identity development.
4. **Analyze** how intersecting identities shape individual experiences and self-perception.
5. **Discuss** the effects of racism, prejudice, and microaggressions on personality and mental health.
6. **Compare** Western models of personality with culturally diverse perspectives.
7. **Apply** multicultural frameworks to understand how race and ethnicity interact with personality in psychological contexts.

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5.1: Introduction to Personality

Personality Theory

You have probably noticed that some people are very social and outgoing while others are very quiet and reserved. Some people seem to worry a lot while others never seem to get anxious. Each time we use words like *social, outgoing, reserved or anxious* to describe people around us, we are talking about a person's personality. Personality is one of the things that make us unique from one another. Our personalities are thought to be long term, stable, and not easily changed (Caspi, Roberts, & Shiner, 2005) leading some psychologists argue that personality is heritable and biological.

Personality is not the same thing as character, which refers to qualities that a culture considers good and bad. **Temperament** is hereditary and includes sensitivity, moods, irritability, and distractibility. In this way, temperament can be seen as part of our personality and offers support for biological and universal aspects of personality.

Once we understand someone's personality, we can predict how that person will behave in a variety of situations. Think about what it takes to be successful in college. You might say that intelligence is factor in college success and you would be correct but personality researchers have also found that traits like Conscientiousness play an important role in college success. Highly conscientious individuals study hard, get their work done on time, and are less distracted by nonessential activities that take time away from school work. Over the long term, this consistent pattern of behaviors can add up to meaningful differences in academic and professional development. Personality traits are not just a useful way to describe people; they actually help psychologists predict if someone is going to be a good worker, how long he or she will live, and the types of jobs and activities the person will enjoy.

There are many psychological perspectives that try to explain personality including behaviorist, humanist and sociocultural perspectives. This page will focus on the **trait theory** of personality and how combinations of traits create unique personality profiles as well as the cross-cultural dimensions of the approach.

Major Approaches to Personality Psychology

Psychodynamic: Focuses on how unconscious drives, wishes, needs, and childhood experience drive personality development

Biological/Evolutionary: Anatomical, bio-chemical, genetic, and evolutionary theories used to explain personality.

Phenomenological/Humanistic: Looks at how conscious awareness produces uniquely human attributes that influence personality.

Behavioral/Cognitive/Social Cognitive: Behaviors, thoughts, life experiences influence and shape personality

Traits: Categorizes our characteristic patterns of thought, feeling, and behavior.

Trait Theory

Personality traits reflect people's characteristic patterns of thoughts, feelings, and behaviors. Trait theory in psychology rests on the idea that people differ from one another based on the strength and intensity of basic trait dimensions. There are three criteria that characterize personality traits: (1) consistency, (2) stability, and (3) individual differences.

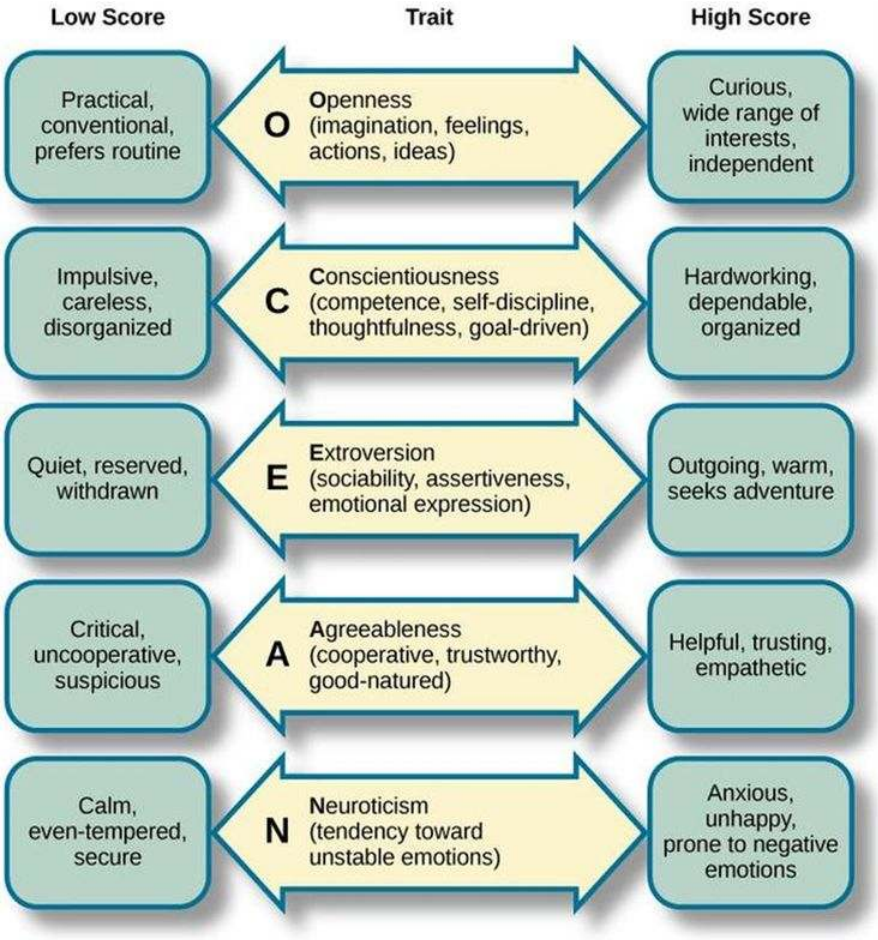
- Individuals must be somewhat **consistent** across situations in their behaviors related to the trait. For example, if they are talkative at home, they tend also to be talkative at work.
- A trait must also be somewhat **stable** over time as demonstrated behaviors related to the trait. For example, at age 30 if someone is talkative they will also tend to be talkative at age 40.
- **People differ** from one another on behaviors related to the trait. People differ on how frequently they talk and so personality traits such as talkative exist.

A major challenge for trait theorists was how to identify traits. They started by generating a list of English adjectives (after reading about bias in Chapter 3 I bet you can see a problem here). Early trait theorists Allport and Odbert identified about 18, 000 words in the English language that could describe people (Allport & Odbert, 1936). The list was later reduced to 4,500 by Allport but even this was far too many traits. In an effort to make the list of traits more manageable, Raymond Cattell (1946, 1957) narrowed the list to 16 factors and developed a personality assessment called the 16PF. Later, psychologists Hans and Sybil Eysenck focused

on **temperament** (Eysenck, 1990, 1992; Eysenck and Eysenck, 1963) and hypothesized two specific personality dimensions: extroversion/introversion and neuroticism/stability.

While Cattell's 16 factors may be too broad, the 2-factor system proposed by the Eysenck's has been criticized for being too narrow. Another personality theory, called the **Five Factor Model (FFM)**, effectively hits a middle ground. The five factors are commonly referred to as the Big Five personality traits (McCrae & Costa, 1987). It is the most popular theory in personality psychology today and the most accurate approximation of the basic trait dimensions (Funder, 2010). Traits are scored along a continuum, from high to low rather than present or absent (all or none). This means that when psychologists talk about Introverts (e.g., quiet, withdrawn, reserved) and Extroverts (e.g., outgoing, social, talkative), they are not really talking about two distinct types of people but rather they are talking about people who score relatively low or relatively high along a continuous dimension.

The five traits are openness to experience, conscientiousness, extroversion, agreeableness, and neuroticism. A helpful way to remember the traits is by using the mnemonic OCEAN.



Scores on the Big Five traits are mostly independent which means that a person's position on the continuum for one trait tells very little about their standing on the other traits. For example, a person can be extremely high in Extraversion and be either high or low on Neuroticism. Similarly, a person can be low in Agreeableness and be either high or low in Conscientiousness. In the FFM you need five scores to describe most of an individual's personality.

Cross-Cultural Considerations

We have learned that culture is transmitted to people through language, as well as through social norms which establish acceptable and unacceptable behaviors which are then rewarded or punished (Henrich, 2016; Triandis & Suh, 2002). With an increased understanding of cultural learning, psychologists have become interested in the role of culture in understanding personality.

The idea that personality can be described and explained by five traits has important implications but the experience of reality might be different across cultures. Western ideas about personality may not apply to other cultures (Benet-Martinez & Oishi, 2008).

There are two main cultural approaches for researching personality.

- **Etic traits** are considered universal constructs that are evident across cultures and represent a biological bases of human personality. If the Big Five are universal then they should appear across all cultures (McCrae and Allik, 2002).
- **Emic traits** are constructs unique to each culture and are determined by local customs, thoughts, beliefs, and characteristics. If personality traits are unique to individual cultures then different traits should appear in different cultures.

Cross cultural research of personality uses an *etic* framework and researchers must ensure equivalence of the personality test through validation testing. The instrument must include equivalence in meaning, as well as demonstrate validity and reliability (Matsumoto & Luang, 2013). For example, the phrase *feeling blue* is used to describe sadness in Westernized cultures but does not translate to other languages. Differences in personality across cultures could be due to real cultural differences, but they could also be consequences of poor translations, biased sampling, or differences in response styles across cultures (Schmitt, Allik, McCrae, & Benet-Martínez, 2007).

Rentfrow, Kosinski, Stillwell, Gosling, Jokela and Potter (2013) identified regional personality differences within the United States using the Big Five personality dimensions. The researchers analyzed responses from over 1.5 million individuals found that there are three distinct regional personality clusters

U.S. Regional Personality Clusters

Cluster 1 is in the Upper Midwest and Deep South and is dominated by people who fall into the *friendly and conventional* personality which is defined by moderately high levels of Extraversion, Agreeableness, and Conscientiousness, moderately low Neuroticism, and very low Openness. The cluster has predominantly White residents with comparatively low levels of education, wealth, economic innovation, and social tolerance but are civically engaged in their communities.

Cluster 2 includes the West and is dominated by people who are more relaxed, emotionally stable, calm, and creative which is defined as low Extraversion and Agreeableness, very low Neuroticism, and very high Openness. There are disproportionate numbers of non-White residents in this region, in addition to people who are wealthy, educated, and economically innovative.

Cluster 3 includes the Northeast which has more people who are stressed, irritable, and depressed. The personality profile shows low Extraversion, very low Agreeableness and Conscientiousness, very high Neuroticism, and moderately high Openness. There are disproportionate numbers of older adults and women in this region, in addition to affluent and college-educated individuals.

One explanation for the regional differences is **selective migration** (Rentfrow et al., 2013). Selective migration is the concept that people choose to move to places that are compatible with their personalities and needs. For example, a person high on the agreeable scale would likely want to live near family and friends, and would choose to settle or remain in such an area. In contrast, someone high on openness would prefer to settle in a place that is recognized as diverse and innovative (such as California).

Most of the cross-cultural research on FFM and Big Five has been done using the NEO-PI (and its subsequent revisions) which has demonstrated equivalence, reliability and validity across several cross-cultural studies (Costa & McCrae, 1987; McCrae, Costa & Martin, 2005). Research using the NEO-PI found **support for the entire Five-Factor Model** in Chinese, Dutch, Italian, Hungarian, German, Australian, South African, Canadian, Finnish, Polish, Portuguese, Israeli, Korean, Japanese, and Filipino samples, in addition to other samples (McCrae, Costa, Del Pilar, Rolland, & Parker, 1998).

Personality tests rely on self-report which is susceptible to response bias like socially desirability responding. To evaluate this possibility, McCrae and colleagues (2005) recruited students from 50 cultural groups and modified the NEO-PI to be in the third person (i.e., he, she, his, her). The research participants were asked to complete the form on someone else that they knew very well (McCrae et al., 2005). The same five factors emerged in this study. These results provided empirical support for the FFM and for the use of self-report instruments when conducting cross-cultural personality research. Think about it – there was no reason for the students to respond in a desirable way because they were answering questions about someone else.

Finding similar factors across many cultures has provided support for the universality of of the FFM personality trait structure. The five dimensions (Big Five) also seem to emerge in similar developmental stages (McCrae & Costa, 1997; McCrae et al., 1999) which provides additional support for universal traits. Longitudinal studies have found consistency in personality changes that occur across the lifetime, in both adults and adolescents (McCrae, et al., 1999; McCrae et al., 2000). Big Five research conducted with American and Flemish teens showed similar changes in personality from ages 12 to 18 (McCrae, et al., 2000) In addition, the period from young adulthood to middle adulthood is associated with increases in Conscientiousness and Agreeableness (Donnellan

& Lucas, 2008) and decreases in Neuroticism, Openness, and Extraversion in several countries, including the United States, Germany, Italy, Portugal, Croatia, and South Korea (McCrae, et al.,1999; Terracciano, McCrae, Brant, & Costa, 2005).

Big Five or More?

Although support for the Big Five across cultures is strong, it is unclear whether or not the Big Five personality traits are the best possible measure of personality for all cultures. Some researchers suggest that important aspects of some cultures are not captured by the Five Factor Model (Funder, 2010; Ashton, et al., 2004; Ashton & Lee, 2007). Results from several European and Asian studies have found overlapping dimensions with the Five Factor Model, as well as additional, culturally unique dimensions (Church, 2002). Several cross-cultural studies have identified other dimensions of personality not captured by the Big Five including traits unique to China, Denmark, Bolivia and the Philippines.

Chinese psychologists created an indigenous personality test named the **Chinese Personality Assessment Inventory (CPAI)** which identified several traits that were not part of the Big Five that have been labeled Interpersonal Relatedness (Cheung, Leung, Fan, Song, Zhang, & Zhang, 1996; Cheung, et al., 2001). Support for this model was originally developed in studies conducted in mainland China and Hong Kong, China, but the existence of the Interpersonal Relatedness dimension of personality has also been found in samples from Singapore, Hawaii, and the Midwestern United States.

A distinct Filipino personality structure was also identified when an indigenous personality test was used in conjunction with a Western developed personality test. Church and colleagues (1998, 2002) used indigenous Filipino personality scales and the revised NEO-PI and found that there was overlap between the Filipino scales and the Five Factor Model. Researchers also found several unique indigenous factors such as *Pagkamadaldal* (Social Curiosity) and *Pagkamapagsapalaran* (Risk-Taking) that had predictive power greater than the Five Factor Model alone (Katigbak, Church, Guanzon-Lapeña, Carlota, & del Pilar, 2002). These new indigenous factors are highly predictive of smoking, gambling, praying and tolerance of behaviors outside of social norms (Matsumoto & Luang, 2013).

Studies conducted in Denmark and the Netherlands found an authoritarian personality structure. Hofstede and colleagues (1993) analyzed data from 1,300 Danes and found a sixth dimension not related to the five-factor model which they labelled Authoritarianism. This is an interesting finding because dominance and authoritarianism is connected to animal studies and animal personality (Hofstede, Bond & Luk, 1993).

Tsimane, a horticultural group living in the Bolivian Amazon were administered a modified version of the FFM and there was little support for the five factors – two factors emerged that were not part of the Big Five. This is an example of research that used a non-industrial, non- WEIRDO sample and raises questions about whether FFM can generalize to non-industrial cultures (Gurven et al., 2013).

Ashton and Lee (2007) identified Honesty-Humility as a sixth dimension of personality when using English and Asian based adjectives to describe traits. People high in this trait are sincere, fair, and modest; whereas those low in the trait are manipulative, narcissistic, and self-centered. The HEXACO model is often used when traits of agreeableness or emotions are of particular interest in research. It should be clear that although there is strong support for the Big Five across cultures, some research suggests the existence of other traits besides simply the Big Five, which may ultimately improve our understanding of personality across different cultures.

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5.1.1: Foundations of Culture and Identity

At the foundation of all human behavior is the self—*our sense of personal identity and of who we are as individuals*. Because an understanding of the self is so important, it has been studied for many years by psychologists (James, 1890; Mead, 1934) and is still one of the most important and most researched topics in psychology (Dweck & Grant, 2008; Taylor & Sherman, 2008).

Identity

Identity refers to the way individuals understand themselves as part of a social group. It is a universal construct and depends on how we view ourselves and how we are recognized by others. Identity may be acquired indirectly from parents, peers, and other community members or more directly through enculturation. A person may hold multiple identities such as teacher, father, or friend. Each position has its own meanings and expectations that are internalized as identity. In this way, the specific content of any individual's or group's identity is culturally determined. Also, forming a connection with your identity is influenced by your culture. For example, in the United States it is common to link identity with a particular ethnic or racial group (e.g., Hispanic, African American, Asian American, and Jewish American among others) but we should remember that these categories are products of immigration and history. The history is unique to the United States so individuals from other cultures do not identify with the same cultural groups (Matsumoto & Luang, 2013).

We should also think of identity as dynamic and fluid. It can change depending on the context and the culture. Think about it – when someone asks you where you are from, if you are in a foreign country you might say the United States. In a different situation you might say that you are from California even though you were actually born in Kansas and in a very small state like Hawaii you might identify by your high school (Matsumoto & Luang, 2013).

Ask yourself the question "Who am I?" Recall from our earlier discussion of self-concept that we develop a sense of who we are based on what is reflected back on us from other people. Our parents, friends, teachers, and the media help shape our identities. While this happens from birth, most people in Western societies reach a stage in adolescence where maturing cognitive abilities and increased social awareness lead them to begin to reflect on who they are. This begins a lifelong process of thinking about who we are now, who we were before, and who we will become (Tatum, B. D., 2000). Our identities make up an important part of our self-concept and can be broken down into three main categories: personal, social, and cultural identities (see Table 8.1 "Personal, Social, and Cultural Identities").

Try for Yourself

Try it for yourself (at least 5 times)

I am (fill in the blank) _____

I am (fill in the blank) _____

I am (fill in the blank) _____

I am (fill in the blank) _____

I am (fill in the blank) _____

Personal, Social, and Cultural Identities

We must avoid the temptation to think of our identities as constant. Instead, our identities are formed through processes that started before we were born and will continue after we are gone; therefore our identities aren't something we achieve or complete. Two related but distinct components of our identities are our personal and social identities (Spreckels, J. & Kotthoff, H., 2009). **Personal identities** include the components of self that are primarily intrapersonal and connected to our life experiences. For example, I consider myself a puzzle lover, and you may identify as a fan of hip-hop music. Our **social identities** are the components of self that are derived from involvement in social groups with which we are interpersonally committed.



Figure 5.1.1.1: Pledging a fraternity or sorority is an example of a social identity (Adaenn – CC BY-NC 2.0.).

For example, we may derive aspects of our social identity from our family or from a community of fans for a sports team. Social identities differ from personal identities because they are externally organized through membership. Our membership may be voluntary (Greek organization on campus) or involuntary (family) and explicit (we pay dues to our labor union) or implicit (we purchase and listen to hip-hop music). There are innumerous options for personal and social identities. While our personal identity choices express who we are, our social identities align us with particular groups. Through our social identities, we make statements about who we are and who we are not.

Table 5.1.1.1: Personal, Social, and Cultural Identities

Personal	Social	Cultural
Antique Collector	Member of Historical Society	Irish American
Dog Lover	Member of Humane Society	Male/Female
Cyclist	Fraternity/Sorority Member	Greek American
Singer	High School Music Teacher	Multiracial
Shy	Book Club Member	Heterosexual
Athletic		Gay/Lesbian

Personal identities may change often as people have new experiences and develop new interests and hobbies. A current interest in online video games may give way to an interest in graphic design. Social identities do not change as often because they take more time to develop, as you must become interpersonally invested. For example, if an interest in online video games leads someone to become a member of a MMORPG, or a massively multiplayer online role-playing game community, that personal identity has led to a social identity that is now interpersonal and more entrenched. **Cultural identities** are based on socially constructed categories that teach us a way of being and include expectations for social behavior or ways of acting (Yep, G. A., 2002). Since we are often a part of them since birth, cultural identities are the least changeable of the three. The ways of being and the social expectations for behavior within cultural identities do change over time, but what separates them from most social identities is their historical roots (Collier, M. J., 1996). For example, think of how ways of being and acting have changed for African Americans since the civil rights movement. Additionally, common ways of being and acting within a cultural identity group are expressed through communication. In order to be accepted as a member of a cultural group, members must be acculturated, essentially learning and using a code that other group members will be able to recognize. We are acculturated into our various cultural identities in obvious and less obvious ways. We may literally have a parent or friend tell us what it means to be a man or a woman. We may also unconsciously consume messages from popular culture that offer representations of gender.

Any of these identity types can be ascribed or avowed. **Ascribed identities** are personal, social, or cultural identities that are placed on us by others, while **avowed identities** are those that we claim for ourselves (Martin & Nakayama, 2010). Sometimes people ascribe an identity to someone else based on stereotypes. You may see a person who likes to read science-fiction books, watches documentaries, has glasses, and collects Star Trek memorabilia and label him or her a nerd. If the person doesn't avow that identity,

it can create friction, and that label may even hurt the other person's feelings. But ascribed and avowed identities can match up. To extend the previous example, there has been a movement in recent years to reclaim the label *nerd* and turn it into a positive, and a nerd subculture has been growing in popularity. For example, MC Frontalot, a leader in the nerdcore hip-hop movement, says that being branded a nerd in school was terrible, but now he raps about "nerdy" things like blogs to sold-out crowds (Shipman, 2007). We can see from this example that our ascribed and avowed identities change over the course of our lives, and sometimes they match up and sometimes not.

Although some identities are essentially permanent, the degree to which we are aware of them, also known as salience, changes. The intensity with which we avow an identity also changes based on context. For example, an African American may not have difficulty deciding which box to check on the demographic section of a survey. But if an African American becomes president of her college's Black Student Union, she may more intensely avow her African American identity, which has now become more salient. If she studies abroad in Africa her junior year, she may be ascribed an identity of American by her new African friends rather than African American. For the Africans, their visitor's identity as American is likely more salient than her identity as someone of African descent. If someone is biracial or multiracial, they may change their racial identification as they engage in an identity search. One intercultural communication scholar writes of his experiences as an "Asianlatinoamerican" (Yep, 2002). He notes repressing his Chinese identity as an adolescent living in Peru and then later embracing his Chinese identity and learning about his family history while in college in the United States. This example shows how even national identity fluctuates. Obviously one can change nationality by becoming a citizen of another country, although most people do not.

Throughout modern history, cultural and social influences have established dominant and nondominant groups (Allen, 2011). **Dominant identities** historically had and currently have more resources and influence, while **nondominant identities** historically had and currently have less resources and influence. It's important to remember that these distinctions are being made at the societal level, not the individual level. There are obviously exceptions, with people in groups considered nondominant obtaining more resources and power than a person in a dominant group. However, the overall trend is that difference based on cultural groups has been institutionalized, and exceptions do not change this fact. Because of this uneven distribution of resources and power, members of dominant groups are granted privileges while nondominant groups are at a disadvantage. The main nondominant groups must face various forms of institutionalized discrimination, including racism, sexism, heterosexism, and ableism. As we will discuss later, privilege and disadvantage, like similarity and difference, are not "all or nothing." No two people are completely different or completely similar, and no one person is completely privileged or completely disadvantaged.

Identity Development

At this point, you are probably aware of the cultural groups to which you belong (i.e., "I am a Latino, middle-class, (almost) college-educated male"). Do you remember the process of coming to awareness of your cultural identity—when did you know you were white and what that meant? Was it during childhood, as a teenager, or reading this chapter? Has your understanding, or acceptance, of your racial heritage changed during the course of your lifetime? For most people it does. Just as Piaget organized the growth of children according to various stages of development, cultural scholars have similarly organized racial awareness along models and stages. Before explaining the various models, let us make a couple general comments about models. One, a model is not the thing it represents. Is the model car you played with as a child the same as the actual automobile? What were the differences? Size, time, maneuverability, details? These same kinds of differences exist between the model of racial identity development and the actual personal process. But just like the car model gives a fairly accurate picture of the actual automobile so do the racial identity models. Two, these models are general and not meant to fit perfectly to every individual's experience. With that said, let us examine the process of coming to an understanding of our racial identity.

To better understand this complex process, and in recognition of the above discussion regarding the distinctions in experiences for various cultural groups, we will present three racial identity models—-*Nondominant*, *Dominant*, and *Bi-or Multiracial* identity development. While the stages in this model help us understand how many people experience their identities, identity development is complex, and there may be variations. We must also remember that people have multiple identities that intersect with each other. So, as you read, think about how circumstances may be different for an individual with multiple nondominant and/or dominant identities.

Nondominant Identity Development

There are four stages of nondominant identity development (Martin & Nakayama, 2010). The first stage is **unexamined identity**, which is characterized by a lack of awareness of or lack of interest in one's identity. For example, a young woman who will later identify as a lesbian may not yet realize that a nondominant sexual orientation is part of her identity. Also, a young African

American man may question his teachers or parents about the value of what he's learning during Black History Month. When a person's lack of interest in their own identity is replaced by an investment in a dominant group's identity, they may move to the next stage, which is conformity.

In the **conformity** stage, an individual internalizes or adopts the values and norms of the dominant group, often in an effort not to be perceived as different. Individuals may attempt to assimilate into the dominant culture by changing their appearance, their mannerisms, the way they talk, or even their name. Moises, a Chicano man interviewed in a research project about identities, narrated how he changed his "Mexican sounding" name to Moses, which was easier for his middle-school classmates and teachers to say (Jones Jr., 2009). He also identified as white instead of Mexican American or Chicano because he saw how his teachers treated the other kids with "brown skin." Additionally, some gay or lesbian people in this stage of identity development may try to "act straight." In either case, some people move to the next stage, resistance and separation, when they realize that despite their efforts they are still perceived as different by and not included in the dominant group.

In the **resistance and separation** stage, an individual with a nondominant identity may shift away from the conformity of the previous stage to engage in actions that challenge the dominant identity group. Individuals in this stage may also actively try to separate themselves from the dominant group, interacting only with those who share their nondominant identity. For example, there has been a Deaf culture movement in the United States for decades. This movement includes people who are hearing impaired and believe that their use of a specific language, American Sign Language (ASL), and other cultural practices constitutes a unique culture, which they symbolize by capitalizing the *D* in *Deaf* (Allen, 2011).



Figure 5.1.1.2: Many hearing-impaired people in the United States use American Sign Language (ASL), which is recognized as an official language (Quinn Dombrowski – ASL interpreter – CC BY-SA 2.0.).

While this is not a separatist movement, a person who is hearing impaired may find refuge in such a group after experiencing discrimination from hearing people. Staying in this stage may indicate a lack of critical thinking if a person endorses the values of the nondominant group without question.

The **integration** stage marks a period where individuals with a nondominant identity have achieved a balance between embracing their own identities and valuing other dominant and nondominant identities. Although there may still be residual anger from the discrimination and prejudice they have faced, they may direct this energy into positive outlets such as working to end discrimination for their own or other groups. Moises, the Chicano man I mentioned earlier, now works to support the Chicano community in his city and also has actively supported gay rights and women's rights

Dominant Identity Development

Dominant identity development consists of five stages (Martin & Nakayama, 2010). The **unexamined** stage of dominant identity formation is similar to nondominant in that individuals in this stage do not think about their or others' identities. Although they may be aware of differences—for example, between races and genders—they either don't realize there is a hierarchy that treats some people differently than others or they don't think the hierarchy applies to them. For example, a white person may take notice

that a person of color was elected to a prominent office. However, he or she may not see the underlying reason that it is noticeable—namely, that the overwhelming majority of our country's leaders are white. Unlike people with a nondominant identity who usually have to acknowledge the positioning of their identity due to discrimination and prejudice they encounter, people with dominant identities may stay in the unexamined stage for a long time.

In the **acceptance** stage, a person with a dominant identity passively or actively accepts that some people are treated differently than others but doesn't do anything internally or externally to address it. In the passive acceptance stage, we must be cautious not to blame individuals with dominant identities for internalizing racist, sexist, or heterosexist "norms." The socializing institutions we discussed earlier (family, peers, media, religion, and education) often make oppression seem normal and natural. For example, I have had students who struggle to see that they are in this stage say things like "I know that racism exists, but my parents taught me to be a good person and see everyone as equal." While this is admirable, seeing everyone as equal doesn't make it so. And people who insist that we are all equal may claim that minorities are exaggerating their circumstances or "whining" and just need to "work harder" or "get over it." The person making these statements acknowledges difference but doesn't see their privilege or the institutional perpetuation of various "-isms." Although I've encountered many more people in the passive state of acceptance than the active state, some may progress to an active state where they acknowledge inequality and are proud to be in the "superior" group. In either case, many people never progress from this stage. If they do, it's usually because of repeated encounters with individuals or situations that challenge their acceptance of the status quo, such as befriending someone from a nondominant group or taking a course related to culture.

The **resistance** stage of dominant identity formation is a major change from the previous in that an individual acknowledges the unearned advantages they are given and feels guilt or shame about it. Having taught about various types of privilege for years, I've encountered many students who want to return their privilege or disown it. These individuals may begin to disassociate with their own dominant group because they feel like a curtain has been opened and their awareness of the inequality makes it difficult for them to interact with others in their dominant group. But it's important to acknowledge that becoming aware of your white privilege, for instance, doesn't mean that every person of color is going to want to accept you as an ally, so retreating to them may not be the most productive move. While moving to this step is a marked improvement in regards to becoming a more aware and socially just person, getting stuck in the resistance stage isn't productive, because people are often retreating rather than trying to address injustice. For some, deciding to share what they've learned with others who share their dominant identity moves them to the next stage.

People in the **redefinition** stage revise negative views of their identity held in the previous stage and begin to acknowledge their privilege and try to use the power they are granted to work for social justice. They realize that they can claim their dominant identity as heterosexual, able-bodied, male, white, and so on, and perform their identity in ways that counter norms. A male participant in a research project on identity said the following about redefining his male identity:

I don't want to assert my maleness the same way that maleness is asserted all around us all the time. I don't want to contribute to sexism. So I have to be conscious of that. There's that guilt. But then, I try to utilize my maleness in positive ways, like when I'm talking to other men about male privilege (Jones, Jr., 2009).

The final stage of dominant identity formation is **integration**. This stage is reached when redefinition is complete and people can integrate their dominant identity into all aspects of their life, finding opportunities to educate others about privilege while also being a responsive ally to people in nondominant identities. As an example, some heterosexual people who find out a friend or family member is gay or lesbian may have to confront their dominant heterosexual identity for the first time, which may lead them through these various stages. As a sign of integration, some may join an organization like PFLAG (Parents, Families, and Friends of Lesbians and Gays), where they can be around others who share their dominant identity as heterosexuals but also empathize with their loved ones.



Figure 5.1.1.3: Heterosexual people with gay family members or friends may join the group PFLAG (Parents, Families, and Friends of Lesbians and Gays) as a part of the redefinition and/or integration stage of their dominant identity development.. (Jason Riedy – Atlanta Pride Festival parade – CC BY 2.0.).

Difference Matters

Whenever we encounter someone, we notice similarities and differences. While both are important, it is often the differences that are highlighted and that contribute to communication troubles. We don't only see similarities and differences on an individual level. In fact, we also place people into in-groups and out-groups based on the similarities and differences we perceive. This is important because we then tend to react to someone we perceive as a member of an out-group based on the characteristics we attach to the group rather than the individual (Allen, 2011). In these situations, it is more likely that stereotypes and prejudice will influence our communication. Learning about difference and why it matters will help us be more competent communicators. The flip side of emphasizing difference is to claim that no differences exist and that you see everyone as a human being. Rather than trying to ignore difference and see each person as a unique individual, we should know the history of how differences came to be so socially and culturally significant and how they continue to affect us today.

Culture and identity are complex. You may be wondering how some groups came to be dominant and others nondominant. These differences are not natural, which can be seen as we unpack how various identities have changed over time in the next section. There is, however, an ideology of domination that makes it seem natural and normal to many that some people or groups will always have power over others (Allen, 2011). In fact, hierarchy and domination, although prevalent throughout modern human history, were likely not the norm among early humans. So one of the first reasons difference matters is that people and groups are treated unequally, and better understanding how those differences came to be can help us create a more just society. Difference also matters because demographics and patterns of interaction are changing.

In the United States, the population of people of color is increasing and diversifying, and visibility for people who are gay or lesbian and people with disabilities has also increased. The 2010 Census shows that the Latinx population in the United States are now the second largest group in the country, having grown 43 percent since the last census in 2000 (Saenz, 2011). By 2030, racial and ethnic minorities will account for one-third of the population (Allen, 2011). Additionally, legal and social changes have created a more open environment for sexual minorities and people with disabilities. These changes directly affect our interpersonal relationships. The workplace is one context where changing demographics has become increasingly important. Many organizations are striving to comply with changing laws by implementing policies aimed at creating equal access and opportunity. Some organizations are going further than legal compliance to try to create inclusive climates where diversity is valued because of the interpersonal and economic benefits it has the potential to produce.

"Getting Real": Diversity Training

Businesses in the United States spend $200 to $300 million a year on diversity training, but is it effective? (Vedantam, 2008) If diversity training is conducted to advance a company's business goals and out of an understanding of the advantages that a diversity of background and thought offer a company, then the training is more likely to be successful. Many companies conduct mandatory diversity training based on a belief that they will be in a better position in court if a lawsuit is brought against them. However, research shows that training that is mandatory and undertaken only to educate people about the legal

implications of diversity is ineffective and may even hurt diversity efforts. A commitment to a diverse and inclusive workplace environment must include a multipronged approach. Experts recommend that a company put a staff person in charge of diversity efforts, and some businesses have gone as far as appointing a “chief diversity officer” (Cullen, 2007). The US Office of Personnel Management offers many good guidelines for conducting diversity training: create learning objectives related to the mission of the organization, use tested and appropriate training methods and materials, provide information about course content and expectations to employees ahead of training, provide the training in a supportive and noncoercive environment, use only experienced and qualified instructors, and monitor/evaluate training and revise as needed (US Office of Personnel Management, 2011). With these suggestions in mind, the increasingly common “real-world” event of diversity training is more likely to succeed.

1. Have you ever participated in any diversity training? If so, what did you learn or take away from the training? Which of the guidelines listed did your training do well or poorly on?
2. Do you think diversity training should be mandatory or voluntary? Why?
3. From what you’ve learned so far in this book, what communication skills are important for a diversity trainer to have?

We can now see that difference matters due to the inequalities that exist among cultural groups and due to changing demographics that affect our personal and social relationships. Unfortunately, there are many obstacles that may impede our valuing of difference (Allen, 2011). Individuals with dominant identities may not validate the experiences of those in nondominant groups because they do not experience the oppression directed at those with nondominant identities. Further, they may find it difficult to acknowledge that not being aware of this oppression is due to privilege associated with their dominant identities. Because of this lack of recognition of oppression, members of dominant groups may minimize, dismiss, or question the experiences of nondominant groups and view them as “complainers” or “whiners.” Recall from our earlier discussion of identity formation that people with dominant identities may stay in the unexamined or acceptance stages for a long time. Being stuck in these stages makes it much more difficult to value difference.

Members of nondominant groups may have difficulty valuing difference due to negative experiences with the dominant group, such as not having their experiences validated. Both groups may be restrained from communicating about difference due to norms of political correctness, which may make people feel afraid to speak up because they may be perceived as insensitive or racist. All these obstacles are common and they are valid. However, as we will learn later, developing intercultural communication competence can help us gain new perspectives, become more mindful of our communication, and intervene in some of these negative cycles.

Contributors and Attributions

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5.2: Self and Culture

At the foundation of all human behavior is the self—*our sense of personal identity and of who we are as individuals*. Because an understanding of the self is so important, it has been studied for many years by psychologists (James, 1890; Mead, 1934) and is still one of the most important and most researched topics in psychology (Dweck & Grant, 2008; Taylor & Sherman, 2008).

Identity

Identity refers to the way individuals understand themselves as part of a social group. It is a universal construct and depends on how we view ourselves and how we are recognized by others. Identity may be acquired indirectly from parents, peers, and other community members or more directly through enculturation. A person may hold multiple identities such as teacher, father, or friend. Each position has its own meanings and expectations that are internalized as identity. In this way, the specific content of any individual's or group's identity is culturally determined. Also, forming a connection with your identity is influenced by your culture. For example, in the United States it is common to link identity with a particular ethnic or racial group (e.g., Hispanic, African American, Asian American, and Jewish American among others) but we should remember that these categories are products of immigration and history. The history is unique to the United States so individuals from other cultures do not identify with the same cultural groups (Matsumoto & Luang, 2013).

We should also think of identity as dynamic and fluid. It can change depending on the context and the culture. Think about it – when someone asks you where you are from, if you are in a foreign country you might say the United States. In a different situation you might say that you are from California even though you were actually born in Kansas and in a very small state like Hawaii you might identify by your high school (Matsumoto & Luang, 2013).

Our personal identity is the way that we understand ourselves and is closely related to our concept of self. Social identity reflects our understanding that we are part of social groups. Our sense of self is linked to how we see the world around us and how we see our relationships.

Self

Some nonhuman animals, including chimpanzees, orangutans, and perhaps dolphins, have at least a primitive sense of self (Boysen & Himes, 1999). We know this because of some interesting experiments that have been done with animals. In one study (Gallup, 1970), researchers painted a red dot on the forehead of anesthetized chimpanzees and then placed the animals in a cage with a mirror. When the chimps woke up and looked in the mirror, they touched the dot on their faces, not the dot on the faces in the mirror. This action suggests that the chimps understood that they were looking at themselves and not at other animals, and thus we can assume that they are able to realize that they exist as individuals. Most other animals, including dogs, cats, and monkeys, never realize that it is themselves they see in a mirror.

Infants who have similar red dots painted on their foreheads recognize themselves in a mirror in the same way that chimps do, and they do this by about 18 months of age (Asendorpf, Warkentin, & Baudonnière, 1996; Povinelli, Landau, & Perilloux, 1996). The child's knowledge about the self continues to develop as the child grows. By two years of age, the infant becomes aware of his or her gender as a boy or a girl. At age four, the child's self-descriptions are likely to be based on physical features, such as hair color, and by about age six, the child is able to understand basic emotions and the concepts of traits, being able to make statements such as "I am a nice person" (Harter, 1998).

By the time children are in grade school, they have learned that they are unique individuals, and they can think about and analyze their own behavior. They also begin to show awareness of the social situation—they understand that other people are looking at and judging them the same way that they are looking at and judging others (Doherty, 2009).

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5.2.2: Self and Culture

Although we all define ourselves in relation to these three broad categories of characteristics—physical, personality, and social – some interesting cultural differences in the relative importance of these categories have been shown in people's responses to the TST. For example, Ip and Bond (1995) found that the responses from Asian participants included significantly more references to themselves as occupants of social roles (e.g., "I am Joyce's friend") or social groups (e.g., "I am a member of the Cheng family") than those of American participants. Similarly, Markus and Kitayama (1991) reported that Asian participants were more than twice as likely to include references about other people in their self-concept as did their Western counterparts. This greater emphasis on either external or social aspects of the self-concept reflects the relative importance that collectivistic and individualistic cultures place on an interdependence versus independence (Nisbett, 2003).

Interestingly, bicultural individuals who report acculturation to both collectivist and individualist cultures show shifts in their self-concept depending on which culture they are primed to think about when completing the TST. For example, Ross, Xun, and Wilson (2002) found that students born in China but living in Canada reported more interdependent aspects of themselves on the TST when asked to write their responses in Chinese, as opposed to English. These culturally different responses to the TST are also related to a broader distinction in self-concept, with people from individualistic cultures often describing themselves using internal characteristics that emphasize their uniqueness, compared with those from collectivistic backgrounds who tend to stress shared social group memberships and roles. In turn, this distinction can lead to important differences in social behavior.

One simple yet powerful demonstration of cultural differences in self-concept affecting social behavior is shown in a study that was conducted by Kim and Markus (1999). In this study, participants were contacted in the waiting area of the San Francisco airport and asked to fill out a short questionnaire for the researcher. The participants were selected according to their cultural background: about one-half of them indicated they were European Americans whose parents were born in the United States, and the other half indicated they were Asian Americans whose parents were born in China and who spoke Chinese at home.

After completing the questionnaires (which were not used in the data analysis except to determine the cultural backgrounds), participants were asked if they would like to take a pen with them as a token of appreciation. The experimenter extended his or her hand, which contained five pens. The pens offered to the participants were either three or four of one color and one or two of another color (the ink in the pens was always black). As shown in Figure 1 and consistent with the hypothesized preference for uniqueness in Western, but not Eastern cultures, the European Americans preferred to take a pen with the more unusual color, whereas the Asian American participants preferred one with the more common color.

Through these and other experiments two dimensions of self-concept emerged, the independent construal (concept) and the interdependent concept. Western, or more individualist cultures, view the self as separate and focus on self, independence, autonomy and self-expression are reinforced through social and cultural norms. This is the independent self-concept. Non-western or collectivistic cultures view the self as interdependent and inseparable from social context and individuals socialized to value interconnectedness consider the thoughts and behaviors of others. Fitting in is valued over standing out.

Results from the TST studies described earlier provide additional support for the role of culture in shaping self-concept. Different demands that cultures place on individual members means that individuals integrate, synthesize, and coordinate worlds differently, producing differences in self-concept. Variations in self-concepts occur because different cultures have different rules of living and exist within different environments (natural habitat).

Intra-cultural Differences in Self-Concept

Cultural differences in self-concept have even been found in people's self-descriptions on social networking sites. DeAndrea, Shaw, and Levine (2010) examined individuals' free-text self-descriptions in the About Me section in their Facebook profiles. Consistent with the researchers' hypothesis, and with previous research using the TST, African American participants had the most the most independently (internally) described self-concepts, and Asian Americans had the most interdependent (external) self-descriptions, with European Americans in the middle.

As well as indications of cultural diversity in the content of the self-concept, there is also evidence of parallel gender diversity between males and females from various cultures, with females, on average, giving more external and social responses to the TST than males (Kashima et al., 1995). Interestingly, these gender differences have been found to be more apparent in individualistic nations than in collectivistic nations (Watkins et al., 1998).

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5.3: Racial and Ethnic Identities

Overview

Our identities make up an important part of our self-concept and as we learned earlier can be separated into three main categories: personal, social, and cultural identities. They are not constant but are formed through processes that started before we were born and will continue after we are dead. In this way our identities cannot be something that we achieve and are our identities are never complete.

Cultural identities and **multicultural identities** are based on socially constructed categories that teach us a way of being and include expectations for social behavior or ways of acting (Yep, 2002). The ways of being and the social expectations for behavior within cultural identities can change over time, but what separates them from most social identities is their historical roots (Collier, 1996). For example, think of how ways of being and acting have changed for African Americans since the civil rights movement or for persons with disabilities since the independent living movement and the Americans with Disabilities Act was passed in the United States.

Although some identities are essentially permanent, the degree to which we are aware of them, known as **salience**, can change. We learned earlier that identity is fluid and changes based on context. This means that the intensity with which we identify with an identity can be different depending on the situation. For example, an African American female may not have difficulty deciding which box to check on the demographic section of a survey but she may more intensely related to her African American identity if she becomes the president of her college's Black Student Union. In the second context, being African American has become more salient. If she studies abroad in Africa her junior year, she may be ascribed an identity of American by African students rather than African American. For the Africans, the visitor's identity as American is probably more salient than her identity as someone of African descent.

Someone who identifies as biracial or multiracial may change their racial identification as they engage in their identity search. One intercultural communication scholar writes of his experiences as an "Asianlatinoamerican" (Yep, 2002). He notes repressing his Chinese identity as an adolescent living in Peru and then later embracing his Chinese identity and learning about his family history while in college in the United States.

Dominant cultural identities historically and currently have more resources and influence, while non-dominant identities historically and currently have fewer resources and influence. It's important to remember that these distinctions are being made at the societal level, not the individual level. There are obviously exceptions, with people from non-dominant groups obtaining more resources and power than a person in a dominant group; however, the overall trend is that differences based on cultural group membership has been institutionalized, and exceptions do not change this fact. As a result of this uneven distribution of resources and power, members of dominant groups are granted privileges while non-dominant groups which are at a disadvantage encounter institutionalized discrimination, including racism, sexism, heterosexism, and ableism, limited access to resources, support, and social capital.

As you read, think about how circumstances may be different for an individual with multiple non-dominant and/or dominant identities.

Individuals with dominant identities may not validate the experiences of those in non-dominant groups because they do not experience the oppression directed at those with non-dominant identities. Further, they may find it difficult to acknowledge that not being aware of this oppression is due to privilege associated with their dominant identities. For example, a white person in the United States may notice that a person of color was elected to a prominent political office; however, he may not see the underlying reason that it is noticeable. The reason it is noticeable is because the overwhelming majority of political leaders are white in the United States.

Because the experiences of non-dominant groups often goes unexamined by members of the dominant group, there is often a lack of recognition of oppression and privilege which can manifest in culturally biased language. For example, culturally biased language can reference one or more multicultural identities, including race, gender, age, sexual orientation, and ability. Use of offensive or culturally biased language is usually not intended to hurt or to harm others but is often unintentional and the product of ignorance. Showing an awareness of and addressing cultural bias in language is not the same thing as engaging in political correctness, which takes awareness to the extreme but does not do much to address the bias aside from make people feel awkward or resentful. Using inclusive language reflects an understanding of an individual's unique circumstances, as well as acknowledges and validates the experiences of others.

Members of dominant groups may minimize, dismiss, or question the experiences of non-dominant groups and view them as “complainers” or “whiners.” People with dominant cultural identities who fail to examine privilege may find it difficult to value cultural or social differences. Recognizing the existence of multiple cultural identities within national and regional boundaries, and adopting actions and policies to address them, are necessary to eliminate prejudice, stereotypes and conflicts, in order to ensure a healthy, inclusive community.

In this section we will cover the topics of:

- Latinx Identity
- Black American Identity
- Indigenous Identity
- Bi racial and Multi Racial Identity Development
- White Identity
- *Asian and MENA Identity (under construction)*

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5.3.2: Chicanx and Latinx Identity Orientations

Framework for Cultural Analysis

Culture is a system of shared meaning. This includes the narratives, beliefs, behaviors, norms, and customs that establish a group and interact with identity, political structures, and social life. Some examples of culture are language, art, music, food, religion, ceremonies, and more. Within this broad understanding of culture, the "media" is a significant institution that includes various groups who professionally create content. Similarly, **pop culture** (or "popular culture") refers to those cultural practices that are produced and distributed for mass audiences. Historically, studies of culture and society have focused within rigid boundaries, such as focusing only on the elite culture of "high culture." However, this ignores critical components of cultural practices and the people who carry them out.

In the context of Chicanx and Latinx studies, Frederick Aldama defines **pop cultura analysis** in terms of "our everyday lives, scholarly inquiry, and knowledge dissemination. Not all pop culture is made equally—especially when it comes to matters of race, sexuality, gender, and differently abled subjects and experiences."[1] Chicanx and Latinx communities often find and claim representation in pop culture, as it creates opportunities to identify with individual experiences. Through representation, communities create their own sense of self and agency and are better equipped to resist the oppressive narratives imposed on them by the dominant culture.

Given the prevailing norms of white supremacy and settler-colonialism present in dominant media, engagement in pop culture can bring about challenges to one's perceived authenticity. This is especially true with respect to Indigenous identity and a connection to one's cultural heritage. For example, Mintzi Auanda Martinez-Rivera notes, "Many scholars and the general public consider that Indigenous persons cease to be Indigenous if they partake in modernity (broadly construed). In this regard, popular culture, as a product of modernity, commodification, consumption, and mass media, is often considered antithetical to the experiences of Indigenous peoples."[2] However, rather than focusing on false distinctions between high and low culture, we can follow, "the Gramscian approach, [in which] popular culture is a 'site of struggle between the 'resistance' of subordinate groups and the forces of 'incorporation' operating in the interests of the dominant groups.'"[3]

In addition to engagement with mainstream culture, Chicanx and Latinx communities have resisted exploitation and exclusion by creating unique cultural forms and content. In the 1960s, this was the main focus of the Chicano Renaissance, an era of cultural flourishing that corresponded to the movements for justice, equity, and civil rights that were central to the political climate of the era. This time included the celebration of the unique cultural strengths of Chicanx communities, including melding English and Spanish (Spanglish), bold artistic styles, and literary themes that explored the complexity of Mexican American identities.

Review: History of Latinx Racial Formation

Visit this page for an overview of Latinx Racial Formation

- **2.3: A Brief History of Latinx Racial Formation** by Amber Rose González is licensed CC BY-NC 4.0.

This page builds from a broad conceptualization of culture to take a broad approach to Chicanx and Latinx Cultural Productions. This includes works that are by Chicanx and Latinx artists and creators, regardless of the specific subject matter. Content producers range from large-scale films, television programs, radio shows, and performances to the everyday work of Chicanx and Latinx people to create meaning and carry on traditions through daily tasks. Chicanx and Latinx cultural productions also include work that is intended for or claimed by Chicanx and Latinx audiences. Marketing professionals have been emphasizing the benefits of dual-language marketing, including the existence of over 60 million Latinxs, with a median household income of $55,658.[4] Media catered to Latinxs have a wide reach into mainstream audiences, including Selena, The George Lopez Show, American Family, and Dora the Explorer Finally, Chicanx and Latinx cultural productions also include media produced about Chicanx and Latinx groups, characters, and stories.

Encoding and Decoding

Black cultural studies scholar Stuart Hall developed a framework for cultural analysis that focuses on the processes of encoding and decoding.[5] Encoding and decoding is an information transmission process that creates frameworks of knowledge. This includes interpersonal and institutional processes that produce a nuanced relationship between subjects and their perspective and interpretation of the world around them. **Encoding** refers to the process of constructing meaning in creating

culture. This refers to the producers, writers, artists, performers, and others who showcase narratives and cultural scripts. **Decoding** is the process by which people view, understand, and interpret these stories. Both processes contribute to the "programme as meaningful discourse" and carry with them frameworks of knowledge, relations of production, and technical infrastructure. This is visualized in Figure 10.1.1.

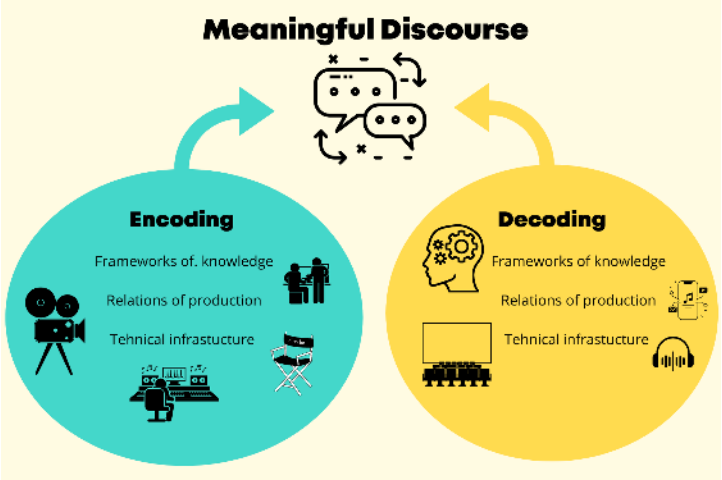


Figure 10.1.1: "Meaningful Discourse" by Mario Alberto Viveros Espinoza-Kulick, Author is licensed CC BY-NC-ND 4.0. Content is adapted from Stuart Hall, "Encoding/Decoding," in *Media and Cultural Studies: Keyworks*, ed. Meenakshi Gigi Durham and Douglas Kellner, Rev. ed, Keyworks in Cultural Studies 2 (Malden, MA: Blackwell, 2006), 163–73.

Media Analysis in Practice in Ethnic Studies

By examining culture, we can understand and interpret how narratives and meanings impact all aspects of life, including prevailing inequities and opportunities for resistance and justice. One key component of media representation is the creation of **stereotypes**. These are limited representations of individuals that reduce someone to a negative association with their group status. As stated by Debra Merskin, "stereotypes go beyond obvious manifestations such as name-calling or facile characterizations, rather they drive Latina educational challenges and disparities, contribute to disparate levels of domestic violence, depression, internalized oppression, as well as distressing legal and societal treatment. Hence, understanding media-engendered stereotypical images are, at least in part, responsible for the denial of opportunity for Latinas in their struggle for identity."[6]

Controlling Images

Building from the notion of stereotypes, Patricia Hill Collins coined the term **controlling images** to describe the ways that common narratives about Black women are used to reinforce exploitative and racist systems. For Chicanx and Latinx communities, specific stereotypes have been constructed in response to social, political, economic, and cultural systems. For example, **tropicalism** is a negative trope that homogenizes Latinx people by focusing on a fixed set of shared traits: bright colors, rhythmic dancing, and darker skin suited to an "exotic" locale. Audiences internalize these images and some resist them, creating a social system that responds to the prevailing constrictions on identity and representation.

A common controlling image used in the media is the Latin Lover. The **Latin Lover** stereotype is a construction of Latinos as aggressively sexual and exotic. The trope was developed by white actors like Rudolf Valentino, who played Latin characters with a vague accent and no specific cultural or familial ties. In his times during the 1900s, this construction supported the idea of Mexico as a wild place, which legitimized the prevailing policy of the time, incluiding the recent annexation of Texas (1845) and colonization of Northern Mexico. Now, the image remains and creates a set of expectations and biases against Chicanx and Latinx peoples.

Similarly, G. D. Keller identified the range of stereotypes deployed to represent Latinas as love interests to white male protagonists. First, the **cantina girl** is characterized by ''Great sexual allure,'' teasing, dancing, and ''behaving in an alluring fashion." These are hallmark characteristics of this stereotype. This is also a form of sexual objectification, and the narrative of a ''naughty lady of easy virtue." While the cantina girl is most often presented physically as an available sexual object, the **vamp** is a trope of an individual who uses their intellectual and devious sexual wiles to get what they want. This poses a threat, counterbalanced by the draw of charisma. The vamp is a psychological menace to anyone who is ill-equipped to handle them. By contrast, the faithful, **self-**

sacrificing señorita is a woman who usually starts out good but goes bad over time. This character realizes she has gone wrong and is willing to protect her love interest by placing her body between the threat intended for him, ultimately becoming a martyr.[7]

Repeated exposure to these controlling images can create internal distress for Latinxs, leading to mental health challenges, body dysmorphia, low self-esteem, and impaired cognitive performance. They also promote predatory behaviors in the form of dating violence and sexual harassment.[8] Similarly, la doméstica (the Latina/o/x maid/nanny) is a persistent media representation and stereotype of Latinas.[9] Represented in productions like *Devious Maids*, *Casa de Flores*, *Down and Out in Beverly Hills*, *As Good as it Gets*, *Babel*, *Spanglish*, *Will and Grace*, *Dirt*, *I Married Dora*, *Dharma and Greg*, *Veronica*, *Closet*, *My Name is Earl*, *El Norte*, *Clueless*, *The End of Violence*, *Storytelling*, *#blackAF*, and *Family Guy*. For example, on the show, *Will and Grace*, Rosario, played by Shelley Morrison, is a character who raises comical relief and reflects narratives around social class and occupational distinctions. While the reality of Latinas in domestic work is a social reality and an important part of cultural storytelling, the representation in terms of stereotypes is limiting and reproduces systemic inequality. By contrast, on *Dirt*, Dolores, played by Julieta Ortiz, is an undocumented immigrant from El Salvador who works as a maid for wealthy New Yorkers. As the protagonist, she is politicized and contends with the hegemonic systems that exploit domestic workers. This interrupts the prevailing assumption of marginality among Chicanxs and Latinxs.

Concept Spotlight: Disidentifications

Among the many narratives promoted through the media, culture also consists of the ways that people understand, interpret, critique, and recreate those narratives. The term disidentification comes from the book, *Disidentifications: Queers of Color and the Performance of Politics* by José Esteban Muñoz.[10] **Disidentification** refers to the process of situating oneself within a broader cultural narrative while also existing in opposition to that narrative. For example, queer of color subjects may identify with heroic characters in pop culture that have typically been portrayed by white, heterosexual men, but defy and resist associations with patriarchy, white supremacy, and U.S. nationalism. This process reflects the stakes of both survival and resistance for minoritized subjects.

Due to wide-standing biases in media, it is impossible for some minoritized subjects to fully identify with available images and narratives. Disidentification provides an alternative solution. When disidentification is used in performances, it can also expose and critique the problematic dynamics embedded in existing systems of power and control. This approach recognizes and analyzes the importance of race, ethnicity, Indigeneity, gender, and sexuality in understanding social and cultural relations. Queer of color critiques is associated with scholars and critics like Roderick Ferguson, José Esteban Muñoz, Audre Lorde, and Gloria Anzaldúa who have opened up new fields of inquiry through their research and writing on topics affecting Black and Latinx people within the LGBTQ community.

Footnotes

[1] Frederick Aldama, “Foreword: Assembling an Intersectional Pop Cultural Analytical Lens,” in *Race and Cultural Practice in Popular Culture*, ed. Domino Renee Perez and Rachel González-Martin (New Brunswick, NJ: Rutgers University Press, 2019), ix–xii.

[2] Mintzi Auanda Martínez-Rivera, “(Re)Imagining Indigenous Popular Culture,” in *Race and Cultural Practice in Popular Culture*, ed. Domino Renee Perez and Rachel González-Martin (New Brunswick, NJ: Rutgers University Press, 2019), 91.

[3] Martínez-Rivera, “(Re)Imagining Indigenous Popular Culture,” 95.

[4] The U.S. Department of Health and Human Services Office of Minority Health. “Profile: Hispanic/Latino Americans.” HHS.Gov. 2022. https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=64.

[5] Stuart Hall, “Encoding/Decoding,” in *Media and Cultural Studies: Keyworks*, ed. Meenakshi Gigi Durham and Douglas Kellner, Rev. ed, Keyworks in Cultural Studies 2 (Malden, MA: Blackwell, 2006), 163–73.

[6] Debra Merskin, “Three Faces of Eva: Perpetuation of The Hot-Latina Stereotype in Desperate Housewives,” *Howard Journal of Communications* 18, no. 2 (April 2007): 133–51, https://doi.org/10.1080/10646170701309890.

[7] Gary D. Keller, “Bilingualism, Biculturalism, and the Cisco Kid Cycle,” *Bilingual Review/La Revista Bilingüe* 28, no. 3 (2004): 195–231.

[8] Lori Kido Lopez, “Racism and Mainstream Media,” in *Race and Media: Critical Approaches*, ed. Lori Kido Lopez (New York, NY: New York University Press, 2020).

[9] Yajaira M. Padilla, “Domesticating Rosario: Conflicting Representations of the Latina Maid in U.S. Media,” *Arizona Journal of Hispanic Cultural Studies* 13 (2009): 41–59.

[10] José Esteban Muñoz, *Disidentifications: Queers of Color and the Performance of Politics* (Minneapolis, MN: University of Minnesota Press, 1999).

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5.3.4: Black American Identity

Leopold Senghor (1965) has defined **Negritude** as "the awareness, defence and development of African cultural values…the sum total of the values of the civilization of the African world." For Senghor this is not a racial phenomenon, but a cultural one, based primarily on cooperation. He distinguished this cooperation from the collectivist idea we typically associate with Asian cultures by focusing more on a communal perspective. In other words, collectivist cultures may be seen as an aggregate of individuals, but in the truly communal society, whether in the family, the village, or the tribe, there is a connection from the center of each person in their heart (see also Grills, 2002; Senghor, 1971). This is what Senghor believes has always been held in honor in Africa, and it ultimately encourages dialogue with others in Africa (the White Africans, the Arab-Berbers in North Africa) and beyond, so that we can assure peace and build the "Civilization of the Universal."

Negritude, then, is a part of Africanity. It is made of human warmth. It is democracy quickened by the sense of communion and brotherhood between men. More deeply, in works of art, which are a people's most authentic expression of itself, it is sense of image and rhythm, sense of symbol and beauty. (pg. 97; Senghor, 1965)

Abiola Irele has discussed the history of Negritude as a literary and ideological movement among Black, French-speaking intellectuals in Africa. It was initially a reaction to, and in opposition to, the colonial oppression of the African people. As such, it has been criticized by some as its own form of racism (see, e.g., Irele, 1981, 2001; Tembo, 1980), or as something unique to intellectuals, as opposed to more common people in Africa. However, as noted above, Negritude is about culture, not race per se. In addition, a small but nonetheless interesting study by Tembo (1980) provided evidence that scores on an **African Personality Scale** did not differ based on sex, marital status, having been educated in rural or urban schools, or whether they wished to pursue higher education in Africa or England. Irele compared Senghor's view of Negritude to that of the existential philosopher Jean-Paul Sartre. Sartre viewed Negritude as a stage in the development of Black consciousness, a stage that would be transcended by the ultimate realization of a human society without racism. In contrast, according to Irele, Senghor's Negritude is an inner state of Black people. It is a distinctive mode of being, which can be seen in their way of life, and which constitutes their very identity (Irele, 1981). Irele finds value in the concept of Negritude "insofar as it reflects a profound engagement of African minds upon the fundamental question of the African being in history…"

At a time when Africans are trying to experiment with new ideas and institutions, adapt them to their needs in the light of their traditional value systems, there is the need for a sustained belief in oneself, and this belief can be generated and kept alive by an ideology. This has been, and still is, the function of Negritude. (pg. 86; Ghanaian scholar P. A. V. Ansah, cited in Irele, 1981)

Although the concept of Negritude is not without its critics, if one accepts its premise there are important implications for people of the Black diaspora (Irele, 2001). **Nigrescence** has been described as the process of converting from Negro to Black, i.e., rejecting the deracination imposed by Whites and embracing traditional African values and a Black identity (Parham, 2002; Parham et al., 1999; Tembo, 1980). This process of searching for one's identity can be very powerful, leading perhaps to a positive self-identity or, at least, serving as a buffer against racism and oppression (Parham & Parham, 2002). For additional information on the importance of identify formation and the development of negative identity, I refer you back to the discussion of negative personality development among Black Americans in the chapter on Erik Erikson. But what triggers this critical search for one's identity?

For people of African descent in places such as the United States, the process of nigrescence seems to follow four stages: **pre-encounter, encounter, immersion-emersion,** and **internalization** (Parham, 2002; Parham et al., 1999). In the pre-encounter stage, the indivdiual views the world from a White frame of reference. They think, act, and behave in ways that devalue and/or deny their Black heritage. Then, however, they encounter personal and/or social events that do not fit with their view of society. Muhammad Ali (formerly Cassius Clay) described in vivid and shocking detail how he was refused service at a restaurant because he was Black, after he had won the Olympic gold medal in boxing and been given the key to the city by the mayor of Louisville, Kentucky (Ali & Ali, 2004)! The individual then becomes immersed in Black culture. This can be a psychologically tumultuous time. For some, everything of value must reflect some aspect of Black and/or African heritage. They withdraw from contact with other racial/ethnic groups, and strong anti-White attitudes and feelings can emerge. Eventually, however, the individual internalizes their Black identity and becomes more secure. The tension, emotionality, and defensiveness of the previous stage is replaced with a calm and secure demeanor. The individual becomes more open minded, more ideologically flexible, and although Black values move to and remain at the forefront, there is a general trend toward being more pluralistic and nonracist, and anti-White attitudes and feelings decline (Parham et al., 1999; see also Mbalia, 1995).

Black American Racial Identity Framework 5.3.4.1

Dr. William Cross Jr. is a leading theorist and researcher in the psychology and identity development of people of color. His book, “Shade of Black”, is considered a classic in the field of racial identity. This framework identifies a continuum that leads Black Americans to form a positive racial identity.

Pre-encounter: The individual absorbs many of beliefs and values of the dominant white culture, including the notion that “white is right” and “Black is wrong”. They often de-emphasize their own racial group membership and seek to assimilate and be accepted by whites. Stereotypes, omissions, and distortions, combined with an image of white superiority, to some degree socialize Black children to value the role models, lifestyles, and images of beauty of white culture over those of their own cultural group. The individual may actively or passively distance themselves from other Blacks.

Encounter: This stage begins in adolescence (middle school or high school) when a teen or young adult is forced by an event or series of events to acknowledge the impact of racism in their life. For example, being followed around by security guards at the mall, or viewing media images of police brutality against Black men and women. As a result of this, the individual may reach the conclusion that many whites will not view them as an equal and to the reality that one cannot truly be white. The individual begins to focus on identity as a member of a group targeted by racism.

Immersion/Emersion: During this transitional point in the model, the individual simultaneously desires to surround themselves with visible symbols of their own racial identity and actively avoid symbols of whiteness. The individual begins to actively seek out opportunities to explore aspects their own history and culture with support of members from their own racial background.

Internalization: Secure in their own sense of racial identity, the individual becomes willing to establish meaningful relationships with whites who acknowledge and are respective of their own self-definition. The individual is now ready to begin coalitions with members of other oppressed groups.

Internalization-Commitment: During this fifth stage, anchored in their positive sense of racial identity, individuals have found ways to translate their own personal sense of Blackness into a plan of action or a general sense of commitment to concerns of Blacks as a group, which is sustained over time.

References

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5.3.5: American Indian and Indigenous Identity

Indigenous Personality

Much of this chapter has been dedicated to the etic approach for understanding personality which posits that personality is innate, biological and universal but still acknowledges that culture plays an important in shaping personality by way of geography (environment), resources, and social supports.

Indigenous Personality is a perspective that suggests personality can only be understood and interpreted within the context of the culture. In this way personality is considered emic, meaning that it is culturally specific and can only understood within the culture from which it originates. This means that personality is not something that can be measured by a universal test.

The indigenous approach came about in reaction to the dominance of Western approaches to the study of personality in non-Western settings (Cheung et al., 2011). Because Western-based personality assessments cannot fully capture the personality constructs of other cultures, the indigenous model has led to the development of personality assessment instruments that are based on constructs relevant to the culture being studied (Cheung et al., 2011). Although there is debate within the indigenous psychology movement about whether indigenous psychology represents a more universalistic or a more relativistic approach (Chakkarath, 2012), most of these 10 characteristics are advocated by the majority of those in the indigenous psychology movement.

Indian, American Indian, Native and Native American Identity

The terms Indian, American Indian, Native and Native American have been used interchangeably in academia to refer to a specific population of people having origins in any of the tribal homeland locations within the United States. These terms can also apply to an individual identity of a person who maintains cultural identification through tribal affiliation, enrollment or community recognition (Stony Brook, 2011). It is important to understand the legal and political nature of identity terminology for this core group. American Indian is not simply an ethnicity but also a legal status. American Indians are citizens of separate nations, i.e. the Navajo Nation or the Ohlone/Costanoan Esselen Nation, as well as U.S. citizens.

Indian, American Indian, Native and Native American are all problematic in that these terms were not created by the people themselves and are racialized and political terms employed by the U.S. government to legally lump uniquely diverse nations together. Christopher Columbus began the confusion because he just didn't know where he was and believed he was in Asia in search of a new trade route and gold, when he landed on Taino shores. The term Indian comes from *Indios* which was a term used by Spain and Portugal to mean a member of any of the indigenous peoples of America or eastern Asia. A very important point that needs to be made here is that Indians, American Indians, Natives and Native Americans are not related to Indians from India or Indian Americans. Please do not make this mistake.

Perspective on American Indian Identity Development (Perry G. Horse, 2005)

Perry G. Horse proposes five influences that affect Native American "consciousness" which can provide a framework for understanding the development of Native American students. **Note: Horse does not refer to this idea as an identity model. This is not a linear stage model that youth will progress through in order.**

1. "the extent to which one is grounded in one's Native American language and culture, one's cultural identity"

2. "the validity of one's American Indian genealogy"

3. "the extent to which one holds a traditional American Indian general philosophy or worldview (emphasizing balance and harmony and drawing on Indian spirituality)"

4. "one's self-concept as an American Indian"

5. "one's enrollment (or lack of it) in a tribe" (p. 65).

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5.3.7: AAPI and Biracial/Multiracial Identity Development

Asian American Identity Development Model (Jean Kim, 1981, 2001)

This framework identifies a continuum that leads Asian Americans to form a positive racial identity.

1. ***Ethnic Awareness Stage*:** Starts in early childhood around age 3 or 4. At this stage the family serves as the significant ethnic group model and depending on the amount of ethnic expression in the household, positive or neutral attitudes are formed.

2. ***White Identification Stage:*** Begins once children enter school and peers and the school environment become powerful forces in conveying and reinforcing racial prejudice, which starts to negatively impact their self-esteem and identity. Becoming aware of their difference leads to wanting to identify with white society and distance themselves from their Asian heritage.

3. ***Awakening to Social Political Consciousness Stage:*** Means the

adoption of a new perspective, usually associated with increased political awareness and an understanding of oppression and oppressed groups. The primary result is no longer wanting to identify with white society.

4. ***The Redirection Stage:*** Characterized by a reconnection and pride with one's Asian American heritage and culture. This is often followed by a realization of white privilege and oppression as the reason for the negative experience of Asian communities. Anger about white racism may be a part of this stage.

5. ***Incorporation Stage:*** Represents the highest form of identity evolution. It includes a positive and comfortable identity as Asian American and a respect for other racial/cultural groups. The feelings of association for or against white culture are no longer an important issue.

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Bi- or Multiracial Identity Development

Originally, people thought that bi-racial individuals followed the development model of minority individuals, but given that we now know that race and the meanings about race are socially constructed, it makes sense to realize that a person of mixed racial ancestry is likely to be viewed differently (from both the dominant culture and the individual's own culture) than a minority individual. Thus, they are likely to experience a social reality unique to their experience. The following five-stage model is derived from the work of W.S. Carlos Poston.

Knowing more about various types of identities and some common experiences of how dominant and nondominant identities are formed prepares us to delve into more specifics about why difference matters.

- **Stage 1: Personal Identity**. Poston's first stage is much like the unexamined identity stage in the previous two models. Again, children are not aware of race as a value-based social category and derive their personal identity from individual personality features instead of cultural ones.
- **Stage 2: Group Categorization**. In the move from stage one to two, the person goes from no racial or cultural awareness to having to choose between one or the other. In a family where the father is Black and the mother is Japanese, the child may be asked by members of both families to decide if he or she is Black or Japanese. Choosing both is not an option in this stage.
- **Stage 3: Enmeshment/Denial**. Following the choice made in stage two, individuals attempt to immerse themselves in one culture while denying ties to the other. This process may result in guilt or feelings of distance from the parent and family whose culture was rejected in stage two. If these feelings are resolved then the child moves to the next stage. If not, they remain here.
- **Stage 4: Appreciation**. When feelings of guilt and anger are resolved the person can work to appreciate all of the cultures that shape their identity. While there is an attempt to learn about the diversity of their heritage, they will still identify primarily with the culture chosen in stage two.
- **Stage 5: Integration**. In the fifth and final stage the once fragmented parts of the person's identity are brought together to create a unique whole. There is integration of cultures throughout all facets of the person's life—dress, food, holidays,

spirituality, language, and communication.

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5.3.8 Whiteness and Identity

Whiteness

As Isabel Wilkerson describes in her 2020 book, Caste, white is a uniquely American category, constructed during the Trans Atlantic Slave Trade to characterize that which was not Black. In 1936, Ralph Linton wrote that the last thing a fish would ever notice would be water. Likewise, **whiteness** has largely been invisible to the modern white world. The invisibility of whiteness is rather unique as compared to the visibility of other racial categories such as Black. This invisibility or normality of whiteness corresponds to white being the "default" race or the notion that whites do not have a race. The uniqueness of whiteness's invisibility lies in the contradictions therein: while whiteness partakes of normality and transparency, it is also dominant, insistently so (Whiteness - Sociology of Race - iResearchNet, 2020).



Figure 1: Unlearn Racism. (CC BY-NC 2.0; Joe Brusky via Flickr)

It is this dominance of whiteness that had made whiteness into something so normal. Eduardo Bonilla-Silva identified this color-blind racism in Racism Without Racists. Bonilla-Silva asserts that there is no doubt that the majority of white people in the U.S. subscribe to the doctrines of color-blind racism. Bonilla-Silva argues that the rhetoric of **color-blind racism** as "the current and dominant racial ideology in the United States, constructs a social reality for people of color in its practices, which are subtle, institutional, and apparently nonracial" (p. 3, 2007). He argues further that this race rhetoric supports a racial hierarchy that maintains white privilege and superiority; race and racism are structured into the totality of our social relations and practices that reinforce white privilege (p. 9, 2007). Further Bonilla-Silva states,

> Instead of relying on name calling (niggers, spics, chinks), color-blind racism otherizes softly ("these people are human, too"); instead of proclaiming that God placed minorities in the world in a servile position, it suggests they are behind because they do not work hard enough; instead of viewing interracial marriage as wrong on a straight racial basis, it regards it as "problematic" because of concerns over the children, location, or the extra burden it places on couples (Bonilla-Silva, 2007).

In summary, Bonilla-Silva explains that this color-blind racism perpetuates white dominance and privilege in a more passive way than racism was carried out in the past, and often those who display color-blind racism think they are not racist.

In his book, How the Irish Became white, Noel Ignatiev wrote that white chauvinism amounts to the practice of white supremacy. Ignatiev explains that whiteness rests on the notion of whiteness as equated with a higher social class, thereby eliminating any possibility of **class consciousness**, awareness of one's class status. White individuals connecting with their whiteness rather than their class commonalities with working class populations leads them to voice, "I may be poor and exploited, but at least I'm white" and not Black (Whiteness - Sociology of Race - iResearchNet, 2020). This is the psychological wage of whiteness that DuBois wrote about in 1935. Whiteness has thus been understood as the absence of color, the absence of culture, the absence of racialization which has also made it extremely difficult for white Americans to really see their whiteness. Yet, of course people of color tend to easily see whiteness.

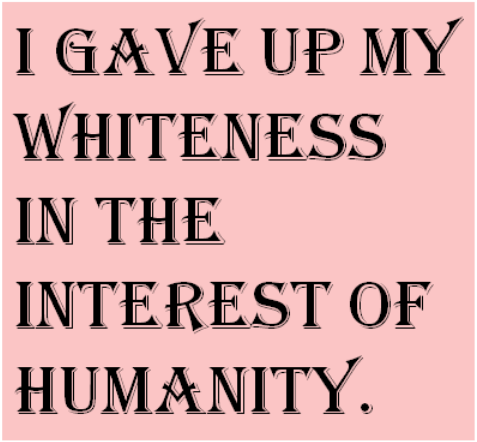


Figure 2: Original creation by the co-author, Janét Hund.

White Privilege

It is important to discuss the advantages that U.S. Whites enjoy in their daily lives simply because they are white. Social scientists term these advantages white privilege, informing that whites benefit from being white whether or not they are aware of their advantages (McIntosh, 2007). **White privilege** is the benefit that white people receive simply by being part of the dominant group. McIntosh wrote that whites are carefully taught not to be aware of their race, rather to be unaware of their unearned assets and advantages. Using the analogy of an invisible knapsack, McIntosh created an initial list of 26 and later expanded to 52 the benefits of whiteness that white Americans carry in their backpacks. For example, whites can usually drive a car at night or walk down a street without having to fear that a police officer will stop them simply because they are white. They can count on being able to move into any neighborhood they desire to as long as they can afford the rent or mortgage. They generally do not have to fear being passed up for promotion simply because of their race. College students who are white can live in dorms without having to worry that racial slurs will be directed their way. White people in general do not have to worry about being the victims of hate crimes based on their race. They can be seated in a restaurant without having to worry that they will be served more slowly or not at all because of their skin color. If they are in a hotel, they do not have to think that someone will mistake them for a bellhop, parking valet, or maid. If they are trying to hail a taxi, they do not have to worry about the taxi driver ignoring them because the driver fears they will be robbed. If they are stopped by the police, they do not have to fear for their lives.

Social scientist Robert W. Terry (1981, p. 120) once summarized white privilege as follows: “To be white in America is not to have to think about it. Except for hard-core racial supremacists, the meaning of being white is having the choice of attending to or ignoring one’s own whiteness” (emphasis in original). For people of color in the United States, it is not an exaggeration to say that race is a daily fact of their existence. Yet whites do not generally have to think about being white. As all of us go about our daily lives, this basic difference is one of the most important manifestations of racial and ethnic inequality in the United States. While most white people are willing to admit that nonwhite people live with a set of disadvantages due to the color of their skin, very few are willing to acknowledge the benefits they receive.

Whites in the United States infrequently experience racial discrimination making them unaware of the importance of race in their own and others’ thinking in comparison to people of color (Konradi & Schmidt, 2004). Many argue racial discrimination is outdated and are uncomfortable with the blame, guilt, and accountability of individual acts and institutional discrimination. By paying no attention to race, people think racial equality is an act of color-blindness, and it will eliminate racist atmospheres (Konradi & Schmidt, 2004). They do not realize the experience of not “seeing” race itself is racial privilege.

Think about it

In her 1988 article White Privilege: Unpacking the Invisible Knapsack, Peggy McIntosh introduced the following 26 daily effects of white privilege in her life.

1. I can if I wish arrange to be in the company of people of my race most of the time.
2. If I should need to move, I can be pretty sure of renting or purchasing housing in an area which I can afford and in which I would want to live.

3. I can be pretty sure that my neighbors in such a location will be neutral or pleasant to me.
4. I can go shopping alone most of the time, pretty well assured that I will not be followed or harassed.
5. I can turn on the television or open to the front page of the paper and see people of my race widely represented.
6. When I am told about our national heritage or about "civilization," I am shown that people of my color made it what it is.
7. I can be sure that my children will be given curricular materials that testify to the existence of their race.
8. If I want to, I can be pretty sure of finding a publisher for this piece on white privilege.
9. I can go into a music shop and count on finding the music of my race represented, into a supermarket and find the staple foods that fit with my cultural traditions, into a hairdresser's shop and find someone who can cut my hair.
10. Whether I use checks, credit cards or cash, I can count on my skin color not to work against the appearance of financial reliability.
11. I can arrange to protect my children most of the time from people who might not like them.
12. I can swear, or dress in second-hand clothes, or not answer letters, without having people attribute these choices to the bad morals, the poverty, or the illiteracy of my race.
13. I can speak in public to a powerful male group without putting my race on trial.
14. I can do well in a challenging situation without being called a credit to my race.
15. I am never asked to speak for all the people of my racial group.
16. I can remain oblivious of the language and customs of persons of color who constitute the world's majority without feeling in my culture any penalty for such oblivion.
17. I can criticize our government and talk about how much I fear its policies and behavior without being seen as a cultural outsider.
18. I can be pretty sure that if I ask to talk to "the person in charge," I will be facing a person of my race.
19. If a traffic cop pulls me over or if the IRS audits my tax return, I can be sure I haven't been singled out because of my race.
20. I can easily buy posters, postcards, picture books, greeting cards, dolls, toys, and children's magazines featuring people of my race.
21. I can go home from most meetings of organizations I belong to feeling somewhat tied in, rather than isolated, out-of-place, outnumbered, unheard, held at a distance, or feared.
22. I can take a job with an affirmative action employer without having co-workers on the job suspect that I got it because of race.
23. I can choose public accommodations without fearing that people of my race cannot get in or will be mistreated in the places I have chosen.
24. I can be sure that if I need legal or medical help, my race will not work against me.
25. If my day, week, or year is going badly, I need not ask of each negative episode or situation whether it has racial overtones.
26. I can choose blemish cover or bandages in "flesh" color and have them more less match my skin.

Which one(s) of these most strike(s) you, and why? Which, if any, are least relevant in our contemporary time period? What other daily effects of white privilege would you add to the list?

Black Like Me

In 1959, John Howard Griffin, a white writer, changed his race. Griffin decided that he could not begin to understand the discrimination and prejudice that African Americans face every day unless he experienced these problems himself. So he went to a dermatologist in New Orleans and obtained a prescription for an oral medication to darken his skin. The dermatologist also told him to lie under a sun lamp several hours a day and to use a skin-staining pigment to darken any light spots that remained.

Griffin stayed inside, followed the doctor's instructions, and shaved his head to remove his straight hair. About a week later he looked, for all intents and purposes, like an African American. Then he went out in public and passed as Black.

New Orleans was a segregated city in those days, and Griffin immediately found he could no longer do the same things he did when he was white. He could no longer drink at the same water fountains, use the same public restrooms, or eat at the same restaurants. When he went to look at a menu displayed in the window of a fancy restaurant, he later wrote,

> I read, realizing that a few days earlier I could have gone in and ordered anything on the menu. But now, though I was the same person with the same appetite, no power on earth could get me inside this place for a meal (Griffin, 1961, p. 42).

Because of his new appearance, Griffin suffered other slights and indignities. Once when he went to sit on a bench in a public park, a white man told him to leave. Later a white bus driver refused to let Griffin get off at his stop and let him off only eight blocks later. A series of stores refused to cash his traveler's checks. As he traveled by bus from one state to another, he was not allowed to wait inside the bus stations. At times, white men of various ages cursed and threatened him, and he became afraid for his life and safety. Months later, after he wrote about his experience, he was hanged in effigy, and his family was forced to move from their home.



Figure 3: Demonstrators marching in the street holding signs during the March on Washington, 1963. (CC PDM 1.0; via Library of Congress)

Griffin's reports about how he was treated while posing as a Black man, and about the way African Americans he met during that time were also treated, helped awaken white Americans across the United States to racial prejudice and discrimination. The Southern civil rights movement, which had begun a few years earlier and then exploded into the national consciousness with sit-ins at lunch counters in February 1960 by Black college students in Greensboro, North Carolina, challenged Southern segregation and changed life in the South and across the rest of the nation.

White Supremacy

"White Supremacist Held Without Bond in Tuesday's Attack," the headline read. In August 2009, James Privott, a 76-year-old African American, had just finished fishing in a Baltimore city park when he was attacked by several white men. They knocked him to the ground, punched him in the face, and hit him with a baseball bat. Privott lost two teeth and had an eye socket fractured in the assault. One of his assailants was arrested soon afterwards and told police the attack "wouldn't have happened if he was a white man." The suspect was a member of a white supremacist group, had a tattoo of Hitler on his stomach, and used "Hitler" as his nickname. At a press conference attended by civil rights and religious leaders, the Baltimore mayor denounced the hate crime. "We all have to speak out and speak up and say this is not acceptable in our communities," she said. "We must stand together in opposing this kind of act" (Fenton, 2009, p. 11).

Arising in the late 1860s after slavery was abolished in the U.S, the Ku Klux Klan (KKK) originated in resistance and white supremacy during the Reconstruction Era. Its members' belief in white supremacy has encouraged over a century of hate crime and hate speech. For example in 1924, the KKK marched down Pennsylvania Avenue in Washington, D.C.; the KKK had 4 million members out of a national population of about 114 million. In the words of DuBois a century ago: "the Ku Klux Klan is doing a job which the American people, or certainly a considerable portion of them, want done; and they want it done because as a nation they have fear of the Jew, the immigrant, the Negro."

According to the Southern Poverty Law Center, white nationalist groups espouse white supremacist or white separatist ideologies, often focusing on the alleged inferiority of nonwhites. These supremacist groups include the Ku Klux Klan, neo-Confederate, neo-

Nazi, racist skinhead and Christian identity groups. Contemporary white supremacist sympathizers have characterized some of President Trump's Cabinet appointees (e.g., Steve Bannon, Larry Kudlow, and Stephen Miller) as well as violent counter-protestors at the anti-police brutality protests since the George Floyd murder in 2020. The 2017 Unite the Right rally in Charlottesville, Virginia climaxed in the killing of one anti-racist white protester. President Trump shortly thereafter stated that there were good and bad people on both sides. In 2019, following the white supremacist killing of 51 Muslim worshippers in Christchurch, New Zealand, the white supremacist manifesto continued with a shooter in Poway, California at a Jewish synagogue and a gunman in a Walmart store in El Paso, Texas who left 23 dead, mostly Latinx victims.

While we are accustomed to thinking about white supremacy in terms of the aforementioned violent hate groups or white nationalist or white power groups, Bonilla-Silva (2007) and DiAngelo (2018) inform us that we should be more concerned with the insidious white supremacy that surrounds our entire society and exists in us, particularly white Americans. According to DiAngelo, white progressives maintain white supremacy - largely through their silence and discomfort with addressing race and racism. Building upon the works of Bonilla-Silva (2007) and Takaki (1993), Hephzibah V. Strmic-Pawl (2015) defines **White supremacy** as "systematic and systemic ways that the racial order benefits those deemed white and operates to oppress people of color."

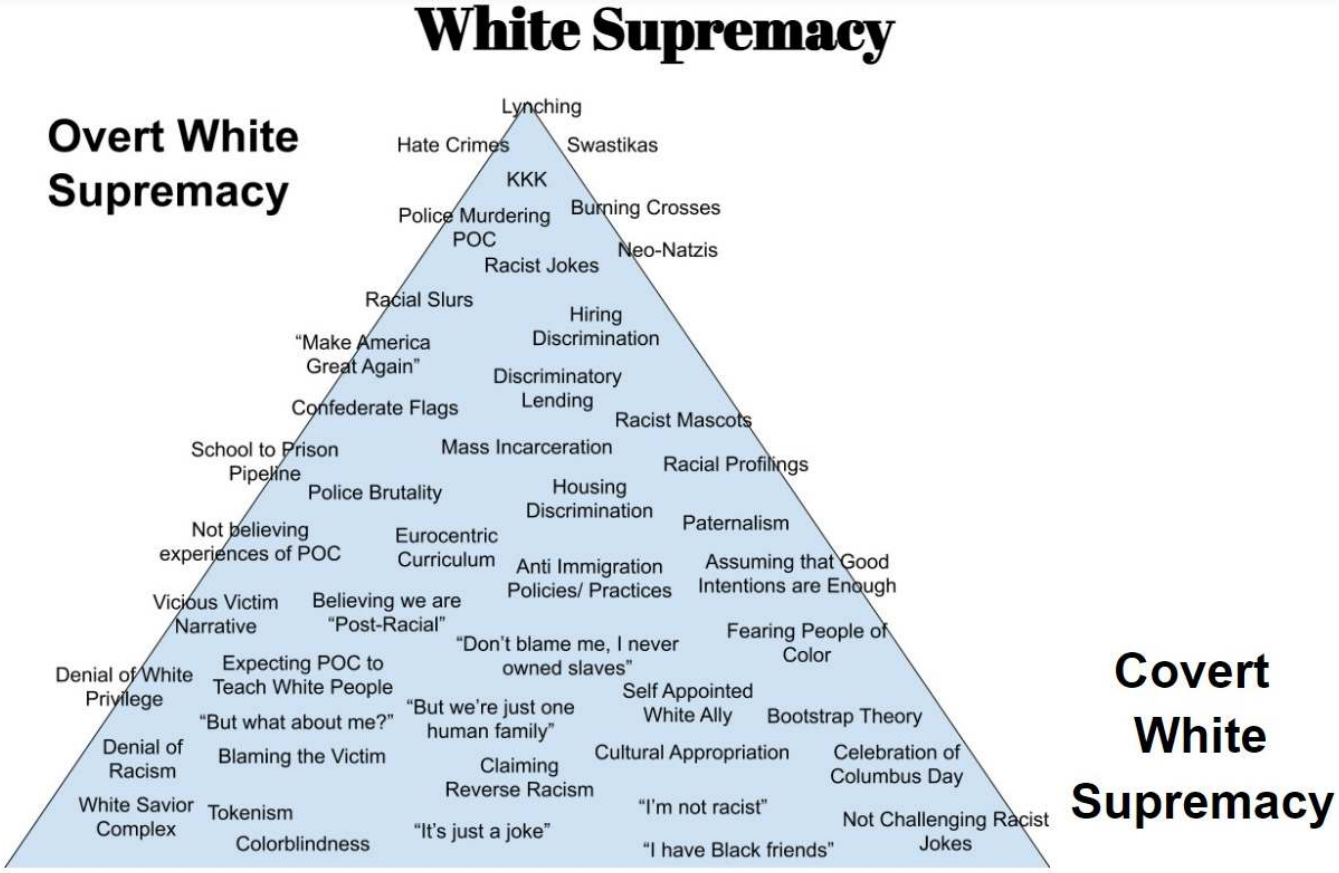


Figure 4: White Supremacy. (Chart adapted by Jonas Oware and LBCC SOCIO 11 Honors from the Safehouse Progressive Alliance for Nonviolence)

As shown in the figure below, Strmic-Pawl visualized white supremacy in the form of a flower: the roots or foundation of racism in the U.S. (e.g., slavery or Native American genocide), the stem or historical events and processes (e.g., Chinese Exclusion Act or Jim Crow Laws), and the bloom or contemporary U.S. (anti-Asian hate crimes or police brutality such as the killing of George Floyd). Each petal represents a different form of racial inequality. Though petals may fall off, this loss does not kill the plant (of white supremacy). This is akin to the replacement of slavery with Jim Crow and then the prison industrial complex as a way to control Black men, so eloquently explained in Michelle Alexander's The New Jim Crow.

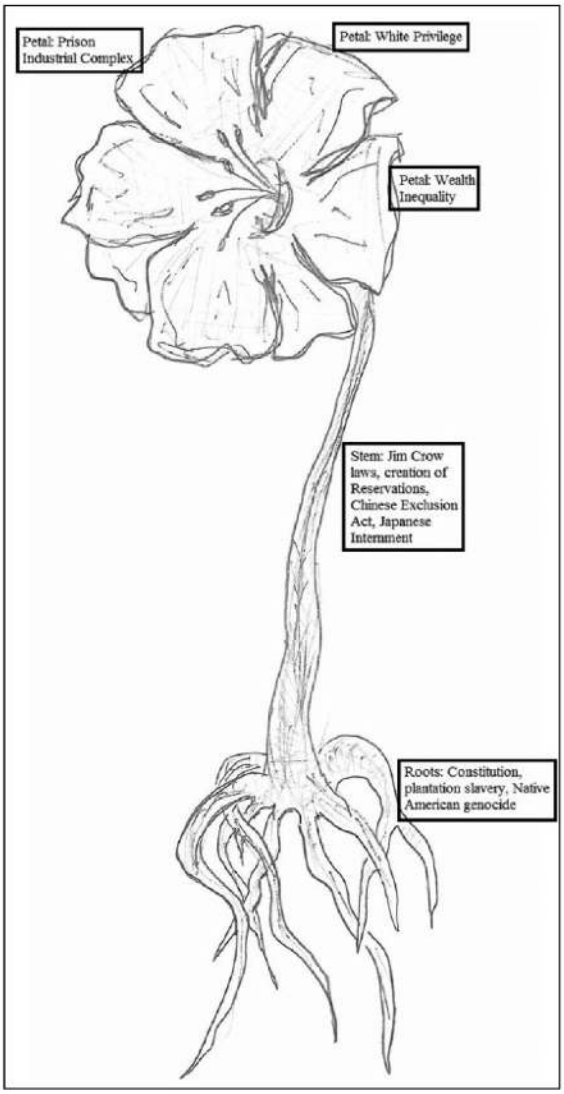


Figure 5: The White Supremacy Flower. (Reprinted with the kind permission of Hephzibah V. Strmic-Pawl; Artist: Ali Cohen; From Hephzibah V. Strmic-Pawl; More Than a Knapsack: The White Supremacy Flower as a New Model for Teaching Racism)

White Fragility

In her introduction of White Fragility: Why It's So Hard for White People To Talk About Racism, Robin DiAngelo (2018) writes:

> We consider a challenge to our racial world views as a challenge to our very identities as good, moral people. Thus, we perceive any attempt to connect us to the system of racism as an unsettling and unfair moral offense. The smallest amount of racial stress is intolerable. The mere suggestion that being white has meaning often triggers a range of defensive responses. These include emotions such as anger, fear, and guilt and behaviors such as argumentation, silence, and withdrawal from the stress-inducing situation. These responses work to reinstate white equilibrium as they repel the challenge, return our racial confit, and maintain our dominance within the racial hierarchy. I conceptualize this process as white fragility. The white fragility is triggered by discomfort and anxiety. It is born of superiority and entitlement. White fragility is not weakness per se. In fact, it is a powerful means of white racial control and the protection of white advantage.

Now, the concept of **white fragility**, an outcome of white people's socialization into white supremacy and a means to protect, maintain, and reproduce white supremacy, has been injected into both our sociological and societal discussion. According to DiAngelo, society is structured in a way to prevent whites from experiencing racial discomfort, which generally results in whites not having difficult conversations about race - which is exactly the behavior that produces and reproduces white supremacy. DiAngelo posits that "white progressives cause the most daily damage to people of color." Ultimately, DiAngelo explains that

white individuals must develop their racial stamina to have difficult conversations about race, actually listen to the voices of people of color, and refuse to remain silent when white supremacy is exposed.



Figure 6: white Silence = Death has been a rallying phrase amidst the anti-police brutality protests following George Floyd's murder in 2020. (CC PDM 1.0; Kat Jayne via Pexels)

Key Takeaways

- Whiteness is considered normal, transparent, and invisible - in addition to conferring dominance.
- Due to color blindness and a lack of class consciousness, many (white) Americans lack an understanding of whiteness and racial inequality.
- White privilege is something that white Americans benefit from though many are oblivious to the daily effects of white privilege.
- In both covert and overt ways, white supremacy is systemically and systematically impact the racial order, benefiting those deemed white and operatomg to oppress people of color.
- Many whites experience white fragility, an outcome of white people's socialization into white supremacy and a means to protect, maintain, and reproduce white supremacy.

Contributors and Attributions

- Hund, Janét. (Long Beach City College)
- Johnson, Shaheen. (Long Beach City College)
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CHAPTER OVERVIEW

6: Intersections of Identity- Gender and Sexuality

6.1: Gender
6.2: Sexual Orientation

Learning Objectives

By the end of this chapter, students should be able to:

1. **Define** key concepts related to gender identity, gender expression, and sexual orientation.
2. **Explain** how cultural beliefs and values influence gender roles and norms across societies.
3. **Analyze** how intersecting identities—such as race, ethnicity, gender, and sexuality—shape lived experiences.
4. **Identify** the psychological and social consequences of discrimination based on gender and sexual identity.
5. **Discuss** the role of cultural competence in supporting gender-diverse and LGBTQIA+ individuals.
6. **Evaluate** how traditional and non-Western perspectives expand understandings of gender and sexuality.
7. **Apply** intersectional and multicultural frameworks to advocate for equity and inclusion in psychological practice.

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6.1: Gender

Learning Objectives

- Analyze the impact of colonization upon indigenous traditional practices regarding gender and social structures
- Discuss decolonization and current activism that seek to return to pre-colonial understandings of gender as a basis for intergenerational healing
- Explore gender as a social construct by looking at many perspectives around the world
- Describe gender variations
- Explain how various socialization agents (e.g., parents, peers, schools, textbooks, television and religion) contribute to the formation of gender roles
- Compare psychological theories on gender
- Create a plan to be an ally to others to promote individual and community well-being

Introduction

Sex and gender are often confused for one another and are used interchangeably in many circumstances; however, these are distinct concepts. Sex, like we explored last week, depends on chromosomes, genetics, hormones, hormone receptors, gonads, and epigenetic factors, and secondary sex characteristics continue to unfold during puberty and throughout our lifespans impacting the way that our physical bodies look and feel. Female, intersex, and male bodies exist on a continuum of possibilities. Gender, on the other hand, is a social construct based on gender roles, expectations around behavior, stereotypes concerning vague concepts like femininity and masculinity, and personal internalization of what gender means to each individual person. All of these factors, through socialization, work to influence the way each individual person internalizes concepts around gender.

Some people will conform to what is socially expected of them based on the way others have labeled their gender while others will identify differently and carve out a different path. Additionally, humans do not remain stagnant and gender can also change throughout a person's lifetime depending on life experiences, education, exposure to differing perspectives, religious upbringing, family background, peer interactions, media, and more. Before we can delve into this topic more globally, let's first look at gender in the United States. Then, we will analyze multicultural perspectives to highlight how gender can take on different meanings based on culture and society, we will explore theories around gender, and we will analyze the way in which this culminates in the unique way each person will come to perceive gender and behave based on the internalization of gendered concepts. In order to explore where to go from here, we will discuss ways to be allies to all genders in order to build a healthy and sustainable future.

Gender and the United States

Gender expansive ideas are not new. Many indigenous communities in the United States have long held places of high esteem for those who can move more fluidly between roles. Being able to walk between the worlds of gender also holds spiritual significance and strength. Creating a binary system for gender has always been about power and control, and this is a tool utilized to uphold white supremacy, the patriarchy, and further colonial domination. Religion, namely Christianity and Catholicism, were wielded as swords, not of justice but of genocide and apartheid. In order to understand the ways in which gender is a social construct, let's take a deep dive into US colonization to lead us to this present moment in time. The past is still present in many ways. Decolonizing and indigenizing views on gender can be sources of healing and empowerment.

Indigenous Perspectives

Native Americans and Alaskan Natives

The Secretariat of the United Nations Permanent Forum on Indigenous Issues (UN Forum) (2010) explains that, prior to colonization, indigenous women, men, and intersex individuals held equitable social statuses and were stewards of the land and resources in partnership with each other. The UN Forum (2010) discusses how many indigenous communities thrived off of the concept of generalized reciprocity in which repayment was not expected and rather a sense of generosity and the continual sharing of resources was expected instead. Thus, the concept of property and ownership rights were not present to reinforce gender segregation or differences. Many indigenous communities also relied on symbiotic complementarily which is a means of producing resources in a way that recognizes the need for differentiation in the labor force without one type of role dominating the other or taking on more social importance than another (UN Forum, 2010).

Two-spirit and gender-expansive perspectives have also been documented within many traditional tribal societies. According to Indian Health Service (n.d.), Native American and Alaskan Native tribes, in general, had a more gender-expansive view with many tribes denoting a third or even fourth gender category in which individuals were respected and valued as they took on activities for both women and men and even had specialized roles as spiritual guides, healers, shamans, artists, and more. Some two-spirit individuals would take on a traditional male or female style of dress depending on how they identified while others developed their own ways of self-expression (Indian Health Service, n.d.).

More than 500 indigenous cultures have survived cultural genocide in the United States (Indian Health Service, n.d.) with some preferring the use of specific terms within their language rather than the use of the recently developed term of two-spirit. Two-spirit is a term in English or referred to as a "pan-Indian" word created in the 1990s by an international gathering of indigenous tribes to replace the colonizer word "berdache" which has a harmful connotation and is related to sex acts rather than gender (Matthews-Hartwell, 2014). Many tribes prefer to use the terms in their language rather than using the term two-spirit. Here are some examples of tribal terms (Matthews-Hartwell, 2014):

- Navajo: Nádleehí and Dilbaa'
- Lakota: Winkte
- Zuni: Lhamana
- Osage: Mixu'ga
- Ojibwa: Agokwa and Ogichidaakwe

Native American and Alaskan Native cultures are not monolithic and contain many nuances and differences in practices as well. Thus, it is important to not generalize the concept of two-spirit to all tribal communities by understanding the diverse cultural practices and customs of individual tribes as well as individual people who are tribal members.

Further firsthand accounts by tribal members:

- Native American 'Two-Spirit People' Serve Unique Roles Within Their Communities: One 'Winkte' Talks About Role Of LGBT People In Lakota Culture (Wisconsin Public Radio, 2014)
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    - Not shown in the captioning: Ma-Nee Chacaby mentions identifying as the Anishinaabeg term Niizhojichaagwijig-meaning "ones with two spirits" (Native Justice Coalition, 2020).

Native Hawaiian Perspective

Māhū is a Native Hawaiian third gender that indicates someone who has qualities of both kāne (man) and wahine (woman) (University of Hawai'i, Manoa, 2021). Māhūkāne is another variation of the term māhū which means a wahine who lives his life as a kāne, and māhūwahine which means a kāne who lives her life as a wahine (University of Hawai'i, Manoa, 2021). These terms are not exactly comparable to terms such as transgender or nonbinary because they are specific within Native Hawaiian culture, and individuals with these identities held significant spiritual and cultural importance within pre-colonial life. These identities were nearly erased through colonization and religious demonization but have begun to regain a place of prominence and respect as kānaka maoli (Native Hawaiians) are seeking to reconnect with traditional cultural practices and heal their communities.

The concept of ho'okipa, translated roughly to hospitality, was an important part of traditional Hawaiian culture that was exploited by sailors, missionaries, and businessmen, and continues to be used as justification for overtourism today (Sustainable Tourism Study Native Hawaiian Advisory Group, 2003, p. I-2). "The patriarchal sexualization of islands and their peoples provides justification for continued colonial protection" in the form of economic and governmental control by those who are not kānaka maoli (Na'puti & Rohrer, 2017, p. 543). The Hawaiian islands and people remain exotified today through tourism which reduces women specifically to sexualized, beautiful objects to be consumed by outside visitors (Na'puti & Rohrer, 2017). Over-tourism taxes the people and the land, leading to further marginalization of kānaka maoli (Sustainable Tourism Study Native Hawaiian Advisory Group, 2003, p. I-1).

Videos from the Kumu Hina Project which seek to increase awareness of pre-colonial Native Hawaiian culture and recenter individuals who are māhū as vital to the community:

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Influence of Colonization on Indigenous Peoples

Cultural genocide was inflicted upon Native communities through the death of tribal members as a result of violence and disease (Indian Health Service, n.d.). Native children were placed in boarding schools controlled by white settlers, missionaries, and governmental agencies, which resulted in the loss of Native cultural traditions and perspectives regarding gender (Indian Health Service, n.d.). The UN Forum (2010) explains how colonization imposed gender segregation and unequal power by dictating that men would control resources and thereby reduced the social status of tribal women which worked to deprive them of access to resources and land rights that they previously held equally. This also fractured the stability of communities and worked to erase indigenous traditions to further weaken the interconnectivity of tribal members (UN Forum, 2010). Two-spirit identities were targeted with particular violence and malice, which has resulted in the erasure of many gender-variant traditions that descendants of tribal communities are still trying to uncover, retrace and decolonize today (Indian Health Service, n.d.).

Spillett (2021) explains that the forceful internment of Native peoples by colonizers who imposed a gender binary and heteronormative relationship norms was leveled as a specific means to dislocate people from their tribal lands and take control over tribal resources. Gendered physical and sexual violence is a particular tool repeatedly used during colonization to target indigenous women and individuals with gender-expansive identities to tear apart their social support networks, sense of self, and cultural power in order to gain control (Spillett, 2021). This demoralization process is at the heart of taking over the land (Spillett, 2021). Puritanical or Catholic ideas around what constituted sin, impropriety, impurity, and sickness were used to further glorify and support the subjugation of traditional indigenous cultures and to impose religious perspectives. Manifest Destiny, the idea that it was God's will for man to rule the Earth and dominate nature, connected colonization with furthering the patriarchy and male settler rule over Native communities who they othered and viewed as part of nature (Spillett, 2021).

Foundations of Gendered Violence Lie within White Supremacy

African people engaged in diverse relational and social practices prior to being stolen from their homeland and brought to the Americas (Amadiume, 2001). Some communities held more patriarchal social stratification while a majority were more matriarchal with the women being highly respected and looked to as leaders of their family units and communities (Amadiume, 2001). European analyses of African culture utilized an ethnocentric perspective that prescribed patriarchy as a means of salvation when in reality it sought to destroy the social relations and strength found within family units (Amadiume, 2001). The slavery of African people in the United States furthered the impact of colonization and displaced people from their homelands, families, and cultural traditions. Families were separated and violence was commonplace in order to maintain systems of power that favored white settlers as masters over Black people.

African men were often displaced and separated from their families with mothers and children remaining together until the children reached a certain age to be sold for their labor as well. Women often faced additional sexual violence and their reproductive freedoms were taken away from them as well as their ability to be in romantic relationships without the say of their masters. Castration was a means of punishment for some enslaved men and a preoccupation with Black male masculinity and sexuality was viewed from behind the lens of impurity and criminality (Mack & McCann, 2018). Black women were viewed as overly sexual in order to blame them for the sexual violence that was inflicted upon them (Mack & McCann, 2018).

As slavery was outlawed and slaves were freed, the Ku Klux Klan still terrorized Black people and sought to criminalize male bodies and further disenfranchise Black women and separate family units from one another (Mack & McCann, 2018). Labeling Black men as hypersexual and sexual aggressors allowed white men to justify their violence as a means of protecting white women (Mach & McCann, 2018). Thus, gendered violence and the intersection of race and gender shaped the experiences of Black people and still do to this day as Black men face being labeled criminals and sexual deviants facing harsher prison sentences while Black women are labeled as hypersexual with their sexuality needing to be limited and controlled within the modern-day white supremacist, patriarchal and colonial society (Mack & McCann, 2018). Black transgender women face violence and discrimination at even higher rates than Black cisgender women; thus, intersectionality is key to understanding these interlocking systems impacting the lives of individuals.

One or more interactive elements has been excluded from this version of the text. You can view them online here: https://openoregon.pressbooks.pub/introtohumansexuality/?p=58#oembed-4

Roles of Systems: Two Examples

Boarding Schools (Education System)

The boarding school system in the United States was first developed to assimilate and endoctriante Native American children into Christian, white supremacist, and patriarchal systems and to rid them of their culture. A binary system of gender was imposed and two-spirit cultural practices and beliefs were attempted to be destroyed. Physical and sexual abuse was rampant; thus, terrorism as a tool of colonization was inflicted upon Indigenous children and families within these schools.

Police Departments and the Origins of "Policing" (Legal System)

Modern police departments in many Southern states started out as "slave patrols." For a more detailed look at the history of policing in the United States, review the information provided by Potter (2013). Race-based violence was sanctioned by the government in Southern states in order to maintain a racial and economic caste system with white people clinging to power through the use of violence and targeted attempts to destroy communities, physically, emotionally, and spiritually.

Anti-masquerading laws, prohibitions and ordinances were passed in the 1800s with some remaining on the books even until recently in some states, such as New York until 2011 (PBS, 2015). In order to attract more middle class white residents to frontier towns, police would use these legal measures to target individuals labeled as cross-dressers (Tagawa, 2015). "In Columbus, Ohio, where one of the earliest ordinances was instituted, an 1848 law forbade a person from appearing in public 'in a dress not belonging to his or her sex.' In the decades that followed, more than 40 U.S. cities created similar laws limiting the clothing people were allowed to wear in public" (PBS, 2015, para. 5). Up until 1974 in San Francisco, the city's anti-masquerading law was used to target men who dressed as women (Tagawa, 2015). The police would also enforce the measures inconsistently, specifically targeting communities deemed more problematic for the city or to use the legal cover to harass specific nonbinary and transgender communities (Tagawa, 2015). In thinking about intersectionality, BIPOC individuals who are also gender nonconforming, transgender and gender expansive receive additional scrunity from police at the intersection of race and gender.

Conformity as a Trauma Response to Systemic Isms

Conformity happens all the time and is used by people subconsciously in order to better fit in with the crowd. When we are cast out, this leads to further marginalization and stigmatization. Humans are social creatures, so we will sometimes sacrifice parts of ourselves in order to more easily fit in with others, especially when the harms to not conform are so great. Terrorism and forced assimilation have long been tactics used by colonizers, and this remains a tool used today by the powerful in various ways. Trauma is tied to nonconformity (religion, race, gender, etc.) within a Christian, white supremacist, patriarchal, and capitalistic society, and people may begin to have prejudices that go against their own cultural and ancestral knowledge in order to conform to these systems. Therefore, these traumatic experiences around identities based on social constructs and caste systems work to speed up assimilation and conformity by fragmenting the spiritual, emotional, and physical parts of a person in order to break them apart from their sense of community and interconnection with others.

Intersectionality and Resiliency

In a white supremacist society, being BIPOC (Black, Biracial, Indigenous, or a Person of Color) alone as an identity causes the individual to face potentially daily microaggressions. In a white supremacist and patriarchal society, being BIPOC and a cisgender female adds another layer to the systemic and social barriers faced. Adding on now again, being BIPOC and a transgender female will lead to even more specfic social struggles that are incurred by not conforming. Therefore, nonconforming should be viewed as a testament to the human spirit and the desire of people to remain whole and not ripped apart from their identities. In the face of trauma and terror, communities continue to rise. Solidarity and being co-conspirators in the liberation of each other leads to community wellbeing and healing.

Decolonization and Intergenerational Healing

Many people of Indigenous and African ancestry are seeking to reconnect and reclaim identities and cultural perspectives that were attempted to be erased through colonization and land displacement. Oral traditions and the sharing of knowledge amongst families and friends passed down for generations have allowed for the current decolonization of gender to take place as a means of healing. Looking at how BIPOC identities intersect with gender specifically allows for an intersectional perspective to reconstruct a new path forward. Additionally, with social movements such as #MeToo, Black Lives Matter, and the Indigenous Peoples Movement to name a few, social discourse is changing around gender and moving more toward women's rights to live without sexual harassment and assault as well as looking at gender as existing within a spectrum of possibilities rather than within binary systems. Social

structures are shifting as activists and scholars are identifying the negative impacts of patriarchal, binary, and heteronormative perspectives.

Indigenous communities starting in Canada and now in the United States are urging both governments to conduct reports and issue formal statements about the abuse in general at the boarding schools and the ways in which this abuse caused the death of Indigenous children and adults. As of May 8th, 2022, the U.S. Department of the Interior released an investigative report and next steps related to the boarding schools. The following is taken directly from the report:

The investigation found that from 1819 to 1969, the federal Indian boarding school system consisted of 408 federal schools across 37 states or then territories, including 21 schools in Alaska and 7 schools in Hawaii. The investigation identified marked or unmarked burial sites at approximately 53 different schools across the school system. As the investigation continues, the Department expects the number of identified burial sites to increase.

"The consequences of federal Indian boarding school policies—including the intergenerational trauma caused by the family separation and cultural eradication inflicted upon generations of children as young as 4 years old—are heartbreaking and undeniable," said Secretary Haaland. "We continue to see the evidence of this attempt to forcibly assimilate Indigenous people in the disparities that communities face. It is my priority to not only give voice to the survivors and descendants of federal Indian boarding school policies, but also to address the lasting legacies of these policies so Indigenous peoples can continue to grow and heal."

Intergenerational Healing: Research Snapshots from Within Communities

Reclaiming Our Voices

In the interviews conducted with two-spirit Native individuals, Frazer and Pruden (2010) found that many expressed the desire for cultural programming that affirmed both their Native and two-spirit identities. Substance use was of great concern regarding engaging in queer nightlife that could affirm their gender expansive identity because many either had personal or familial struggles with addiction while cultural programming and events often excluded two-spirit self-expression–they did not feel like they could be their full selves in either environment. A majority of the participants expressed experiencing bullying and harassment from other tribal members and explained that informing people of pre-colonial practices around gender would be helpful in reducing the stigma and shame (Frazer & Pruden, 2010). Mental health and substance use programs that affirmed both their Native culture and two-spirit identities were identified as lacking and needed.

Emotional Emancipation Circles

Intergenerational trauma, in which harms of the past are passed down from generation to generation in the form of trauma stories, reactivity to environmental stressors, and the compounding impacts of minority stress leading to trauma symptoms in caregivers that is modeled for younger individuals within a family unit, has long been the focus of researchers (Fishbane, 2019). However, recently, a shift toward exploring the healing process has begun in order to center and honor the work that is being done within families and communities to create a new path forward (Fishbane, 2019). The injustices, genocide, and cultural erasure of colonization are called out and addressed while new systems and interconnections are created anew.

Barlow (2018) explores how her use of Emotional Emancipation Circles (EECs) is designed to be a strengths-based and culturally responsive approach to healing. Barlow (2018) explains how she used (EECs) with college students:

"This approach does not represent neoliberal frameworks of a thriving individual. Instead, it harmonizes and coordinates the well-being of people of African descent who are living with the legacy of slavery, Jim Crow, and white supremacy in the US. With learning modules, called keys, dedicated to African culture, history and movements, and imperatives and ethics, this social support group offered my students an opportunity to unpack personal stories and to begin to address the root issues of healing Black communities.

For example, students shared their struggles with colorism, the social rules of dating, navigating social media, thriving in the classroom, and managing challenges at home while in college. (p. 900)

By sharing these stories and supporting each other, they were able to develop social support as a protective factor (Barlow, 2018). Barlow (2018) also discusses how increasing self-care in the form of "meditation, breathing exercises, and physical activity such as walking, dancing, running, and gardening" are beneficial to physical and mental health (p. 901). Engaging in self-care and developing social support systems were encouraged. Barlow (2018) also encouraged her students to share their experiences of intergenerational trauma and healing through social media. By sharing their experiences, further connections were made and students developed skills on how to mobilize their communities and be leaders promoting social change within organizations (Barlow, 2018). Thus, individuals engaging in their own healing are able to model this for others, creating community-based healing that expands onward.

Further Decolonization and Intergenerational Healing Resources

- Celebrating Our Magic: Resources for American Indian/Alaska Native transgender and Two-Spirit youth, their relatives and families, and their healthcare providers
- Trans Care BC: Two-Spirit
  - Lots of resources to both explore one's clinical practice and to learn more about two-spirit and indigenous LGBTQIA+ experiences as well as resources for clients.
  - From Canada but does include United States-based information.
- First Nations Perspective on Health and Wellness
  - This poster can be used to discuss strengths and protective factors with Indigenous gender expansive clients.
- Research Article: Jefferson et al. (2013) found that a strong transgender identity served as a protective factor against depression for transgender women of color.
  - Identity should be explored in a strength-based way with clients. Keep this in mind from an intersectional approach.
- Research Article: Baez, M. S. E., Isaac, P., & Baez, C. A. (2016). H.O.P.E. for Indigenous people battling intergenerational trauma: The Sweetgrass Method. Journal of Indigenous Research, 5(2). Retrieved from https://digitalcommons.usu.edu/cgi/viewcontent.cgi?article=1055&context=kicjir

Multicultural Perspectives

Mestiza Consciousness

In her seminal text *Borderlands La Frontera: The New Mestiza* (1987), Gloria Anzaldúa moves away from masculinist, heterosexist, nationalist, and biological notions of mestizaje attributing new meaning to identity construction through her concept of "mestiza consciousness"—one that emerges from life in the Borderlands (for more on Borderlands studies visit Section 3.1: What is Chicanx/Latinx History). **Mestiza consciousness** is a cognitive decolonization process of racialized, gendered, and sexed subjects wherein la mestiza becomes aware of the Borderlands and makes conscious decisions regarding the construction of her multiple and often contradictory identities. Through mestiza consciousness—later conceptualized as "conocimiento"—la nueva mestiza rethinks her material, psychic, and spiritual existence as she negotiates contradictions and ambiguities as a subject-in-process who is constantly constructing provisional identities.

AnaLouise Keating, feminist scholar and editor of Anzaldúa's work, succinctly describes Anzaldúa's theory of the new mestiza as "an innovative expansion of previous biologically based definitions of mestizaje. For Anzaldúa, new mestizas are people who inhabit multiple worlds because of their gender, sexuality, color, class, bodies, personality, spiritual beliefs, and/or other life experiences. This theory offers a new concept of personhood that synergistically combines apparently contradictory Euro-American and Indigenous traditions." (Keating, 2009 pg. 322)

Xicanisma

Chicana feminists continued to intervene in Chicano nationalist constructions of Indigeneity by unsettling myths and binaries that were delineated during El Movimiento through **Xicanisma**, an embodied feminist philosophy and praxis. "During the 1990s a cohort of Chicana feminists began replacing the *Ch* in 'Chicana' with a capital X (**Xicana**) in order to summon the lexical appearance—and sound—of Nahuatl, an ancient but still living Indigenous language. …Contemporary Xicana feminist sonic, lexical, and political replacements of the *Ch* with an *X* are meant to point to Indigenous uprisings within and throughout

Chicana, Chicano, and Chicanx identities. Today, the spoken and written grapheme *X* acts as a mobile signifier that points to identities-in-redefinition." (Sandoval et al., n.d.)

Castillo (1994) introduces the term Xicanisma, a retrofitted form of Chicana feminism intended to create an avenue for mestizas and detribalized Indigenous women to "not only reclaim our Indigenismo—but also to reinsert the forsaken feminine into our consciousness." (p. 12.) In order to heal from historical, institutional, and personal traumas, Castillo advocates acknowledging and honoring the feminine side of our complementary feminine/masculine duality. To do this, she writes, would restore spiritual balance. This restorative act challenges U.S. white supremacy, Chicano heteropatriarchy, and the Catholic Church—all rely on stringent dichotomies that repress women's spirituality and sexuality. Xicanisma is "an ever present consciousness of interdependency specifically rooted in our culture and history." (Castillo, 1994 p. 226.) Xicanisma is a practical way for retribalizing peoples of any gender to express an Indigenous sensibility, reconnect spirituality with the body/sexuality, and to (re)claim and (re)construct their traditions in a way that serves their present needs.

Similarly, Xicana lesbian activist and playwright Cherríe Moraga explains her use of the X indicates "a reemerging política, especially among young people, grounded in Indigenous American belief systems and identities... [that] reflects the Indian identity that has been robbed from us through colonization... As many Raza may not know their specific Indigenous nation of origin, the X links us as Native people in diaspora" (Moraga, 2011 pg. xxi). Moraga is co-founder of La Red Xicana Indígena, (The Indigenous Xicana Woman's Network), along with Celia Herrera Rodríguez, a collective of scholar- and community-activists who define themselves as a network actively involved in political, educational, and cultural work that serves to raise indigenous consciousness among our communities and supports the social justice struggles of people of indigenous American origins North and South. Our name...further signifies our alliance with all Red Nations of the Américas, including nations residing in the North. We are a pueblo made up of many indigenous nations in diaspora who through a five hundred year project of colonization, neocolonization, and de-indianization, have been forced economically from their place of origin, many ending up in the United States… [W]e stand with little legal entitlement to our claim as indigenous peoples within America; however, we come together on the belief that, with neither land base nor enrollment card—like so many urban Indians in the North, and so many displaced and undocumented migrants coming from the South, we have the right to "right" ourselves.

The writers of this document further explain that **Xicana Indígena** politics re-envision "families apart from the Eurocentric model of the privatized patriarchal family," and seek to "draw examples from the tribal structure of...indigenous antecedents." Moraga, along with co-founder Celia Herrera Rodríguez, advocate for raising the consciousness of younger generations through alternative and creative learning environments that "closely reflect an indigenous point of view." In sum, mestiza consciousness and Xicanisma are Ch/Xican/x feminist ontologies—philosophical explorations of the nature of being—grounded in a decolonial and liberatory praxis.

Footnotes

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The Psychology of Gender

Introduction

Though typically considered synonyms by many, sex and gender have distinct meanings that become important when collecting data and engaging in research. First, sex refers to the biological aspects of a person due to their anatomy. This includes the individual's hormones, chromosomes, body parts such as the sexual organs, and how they all interact. When we say sex, we are generally describing whether the person is male or female and this is assigned at birth.

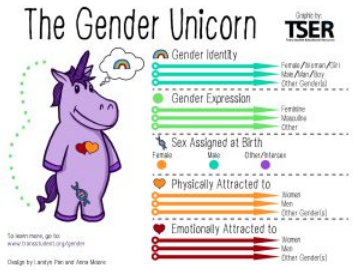
In contrast, gender is socially constructed (presumed after a sex is assigned) and leads to labels such as masculinity or femininity and their related behaviors. People may declare themselves to be a man or woman, as having no gender, or falling on a continuum somewhere between man and woman. How so? According to genderspectrum.org, gender results from the complex interrelationship of three dimensions – body, identity, and social.

First, body, concerns our physical body, how we experience it, how society genders bodies, and the way in which others interact with us based on our body. The website states, "Bodies themselves are also gendered in the context of cultural expectations. Masculinity and femininity are equated with certain physical attributes, labeling us as more or less a man/woman based on the degree to which those attributes are present. This gendering of our bodies affects how we feel about ourselves and how others perceive and interact with us."

Next is gender identity or our internal perception and expression of who we are as a person. It includes naming our gender, though this gender category may not match the sex we are assigned at birth. Gender identities can take on several forms from the traditional binary man-woman, to non-binary such as genderqueer or genderfluid, and ungendered or agender (i.e. genderless). Though gaining an understanding of what gender we are occurs by age four, naming it is complex and can evolve over time. As genderspectrum.org says, "Because we are provided with limited language for gender, it may take a person quite some time to discover, or create, the language that best communicates their internal experience. Likewise, as language evolves, a person's name for their gender may also evolve. This does not mean their gender has changed, but rather that the words for it are shifting."

Finally, we have a social gender or the manner in which we present our gender in the world, but also how other people, society, and culture affect our concept of gender. In terms of the former, we communicate our gender through our clothes, hairstyles, and behavior called gender expression. In terms of the latter, children are socialized as to what gender means from the day they are born and through toys, colors, and clothes. Who does this socialization? Anyone outside the child can to include parents, grandparents, siblings, teachers, the media, religious figures, friends, and the community. Generally, the binary male-female view of gender is communicated for which there are specific gender expectations and roles. According to genderspectrum.org, "Kids who don't express themselves along binary gender lines are often rendered invisible or steered into a more binary gender presentation. Pressures to conform at home, mistreatment by peers in school, and condemnation by the broader society are just some of the struggles facing a child whose expression does not fall in line with the binary gender system." The good news is that gender norms do change over time such as our culture's acceptance of men wearing earrings and women getting tattoos.

Here is a resource that is used within counseling and group therapy sessions to help people explore their experiences and identities. People are meant to mark themselves on every single line within each category. The first three categories relate to what we have been discussing so far while the last two relate to sexual orientation which we will discuss next week. Check out the developer's website to see an explanation of relevant terms and how to fill out the Gender Unicorn worksheet.



Gender Unicorn

Gender Congruence

When we feel a sense of harmony in our gender, we are said to have gender congruence. It takes the form of naming our gender such that it matches our internal sense of who we are, expressing ourselves through our clothing and activities, and being seen

consistently by other people as we see ourselves. Congruence does not happen overnight but occurs throughout life as we explore, grow, and gain insight into ourselves. It is a simple process for some and complex for others, though all of us have a fundamental need to obtain gender congruence.

When a person moves from the traditional binary view of gender to transgender, agender, or non-binary, they are said to "transition" and find congruence in their gender. Genderspectrum.org adds, "What people see as a "Transition" is actually an alignment in one or more dimensions of the individual's gender as they seek congruence across those dimensions. A transition is taking place, but it is often other people (parents and other family members, support professionals, employers, etc.) who are transitioning in how they see the individual's gender, and not the person themselves. For the person, these changes are often less of a transition and more of an evolution." Harmony is sought in various ways to include:

- Social – Changing one's clothes, hairstyle, and name and/or pronouns
- Hormonal – Using hormone blockers or hormone therapy to bring about physical, mental, and/or emotional alignment
- Surgical – When gender-related physical traits are added, removed, or modified
- Legal – Changing one's birth certificate or driver's license

The website states that the transition experience is often a significant event in the person's life. "A public declaration of some kind where an individual communicates to others that aspects of themselves are different than others have assumed, and that they are now living consistently with who they know themselves to be, can be an empowering and liberating experience (and moving to those who get to share that moment with them)."

Gender and Sexual Orientation

As gender was shown to be different from sex, so too we must distinguish it from sexual orientation which concerns who we are physically, emotionally, and/or romantically attracted to. Hence, sexual orientation is interpersonal while gender is personal. We would be mistaken to state that a boy who plays princess is gay or that a girl who wears boy's clothing and has short hair is necessarily lesbian. The root of such errors comes from our confusing gender and sexual orientation. The way someone dresses or acts concerns gender expression and we cannot know what their sexual orientation is from these behaviors.

The Language of Gender

- Agender – When someone does not identify with a gender
- Cisgender – When a person's gender identity matches their assigned sex at birth
- FtM – When a person is assigned a female sex at birth but whose gender identity is boy/man
- Gender dysphoria – When a person is unhappy or dissatisfied with their gender and can occur in relation to any dimension of gender. The person may experience mild discomfort to unbearable distress. This is classified as a mental health diagnosis and this diagnosis must be given to an individual in most states if they wish to receive hormone and other gender-affirming treatments. Not all transgender or nonbinary people may experience gender dysphoria and some cisgender people may experience this.
- Genderfluid – When a person's gender changes over time; they view gender as dynamic and changing
- Gender role – All the activities, functions, and behaviors that are expected of males and females in a gender binary society
- Genderqueer – Someone who may not identify with conventional gender identities, roles, expectations, or expressions.
- MtF – When a person is assigned a male sex at birth but whose gender identity is girl/woman
- Non–binary – When a gender identity is not exclusively masculine or feminine
- Transgender – An umbrella term that denotes when a person's gender identity differs from their assigned sex

To learn more about gender, we encourage you to explore the https://www.genderspectrum.org/ website.

The World Health Organization also identifies two more key concepts in relation to gender. Gender equality is "the absence of discrimination on the basis of a person's sex in opportunities, the allocation of resources and benefits, or access to services" while gender equity refers to "the fairness and justice in the distribution of benefits and responsibilities between women and men." Keep in mind, this language still caters to the gender binary and leaves out transgender and gender-expansive identities.

Gender Through a Developmental Psychology Lens

Psychoanalytical Theories

We have already previously discussed Freud, so let's continue forward with Karen Horney's Neo-Freudian theory.

Horney developed a Neo-Freudian theory of personality that recognized some points of Freud's theory as acceptable, but also criticized his theory as being overly bias toward the male. There is truth in this if you think about Freud's theory. Ultimately, to really develop fully, one must have a penis – according to Freud's theory. A female can never "fully" resolve penis envy, and thus, she is never fully able to resolve the conflict. As such, according to Freud's theory, if taken literally, a female can never fully resolve the core conflict of the Phallic Stage and will always have some fixation and thus, some maladaptive development. Horney disputed this (Harris, 2016). In fact, she went as far as to counter Freud's penis envy with womb envy (a man envying a woman's ability to have children). She theorized that men looked to compensate for their lack of ability to carry a child by succeeding in other areas of life (Psychodynamic and neo-Freudian theories, n.d.)

The center of Horney's theory is that individuals need a safe and nurturing environment. If they are provided such, they will develop appropriately. However, if they are not, and experience an unsafe environment, or lack of love and caring, they will experience maladaptive development which will result in anxiety (Harris, 2016). An environment that is unsafe and results in abuse, neglect, stressful family dynamics, etc. is termed by Horney as basic evil. As mentioned, these types of experiences (basic evil) lead to maladaptive development which was theorized to occur because the individual began to believe that, if their parent did not love them then no one could love them. The pain that was produced from basic evil then led to basic hostility. Basic hostility was defined as the individual's anger at their parents while experiencing high frustration that they must still rely on them and were dependent on them (Harris, 2016).

This basic evil and basic hostility ultimately led to anxiety. Anxiety resulted in an individual developing interpersonal strategies of defense (ways a person relates to others). These strategies are considered to fall in three categories (informed by Harris, 2016):

Interpersonal Strategies

Interpersonal Strategy	Key Direction	Actions the Person Takes	How This Presents in Their Personalities
Compliant Solution	Toward	The individual moves toward people. They seek out another person's attention.	This is the people pleaser and dependent person. The person that avoids failure and always takes the "safe" option.
Detachment Solution	Away	These individuals move away from others and attempt to protect themselves by eluding connection and contact with others.	These individuals want independence and struggle with commitment. They often try to hide flaws
Expansive Solution	Against	These individuals move against others. They seek interaction with others, not to connect with them, rather to gain something from them. They seek power and admiration from others, as well as being seen as highly attention-seeking.	This category is further split into three types of individuals: 1. The Narcissist. 2. The Perfectionist. 3. The Arrogant-Vindictive person.

Although Horney disputed much of Freud's male biased theories, she recognized that females are born into a society dominated by males. As such, she recognized that females may be limited due to this, which then leads to developing a masculinity complex. This is the feeling of inferiority due to one's sex. She noted that one's family can strongly influence one's development (or lack thereof) of this complex. She described that if a female was disappointed by males in her family (such as their father or brother, etc.), or if they were overly threatened by females in their family (especially their mothers), they may actually develop contempt for their own gender. She also indicated that if females perceived that they had lost the love of their father to another woman (often to the mother) then the individual may become more insecure. This insecurity then would lead to either (1) withdrawal from competing or (2) becoming more competitive (Harris, 2016). The need for the male attention was referred to as the overvaluation of love (Harris, 2016).

Gender Socialization Theory

It's clear that even very early theories of gender development recognized the importance of environmental or familial influence, at least to some degree. As theories have expanded, it has become clearer that socialization of gender occurs. However, each theory has a slightly different perspective on how that may occur. We will discuss a few of those in brief detail, but will focus more on major concepts and generally accepted processes.

Before we get started, I want you to ask yourself a few questions – When do we begin to recognize and label ourselves as boy or girl, and why? Do you think it happens very young? Is it the same across countries? Let's answer some of those questions.

Theories that suggest that gender identity development is universal across countries and cultures (e.g., Eastern versus Western cultures, etc.) have been scrutinized. Critics suggest that, although biology may play some role in gender identity development, the environmental and social factors are perhaps more powerful in most developmental areas, and gender identity development is no different. It is the same "nature versus nurture" debate that falls on the common response of both nature and nurture playing important roles and to ignore one is a misunderstanding of the developmental process (Magnusson & Marecek, 2012). In this section, we are going to focus on the social, environmental, and cultural aspects of gender identity development

Early Life

Infants do not prefer gendered toys (Bussey, 2014). However, by age 2, they show preferences. (Servin, Bhlin, & Berlin, 1999). Did you know that infants can differentiate between male and female faces and voices in their first year of life (typically between 6-12 months of age; Fagan, 1976; Miller, 1983)? Not only that, they can pair male and female voices with male and female faces (known as intermodal gender knowledge; Poulin-Dubois, Serbin, Kenyon, & Derbyshire, 1994). Think about that for a moment – infants are recognizing and matching gender before they can ever talk! Further, 18-month old babies associated bears, hammers, and trees with males. By age 2, children use words like "boy" and "girl" correctly (Leinbach & Fagot, 1986) and can accurately point to a male or female when hearing a gender label given. It appears that children first learn to label others' gender, then their own. The next step is learning that there are shared qualities and behaviors for each gender (Bussey, 2014).

By a child's second year of life, children begin to display knowledge of gender stereotypes. Research has found this to be true in preverbal children (Fagot, 1974), which is really incredible, if you think about it. After an infant has been shown a gendered item (doll versus a truck) they will then stare at a photograph of the "matching gender" longer. So, if shown a doll, they will then look at a photograph of a girl, rather than a boy, for longer (when shown photographs of both a boy and girl side by side). This is specifically true for girls as young as 18-24 months; however, boys do not show this quite as early (Serbin,Poulin-Dubois, Colburne, Sen, & Eichstedt, 2001). Although interpretations and adherence to gender stereotypes is very rigid, initially, as children get older, they learn more about stereotypes and that gender stereotypes are flexible and varied. We actually notice a curved pattern in how rigid children are to stereotyped gender behaviors and expectations (Bussey, 2014). Initially, children are very rigid in stereotypes and stereotyped play. As they reach middle childhood, they become more flexible. However, in adolescents, they become more rigid again. And, generally, boys are more rigid and girls are more flexible with gender stereotypes, comparatively (Blakemore et al., 2009).

There are many factors that may lead to the patterns we see in gender socialization. Let's look at a few of those factors and influencers.

Parents

Parents begin to socialize children to gender long before they can label their own. Think about the first moment someone says they are pregnant. One of the first questions is "How far along are you?" and then "Are you going to find out the sex of the baby?" We begin to socialize children to gender before they are even born! We pick out boy and girl names, we choose particular colors for nurseries, types of clothing, and decor, all based on a child's gender, often before they are ever born (Bussey, 2014). The infant is born into a gendered world! We don't really give infants a chance to develop their own preferences – parents and the caregivers in their life do that for them, immediately. Parents even respond to a child differently, based on their gender. For example, in a study in which adults observed an infant that was crying, adults described the infant to be scared or afraid when they were told the infant was a girl. However, they described the baby as angry or irritable when told the infant was a boy. Moreover, parents tend to reinforce independence in boys, but dependence in girls. They also overestimate their sons' abilities and underestimate their daughters' abilities. Research has also revealed that prosocial behaviors are encouraged more in girls, than boys (Garcia & Guzman, 2017).

Parents label gender even when not required. When observing a parent reading a book to their child, Gelman, Taylor, & Nguyen (2004) noted that parents used generic expressions that generalized one outcome/trait to all individuals of a gender, during the

story. For example, “Most girls don’t like trucks.” Essentially, parents provided extra commentary in the story, and that commentary tended to include vast generalizations about gender. Initially, mothers engaged in this behavior more than the children did; however, as children aged, children began displaying this behavior more than their mothers did. Essentially, mothers modeled this behavior, and children later began to enact the same behavior. Further, as children got older, mothers then affirmed children’s gender generalization statements when made.

Boys are more gender-typed and fathers place more focus on this (Bvunzawabaya, 2017). As children develop, parents tend to also continue gender-norm expectations. For example, boys are encouraged to play outside (cars, sports, balls) and build (Legos, blocks), etc. and girls are encouraged to play in ways that develop housekeeping skills (dolls, kitchen sets; Bussey, 2014). What parents talk to their children about is different based on gender as well. For example, they may talk to daughters more about emotions and have more empathic conversations, whereas they may have more knowledge and science-based conversations with boys (Bussey, 2014).

Parental expectations can have significant impacts on a child’s own beliefs and outcomes including psychological adjustment, educational achievement, and financial success (Bvunzawabaya, 2017). When parents approach more gender-equal or neutral interactions, research shows positive outcomes (Bussey, 2014). For example, girls did better academically if their parents took this approach versus very gender-traditional families.

Peers

Peers are strong influences regarding gender and how children play. As children get older, peers become increasingly influential. In early childhood, peers are pretty direct about guiding gender-typical behaviors. As children get older, their corrective feedback becomes subtler. So how do peers socialize gender? Well, non-conforming gender behavior (e.g., boys playing with dolls, girls playing with trucks) is often ridiculed by peers and children may even be actively excluded. This then influences the child to conform more to gender-traditional expectations (e.g., boy stops playing with a doll and picks up the truck).

We begin to see boys and girls segregate in their play, based on gender, in very early years. Children tend to play in sex-segregated peer groups. We notice that girls prefer to play in pairs while boys prefer larger group play. Boys also tend to use more threats and physical force whereas girls do not prefer this type of play. Thus, there are natural reasons to not intertwine and to instead segregate (Bussey, 2014). The more a child plays with same-gender peers, the more their behavior becomes gender-stereotyped. By age 3, peers will reinforce one another for engaging in what is considered to be gender-typed or gender-expected play. Likewise, they will criticize, and perhaps even reject a peer, when a peer engages in play that is inconsistent with gender expectations. Moreover, boys tend to be very unforgiving and intolerant of nonconforming gender play (Fagot, 1984).

Media and Advertising

Media includes movies, television, cartoons, commercials, and print media (e.g., newspapers, magazines). In general, media tends to portray males as more direct, assertive, muscular, in authority roles, and employed, whereas women tend to be portrayed as dependent, emotional, low in status, in the home rather than employed, and their appearance is often a focus. Even Disney movies tend to portray stereotyped roles for gender, often having a female in distress that needs to be saved by a male hero; although Disney has made some attempts to show women as more independent and assertive in more characters. We have seen a slight shift in this in many media forms, although it is still very prevalent, that began to occur in the mid to late 1980s and 1990s (Stever, 2017; Torino, 2017). This is important, because we know that the more children watch TV, the more gender stereotypical beliefs they have (Durkin & Nugent, 1998; Kimball 1986).

Moreover, when considering print media, we know that there tends to be a focus on appearance, body image, and relationships for teenage girls, whereas print media tends to focus on occupations and hobbies for boys. Even video games have gender stereotyped focuses. Females in video games tend to be sexualized and males are portrayed as aggressive (Stever, 2017; Torino, 2017).

School Influences

Research tends to indicate that teachers place a heavier focus, in general, on males – this means they not only get more praise, they also receive more correction and criticism (Simpson & Erickson, 1983). Teachers also tend to praise boys and girls for different behaviors. For example, boys are praised more for their educational successes (e.g., grades, skill acquisition) whereas girls are acknowledged for more domesticate-related qualities such as having a tidy work area (Eccles, 1987). Overall, teachers place less emphasis on girls’ academic accomplishments and focus more on their cooperation, cleanliness, obedience, and quiet/passive play. Boys, however, are encouraged to be more active, and there is certainly more of a focus on academic achievements (Torino, 2017).

The focus teachers and educators have on different qualities may have a lasting impact on children. For example, in adolescence, boys tend to be more career focused whereas girls are focused on relationships (again, this aligns with the emphasis we see placed by educators on children based on their gender). Girls may also be oriented toward relationships and their appearance rather than careers and academic goals, if they are very closely identifying with traditional gender roles. They are more likely to avoid STEM-focused classes, whereas boys seek out STEM classes (more frequently than girls). This may then impact major choices if girls go to college, as they may not have experiences in STEM to foster STEM related majors (Torino, 2017). As such, the focus educators place on children can have lasting impacts. Although we are focusing on the negative, think about what could happen if we saw a shift in that focus!

Okay, so we talked above about how children are socialized to gender – but how? Well there are a few areas we should discuss. We will cover social theories, cognitive theories, social cognitive theories, and biological theories.

Social Theories

Social Learning Theory

Do you remember Albert Bandura from Introduction to Psychology? He's the guy that had children watch others act aggressively toward a doll (the BoBo doll), and then observed children's behaviors with the same doll. Children that watched aggressive acts then engaged in aggression with the doll. Essentially, a behavior was modeled, and then they displayed the behavior. Here is a video with Albert Bandura and footage from his experiment:

One or more interactive elements has been excluded from this version of the text. You can view them online here: https://openoregon.pressbooks.pub/introtohumansexuality/?p=58#oembed-6

Let's think about this in a current-life example. You walk into a gym for the first time. It is full of equipment you aren't sure how to use. What do you do if you want to know how to use it (let's assume the nice little instructions with pictures are not posted on the equipment)? The most likely thing, if there is no trainer/employee around to ask, is to watch what someone does on the machine. You watch what how they set it up, what they do, etc. You then go to the equipment and do the same exact thing! This is modeling. You modeled the behavior the person ahead of you did. The same thing can happen with gender – modeling applies to gender socialization.

We receive much of our information about gender from models in our environment (think about all the factors we just learned about – parents, media, school, peers). If a little girl is playing with a truck and looks over and sees three girls playing with dolls, she may put the truck down and play with the dolls. If a boy sees his dad always doing lawn work, he may too try to mimic this, in the immediacy. Here is the interesting part: modeling does just stop after the immediate moment is over. The more we see it, the more it becomes a part of our socialization. We begin to learn rules of how we are to act and what behavior is accepted and desired by others, what is not, etc. Then we engage in those behaviors. We then become models for others as well! Now, some theories question modeling; although, further research has shown that modeling appears to be imperative in development, but the level of specificity or rigidity to gender norms of the behavior being modeled is also important (Perry & Bussey, 1979). Other's incorporate modeling into their theory with some caveats. Kohlberg is one of those theorists, and we will learn about later.

Social Cognitive Theory

Another theory combines the theory of social learning with cognitive theories (we will discuss cognitive theories below). While modeling in social learning explains some things, it does not explain everything. This is because we don't just model behavior, we also monitor how others react to our behaviors. For example, if a little girl is playing with a truck her peers laugh at her, that is feedback that her behavior is not gender-normative and she then may change the behavior she engages in. We also get direct instruction on how to behave as well. Again, girls don't sit with their legs open, boys don't play with dolls, girls don't get muddy and dirty, boys don't cry – you get the point. When peers or adults directly instruct another on what a girl or boy is or is not to do, although not modeling, is a heavily influential socializing factor. To explain this, social cognitive theory posits that one has enactive experiences (this is essentially when a person receives reactions to gendered behavior), direct instruction (this is when someone is taught knowledge of expected gendered behavior), and modeling (this is when others show someone gendered behavior and expectations). This theory posits that these social influences impact children's development of gender understanding and identity (Bussey, 2014). Social cognitive theories of gender development explain and theorize that development is dually influenced by (1) biology and (2) the environment. Moreover, the theory suggests that these things impact and interact with various factors (Bussey & Bandura, 2005). This theory also accounts for the entire lifespan when considering development, which is drastically different than earlier theories, such as psychodynamic theories.

Kohlberg's Cognitive Developmental Theory

Lawrence Kohlberg theorized the first cognitive developmental theory. He theorized that children actively seek out information about their environment. This is important because it places children as an active agent in their socialization. According to cognitive developmental theory, a major component of gender socialization occurs by children recognizing that gender is constant and does not change which is referred to this as "gender constancy". Kohlberg indicated that children choose various behaviors that align with their gender and match cultural stereotypes and expectations. Gender constancy includes multiple parts. One must have an ability to label their own identity which is known as gender identity. Moreover, an individual must recognize that gender remains constant over time which is gender stability and across settings which is gender consistency. Gender identity appears to be established by around age three and gender constancy appears to be established somewhere between the ages of five and seven. Although Kohlberg's theory captures important aspects, it fails to recognize things such as how gender identity regulates gender conduct and how much one adheres to gender roles through their life (Bussey, 2014).

Although Kohlberg indicated that modeling was important and relevant, he posited that it was only relevant once gender constancy is achieved. He theorized that constancy happens first, which then allows for modeling to occur later (although the opposite is considered true in social cognitive theory). The problem with his theory is children begin to recognize gender and model gender behaviors before they have cognitive capacities for gender constancy (remember all that we learned about how infants show gender-based knowledge?!).

Gender Schema Theory

Gender schema theory, although largely a cognitive theory, does incorporate some elements of social learning as well. Schemas are essentially outlines – cognitive templates that we follow, if you will. Thus, a gender schema is an outline about genders – a template to follow regarding gender. The idea is that we use schemas about gender to guide our behaviors and actions. Within this theory, it is assumed that children actively create their schemas about gender by keeping or discarding information obtained through their experiences in their environment (Dinella, 2017).

Interestingly, there are two variations of gender schema theory. Bem created one theory while Martin and Halverson created another. Sandra Bem, whose notable research was published in the 1980s, conducted her research attempting to understand the development of gender roles. She believed that all of us have gender schemas which are "a cognitive structure comprising the set of attributes (behaviors, personality, appearance) that we associate with males and females" (Hyde & DeLamater, 2017, p. 33). These gender schemas are based on stereotypes and influence us to label certain behaviors as "male" or "female." Stereotype-consistent behaviors are accepted while stereotype-inconsistent behaviors are viewed as a fluke or a rare occasion, causing us to believe the stereotypes despite many examples in our lives to disprove the stereotypes.

Overall, it is widely accepted that there are two types of schemas that are relevant in gender schema theory – superordinate schemas and own-sex schemas. Essentially, superordinate schemas guide information for gender groups whereas own-sex schemas guide information about one's own behaviors as it relates to their own gender group (Dinella, 2017).

So why have schemas? Well, it's a cheat sheet that makes things easier and quicker, essentially. Think about it, if you have an outline for a test that told you that the shortest answer is always the right answer, you wouldn't even have to study. Heck, you don't even have to 'read' the question options. You can simply find the choice that has the least amount of words, pick it, and you'll ace the test (wouldn't that be nice?!). So, gender schemas make it easier to make decisions in the moment, regarding gendered behavior. Here is an example. If a child has created a schema that says boys play with trucks, when the boy is handed a truck, he will quickly choose to play with it. However, if the truck is handed to a girl, she may quickly reject it (Dinella, 2017)

So how do children develop schemas? Well, it likely occurs in three different phases. First, children start recognizing their own gender groups and begin to build schemas. Then, a rigid phase occurs in which things are very black or white, (or, girl or boy, if you will). Things can only be one or the other, and there is very little flexibility in schemas. This occurs somewhere between ages five and seven. Lastly, a phase in which children begin to recognize that schemas are flexible and allow for a bit more of a "gray" area occurs (Dinella, 2017).

Let's think of how schemas are used to begin to interpret one's world. Once a child can label gender of themselves, they begin to apply schemas to themselves. So, if a schema is "Only girls cook", then a boy may apply that to themselves and learn he cannot cook. This then guides his behavior. Martin, Eisenbud, and Rose (1995) conducted a study in which they had groups of boy toys, girl toys, and neutral toys. Children used gender schemas and gravitated to gender-normed toys. For example, boys preferred toys that an adult labeled as boy toys. If a toy was attractive (meaning a highly desired toy) but was label for girls, boys would reject the

toy. They also used this reasoning to predict what other children would like. For example, if a girl did not like a block, she would indicate “Only boys like blocks” (Berk, 2004; Liben & Bigler, 2002).

Biological Theories

In regard to biological theories, there tends to be four areas of focus. Before we get into those areas, let’s remember that we are talking about gender development. That means we are not focusing on the anatomical/biological sex development of an individual, rather, we are focusing on how biological factors may impact gender development and gendered behavior. So, back to ‘there are four main areas of focus.’ The four areas of focus include (1) evolutionary theories, (2) genetic theories, (3) epigenetic theories, and (4) learning theories (don’t worry, we’ll explain how this is biology related, rather than cognitively or socially related).

Evolution Theories

Within evolution-based theories, there are three schools of thought: sex-based explanations, kinship-based explanations, and socio-cognitive explanations. Sex-based explanations explain that gendered behaviors have occurred as a way to adapt and increase the chances of reproduction. Ultimately, gender roles get divided into females focusing on rearing children and gathering food close to home, whereas males go out and hunt and protect the family. To carry out the required tasks, males needed higher androgens/testosterone to allow for higher muscle capacity as well as aggression. Similarly, females need higher levels of estrogen as well as oxytocin, which encourages socialization and bonding (Bevan, 2017). Although this may seem logical at surface level, it does not account for what we see in more egalitarian homes and cultures.

Then, there is kinship-based explanations that rationalize that very early on, we lived in groups as a means of protection and survival. As such, the groups that formed tended to be kin and shared similar DNA. Essentially, the groups with the strongest DNA that allowed for the best traits for survival, survived. Further, given that this came down to “survival of the fittest” it made sense to divvy up tasks and important behaviors. Interestingly, this was less based on sex and more on qualities of an individual, essentially using people’s strengths to the group’s advantage. This theory tends to be more supported, than sex-based theories (Bevan, 2017).

Lastly, socio-cognitive explanations explain that we have changed our environment, and that, thus, we have changed in the environment in which natural selection occurs. Essentially, when we use our cognitive abilities to create things, such as tools, we thus change our environment. We are then changing the environment that defined what behaviors/assets were necessary to survive. For example, if we can now use tools to hunt more effectively, the traditional needs of a male (as explained in sex-based theories) may be less critical in this task (Bevan, 2017).

Genetic-based Theories

We can be “genetically predisposed” to many things, mental illness, cancer, heart conditions, etc. It is theorized that we also are predisposed to gendered behavior and identification. This theory is most obvious when individuals are predisposed to a gender that does not align with biological sex, also referred to as transgender. Research has actually revealed that there is some initial evidence that gender involves somewhat of a genetic predisposition. Specifically, twin studies have shown that nonconforming gender traits, or transgender, is linked to genetic gender predispositions. More specifically, when one twin is transgender, it is more likely that the other twin is transgender as well. This phenomenon is not evidenced in fraternal twins or non-twin siblings to the same degree (Bevan, 2017).

Genetic gender predisposition theorists further reference case studies in which males with damaged genitalia undergo plastic surgery as infants to modify their genitalia to be more female aligned. These infants are then raised as girls, but often seek out transitioning back to being boys or become gender nonconforming. David Reimer is an example of one of these cases (Bevan, 2017). To learn more about this case, you can read his book, *As Nature Made Him*. He is given the name Joan/John in many research studies and was surgically altered by doctors to present as a female after an accident during circumcision that resulted in his castration.

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John Money, a psychologist and sexologist, was the one who encouraged David’s family to surgically alter David’s body and continued to conduct studies on the child. You can read an account of the unethical and sexual abuse that David explained he faced while participating in Money’s research. David committed suicide in 2004 after facing lifelong depression as a result of the trauma he endured.

AUTHOR’S NOTE: If you or someone you know is struggling with suicidal ideation/thoughts, there is free, confidential and 24/7 accessible assistance via 988 Suicide & Crisis Lifeline. You can dial 988 or access information at https://988lifeline.org/. You are

not alone.

Epigenetics

This area of focus does not look at DNA, but rather things that may impact DNA mutations or the expression of DNA. Really, this area falls into two subcategories: prenatal hormonal exposure and prenatal toxin exposure.

Let's quickly recap basic biology. It is thought that gender, from a biological theory stance, begins in the fetal stage. This occurs due to varying levels of exposure to testosterone. Shortly after birth, boys experience an increase in testosterone, whereas girls experience an increase in estrogen. This difference has actually been linked to variations in social, language, and visual development between sexes. Testosterone levels have been linked to sex-typed toy play and activity levels in young children. Moreover, when females are exposed to higher levels of testosterone, they are noted to engage in more male-typical play (e.g., preference for trucks over dolls, active play over quiet), rather than female-typical play compared to their counterparts (Hines et al., 2002; Klubeck, Fuentes, Kim-Prieto, 2017; Pasterski et al., 2005). Although this has been found to be true predominantly utilizing only animal research, it is a rather simplified theory. What we have learned is that, truthfully, things are pretty complicated and other hormones and chemicals are at play (Bevan, 2017).

Prenatal toxin exposure appears to be relevant when examining diethylstilbestrol (DES), specifically. DES was prescribed to pregnant women in late 1940's through the early 1970's. DES was designed to mimic estrogen, and it does; however, it has many negative side effects that estrogen does not. One of the negative side-effects is that it mutates DNA and alters its expression. The reason it was finally taken off the market was because females were showing higher rates of cancer. In fact, they found that this drug had cancer-related impacts out to three generations! While there was significant research done on females, less research was done on males. However, recent studies suggest that 10% of registrants (in a national study) that were exposed to DES reported identifying as transgender or transsexual. For comparison, only 1% of the general population identifies as transgender or transsexual. Thus, it is theorized that gender development in those exposed to DES, particularly biological males, were impacted (Bevan, 2017).

Conclusion and Tips for Allyship

In reading through the ways in which gender is a social construct and varies between and within cultures, we explored BIPOC perspectives and the role of colonization in the United States from an intersectional perspective. We questioned the foundation of gender itself from an ethnorelativistic lens by looking at varying social and cultural labelings of gender around the world. While exploring psychological theories, the hope is that you have gained a better understanding of yourself and others. Gender socialization and the ways we have internalized aspects of gender shape our behavior and the way we engage with others. We may take on certain gender roles while rejecting others. Gender stereotypes and biases are present and we must analyze them to promote individual and community healing. Gender is as vast and deep as the ocean with many parts still unknown. The self is unfolding over time and it is okay to not have all the answers regarding what gender means. Moving forward, review the references and documentary below to develop skills on how to be an ally to others in order to support them along their own gender journey.

Allyship Resources

- Making Sure Your Writing is Free of Bias Related to Gender (APA, 2019)
- APA Psychological Practice with Transgender and Gender Nonconforming People
- APA Psychological Practice with Girls and Women
- APA Psychological Practice with Boys and Men
- Transgender Allyship
- Women of Color Allyship
- Men as Allies to Women
- Supporting Men: Documentary The Mask You Live In
    - Disclaimer: This video addresses many aspects of toxic masculinity and shows violent imagery, discusses sexual assault and explores violence against women in particular.

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Brown, C. S., Jewell, J. A., & Tam, M. J. (2020). Gender. In R. Biswas-Diener & E. Diener (Eds), Noba textbook series: Psychology. Champaign, IL: DEF publishers. Retrieved from https://nobaproject.com/modules/gender. Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License

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Adaptations: Reformatted. Modified content for language, application to subject and cohesion.

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6.2: Sexual Orientation

Learning Objectives

- Define sexual orientation, heterosexuality, homosexuality, asexuality, bisexuality, and pansexuality
- Explain what scientists mean when they say “sexual orientation is not binary”
- Defend, using examples, the statement: “homosexuality is widespread in nature”
- Cite evidence for a genetic basis of homosexuality, as well as evidence that homosexuality is environmentally influenced
- Understand that homosexuality is widespread in nature—in human and non-human animals
- Appreciate that our understanding of same-sex sexual preferences is part of an emerging field of study, thus, many of the scientific studies we’ll mention are relatively recent and, like all science, subject to revision
- Consider homophobia, the challenges of hate crimes and the importance of being an ally.

Introduction

Which one of these penguins is male?



“Day 119, April 28th: Penguin love” by katybird is licensed under CC BY-NC-SA 2.0.

There are known to be gay penguins couples all over the world.

Both of the penguins are male. In fact, they are a relatively famous couple of zoo penguins; in their desire to become fathers, they actually have attempted to steal eggs from other penguin couples, apparently going so far as to attempt deceit by leaving rocks in the place of the stolen eggs.

A related story involves the internationally renowned penguin dads, Jumbs and Kermit. If you’re not familiar with their story, check out: http://www.bbc.com/news/uk-england-kent-27405652

Similarly, a same-sex penguin couple at the Central Park Zoo raised the now-famous Tango, star of the children’s book, And Tango Makes Three.

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Clearly, there is something compelling about same-sex penguin couples. Our attraction (or aversion) to these stories is itself interesting, and leads to a lot of biologically relevant questions about sexual attraction.

What do we mean by “Sexual Orientation?”

Sexual Orientation is an umbrella term that is used to refer to patterns of attraction—sexual, romantic, or both. Under this umbrella, individuals may assort themselves into categories such as homosexual, heterosexual, bisexual, pansexual, and asexual.

“Queer,” “Bisexual,” “Pansexual,” “Polyamorous,” “Asexual,”

Queer as an identity term refers to a non-categorical sexual identity; it is also used as a catch-all term for all LGBTQ (lesbian, gay, bisexual, transgender, queer) individuals. The term was historically used in a derogatory way, but was reclaimed as a self-referential term in the 1990s United States. Although many individuals identify as queer today, some still feel personally insulted by it and disapprove of its use.

Bisexual is typically defined as a sexual orientation marked by attraction to either men or women. This has been problematized as a binary approach to sexuality, which excludes individuals who do not identify as men or women. Pansexual is a sexual identity marked by sexual attraction to people of any gender or sexuality.

Polyamorous (poly, for short) or non-monogamous relationships are open or non-exclusive; individuals may have multiple consensual and individually-negotiated sexual and/or romantic relationships at once (Klesse 2006).

Asexual is an identity marked by a lack of or rare sexual attraction, or low or absent interest in sexual activity, abbreviated to “ace” (Decker 2014). Asexuals distinguish between sexual and romantic attraction, delineating various sub-identities included under an ace umbrella. https://core.ac.uk/download/pdf/268096211.pdf

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Read More

You’ll find an excellent overview of terms at: https://www.plannedparenthood.org/learn/sexual-orientation-gender/sexual-orientation

You’ll note from the definitions the use of qualifiers such as “may,” and “often.” This pattern should serve as a clue that sexual orientation is COMPLICATED, and our understanding of the diversity of presentations is quickly changing.

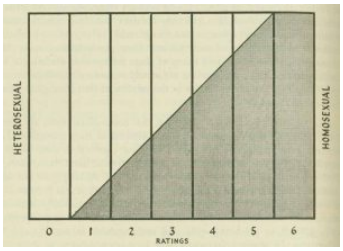
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You can also check out this helpful Ally’s Guide to Terminology here.

Sexual preference is not binary

You may have heard things like “most people are bisexual,” and “sexual preferences exist on a continuum,” but are such claims scientific? That is, do we have evidence to justify such statements?

The Kinsey Scale

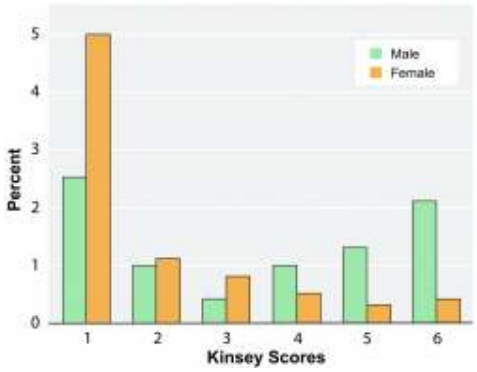


Some key work on sexuality was conducted in the 1940’s and 1950’s by the biologist Alfred Kinsey. Alfred Kinsey pioneered research in human sexuality through thousands of interviews and the development of “The Kinsey Scale” of human sexual preferences. The Kinsey Scale is a 7-point metric that categorizes individuals from 0 (exclusively heterosexual) to 6 (exclusively homosexual), and includes the midpoint 3 (equally homosexual and heterosexual).



Alfred Kinsey in TIME, 1953 by BORIS ARTZYBASHEFF, Public domain, via Wikimedia Commons

Kinsey’s main contributions were to (1) reveal that many people have preferences that aren’t “0” or “6”—in other words, sexual preferences do exist on a continuum; and (2) revolutionize how we view female sexuality—that is, women are not just recipients of sex, women have sexual desires, and women cheat, fantasize, and masturbate. For many people, these ideas may be obvious, but at the time they were shocking and revolutionary.



Based off of research from Bailey & Martin, 2000.

Above: distribution of Kinsey scores for 147 men and 238 women (who were not exclusively heterosexual) in an Australian sample from 2000.

More recent work has investigated the "continuum" concept of sexuality, with a focus on the prevalence of bisexuality. For example, an analysis of several reports revealed the presence of bisexuality in from ~2% to ~6% of individuals who identified as heterosexual, and from ~18% to ~88% in self-identified homosexuals. In the latter example, far more women, on average, expressed bisexual tendencies than did male homosexuals. In sum, bisexuality is fairly common, and sexual preference is not binary.

Social Constructionism

Social constructionism is a theory of knowledge that holds that characteristics typically thought to be immutable and solely biological—such as gender, race, class, ability, and sexuality—are products of human definition and interpretation shaped by cultural and historical contexts (Subramaniam 2010).

The Social Construction of Heterosexuality

What does it mean to be "heterosexual" in contemporary US society? Did it mean the same thing in the late 19th century? As historian of human sexuality Jonathon Ned Katz shows in The Invention of Heterosexuality (1999), the word "heterosexual" was originally coined by Dr. James Kiernan in 1892, but its meaning and usage differed drastically from contemporary understandings of the term. Kiernan thought of "hetero-sexuals" as not defined by their attraction to the opposite sex, but by their "inclinations to both sexes." Furthermore, Kiernan thought of the heterosexual as someone who "betrayed inclinations to 'abnormal methods of gratification'" (Katz 1995). In other words, heterosexuals were those who were attracted to both sexes and engaged in sex for pleasure, not for reproduction. Katz further points out that this definition of the heterosexual lasted within middle-class cultures in the United States until the 1920s, and then went through various radical reformulations up to the current usage.

Looking at this historical example makes visible the process of the social construction of heterosexuality. First of all, the example shows how social construction occurs within institutions—in this case, a medical doctor created a new category to describe a particular type of sexuality, based on existing medical knowledge at the time. "Hetero-sexuality" was initially a medical term that defined a deviant type of sexuality. Second, by seeing how Kiernan—and middle class culture, more broadly—defined "hetero-sexuality" in the 19th century, it is possible to see how drastically the meanings of the concept have changed over time. Typically, in the United States in contemporary usage, "heterosexuality" is thought to mean "normal" or "good"—it is usually the invisible term defined by what is thought to be its opposite, homosexuality. However, in its initial usage, "hetero-sexuality" was thought to counter the norm of reproductive sexuality and be, therefore, deviant. This gets to the third aspect of social constructionism. That is, cultural and historical contexts shape our definition and understanding of concepts. In this case, the norm of reproductive sexuality—having sex not for pleasure, but to have children—defines what types of sexuality are regarded as "normal" or "deviant." Fourth, this case illustrates how categorization shapes human experience, behavior, and interpretation of reality. To be a "heterosexual" in middle class culture in the US in the early 1900s was not something desirable to be—it was not an identity that most people would have wanted to inhabit. The very definition of "heterosexual" as deviant, because it violated reproductive sexuality, defined "proper" sexual behavior as that which was reproductive and not pleasure-centered.

Social constructionist approaches to understanding the world challenge the essentialist or biological determinist understandings that typically underpin the "common sense" ways in which we think about race, gender, and sexuality. Essentialism is the idea that the characteristics of persons or groups are significantly influenced by biological factors, and are therefore largely similar in all human cultures and historical periods.

Essentialism typically relies on a biological determinist theory of identity. Biological determinism can be defined as a general theory, which holds that a group's biological or genetic makeup shapes its social, political, and economic destiny (Subramaniam 2014). For example, "sex" is typically thought to be a biological "fact," where bodies are classified into two categories, male and female. Bodies in these categories are assumed to have "sex"-distinct chromosomes, reproductive systems, hormones, and sex characteristics. However, "sex" has been defined in

many different ways, depending on the context within which it is defined. For example, feminist law professor Julie Greenberg (2002) writes that in the late 19th century and early 20th century, "when reproductive function was considered one of a woman's essential characteristics, the medical community decided that the presence or absence of ovaries was the ultimate criterion of sex" (Greenberg 2002: 113). Thus, sexual difference was produced through the heteronormative assumption that women are defined by their ability to have children. Instead of assigning sex based on the presence or absence of ovaries, medical practitioners in the contemporary US typically assign sex based on the appearance of genitalia.

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Differential definitions of sex point to two other primary aspects of the social construction of reality. First, it makes apparent how even the things commonly thought to be "natural" or "essential" in the world are socially constructed. Understandings of "nature" change through history and across place according to systems of human knowledge. Second, the social construction of difference occurs within relations of power and privilege. Social constructionist analyses seek to better understand the processes through which racialized, gendered, or sexualized differentiations occur, in order to untangle the power relations within them.

Exploring heteronormativity, you may want to look at this Straight Questionaire, which flips the script on the questions commonly asked of sexual minorities. If you think it's uncomfortable for a straight person to get asked these questions, then you will understand how problematic it is to ask LGB+ individuals these questions. Think back to when we explored microaggressions during the second week of class. Any questions on this list asked of a person who is perceived to be a sexual minority would be considered a microaggression. Be aware of this for yourself and educate others who may ask similar questions of others.

This takes us to our next section, which- given the lens of social constructionism, can be a bit challenging. Researchers have been inquiring about the origins of sexual orientation for quite some time and it's still a point of examination. But challenges emerge in these areas. How does one investigate this area of sexuality without endorsing heteronormative structures?

Is sexual orientation genetic?

Asking this question is a bit like asking, "Are we born gay? Or straight?" This question can be problematic for some, because the motivation for asking the question may not be scientific. For example, individuals who have a social problem with homosexuality may be motivated to see sexual orientation as a choice, making homosexuality a characteristic one could choose not to exhibit. And in recent history, eugenicists (individuals who promote selective reproduction among "favored" types of humans) used a presumed genetic basis for homosexuality as an argument in favor of sterilizing gay people. The question can also be problematic because the stated or implied focus is typically on the cause of homosexuality, rather than heterosexuality. (We'll say more about that in a bit.)

But, for now, let's focus on the biology of homosexuality's origins. While no serious scientist is claiming that same-sex mating preferences arise in a simple Mendelian fashion, or that there is a single "gay gene," many have found evidence of a possible genetic basis. Some intriguing data are from the literature on twins. For example, researchers discovered that identical twins (who arise from the same sperm and egg, and have nearly 100% identical genetics) are more alike with respect to sexual orientation than are non-identical twins (who arise from different eggs and sperm). However, identical twins don't overlap completely in sexual preferences, a finding that suggests other factors—besides genetics—may be at work.

Is sexual orientation influenced by the environment?

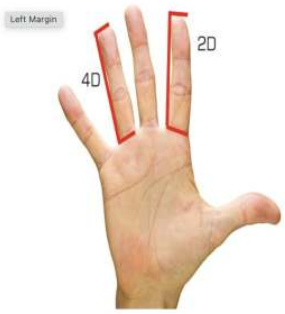
Several studies have found correlations between same-sex sexual preferences and environmental conditions. In this case the "environment" can be the uterine environment, and refer to conditions during fetal development, or the environment can refer to conditions after birth.

The literature on post-birth experiences, and their impacts on sexual orientation, is challenging for many reasons, but largely because it is so difficult to disentangle the impact of a tolerant environment on someone's inclination to express their homosexuality. For example, there has been work suggesting that children of gay parents are more likely to grow up expressing same-sex sexual preferences. Is this because growing up in a gay family actually influences an individual's sexuality, or because a family that is accepting of homosexuality creates a safe space for a gay or bisexual individual to express their sexuality?

Similarly, work in Denmark has shown that growing up in an urban environment is associated with the choice to marry a person of the same sex later in life. Diverse metropolitan areas are typically associated with greater tolerance towards gays and lesbians, so is it simply that this tolerance supports the expression of an existing characteristic, or is there something else about cities that promotes homosexuality? A summary from the Danish study includes the following statements: "For men, homosexual marriage was associated with having older mothers, divorced parents, absent fathers, and being the youngest child. For women, maternal death during adolescence and being the only or youngest child or the only girl in the family increased the likelihood of homosexual marriage."

Somewhat more compelling is the work on the prenatal environment and homosexuality. According to many of these studies, differential exposure to prenatal hormones, specifically testosterone, influences sexuality later in life.

Several studies have found evidence, through the development of certain body parts (e.g., fingers, ears) that lesbians were exposed to more testosterone in utero than were straight women. Finger (or "digit") lengths, especially the ratio between the second (2D) and fourth (4D) fingers, seems to vary as a function of exposure to testosterone in the womb. In one study of identical twins, researchers found that, on average, the 2D:4D ratio is larger in lesbian women than men (Watts, Holmes, Raines, *et al*, 2018). It's important to note that these differences are rarely noticeable without doing precise measurements of an individual's finger lengths. It's also critical to mention that a subsequent, more recent study (Holmes, Watts-Overall, Slettevold, *et al*, 2022) found no evidence that increased prenatal androgen exposure influenced masculinity in homosexual women. Critically, while there is some evidence correlating androgen exposure with sexual orientation, there is no *causal* explanation.



Visual representation of 2D and 4D

Fraternal birth order and the uterine environment

What is the fraternal birth order effect?

In males, it appears to be that number of older brothers alters the likelihood of same-sex preferences later in life. Specifically, more older brothers (not sisters) is associated with homosexuality in men (not women). This is called the fraternal birth-order (FBO) effect in the scientific literature, and the evidence for the FBO effect is compelling. Simply, homosexual men, on average, have more older brothers than do heterosexual men, a difference that is not seen in homosexual versus heterosexual women.

A logical response to this finding would be to wonder whether growing up with older brothers somehow led more men to develop with same-sex sexual preferences, or if there was something about the uterine environment that favored homosexuality in successive male offspring.

Anthony Bogaert was interested in the FBO effect and whether it was due to exposures in the uterus during fetal development, or somehow due to the impact of growing up with older brothers. He tested this by analyzing data on sexual preferences in several groups of men, including one sample of men raised in step- or adoptive families. That is, he was able to compare homosexuality in men raised with their older brothers, and those raised apart from their older, biological brothers. He found that only biological older brothers were associated with male homosexuality, regardless of the amount of time spent with those older brothers. Bogaert used these data to suggest that it is uterine conditions, not how a person is raised, that is associated with same-sex sexual preferences in men.

For an accessible summary of the FBO effect, read: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1502267/pdf/zpq10531.pdf

Caution: These differences in uterine influences on male and female homosexuality also illustrate a key point: male homosexuality and female homosexuality appear to have different causes, thus we should be careful not to transfer the findings of research on men to the reality of sexuality in women. Further, male and female homosexuality are likely influenced by multiple factors.

Evolutionary Approach

Some biologists have referred to the evolutionary problem with homosexuality, because same-sex sexual behavior is non-reproductive, yet homosexuality occurs in relatively high numbers—enough to support an adaptive function for homosexuality. So the big question is: how can natural selection work on a trait that seems unable to increase an individual's fitness?

The literature on the evolution and occurrence of homosexuality has focused on several hypotheses, including some that are adaptive (fitness-enhancing) explanations and several that are non-adaptive explanations.

Suggested adaptive explanations include (but are not limited to),

1. Social glue: according to the social glue hypothesis, same-sex sexual interactions help to form bonds, reduce tension, repair relationships after conflict, and prevent future conflicts from occurring
2. Kin selection: this hypothesis centers on the idea that individuals can increase their fitness either by direct mechanisms (having their own offspring) or by indirect mechanisms (investing in, or somehow providing a benefit to, the offspring of their relatives. A homosexual individual might forego having his or her own direct offspring, but could benefit the family (and help get their own genes into the next generation) by investing in siblings, nieces, nephews, etc.

3. Alliance formation: similar to social glue, the alliance formation hypothesis posits that bonds forged during sex lead individuals to greater acts of bravery or sacrifice, to benefit those with whom they've been intimate. If same-sex sexual relationships lead to stronger alliances, and these alliances make better warriors or soldiers who are more likely to survive conflicts, that would lend support for the alliance formation.
4. Practice: according to the practice hypothesis, same-sex activities during immature stages make an individual more adept at courtship and copulation, with opposite-sex partners, as an adult.
5. Enhanced family fertility: according to the enhanced fertility hypothesis, some of the genetic components that can lead to homosexuality are also associated with enhanced fertility or success in getting mates. From this hypothesis we would predict that individuals who share genetic information with homosexual individuals would have greater reproductive success than those who do not.

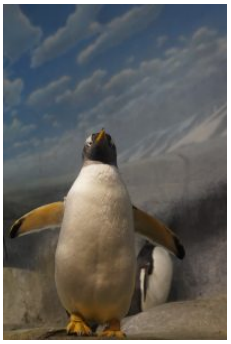
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You can probably imagine ways to test all of the above explanations, as well as potential problems associated with each suggestion.

There's Just No ONE Factor (aka- Reasons We Love Psychology)

Remember "And Tango Makes Three", the children's book about two male penguins, Roy and Silo, who adopted an egg? That book became notorious, making the American Library Associations top-ten list of "most challenged [or banned] books" during the most recent decade: http://www.ala.org/bbooks/top-100-bannedchallenged-books-2000-2009

Soon after the book's publication, and after a six-year partnership, Silo left Roy for a female penguin named Scrappy. Reactions to the split were mixed but, as Roberta Sklar, a spokeswoman for the National Gay and Lesbian Task Force, said: "There's almost an obsession with questions such as, 'Is sexual orientation a birthright or a choice?' And looking at the behavior of two penguins in captivity is not a way to answer that question." She continued by noting that the public outcry (over the book, the penguin pair, and then their split) "is a little ridiculous. Or maybe a lot ridiculous."



"Penguin" by C Simmons is licensed under CC BY-NC 2.0.

As we've discussed, the 'why' of sexual orientation is complicated, non-binary, and often fluid. In humans and in penguins. http://www.nytimes.com/2005/09/24/nyregion/new-love-breaks-up-a-6year-relationship-at-the-zoo.html?_r=0

LGBTQ Brief U.S. Historical Sketch

As discussed in the section on social construction, heterosexuality is no more and no less natural than gay sexuality or bisexuality, for instance. As was shown, people—particularly sexologists and medical doctors—defined heterosexuality and its boundaries. This definition of the parameters of heterosexuality is an expression of power that constructs what types of sexuality are considered "normal" and which types of sexuality are considered "deviant."

LGBTQ history has developed through four stages Gerda Lerner first identified for women's history: compensation, contributions, revision, and social construction (Lerner, 1975). LGBTQ historians first compensated for heterosexism and cissexism by finding LGBTQ people to reinsert into historical narratives, then determined how LGBTQ people contributed to history. As they analyzed primary sources, they slowly revised historical narratives through testing generalizations and periodization against evidence by and about LGBTQ people. Finally, the field understood that sexual orientation and gender themselves are social constructions.

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Political organizing by oppressed Americans in the 1970s helped create U.S. lesbian, gay, bi/pansexual, trans, and queer history as a field. Why would people's struggles for rights and freedom include wanting to be represented in historical accounts? Inclusive histories reflect the diversity of people in the U.S., expose institutional discrimination against minoritized people, trace how minorities have contributed, and outline their work toward the American democratic experiment.

Stonewall Riots

In 1969, the Stonewall Inn riot broke out due to a New York City police raid. This Mafia-run dive bar blackmailed gay Wall Street patrons and used those funds to pay off police. In return, police gave the Stonewall advanced warning of raids. Raids targeted those in full drag and trans sex workers like Sylvia Rivera. But raids could also ruin lives of white, Black, and Latino gay and lesbian customers; newspaper exposure led to being fired or evicted. On June 28, 1969 there was no tip off. Trans and lesbian patrons resisted—refusing to produce identification or to follow a female officer to the bathroom to verify their sex for arrest. They also objected to officers groping them (Carter, 2004, pp. 68, 80, 96-103, 124-5, 141, 156; Duberman, 1993, pp. 181-193). A growing crowd outside spontaneously responded to police violence by hurling coins and cans at officers who retreated into the bar. Rioting resumed a second and third night. Gay poet Allen Ginsberg heard slogans and crowed, "Gay power! Isn't that great! We're one of the largest minorities in the country – 10 percent, you know. It's about time we did something to assert ourselves" (Truscott, 1969, p. 18).

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The Stonewall Riot also did not stop police raids, but mainstream and gay coverage and leafleting spurred the creation of new, more militant gay organizing than previous homophile groups. The Gay Liberation Front (GLF) sought to combine freedom from homophobia with a broader political platform that denounced racism and opposed capitalism. The Gay Activists Alliance rose from the GLF with confrontational "zaps" where they surprised politicians in public to force them to acknowledge gay and lesbian rights (Carter, 2004, pp. 245-246). Gay liberationists like Carl Wittman drew on past New Left anti-war student activism and the Women's Liberation Movement. Wittman's "Refugees from Amerika: A Gay Manifesto" (1970) rails against homophobia, imploring gays to free themselves by coming out while also acknowledging that will be too dangerous for some yet. Gay men must discard male chauvinism as antigay. Rather than "mimic" "straight society," gay liberation should reject gender roles and marriage and embrace queens as having gutsily stood out. Wittman was attuned to the rise of lesbian feminism, which tied sexism together with homophobia. Lesbian feminists emphasized their focus on women's autonomy and well-being rather than identification as mothers, wives, and daughters who indirectly gained from what benefitted men (Jay and Young, 1992; Pomerleau, 2010).

Gay liberationists demonstrated against the American Psychiatric Association (APA) to remove homosexuality from its list of mental disorders. Activists and gay counselors knew they were not sick. They marshaled psychological research homophile ally, Dr. Evelyn Hooker, created from 1957 on, that demonstrated gay men were equally stable as heterosexual men based on personality tests and sometimes showed more resilience (Minton, 2002, pp. 219-236). In 1973 the APA voted unanimously to define homosexuality in their diagnostic manual as "one form of sexual behavior, like other forms of sexual behavior which are not by themselves psychiatric disorders" (Eaklor, 2008, pp. 150-151). This was a major win on the long road to discrediting conversion therapies. Simultaneously, though, the APA's third manual introduced "gender identity disorder of childhood" and "transsexualism" in 1980, preserving a concern about variety in gendered behavior and sustaining forced conversion programs for children and adolescents without increasing access to medical services some trans adults wanted. Despite the APA's Diagnostic and Statistical Manual of Mental Disorders (DSM) removal of the term "transexualism" in 1994, issues like conversion therapy on children still exist.

The AIDS Epidemic

In 1981 the New York Times stated that a rare, aggressive skin cancer had struck forty-one recently healthy homosexuals (Andriote, 1999, p. 49; Shilts, 1987, pp. 37, 54-66). By late 1982 related immunosuppression cases existed among infants, women, heterosexual men, intravenous drug users and hemophiliacs. The mortality rate of the original patients was 100%. Panic spread. Media, many government officials, and the gay community asked what linked the affected gay men. Connecting deadly disease to gay male sexuality provided a new rationale for discriminatory laws and harassment as the political power of the Christian Right continued to ascend (Bronski, 2011, p. 225; Eaklor, 2008, p. 176; Stein, 2012, pp. 143-144).

In response to AIDS, LGBTQ Americans organized new institutions and created new methods to get needed resources, which furthered lively debates over tactics. A major contributor to the AIDS epidemic was willful neglect from the federal government. For the first five years of the epidemic, President Reagan remained silent about it. In 1986 he and governors from both parties proposed cutting government spending on AIDS. That year the Supreme Court ruled in Bowers v. Hardwick that gay adults did not have constitutional privacy rights that would protect them from prosecution for private, consensual sex. The Justice Department announced that federal law allowed employment discrimination based on HIV/AIDS.

This spurred high-impact radical organizing. Larry Kramer and cofounders formed AIDS Coalition to Unleash Power or ACT UP in 1987. It further publicized the NYC slogan "Silence = Death" in demonstrations. ACT UP dramatically disrupted Wall Street, the Food and Drug Administration, the Center for Disease Control, and St. Patrick's Cathedral to protest the high cost of AZT (the first drug treatment).

In tandem with responses to AIDS, often overlooked portions of LGBT Americans organized. Bisexuals started forming social groups and then National Bisexual Liberation Group in 1972 based on N.Y., S.F.'s Bisexual Center in 1976, and the national BiPOL in San Francisco in 1983. Although the 1987 March on Washington organizers would not include bi or trans in the march title of demands, both constituents argued "gay and lesbian" was not inclusive (Garber, 1991; Garber, 1995; Queen, 1995; Queen, 1997; Queen and Schimel, 1997).

Over the 1990s and 2000s, new drug therapies prolonged the lives of people living with AIDS. Although radical, multi-community AIDS activism continued, work for mainstream legal protections and rights dominated activism. LGBT Americans and supporters sought inclusion in the military, antidiscrimination law, and marriage equality.

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State legislatures and popular ballots featured both anti-discrimination and antigay measures, creating grassroots organizing for and against protecting LGBT Americans from being rejected from jobs, fired or excluded from housing and public accommodations. Cultural conservatives lamented gradually increasing acceptance of LGBT people as celebrity musicians and television stars slowly started to come out and weathered backlash to continue their careers. Meanwhile, the Hawai'i state supreme court win, Baehr v. Miike, temporarily legalized same-sex marriage there in 1996. National LGBT organizations pushed to extend marriage equality nationwide. Over the next decade states split on whether to ban or legalize marriage equality. Popular support steadily grew over the 2000s, reaching sixty percent in 2015 when the Supreme Court ruled in Obergefell v. Hodges that the fourteenth Amendment guarantees same-sex couples the right to marry.

As sexologists categorized sexuality into normal or pathological identities, heteronormativity developed that added psychology and medical science to the church and state as anti-LGBT institutions. Communities of gay and bi men, lesbian and bi women, and trans people multiplied in the 1950s despite heightened repression, and a portion of these minorities organized for equal rights. Even an epidemic blamed on and falsely identified with gays could not stop LGBT organizing. Activists further developed radical tactics from the 1970s to call for liberation from heteronormativity. Arduous legal gains have been easier than rooting out the foundational power imbalances by race, class, gender, ability, and citizenship, but both legal and cultural changes continue to transform society.

Anti LGBTQ Hate Crimes in the United States

On June 12, 2016, 49 people were killed and 53 wounded in the Pulse nightclub shooting in Orlando, Florida. It was the deadliest single person mass shooting and the largest documented anti-LGBTQ attack in United States history. The attack on a gay nightclub on Latin night resulted in over ninety percent of the victims being Latinx and the majority being LGBTQIA-identified. This act focused on an iconic public space that provided LGBTQIA adults an opportunity to explore and claim their sexual and gender identities. The violence at Pulse echoed the 1973 UpStairs Lounge fire attack in New Orleans that killed thirty two people. These mass killings are part of a broader picture of violence that LGBTQIA people experience, from the disproportionate killings of transgender women of color to domestic violence and bullying within schools. There are different perspectives within the LGBTQIA community about responses to hate-motivated violence. These debates concern whether the use of punitive measures through the criminal legal system supports or harms the LGBTQIA community, and whether there is a need for more radical approaches to address the root causes of anti-LGBTQIA violence. This research profile explores hate crimes as both a legal category and broader social phenomenon.

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What are Hate Crimes?

Anti-LGBTQ hate crimes have had a simultaneously spectacular and invisible role in U.S. society. Today, hate crimes are defined as criminal acts motivated by bias towards victims' real or perceived identity groups (Blazak 2011, 245). Hate crimes are informal social control mechanisms utilized in stratified societies as they are part of what Barbara Perry calls a "contemporary arsenal of oppression" used to police identity boundaries (Perry 2009, 56). Hate crimes occur within social dynamics of oppression, where othered groups are vulnerable to systemic violence, pushing marginalized groups further into the political and social edges of society. It is theorized that hate crimes are driven by conflicts over cultural, political and economic resources, bias and hostility towards relatively powerless groups, and the failure of authorities address hate in society (Turpin-Petrosino 2009, 34).

The 1998 beating and torture death of college student Matthew Shepard in Laramie, Wyoming became a rallying point to address hate crimes more fully in the late 1990s. His murder received substantial media coverage and inspired artistic works as well as political action. As an affluent, white gay young man, Shepard became a symbol of anti-gay violence. His attackers were accused of attacking him because of anti-gay bias, but were not charged with committing a hate crime as Wyoming had no laws that covered anti-LGBT crimes.

While federal laws address constitutional rights violations, each state has or does not have its own specific hate crime laws (Levin and McDevitt 2002). Today, there are a wide range of laws regarding hate crime protections across states, and they vary in regards to protected groups, criminal and/or civil approaches, crimes covered, complete or limited data collection, and law enforcement training (Shively 2005, ii). As of 2019, 19 states did not have any LGBT hate crime laws, and 12 states had laws that covered sexual orientation but did not address gender identity and expression (Movement Advancement Project 2009). Twenty states included both sexual orientation and gender identity in their hate crimes laws (Movement Advancement Project 2009). The majority of these laws were created in the early 2000s, with the inclusion of gender identity and expression following in recent decades.

Hate crime laws require law enforcement agencies to investigate and prosecute crimes committed with bias against LGBTQ people. Some state laws also require collection of data on anti-LGBTQ hate crimes.

The federal Matthew Shepard and James Byrd Jr. Hate Crimes Prevention Act allows the federal government to prosecute hate crimes, including those based on sexual orientation and gender identity. State laws may also allow for state or local prosecution of certain hate crimes, depending on what, if any, protections the state law offers. Read the State-by-State Statutes.



Hate Crime Laws

Movement Advancement Project. “Equality Maps: Hate Crime Laws.” https://www.lgbtmap.org/equality-maps/hate_crime_laws.

The Matthew Shepard and James Byrd, Jr. Hate Crimes Prevention Act is a federal law that amended federal hate crime law to include gender, sexual orientation, gender identity, and disability. Several states have hate crime laws that require data collection for sexual orientation or gender identity and expression, but do not impose additional penalties: Indiana (sexual orientation), Michigan (sexual orientation) and Rhode Island (gender identity or expression). For additional information, check out the Human Rights Campaign, the National Gay & Lesbian Task Force, the National Center for Transgender Equality, or the Equality Federation.

Hate crime laws are intended to deter bias-motivated crimes, but there is no consensus around the efficacy of these laws in preventing hate crimes against LGBTQ people. Additionally, some advocates argue that hate crime laws may be counterproductive to that goal. Research further suggests that the enforcement of hate crime laws disproportionately impacts marginalized communities, particularly communities of color. Read more about how criminalization impacts people of color here.

Contemporarily, there is no universal consensus about the role of hate crime laws in furthering the acceptance and inclusion of LGBTQ people in American society. For many people such laws carry with them an emphasis on the value of their lives and help to further their sense of belonging. Others, particularly LGBTQ activists engaged in broader social justice struggles, argue that such laws shore up a broken criminal justice system that is predicated on a violent logic that cannot truly benefit the LGBTQ community.

Coming Out

The gay liberation movement of the 1970s advocated for “coming out” as an LGBTQ person as an important strategy of political change and personal fulfilment. This concept is illustrated in this now famous quote by the late San Francisco Supervisor, and hero of the LGBTQ rights movement, Harvey Milk:

Every gay person must come out. As difficult as it is, you must tell your immediate family. You must tell your relatives. You must tell your friends if indeed they are your friends. You must tell the people you work with. You must tell the people in the stores you shop in. Once they realize that we are indeed their children, that we are indeed everywhere, every myth, every lie, every innuendo will be destroyed once and all. And once you do, you will feel so much better.”

The benefit and buffering effects of coming out have been well established in the literature (Stirratt, Meyer, Ouellette, Gara, 2007; Cass, 1984; Troiden, 1989). Meyer’s LGBTQ Minority Stress model (see Frost, click here for more) connects minority identification with positive outcomes in terms of coping and social support resources necessary to address minority stress, but it also highlights how minority identification is related to minority stressors within the individual such as expectations of rejection, concealment, and internalized homophobia. In addition, identification and community connectedness can increase visibility, which may increase vulnerability to things like employment discrimination, harassment, and violence (Meyer, 2003).

Review this resource on the coming out process by the University of Washington.

Realize that it may not always be safe to come out to others due to concerns around physical or emotional safety, loss of housing, unsafe living situations, etc. Every individual must weigh the pros and cons of coming out because the people around us may not always react in supportive ways.

Also, keep in mind the role of an ally is to not out someone to others. It is up to the individual to tell others about their identity, and we could even cause them physical or emotional harm if we out them to others. Do not do this without the person’s express and direct permission beforehand.

Inviting In

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Historians and other social scientists have also suggested that the increased visibility of LGBTQ people was a critical element in the formation of LGBTQ communities and the progress of the LGBTQ rights movements (D'Emilio, 1983; Chauncey, 1995). Herek's and Allport's contact hypothesis (Herek & Capitanio, 1996; Allport, 1956), Harvey Milk's rallying cry of "Come on out!" (Shiltz, 1982), and research that highlights the importance of role models and positive representatives in various forms of media (GLAAD, 2016; Craig, McInroy, McCready, Alaggia, 2015; Forenza, 2017), all suggest that coming out, and increasing the visibility of LGBTQ people, is an important and often positive strategy for improving social attitudes (Levina, Waldo, Fitzgerald, 2000). As stated earlier, increased visibility does come with risks. However, positive contact between heterosexuals and LGBTQ people has been found to result not only in positive attitude change, but also in the possibility of increasing the dominant group's identification with the marginalized, creating the possibility of allyship—the mobilization of heterosexuals to work toward change benefiting the LGBTQ community (Reimer et al., 2017).

Review these tips from the University of Southern California on how to be an ally to someone who is coming out and check out the video below:

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APA Guidelines for Writing about Sexual Orientation without Bias

- Review this resource in order to be up-to-date on current requirements for writing about sexual orientation in psychological research

American Psychological Association. (2020). APA style: Sexual orientation. Retrieved from https://apastyle.apa.org/style-grammar-guidelines/bias-free-language/sexual-orientation.

Conclusion

This section provided an introduction to sexual orientation, defining several key terms and providing a brief overview of LQBTQ+ history in the United States. Additionally, we explored social constructionism and the challenges of research related to sexual orientation. Finally – we discussed some of the ongoing challenges to the safety and well-being for sexual minority folks, coming out processes and ways to be allies.

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Massey, S. G., Young, S. R. & Merriwether, A. (2020). The Benefits and Risks of Coming Out. License: CC BY: Attribution

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CHAPTER OVERVIEW

7: Culture and Development Family Structure, Relations, and Socialization

7.1: Defining Enculturation
7.2: Enculturation Agents

Learning Objectives

By the end of this chapter, students should be able to:

1. **Describe** how family structure and roles vary across cultural contexts.
2. **Explain** the influence of culture on parenting styles, attachment, and developmental milestones.
3. **Compare** different models of socialization and how they reflect cultural values.
4. **Analyze** the impact of acculturation and biculturalism on family dynamics and child development.
5. **Identify** how socialization agents (e.g., family, school, media) transmit cultural norms and expectations.
6. **Evaluate** the role of collectivist vs. individualist orientations in shaping developmental outcomes.
7. **Apply** multicultural perspectives to understanding diverse developmental trajectories and family systems.

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7.1: Defining Enculturation

It is important to understand that culture is learned. People aren't born using chopsticks or being good at soccer simply because they have a genetic predisposition for it. They learn to excel at these activities because they are born in countries like Argentina, where playing soccer is an important part of daily life, or in countries like Taiwan, where chopsticks are the primary eating utensils.

So, how are such cultural behaviors learned? It turns out that cultural skills and knowledge are learned in much the same way a person might learn to do algebra or knit. They are acquired through a combination of explicit teaching and implicit learning— by observing and copying.

Cultural teaching can take many forms. As discussed in Chapter 2, social learning occurs when behavior is taught or modeled to another. In child development, cultural shaping begins with caretakers and their young. Caregivers teach kids, both directly and by example, about how to behave and how the world works. They encourage children to be polite, reminding them, for instance, to say "Thank you." They teach kids how to dress in a way that is appropriate for the culture. They introduce children to religious beliefs and the rituals that go with them. They even teach children how to think and feel! This uniquely human form of learning, where the cultural tools for success are passed from one generation to another, is what is known as **enculturation**.

Enculturation and the Brain

The topic of genetic influences versus environmental influences on human development is often referred to as the, "nature-nurture debate." It would be satisfying to be able to say that nature–nurture studies have given us conclusive and complete evidence about where traits come from, with some traits clearly resulting from genetics and others almost entirely from environmental factors, such as childrearing practices and personal will; but that is not the case. Instead, everything has turned out to have some footing in genetics. The message is clear: You can't leave genes out of the equation. Keep in mind that no behavioral traits are completely inherited, so you can't leave the environment out altogether.

Cultural neuroscience is a field of research that focuses on the interrelation between a human's cultural environment and neurobiological systems. Our brain works to interact and, in essence, learn from our environment beginning from the moment of conception. Neural patterns form, are shaped and reshaped, continually through a process of feedback and interaction with our world. Each person has periods of brain development (typically in early childhood) where this neurological wiring is acquired smoother and faster than at any other point of time in development.

Research by Kitayama and Uskul (2011), along with others, has found evidence to support that windows for pathway wiring in the brain also occur for enculturation. In other words, cultural neuroscience investigates the way our brain is wired for cultural practices, values, and traditions through our early childhood experiences. These pathways form naturally in the brain and are then reinforced through feedback and repetition. Kitayama and Salvador (2017) write that, "culture is embrained."

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7.2: Enculturation Agents

Enculturation Agents

Think back to an emotional event you experienced as a child. How did your parents react to you? Did your parents get frustrated or criticize you? Did they act patiently and provide support and guidance? Did your parents provide lots of rules for you or let you make decisions on your own? Why do you think your parents behaved the way they did? **Enculturation agents** are individuals and institutions that serve a role in shaping individual adaptions to a specific culture to better ensure growth and effectiveness.

Parents and caretakers are a primary enculturation agent for their young. Psychologists have attempted to answer questions about the influences on parents and understand why parents behave the way they do. Because parents are critical to a child's development, a great deal of research has been focused on the impact that parents have on children. Parenting is a complex process in which parents and children influence one another. There are many reasons that parents behave the way they do.

The multiple influences on parenting are still being explored. Both caretakers and their children bring unique personality traits, characteristics, and habits to the parent-child dynamic that ultimately impacts the child's development. Culture also influences parenting behaviors in fundamental ways. Although promoting the development of skills necessary to function effectively in one's community is a universal goal of parenting, the specific skills necessary vary widely from culture to culture. Parents have different goals for their children that partially depend on their culture (Tamis-LeMonda et al., 2008).

Differences in caretaking reflect differences in parenting goals, values, resources, and experiences. As previously stated, culture is learned. Regardless of the specific choices parents make, it can be said that caretakers play a pivotal role in exposing a child to early cultural learning. In fact, many researchers believe that parents/caretakers serve as the single, most important **enculturation agent** in any child's life.

While some parenting priorities are culturally universal (parents are expected to play a role in nurturing and raising their young), many more childrearing values and habits are culture-specific. Culture-specific influences on caretaking choices can be subtle or overt, and promote a narrative of what parents "ought" to do in order to successfully raise their children. For example, American parents are encouraged to enculturate a sense of independence and assertiveness in children, while Japanese parents prioritize self-control, emotional maturity, and interdependence (Bornstein, 2012). Undoubtedly, every society places expectations on caretakers as enculturation agents to raise their young in ways that promote culture-specific goals and expectations. We will start with a focus on four areas of child development: temperament, attachment, parenting styles, and cognition.

Temperament

In psychology, **temperament** broadly refers to consistent individual differences in behavior that are biologically based and are relatively independent of learning, system of values and attitudes. Thomas, Chess, Birch, Hertzig and Korn began the classic New York Longitudinal study in the early 1950s regarding infant temperament (Thomas, Chess & Birch, 1968). The study focused on how temperamental qualities influence adjustment throughout life. Behaviors for each one of these traits are on a continuum. If a child leans towards the high or low end of the scale, it could be a cause for concern. The specific behaviors are: activity level, regularity of sleeping and eating patterns, initial reaction, adaptability, intensity of emotion, mood, distractibility, persistence and attention span, and sensory sensitivity.

Redundancies between the categories have been found and a reduced list is normally used by psychologists today. Thomas, Chess, Birch, Hertzig and Korn (Thomas & Chess 1977) found that many babies could be categorized into one of three groups:

- Easy
- Difficult
- Slow-to-warm-up

Their research showed that ***easy*** babies readily adapt to new experiences, generally display positive moods and emotions and also have normal eating and sleeping patterns. ***Difficult*** babies tend to be very emotional, irritable and fussy, and cry a lot. They also tend to have irregular eating and sleeping patterns. ***Slow-to-warm***-up babies have a low activity level, and tend to withdraw from new situations and people. They are slow to adapt to new experiences, but accept them after repeated exposure.

Not all children can be placed in one of these groups. Approximately 65% of children fit one of the patterns. Of the 65%, 40% fit the easy pattern, 10% fell into the difficult pattern, and 15% were slow to warm up. Each category has its own strength and weakness and one is not superior to another. An important aspect of the research of Thomas & Chess (1977) relates to the

interaction of child temperament with caretaker personality and parenting style. They proposed that a "match" between the needs of child temperament with parental care would enhance healthy development of self-regulation and the child's sense of self. This important balance is known as, **goodness-of-fit**.

Example 7.2.1

Temperament and Culture

Thomas, Chess, Birch, Hertzig and Korn found that these broad patterns of temperamental qualities are remarkably stable through childhood. These traits are also found in children across all cultures. Thomas and Chess also studied temperament and environment. One sample consisted of white middle-class families with high educational status and the other was of Puerto Rican working-class families. They found several differences. Parents of middle-class children were more likely to report behavior problems before the age of nine and the children had sleep problems. This may be because children start preschool between the ages of three and four.

De Vries (1974) followed Masai (tribe in East Africa) infants and mothers for a number of years during a period of famine. The researcher found that Masai infants who were more demanding were more likely to survive during periods of ecological stress than infants who were more docile. The researcher suggested that infants who were more aggressive and demanding – or in temperament terms more difficult – were more likely to be fed and to have their needs met than docile infants who might have been easier to ignore. The findings from these cross-cultural studies of temperament demonstrate the interaction between ecology, temperament and culture can impact an individual.

Attachment

Some of the most rewarding experiences in people's lives involve the development and maintenance of close relationships. **Attachment** refers to a deep and enduring emotional bond that connects one person to another across time and space. For example, some of the greatest sources of joy involve falling in love, starting a family, being reunited with distant loved ones, and sharing experiences with close others. Not surprisingly, some of the most painful experiences in people's lives involve the disruption of important social bonds, such as separation from a spouse, losing a parent, or being abandoned by a loved one. Why do close relationships play such a profound role in human experience? Attachment theory is one approach to understanding the nature of close relationships.

Attachment theory was originally developed in the 1940s by John Bowlby, a British psychoanalyst who was attempting to understand the intense distress experienced by infants who had been separated from their parents. Bowlby (1969) observed that infants would go to extraordinary lengths to prevent separation from their parents or to reestablish proximity to a missing parent. For example, he noted that children who had been separated from their parents would often cry, call for their parents, refuse to eat or play, and stand at the door in desperate anticipation of their parents' return. Drawing on evolutionary theory, Bowlby (1969) argued that these behaviors are adaptive responses to separation from a primary **attachment figure**—a caregiver who provides support, protection, and care.

It was not until his colleague, Mary Ainsworth, began to systematically study infant– parent separations that a formal understanding of these individual differences emerged. Ainsworth and her students developed a technique called **the strange situation,** a laboratory task for studying infant, parent attachment (Ainsworth, Blehar, Waters, & Wall, 1978). In the strange situation, 12-month-old infants and their parents are brought to the laboratory and, over a period of approximately 20 minutes, were systematically separated from and reunited with one another. In the strange situation, most children (about 60%) behave in the way implied by Bowlby's theory. Specifically, they become upset when the parent leaves the room, but, when he or she returns, they actively seek the parent and are easily comforted by him or her. Children who exhibit this pattern of behavior are often called **secure**.

Other children (about 20% or less) are ill at ease initially and, upon separation, become extremely distressed. Importantly, when reunited with their parents, these children have a difficult time being soothed and often exhibit conflicting behaviors that suggest they want to be comforted, but that they also want to "punish" the parent for leaving. These children are often called **anxious-resistant**. The third pattern of attachment that Ainsworth and her colleagues documented is often labeled **avoidant**. Avoidant children (about 20%) do not consistently behave as if they are stressed by the separation but, upon reunion, actively avoid seeking contact with their parent, sometimes turning their attention to play objects on the laboratory floor.

Ainsworth's work was important for at least three reasons. First, she provided one of the first empirical demonstrations of how attachment behavior is organized in unfamiliar contexts. Second, she provided the first empirical taxonomy of individual differences in infant attachment patterns. According to her research, at least three types of children exist: those who are secure in their relationship with their parents, those who are anxious-resistant, and those who are anxious-avoidant. Finally, she demonstrated that these individual differences were correlated with infant–parent interactions in the home during the first year of life. Children who appear secure in the strange situation, for example, tend to have parents who are responsive to their needs. Children who appear insecure in the strange situation (i.e., anxious-resistant or avoidant) often have parents who are insensitive to their needs, or inconsistent or rejecting in the care they provide.

? Exercise 7.2.1

Attachment and Culture

In the years that have followed Ainsworth's ground-breaking research, researchers have investigated a variety of factors that may help determine whether children develop secure or insecure relationships with their primary attachment figures. As mentioned above, one of the key determinants of attachment patterns is the history of sensitive and responsive interactions between the caregiver and the child. In short, when the child is uncertain or stressed, the ability of the caregiver to provide support to the child is critical for his or her psychological development. It is assumed that such supportive interactions help the child learn to regulate his or her emotions, give the child the confidence to explore the environment, and provide the child with a safe haven during stressful circumstances.

A number of longitudinal studies are emerging that demonstrate prospective associations between early attachment experiences and adult attachment styles and/or interpersonal functioning in adulthood. For example, Fraley, Roisman, Booth-LaForce, Owen, and Holland (2013) found in a sample of more than 700 individuals studied from infancy to adulthood that maternal sensitivity across development prospectively predicted security at age 18.

Simpson, Collins, Tran, and Haydon (2007) found that attachment security, assessed in infancy in the strange situation, predicted peer competence in grades 1 to 3, which, in turn, predicted the quality of friendship relationships at age 16,which, in turn, predicted the expression of positive and negative emotions in their adult romantic relationships at ages 20 to 23.

It is easy to come away from such findings with the mistaken assumption that early experiences "determine" later outcomes. To be clear, attachment theorists assume that the relationship between early experiences and subsequent outcomes is probabilistic, not deterministic. What this means is that having supportive and responsive experiences with caregivers early in life may set the stage for positive social development, but that doesn't mean that attachment patterns are set in stone. Even if an individual has far from optimal caretaker experiences in early life, attachment theory suggests that it is possible for that individual to develop well-functioning adult relationships through a number of corrective experiences, including relationships with siblings, other family members, teachers, and close friends.

Security is best viewed as a culmination of a person's attachment history rather than a reflection of his or her early experiences alone. Those early experiences are considered important not because they determine a person's fate, but because they provide the foundation for later experiences.

It is essential to note that the attachment theory work of Bowlby and Ainsworth focused on Westernized caretaking ideals in their determination of healthy, secure attachment. As previously discussed, what is considered "ideal" in Westernized culture is not necessarily prioritized in other cultures. Sensitivity and caution is required in determining if observed attachment patterns are adaptive within the context of the child's environment.

Parenting Styles

As children mature, parent-child relationships naturally change. Preschool and grade-school children are more capable, have their own preferences, and sometimes refuse or seek to compromise with parental expectations. This can lead to greater parent-child conflict, and how conflict is managed by parents further shapes the quality of parent-child relationships. So, what can parents do to nurture a healthy self-concept?

Diana Baumrind (1971, 1991) thinks parenting style may be a factor. The way we parent is an important factor in a child's socioemotional growth. Baumrind developed and refined a theory describing parenting styles based on two aspects of parenting that are found to be extremely important:

- **Parental responsiveness,** which refers to the degree the parent responds to the child's needs.
- **Parental demandingness**, is the extent to which the parent expects more mature and responsible behavior from a child.

Using these two dimensions, she recognized three different parenting styles:

Authoritarian (Too Hard): the authoritarian parenting style is characterized by high demandingness with low responsiveness. The authoritarian parent is rigid, harsh, and demanding. Abusive parents usually fall in this category (although Baumrind is careful to emphasize that not all authoritarian parents are abusive).

Permissive (Too Soft): this parenting style is characterized by low demandingness with high responsiveness. The permissive parent is overly responsive to the child's demands, seldom enforcing consistent rules. The "spoiled" child often has permissive parents.

Authoritative (Just Right): this parenting style is characterized by high demandingness with huge responsiveness. The authoritative parent is firm but not rigid, willing to make an exception when the situation warrants. The authoritative parent is responsive to the child's needs but not indulgent. Baumrind makes it clear that she favors the authoritative style.

Example 7.2.1

Parenting Styles and Culture

Of the four parenting styles, the authoritative style is the one that is most encouraged in modern American society. American children raised by authoritative parents tend to have high self-esteem and social skills; however, effective parenting styles vary as a function of culture and, as Small (1999) points out, the authoritative style is not necessarily preferred or appropriate in all cultures. In contrast to the authoritative style, authoritarian parents probably would not relax bedtime rules during a vacation because they consider the rules to be set, and they expect obedience. This style can create anxious, withdrawn, and unhappy kids. It is important to point out that authoritarian parenting is as beneficial as the authoritative style in some ethnic groups (Russell, Crockett, & Chao, 2010). For instance, first-generation Chinese American children raised by authoritarian parents did just as well in school as their peers who were raised by authoritative parents (Russell et al., 2010). Not surprisingly, children raised by permissive parents tend to lack self-discipline, and the permissive parenting style is negatively associated with grades (Dornbusch, Ritter, Leiderman, Roberts, & Fraleigh, 1987).

The permissive style may also contribute to other risky behaviors such as alcohol abuse (Bahr & Hoffman, 2010), risky sexual behavior especially among female children (Donenberg, Wilson, Emerson, & Bryant, 2002), and increased display of disruptive behaviors by male children (Parent et al., 2011). There are some positive outcomes associated with children raised by permissive parents. They tend to have higher self- esteem, better social skills, and report lower levels of depression (Darling, 1999).

Cognition

By the time you reach adulthood you have learned a few things about how the world works. You know, for instance, that you can't walk through walls or leap into the tops of trees. You know that although you cannot see your car keys they've got to be around here someplace. What's more, you know that if you want to communicate complex ideas like ordering a triple-shot soy vanilla latte with chocolate sprinkles it's better to use words with meanings attached to them rather than simply gesturing and grunting. People accumulate all this useful knowledge through the process of **cognitive development**, which involves a multitude of factors, both inherent and learned.

Stage theories of development, such as Piaget's stage theory, focus on whether children progress through qualitatively different stages of development. Sociocultural theories, such as that of Lev Vygotsky, emphasize how other people and the attitudes, values, and beliefs of the surrounding culture, influence children's development.

Swiss psychologist Jean Piaget proposed that children's thinking progresses through a series of four discrete stages. By stages he meant periods during which children reasoned in the same way about many superficially different problems, with the stages occurring in a fixed order and the thinking within different stages differing in fundamental ways. The four stages that Piaget hypothesized were the sensorimotor stage (birth to 2 years), the preoperational reasoning stage (2 to 6 or 7 years), the concrete operational reasoning stage (6 or 7 to 11 or 12 years), and the formal operational reasoning stage (11 or 12 years and throughout the rest of life).

During the **sensorimotor** stage, children's thinking is largely realized through their perceptions of the world and their physical interactions with it. Their mental representations are very limited. Consider Piaget's object permanence task, which is one of his

most famous problems. If an infant younger than 9 months of age is playing with a favorite toy, and another person removes the toy from view, for example by putting it under an opaque cover and not letting the infant immediately reach for it, the infant is very likely to make no effort to retrieve it and to show no emotional distress (Piaget, 1954). This is not due to their being uninterested in the toy or unable to reach for it; if the same toy is put under a clear cover, infants below 9 months readily retrieve it (Munakata, McClelland, Johnson, & Siegler, 1997). Instead, Piaget claimed that infants less than 9 months do not understand that objects continue to exist. This is called object permanence.

During the **preoperational** stage, according to Piaget, children can solve not only this simple problem (which they actually can solve after 9 months) but show a wide variety of other symbolic-representation capabilities, such as those involved in drawing and using language. However, such 2- to 7-year-olds tend to focus on a single dimension, even when solving problems would require them to consider multiple dimensions. This is evident in Piaget's (1952) conservation problems. For example, if a glass of water is poured into a taller, thinner glass, children below age 7 generally say that there now is more water than before. Similarly, if a clay ball is reshaped into a long, thin sausage, they claim that there is now more clay, and if a row of coins is spread out, they claim that there are now more coins. In all cases, the children are focusing on one dimension, while ignoring the changes in other dimensions (for example, the greater width of the glass and the clay ball).

Children overcome this tendency to focus on a single dimension during the **concrete operations** stage, and think logically in most situations. However, according to Piaget, they still cannot think in systematic scientific ways, even when such thinking would be useful. Thus, if asked to find out which variables influence the period that a pendulum takes to complete its arc, and given weights that they can attach to strings in order to do experiments with the pendulum to find out, most children younger than age 12, perform biased experiments from which no conclusion can be drawn, and then conclude that whatever they originally believed is correct. For example, if a boy believed that weight was the only variable that mattered, he might put the heaviest weight on the shortest string and push it the hardest, and then conclude that just as he thought, weight is the only variable that matters (Inhelder & Piaget, 1958).

Finally, in the **formal operations** period, children attain the reasoning power of mature adults, which allows them to solve the pendulum problem and a wide range of other problems. The formal operations stage tends not to occur without exposure to formal education in scientific reasoning, and appears to be largely or completely absent from some societies that do not provide this type of education.

✔ Example 7.2.1

Cognitive Development and Culture

Although Piaget's theory has been very influential, it has not gone unchallenged. Recent research indicates that cognitive development is considerably more continuous than Piaget claimed. For example, Diamond (1985) found that on the object permanence task described above, infants show earlier knowledge if the waiting period is shorter. At age 6 months, they retrieve the hidden object if the wait is no longer than 2 seconds; at 7 months, they retrieve it if the wait is no longer than 4 seconds; and so on. Even earlier, at 3 or 4 months, infants show surprise in the form of longer looking times if objects suddenly appear to vanish with no obvious cause (Baillargeon, 1987).

Similarly, children's specific experiences can greatly influence when developmental changes occur. Children of pottery makers in Mexican villages, for example, know that reshaping clay does not change the amount of clay at much younger ages than children who do not have similar experiences (Price-Williams, Gordon, & Ramirez, 1969). In a study of tribal children (Inuit of Canada, Baoul of Africa and Aranda of Australia) researchers found differences in the ages at which children reached certain stages and acquired certain skills (Dasen, 1975). About 50% of the Inuit children solved a visual spatial test by the age of 7, 50% of the Aranda children solved the same task by the age of 9; however the Baoul children did not solve the task until the age of 12. On a conservation task the ages of skill acquisition reversed. The differences seem related to the living environment of the children – the Baoul children lived in permanent settlements while the Inuit and Aranda tribes are nomadic. Demands of daily life shape the cognitive development and different societies' value and reward different skills and behaviors.

A main figure whose ideas contradicted Piaget's ideas was the Russian psychologist Lev Vygotsky. Vygotsky stressed the importance of a child's cultural background as an effect to the stages of development. Because different cultures stress different social interactions, this challenged Piaget's theory that the hierarchy of learning development had to develop in succession. Vygotsky introduced the term **Zone of Proximal Development** as an overall task a child would have to develop that would be too difficult to develop alone.

Overall, Piaget's theories are widely recognized as making key contributions to the field of child development and helped pave the way for further empirical study. Cross-cultural testing has challenged many of his ideas, but the overall hierarchy of stages and sub-stages in cognitive development appears to be universal. Timing, ages, and capabilities during each stage appear to vary according to cultural context and enculturation patterns.

Other Enculturation Agents

Contextual characteristics, such as the neighborhood, school, and social networks, also affect enculturation, even though these settings don't always include both the child and the parent (Brofenbrenner, 1989). For example, Latina mothers who perceived the neighborhood as more dangerous showed less warmth with their children, perhaps because of the greater stress associated with living a threatening environment (Gonzales et al., 2011). Urie Bronfenbrenner was a Russian-born American developmental psychologist who is known for his **ecological systems theory** of child development. His scientific work and his assistance to the United States government helped in the formation of the Head Start program in 1965.

Bronfenbrenner's research and his theory was key in changing the perspective of developmental psychology by calling attention to the large number of environmental and societal influences on child development. Bronfenbrenner saw the process of human development as being shaped by the interaction between an individual and his or her environment. The specific path of development was a result of the influences of a person's surroundings, such as their parents, friends, school, work, culture, and so on.

According to Melvin L. Kohn, a sociologist from Johns Hopkins University, Bronfenbrenner was critical in making social scientists realize that, "…interpersonal relationships, even [at] the smallest level of the parent-child relationship, did not exist in a social vacuum but were embedded in the larger social structures of community, society, economics and politics."

Peer and Sibling Relationships

Parent-child relationships are not the only significant relationships in a child's life. Peer relationships are also important. Social interaction with another child who is similar in age, skills, and knowledge provokes the development of many social skills that are valuable for the rest of life (Bukowski, Buhrmester, & Underwood, 2011). In peer relationships, children learn how to initiate and maintain social interactions with other children. They learn skills for managing conflict, such as turn-taking, compromise, and bargaining. Play also involves the mutual, sometimes complex, coordination of goals, actions, and understanding. For example, as infants, children get their first encounter with sharing (of each other's toys); during pretend play as preschoolers they create narratives together, choose roles, and collaborate to act out their stories; and in primary school, they may join a sports team, learning to work together and support each other emotionally and strategically toward a common goal. Through these experiences, children develop friendships that provide additional sources of security and support to those provided by their parents.

Peer relationships can be challenging as well as supportive (Rubin, Coplan, Chen, Bowker, & McDonald, 2011). Being accepted by other children is an important source of affirmation and self-esteem, but peer rejection can foreshadow later behavior problems (especially when children are rejected due to aggressive behavior). With increasing age, children confront the challenges of bullying, peer victimization, and managing conformity pressures. Social comparison with peers is an important means by which children evaluate their skills, knowledge, and personal qualities, but it may cause them to feel that they do not measure up well against others. Also, with the approach of adolescence, peer relationships become focused on psychological intimacy, involving personal disclosure, vulnerability, and loyalty (or its betrayal)—which significantly affects a child's outlook on the world. Each of these aspects of peer relationships requires developing very different social and emotional skills than those that emerge in parent-child relationships. They also illustrate the many ways that peer relationships influence the growth of personality and self-concept.

Education

As previously stated, caretakers serve the role of being primary enculturation agents of their young in any given society. If parents serve as the #1 enculturation agent, education would likely be the second most important source of enculturation for any child.

Education is the process of facilitating learning, or the acquisition of knowledge, skills, values, beliefs, and habits. Educational methods include storytelling, discussion, teaching, training, and directed research. Education frequently takes place under the guidance of educators, but learners may also educate themselves. Education can take place in formal or informal settings and any experience that has a formative effect on the way one thinks, feels, or acts may be considered educational.

Culture, education, and society are all interconnected concepts that work to enculturate a child. Education models are based on the ideals and principals of society, and then its educated citizens go on to become influencers of that society's culture. Researchers Markus and Kitayama (2010) refer to the systemic influence of culture and self as **mutual constitution**, and point out that individuals are simultaneously being shaped by culture while also influencing it. Regardless of the method of education, schooling serves as both a reflection of the priorities and values of that society, while also enculturating it's young to contribute to that culture. For example, core American values of competition, choice, and independence can be seen in the way we structure our formal education system. Parents and students often expect to play a role in choosing curriculum, classes and competition for academic and athletic status is expected within schools. Similarly, in the United States the government dictates larger educational goals and resources, while state and local districts pass mandates based on the democratic wishes of larger society. In contrast to Westernized systems of education, many East Asian education models are based on uniform standards of academic rigor, student conformity, and respect for authority.

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CHAPTER OVERVIEW

8: Culture and Social Behavior- Stereotypes, Prejudice, and Discrimination

8.1: Group Interactions

8.2: Stereotypes, Prejudice and Discrimination

8.2.1: Stereotypes and Prejudice

8.2.3: Discrimination

8.2.4: Racism

8.3: Reducing Discrimination

Learning Objectives

By the end of this chapter, students should be able to:

1. **Define** stereotypes, prejudice, and discrimination and explain how they differ from one another.
2. **Describe** how cultural, historical, and social influences contribute to the development of social biases.
3. **Analyze** the psychological mechanisms that underlie implicit and explicit forms of bias.
4. **Explain** how stereotypes and discrimination negatively impact mental and physical health in marginalized populations.
5. **Identify** ways to challenge and reduce prejudice on both individual and systemic levels.
6. **Apply** concepts of multicultural psychology to real-world issues involving social injustice and inequality.
7. **Reflect** on one's own cultural identity and biases to promote empathy and equity in interpersonal and professional contexts.

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8.1: Group Interactions

Group Membership

Psychologists study groups because nearly all human activities (e.g., working, learning, worshiping, relaxing, playing, and even sleeping) occur in groups and these groups have a profound impact on our thoughts, feelings, and behaviors. Some researchers believe that groups may be humans' most useful innovation that facilitated social norms and language development (Boyd & Richerson, 2005; Henrich, 2016; Aiello & Dunbar, 1993). Groups provide us with the means to reach goals that we otherwise wouldn't if we remained alone. The advantages of group life may be so great that humans are biologically prepared to seek membership and avoid isolation.

Need to Belong

Humans have a powerful *need to belong*. Baumeister and Leary (1995) describe this need as "a pervasive drive to form and maintain at least a minimum quantity of lasting, positive, and impactful interpersonal relationships (p. 497)" and most of us satisfy this need by joining groups. It doesn't matter if a person is from Israel, Mexico, or the Philippines, we all have a strong need to make friends, start families, and spend time together. Across individuals, societies, and generations, we consistently seek inclusion over exclusion, membership over isolation, and acceptance over rejection. People who are accepted members of a group tend to feel happier and more satisfied.

When people are deliberate excluded from groups the experience is highly stressful leading to depression, confused thinking, and even aggression (Williams, 2007). When researchers used an fMRI (Functional Magnetic Resonance Imaging) scanner to track neural responses to exclusion, they found that people who were left out of a group activity displayed heightened cortical activity in two specific areas of the brain, the dorsal anterior cingulate cortex and the anterior insula. These areas were associated with the experience of physical pain sensations (Eisenberger, Lieberman, & Williams, 2003). It hurts literally, to be left out of a group.

Identity and Membership

Groups not only satisfy the need to belong, they also provide members with a sense of **identity,** the universal construct that is shaped by our view of ourselves and how we are recognized by others (Chapter 8). Demographic qualities such as sex or age can influence us if we categorize ourselves based on these qualities. **Social identity theory** asserts that we categorize ourselves and form a **social identity** based on the degree to which we identify as a member of a particular social group (e.g., man, woman, Anglo, elderly, or college student) (Tajfel & Turner, 1979/1986). We don't just classify ourselves, we also categorize *other* people into social categories. Social identity theory explains our tendency to favor an **in-group** (people we perceive to be like us) over an **out–group** (people we perceive to be different from us).

When we strongly identify with an in-group, our own well-being becomes bound to the welfare of that group which increases our willingness to make personal sacrifices for its benefit. We see this with sports fans who heavily identify with a favorite team. These fans become elated when the team wins and sad when the team loses. Heavily committed fans often make personal sacrifices to support their team, such as braving terrible weather, paying high prices for tickets, and standing and chanting during games.

People also take credit for the successes of other in-group members, remember more positive than negative information about in-groups, are more critical of the performance of out-group than of in-group members, and believe that their own groups are less prejudiced than are out-groups (Shelton & Richeson, 2005). Attitudes and beliefs about out-groups are often associated with **infrahumanization** which is the tendency to see out-groups as less human, or as having less humanity than in-groups (Vaes, Paladino, Castelli, Leyens, & Giovanazzi, 2004). We have seen this in history as a justification for genocide or ethnic cleansing (Castano & Giner-Sorolla, 2006). Though a strong group identity can bind individuals together, it can also drive divisions between different groups, reducing overall trust and cooperation on a larger scale. People are generally less likely to cooperate with members of an out-group (Allport, 1954; Van Vugt, Biel, Snyder, & Tyler, 2000).

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8.2: Stereotypes, Prejudice and Discrimination

As discussed earlier, the social groups we belong to, help form our identities (Tajfel, 1974) and people are often biased against others outside of their own social group (out-groups), showing prejudice (emotional bias), stereotypes (cognitive bias), and discrimination (behavioral bias). These three aspects of bias are related, but they each can occur separately from the others (Dovidio & Gaertner, 2010; Fiske, 1998).

Stereotypes

A **stereotype** is a specific belief or assumption (thoughts) about individuals based solely on their membership in a group, regardless of their individual characteristics. Stereotypes can be positive or negative and when overgeneralized are applied to all members of a group. For example, the **model minority** stereotype of Asian Americans as highly intelligent, diligent and good at math can be damaging professionally, academically (Trytten et al., 2012). These beliefs are overgeneralized to all members of the group, even though many of the individual group members may in fact be struggle academically and professionally.

Another example of a well-known stereotype involves beliefs about racial differences among athletes. As Hodge, Burden, Robinson, and Bennett (2008) point out, black male athletes are often believed to be more athletic, yet less intelligent, than their white male counterparts. These beliefs persist despite a number of high profile examples to the contrary. Sadly, such beliefs often influence how these athletes are treated by others and how they view themselves and their own capabilities. Stereotypes are universal. Whether or not you agree with a stereotype the content of stereotypes is generally well-known within in a given culture (Devine, 1989).

Prejudice

Prejudice is a negative attitude and feeling toward an individual based solely on one's membership in a particular social group (Allport, 1954; Brown, 2010). Prejudice is common against people who are members of an unfamiliar cultural group. An example of prejudice is having a negative attitude toward people who are not born in the United States. Although people holding this prejudiced attitude do not know all people who were not born in the United States, they dislike them due to their status as foreigners.

Explicit prejudice, negative feelings about an out-group that are openly admitted, is very difficult to measure because this is generally not socially acceptable. This means that tests and instruments measuring prejudice may be susceptible to socially desirable responding (Chapter 2). To address this research bias, psychologists have developed several ways to measure **implicit prejudice,** which is the relatively automatic and unconscious in-group preference. The most famous instrument used is the Implicit Association Test (IAT;Greenwald, Banaji, Rudman, Farnham, Nosek, & Mellott, 2002; Greenwald, McGhee, & Schwartz, 1998). The IAT is done on the computer and measures how quickly you can sort words or pictures into different categories. People may explicitly deny prejudice but when they're given this computer task to categorize people from these out-groups that automatic or unconscious hesitation (a result of having mixed evaluations about the out-group) will show up in the test. Numerous studies have revealed, people tend to be faster at pairing their own group with good categories as compared to pairing others' groups. In fact, this finding generally holds regardless if one's group is measured according race, age, religion, nationality, and even temporary, insignificant memberships. Automatic associations and unconscious responses are often driven by society's stereotypes and can result in discrimination like allocating fewer resources to disliked out-groups (Rudman & Ashmore, 2009).

Discrimination

When someone acts on prejudiced attitudes toward a group of people this is known as discrimination. **Discrimination** is negative action toward an individual as a result of one's membership in a particular group (Allport, 1954; Dovidio & Gaertner, 2004). As a result of holding negative beliefs (stereotypes) and negative attitudes (prejudice) about a particular group, people often treat the target of prejudice poorly. Discrimination can extend to institutions or social and political systems.

Institutional discrimination refers to practices (at the social level) which serve to reinforce social norms for preference, privilege and limited access to services and resources. In the United States, African Americans have lower life expectancy, experience higher risk for a cardiac events and higher rates of anxiety and depression than others racial and ethnic groups in the United States (Williams, 1999; Williams & Mohammed, 2009). Native American populations experience higher rates of injury than other ethnic and racial groups (Williams, 1999). These disparities are not simply the result of lifestyle choices but represent systemic practices in healthcare that treat racial and ethnic minorities differently, as well as the effect of chronic prejudice and racism (Gee & Ford, 2011; Williams, 1999; Williams & Mohammed, 2009).

Suicide rates among lesbians and gays are substantially higher than rates for the general population, and it has been argued that this in part due to the negative outcomes of prejudice, including negative attitudes and social isolation (Halpert, 2002). Stigmatized individuals who report experiencing more exposure to discrimination or other forms of unfair treatment also report more depression, anger, and anxiety and lower levels of life satisfaction and happiness (Swim, Hyers, Cohen, & Ferguson, 2001). Exposure to chronic and persistent discrimination is harmful to our health.

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8.2.1: Stereotypes and Prejudice

Stereotypes

Stereotypes are oversimplified generalizations about groups of people. Stereotypes can be based on race, ethnicity, age, gender, sexual orientation—almost any characteristic. They may be positive (usually about one's own group, such as when women suggest they are less likely to complain about physical pain) but are often negative (usually toward other groups, such as when members of a dominant racial group suggest that a subordinate racial group is stupid or lazy). In either case, the stereotype is a generalization that doesn't take individual differences into account.

Where do stereotypes come from? In fact new stereotypes are rarely created; rather, they are recycled from subordinate groups that have assimilated into society and are reused to describe newly subordinate groups. For example, many stereotypes that are currently used to characterize Black people were used earlier in American history to characterize Irish and Eastern European immigrants. While cultural and other differences do exist among the various American racial and ethnic groups, many of the views we have of such groups are unfounded and hence are stereotypes. An example of the stereotypes that white people have of other groups appears in Figure 4.2.1 "Perceptions by Non-Latino white Respondents of the Intelligence of white and Black Americans", in which white respondents in the General Social Survey (GSS), a recurring survey of a random sample of the US population, are less likely to think Blacks are intelligent than they are to think whites are intelligent.

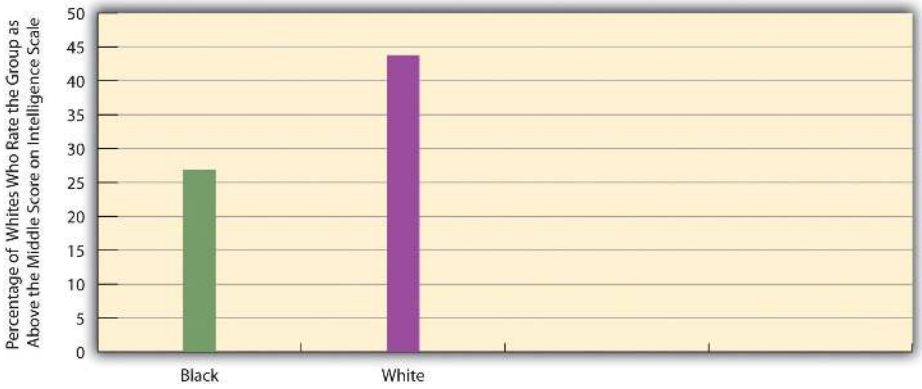


Figure 8.2.1.1: Perceptions by Non-Latino white Respondents of the Intelligence of white and Black Americans. (CC BY 2.0; Data from General Social Survey)

Stereotypes of Latinx Population

Often exhibited in negative caricatures or terms, stereotypical representation of Hispanic and Latino/a characters are typically negatively presented and attack the entire ethnic group's morality, work ethic, intelligence, or dignity. Even in non-fiction media, such as news outlets, Hispanics are usually reported on in crime, immigration, or drug-related stories than in accomplishments. The stereotypes can also differ between men and women. Hispanic or Latino men are more likely to be stereotyped as unintelligent, comedic, aggressive, sexual, and unprofessional, earning them titles as "Latin lovers," buffoons, or criminals. That often results in the individuals being characterized as working less-respectable careers, being involved in crimes (often drug-related), or being uneducated immigrants. Hispanic characters are more likely than non-Hispanic white characters to possess lower-status occupations, such as domestic workers, or be involved in drug-related crimes. Hispanic and Latina women, similarly, are typically portrayed as lazy, verbally aggressive, and lacking work ethic. The stereotypes are furthered in pseudo-autobiographical characters like George Lopez, who lacks higher education and is written around humor, and Sofia Vergara, who is portrayed as an immigrant woman marrying a rich man and is often mocked for her loud and aggressive voice.

A very common stereotype, as well as mentality, is that all Hispanic/Latino individuals have the same ethnic background, race, and culture but there are really numerous subgroups, with unique identities. Americans tend to explain all of Latin America in terms of the nationalities or countries that they know. For instance, in the Midwest and the Southwest, Latin Americans are largely perceived as Mexicans, but in the East, particularly in the New York and Boston areas, people consider Latin Americans through their limited interactions with Dominicans and Puerto Ricans. In Miami, Cubans and Central Americans are the reference group for interpreting Latin America. The idea of homogeneity is so extensive in US society that even important politicians tend to treat Latin America as a culturally-unified region. Hispanic/Latino Americans become a homogenous group, instead of their actual individual cultures, qualities, and differences.

Stereotypes of East Asians in the United States

Stereotypes of East Asians, like other ethnic stereotypes, are often portrayed in the mainstream media, cinema, music, television, literature, internet, and other forms of creative expression in American culture and society.

These stereotypes have been largely and collectively internalized by society and have mainly negative repercussions for Americans of East Asian descent and East Asian immigrants in daily interactions, current events, and government legislation. Media portrayals of East Asians often reflect an Americentric perception rather than realistic and authentic depictions of true cultures, customs and behaviors. East Asian Americans have experienced discrimination and have been victims of hate crimes related to their ethnic stereotypes, as it has been used to reinforce xenophobic sentiments.

Fictional stereotypes include Fu Manchu and Charlie Chan (representing a threatening, mysterious Asian character and an apologetic, submissive, "good" East Asian character).Asian men may be depicted as misogynistic predators, especially in WW II-era propaganda. East Asian women have been portrayed as aggressive or opportunistic sexual beings or predatory gold diggers, or as cunning "Dragon Ladies." This contrasts with the other stereotypes of servile "Lotus Blossom Babies", "China dolls", "Geisha girls", or prostitutes. Strong women may be stereotyped as Tiger Moms, and both men and women may be depicted as a model minority, with career success.

Stereotypes of Indigenous peoples

Worldwide stereotypes of Indigenous peoples include historical misrepresentations and the oversimplification of hundreds of Indigenous cultures. Negative stereotypes are associated with prejudice and discrimination that continue to impact the lives of indigenous peoples. Indigenous peoples of the Americas are commonly called Native Americans (United States excluding Alaska and Hawaii), Alaska Natives, or First Nations people (in Canada). The Circumpolar peoples, often referred to by the English term Eskimo, have a distinct set of stereotypes. Eskimo itself is an exonym, deriving from phrases that Algonquin tribes used for their northern neighbors. It is believed that some portrayals of natives, such as their depiction as bloodthirsty savages have disappeared. However, most portrayals are oversimplified and inaccurate; these stereotypes are found particularly in popular media which is the main source of mainstream images of Indigenous peoples worldwide.

The stereotyping of American Indians must be understood in the context of history which includes conquest, forced displacement, and organized efforts to eradicate native cultures, such as the boarding schools of the late 19th and early 20th centuries, which separated young Native Americans from their families in order to educate and to assimilate them as European Americans.

Stereotypes of African Americans

Dating back to the period of African enslavement during the colonial era, stereotypes of African Americans are largely connected to the persistent racism and discrimination they faced while residing in the United States. Nineteenth-century minstrel shows used white actors in blackface and attire supposedly worn by African-Americans to lampoon and disparage Blacks. Some nineteenth century stereotypes, such as the sambo, are now considered to be derogatory and racist. The "Mandingo" and "Jezebel" stereotypes sexualizes African-Americans as hypersexual. The Mammy archetype depicts a motherly Black woman who is dedicated to her role working for a white family, a stereotype which dates back to Southern plantations. African-Americans are often stereotyped to have an unusual appetite for fried chicken.

In the 1980s and following decades, emerging stereotypes of Black men depicted them as drug dealers, crack addicts, hobos, and subway muggers. Jesse Jackson said media portray blacks as less intelligent. The magical Negro is a stock character who is depicted as having special insight or powers, and has been depicted (and criticized) in American cinema. Stereotypes of Black women include being depicted as welfare queens or as angry Black women who are loud, aggressive, demanding, and rude.

Stereotype Threat

As we learned earlier, stereotypes are generalized thoughts that influence our beliefs about others but also beliefs about ourselves and even our own performance on important tasks. In some cases, these beliefs may be positive, and have the effect of making us feel more confident and better able to perform tasks. On the other hand, sometimes these beliefs are negative, and they have the effect of making us perform more poorly just because of our knowledge about the stereotypes.

One of the long-standing puzzles in the area of academic performance concerns why African American students in the United States perform more poorly on standardized tests, receive lower grades, and are less likely to remain in school in comparison with White students, even when other factors such as family income, parents' education, and other relevant variables are controlled. Steele and Aronson (1995) tested the hypothesis that these differences might be due to the activation of negative

stereotypes. They hypothesized that African American students are aware of the inaccurate stereotype that 'African American students are intellectually inferior to White students,' and this stereotype creates a negative expectation. This negative expectation then interferes with students' performance on intellectual and academic tests through fear of confirming that stereotype.

Results confirmed that African American college students performed worse, in comparison with their prior test scores, on math questions taken from the Graduate Record Examination (GRE) when the test was described to them as a diagnostic measure of their mathematical abilities (and thus when the stereotype was relevant) but performance was not influenced when the same questions were framed as a problem-solving activity.

In another study, Steele and Aronson found that when African American students were asked to indicate their race before they took a math test (a way to activating the stereotype), they performed more poorly than they had on prior exams, whereas the scores of White students were not affected by first indicating their race. Steele and Aronson argued that thinking about negative stereotypes that are relevant to the task that you are performing creates stereotype threat, which leads to decreased performance. That is, the negative impact of race on standardized tests may be caused, at least in part, by the performance situation itself. When the threat was present, African American students were negatively influenced by it.

Research has found that the experience of stereotype threat can help explain a wide variety of performance declines among those who are targeted by negative stereotypes. For instance, when a math task is described as diagnostic of intelligence, Latinos and particularly Latinas perform more poorly than do Whites (Gonzales, Blanton, & Williams, 2002). Similarly, when stereotypes are activated, children with low socioeconomic status perform more poorly in math than do those with high socioeconomic status, and psychology students perform more poorly than do natural science students (Brown, Croizet, Bohner, Fournet, & Payne, 2003). Even groups who typically enjoy advantaged social status can be made to experience stereotype threat. White men performed more poorly on a math test when they were told that their performance would be compared with that of Asian men (Aronson, Lustina, Good, Keough, & Steele, 1999), and Whites students performed more poorly than African American students on a sport-related task when it was described to them as measuring their natural athletic ability (Stone, 2002).

Stereotype threat is created in situations that pose a significant threat to self-concern, such that our perceptions of ourselves as important, valuable, and capable individuals are threatened. In these situations, there is a discrepancy between our positive concept of our skills and abilities and the negative stereotypes suggesting poor performance. When our stereotypes lead us to be believe that we are likely to perform poorly on a task, we experience a feeling of unease and status threat. Stereotype threat is not, however, absolute and manipulations that affirm positive characteristics about oneself or one's group are successful at reducing stereotype threat (Alter, Aronson, Darley, Rodriguez, & Ruble, 2010; Greenberg et al., 2003; McIntyre, Paulson, & Lord, 2003). In fact, just knowing that stereotype threat exists may influence performance and possibly alleviate its negative impact (Johns, Schmader, & Martens, 2005).

- **13.9: Stereotype Threat** by L. D. Worthy, Trisha Lavigne, & Fernando Romero is licensed CC BY-NC-SA 4.0. Original source: https://open.maricopa.edu/culturepsychology.

Explaining Prejudice

Prejudice refers to the beliefs, thoughts, feelings, and attitudes someone holds about a group. A prejudice is not based on experience; instead, it is a prejudgment, originating outside actual experience. Prejudice may be based on a person's political affiliation, sex, gender, social class, age, disability, religion, sexuality, language, nationality, criminal background, wealth, race, ethnicity, or other personal characteristic. The discussion in this section will largely focus on racial prejudice.

The 1970 documentary, Eye of the Storm, illustrates the way in which prejudice develops, by showing how defining one category of people as superior (children with blue eyes) results in prejudice against people who are not part of the favored category; Jane Elliot, then a 3rd grade teacher, conducted her "Blue Eyes/Brown Eyes" exercise to give her students a difficult, hands-on experience with prejudice and discrimination.

Where does racial and ethnic prejudice come from? Why are some people more prejudiced than others? Scholars have tried to answer these questions at least since the 1940s, when the horrors of Nazism were still fresh in people's minds. Theories of prejudice fall into two camps, social-psychological and sociological. We will look at social-psychological explanations first and then turn to sociological explanations. We will also discuss distorted mass media treatment of various racial and ethnic groups.



Video 8.2.1.5: “The Talk” highlights the painful, but necessary conversations Black parents have with their children to help prepare them for prejudices they may face growing up in a society that judges them based on the color of their skin. (Close-captioning and other YouTube settings will appear once the video starts.) (Fair Use; P&G (Procter & Gamble) via YouTube)

Social-Psychological Explanations of Prejudice

One of the first social-psychological explanations of prejudice centered on the **authoritarian personality** (Adorno, Frenkel-Brunswick, Levinson, & Sanford, 1950). According to this view, authoritarian personalities develop in childhood in response to parents who practice harsh discipline. Individuals with authoritarian personalities emphasize such things as obedience to authority, a rigid adherence to rules, and low acceptance of people (out-groups) not like oneself. Many studies find strong racial and ethnic prejudice among such individuals (Sibley & Duckitt, 2008). But whether their prejudice stems from their authoritarian personalities or instead from the fact that their parents were probably prejudiced themselves remains an important question.

Another early and still popular social-psychological explanation is called **frustration theory (or scapegoat theory)** (Dollard, Doob, Miller, Mowrer, & Sears, 1939). In this view individuals with various problems become frustrated and tend to blame their troubles on groups that are often disliked in the real world (e.g., racial, ethnic, and religious minorities). These minorities are thus scapegoats for the real sources of people’s misfortunes. Several psychology experiments find that when people are frustrated, they indeed become more prejudiced. In one early experiment, college students who were purposely not given enough time to solve a puzzle were more prejudiced after the experiment than before it (Cowen, Landes, & Schaet, 1959).

Sociological Explanations of Prejudice

One popular sociological explanation emphasizes conformity and socialization and is called **social learning theory**. In this view, people who are prejudiced are merely conforming to the culture in which they grow up, and prejudice is the result of socialization from parents, peers, the news media, and other various aspects of their culture. Supporting this view, studies have found that people tend to become more prejudiced when they move to areas where people are very prejudiced and less prejudiced when they move to locations where people are less prejudiced (Aronson, 2008). If people in the South today continue to be more prejudiced than those outside the South, as we discuss later, even though legal segregation ended more than four decades ago, the influence of their culture on their socialization may help explain these beliefs.

✔ Children and Our Future - Growing Up as Farmworkers’ Kids

In the large agricultural fields of California work thousands of farmworkers and their families. Adults and children alike live in poor, crowded conditions and do backbreaking work in the hot sun, day after day after day.

Because their parents are migrant workers, many children attend a specific school for only a few weeks or months at most before their parents move to another field in another town or even another state. At Sherwood Elementary School in Salinas, California, in the heart of the state’s agricultural sector, 97 percent of students live in or near poverty. With their Latino backgrounds, more than three-fourths do not speak English well or at all, and many of their parents cannot read or write their own language, Spanish.

At the Sherwood school, according to a news report, many students “sleep beneath carports and live in such cramped quarters that their parents take them to the local truck stop to wash up before school.” A local high school teacher said many of his

students see little of their parents, who spend most of their waking hours working in the fields. “They have little brothers and sisters to take care of, maybe cook for. Yet they’re supposed to turn in a 10-page paper by tomorrow? I mean, it’s unreal.”

These conditions have grievous consequences for California’s migrant farmworker children, almost half of whom fail to complete high school. The principal of the Sherwood Elementary School said the key strategy for her faculty and school was “understanding where the students come from but also having high expectations.”

The plight of farmworkers’ children is just one aspect of the difficulties facing Latino children around the country. Thanks to reproduction and immigration, the number of Latino children nationwide has grown significantly during the past few decades: in 2009, 23 percent of US kindergarten children were Latino, compared to only 10 percent in 1989. These growing numbers underscore the need to pay attention to the health and welfare of Latino children.

Against this backdrop, it is distressing to note that their health and welfare is not very good at all. About one-third of Latino children live in poverty. The average Latino child grows up in a poor neighborhood where almost half of the residents do not speak English fluently, where the schools are substandard, and where the high school dropout and teen unemployment rates are high. A number of factors, including their ethnicity, poverty, language barriers, and the immigrant status of many of their parents, limit Latino children’s access to adequate health care and various kinds of social services.

Amid all these problems, however, the situation of California’s farmworker children stands out as a national embarrassment for a prosperous country like the United States. As the country struggles to end racial and ethnic inequality, it must not forget the children of Salinas who have to use a truck stop to wash up before school.

Sources: P. L. Brown, 2011; Landale, McHale, & Booth, 2011; Tavernise, 2011Brown, P. L. (2011, March 13). Itinerant life weighs on farmworkers’ children. *New York Times*, p. A18; Landale, N. S., McHale, S., & Booth, A. (Eds.). (2011). *Growing up Hispanic: Health and development of children of immigrants*. Washington, DC: Urban Institute Press; Tavernise, S. (2011, February 8). Among nation’s youngest, analysis finds fewer whites. *New York Times*, p. A14.

The mass media plays a key role in how many people learn to be prejudiced. This type of learning happens because the media often present people of color in a negative light. By doing so, the media unwittingly reinforce the prejudice that individuals already have or even increase their prejudice (Larson, 2005). Examples of distorted media coverage abound. Even though poor people are more likely to be white than any other race or ethnicity, the news media use pictures of African Americans far more often than those of whites in stories about poverty. In one study, national news magazines, such as Time and Newsweek, and television news shows portrayed African Americans in almost two-thirds of their stories on poverty, even though only about one-fourth of poor people are African Americans. In the magazine stories, only 12 percent of the African Americans had a job, even though in the real world more than 40 percent of poor African Americans were working at the time the stories were written (Gilens, 1996). In a Chicago study, television news shows there depicted whites fourteen times more often in stories of good Samaritans, even though whites and African Americans live in Chicago in roughly equal numbers (Entman & Rojecki, 2001). Many other studies find that newspaper and television stories about crime and drugs feature higher proportions of African Americans as offenders than is true in arrest statistics (Surette, 2011). Studies like these show that the news media “convey the message that Black people are violent, lazy, and less civic minded” (Jackson, 1997, p. A27).

A second sociological explanation emphasizes economic and political competition and is commonly called **group threat theory** (Quillian, 2006). In this view, prejudice arises from competition over jobs and other resources and from disagreement over various political issues. When groups vie with each other over these matters, they often become hostile toward each other. Amid such hostility, it is easy to become prejudiced toward the group that threatens your economic or political standing. A popular version of this basic explanation is Susan Olzak’s (1992) **ethnic competition theory** which holds that ethnic prejudice and conflict increase when two or more ethnic groups find themselves competing for jobs, housing, and other goals.

The competition explanation is the macro equivalent of the frustration/scapegoat theory already discussed. Much of the white mob violence discussed earlier stemmed from whites’ concern that the groups they attacked threatened their jobs and other aspects of their lives. Thus lynchings of African Americans in the South increased when the Southern economy worsened and decreased when the economy improved (Tolnay & Beck, 1995). Similarly, white mob violence against Chinese immigrants in the 1870s began after the railroad construction that employed so many Chinese immigrants slowed and the Chinese began looking for work in other industries. Whites feared that the Chinese would take jobs away from white workers and that their large supply of labor would drive down wages. Their assaults on the Chinese killed several people and prompted the passage by Congress of the Chinese Exclusion Act in 1882 that prohibited Chinese immigration (Dinnerstein & Reimers, 2009).



Figure 8.2.1.6: Chinese emigration to America: sketch on board the steam-ship Alaska, bound for San Francisco. During the 1870s, whites feared that Chinese immigrants would take away their jobs. (CC PDM 1.0; UC Berkeley via Wikimedia)

Correlates of Prejudice

Since the 1940s, social scientists have investigated the individual correlates of racial and ethnic prejudice (Stangor, 2009). These correlates help test the theories of prejudice just presented. For example, if authoritarian personalities do produce prejudice, then people with these personalities should be more prejudiced. If frustration also produces prejudice, then people who are frustrated with aspects of their lives should also be more prejudiced. Other correlates that have been studied include age, education, gender, region of country, race, residence in integrated neighborhoods, and religiosity. We can take time here to focus on gender, education, and region of country and discuss the evidence for the racial attitudes of whites, as most studies do in view of the historic dominance of whites in the United States.

The findings on gender are rather surprising. Although women are usually thought to be more empathetic than men and thus to be less likely to be racially prejudiced, recent research indicates that the racial views of (white) women and men are in fact very similar and that the two genders are about equally prejudiced (Hughes & Tuch, 2003). This similarity supports group threat theory, outlined earlier, in that it indicates that white women and men are responding more as whites than as women or men, respectively, in formulating their racial views.

Findings on education and region of country are not surprising. Focusing again just on whites, less educated people are usually more racially prejudiced than better-educated people, and Southerners are usually more prejudiced than non-Southerners (Krysan, 2000). Evidence of these differences appears in Figure 4.2.7, which depicts educational and regional differences in a type of racial prejudice that social scientists call social distance, or feelings about interacting with members of other races and ethnicities. The General Social Survey asks respondents how they feel about a “close relative” marrying an African American. Figure 4.2.7 shows how responses by white (non-Latino) respondents to this question vary by education and by Southern residence. Whites without a high school degree are much more likely than those with more education to oppose these marriages, and whites in the South are also much more likely than their non-Southern counterparts to oppose them. To recall the sociological perspective, our social backgrounds certainly do seem to affect our attitudes.

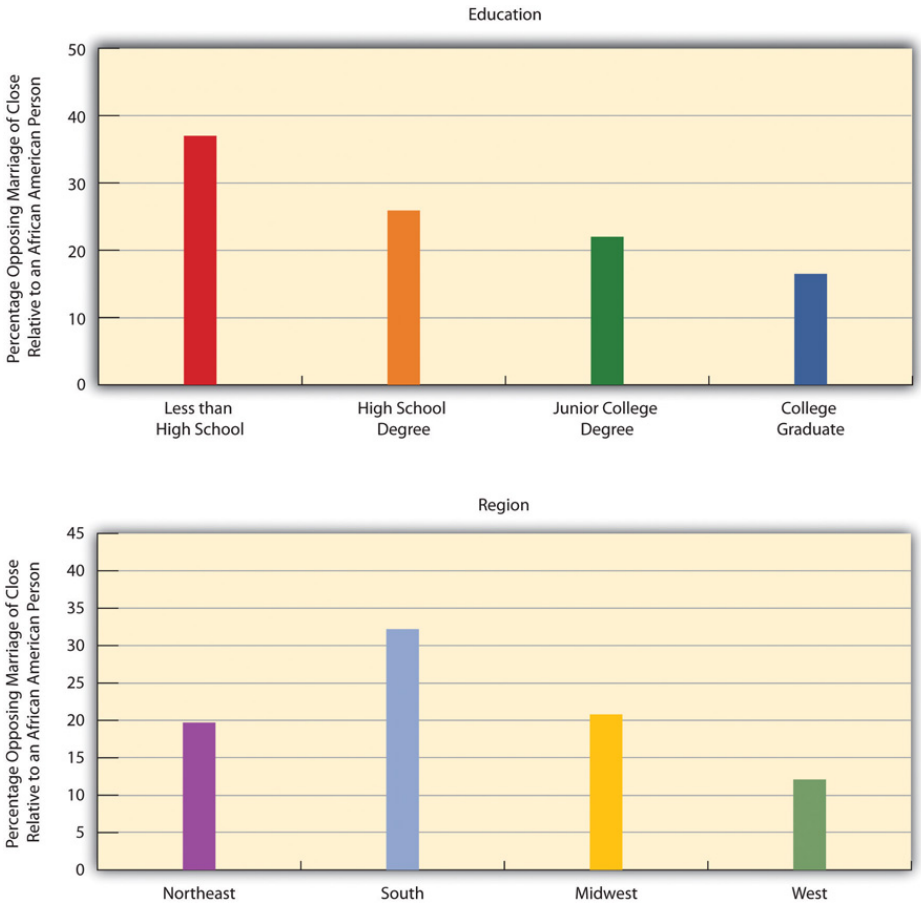


Figure 8.2.1.7: Education, Region, and Opposition by Non-Latino whites to a Close Relative Marrying an African American (CC BY 2.0; Data from General Social Survey)

The Changing Nature of Prejudice

Although racial and ethnic prejudice still exists in the United States, its nature has changed during the past half-century. Studies of these changes focus on whites' perceptions of African Americans. Back in the 1940s and before, an era of overt Jim Crow racism (also called traditional or old-fashioned racism) prevailed, not just in the South but in the entire nation. This racism involved blatant bigotry, firm beliefs in the need for segregation, and the view that Blacks were biologically inferior to whites. In the early 1940s, for example, more than half of all whites thought that Blacks were less intelligent than whites, more than half favored segregation in public transportation, more than two-thirds favored segregated schools, and more than half thought whites should receive preference over Blacks in employment hiring (Schuman, Steeh, Bobo, & Krysan, 1997).

The Nazi experience and then the civil rights movement led whites to reassess their views, and Jim Crow racism gradually waned. Few whites believe today that African Americans are biologically inferior, and few favor segregation. So few whites now support segregation and other Jim Crow views that national surveys no longer include many of the questions that were asked a half-century ago.

But that does not mean that prejudice has disappeared. Many scholars say that Jim Crow racism has been replaced by a more subtle form of racial prejudice, termed laissez-faire, symbolic, or modern racism, that amounts to a "kinder, gentler, antiBlack ideology" that avoids notions of biological inferiority (Bobo, Kluegel, & Smith, 1997, p. 15; Quillian, 2006; Sears, 1988). Instead, it involves stereotypes about African Americans, a belief that their poverty is due to their cultural inferiority, and opposition to government policies to help them. Similar views exist about Latinos. In effect, this new form of prejudice blames African Americans and Latinos themselves for their low socioeconomic standing and involves such beliefs that they simply do not want to work hard.

Evidence for this modern form of prejudice is seen in Figure 4.2.8, which presents whites' responses to two General Social Survey (GSS) questions that asked, respectively, whether African Americans' low socioeconomic status is due to their lower "in-born ability to learn" or to their lack of "motivation and will power to pull themselves up out of poverty." While only 8.5 percent of whites attributed Blacks' status to lower innate intelligence (reflecting the decline of Jim Crow racism), about 48 percent attributed

it to their lack of motivation and willpower. Although this reason sounds “kinder” and “gentler” than a belief in Blacks’ biological inferiority, it is still one that blames African Americans for their low socioeconomic status.

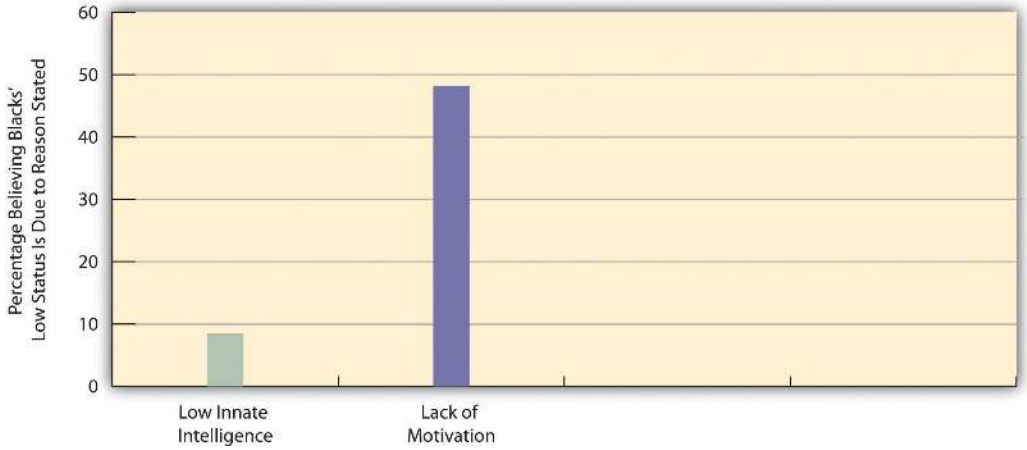


Figure 8.2.1.8: Attribution by Non-Latino whites of Blacks’ Low Socioeconomic Status to Blacks’ Low Innate Intelligence and to Their Lack of Motivation to Improve. (CC BY 2.0; Data from General Social Survey)

Implicit Bias



Figure 8.2.1.10: Microaggressions. (Courtesy of Shutterstock.com)

- Implicit biases are attitudes or stereotypes that unconsciously affect our actions, decisions, and understanding.
- Implicit biases can be positive (a preference for something or someone) or negative (an aversion to or fear of something or someone).
- Implicit biases are different from known biases that people may choose to conceal for social or political reasons. In fact, implicit biases often conflict with a person’s explicit and/or declared beliefs.
- Implicit biases are formed over a lifetime as a result of exposure to direct and indirect messages. The media plays a large role in this formation process.
- Implicit biases are pervasive: everyone has them.
- Implicit biases are changeable, but research shows that this process takes time, intention, and training.

In this video, CNN journalist Van Jones gives a brief overview of implicit bias and references some of the ways it has manifested in recent events.



Video 8.2.1.11: Van's research on the concept of Implicit Bias and the role it is playing in race relations today. (Close-captioning and other YouTube settings will appear once the video starts.) (Fair Use; CNN on Rebuild the Dream via YouTube)

The Kirwan Institute is a leader in the field of implicit bias research. Watch their video, in which they explore some of the ways that individual impacts of implicit bias can compound to create large negative impacts for people of color.

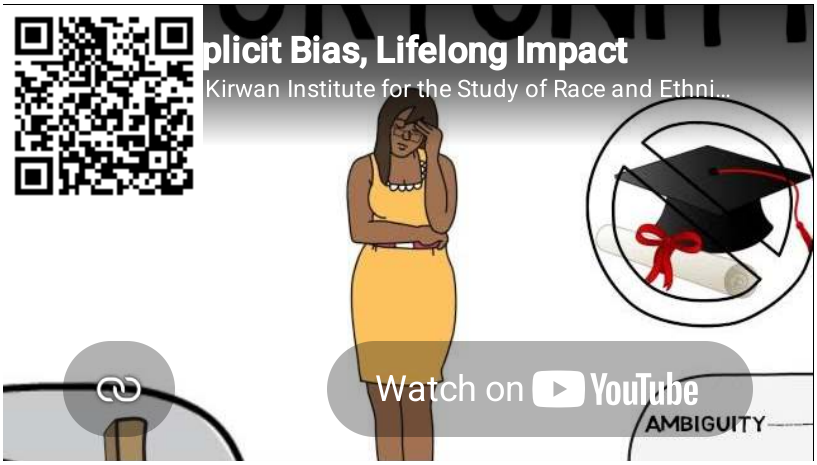


Figure 8.2.1.12: "Implicit Bias, Lifelong Impact." (Close-captioning and other YouTube settings will appear once the video starts.) (Fair Use; The Kirwan Institute for the Study of Race and Ethnicity via YouTube)

Microaggressions

Implicit biases can impact our relationships and interactions with each other in many ways, some of which are described in the research findings listed above. One way that implicit biases can manifest is in the form of **microaggressions**: subtle verbal or nonverbal insults or denigrating messages communicated toward a marginalized person, often by someone who may be well-intentioned but unaware of the impact their words or actions have on the target. Examples of common microaggressions include statements like:

- Where are you really from?
- What are you?
- You don't act like a normal Black person.
- You're really pretty for a dark-skinned girl.

Microaggressions can be based on any aspect of a marginalized person's identity (for example, sexuality, religion, or gender). Individual microaggressions may not be devastating to the person experiencing them; however, their cumulative effects over time can be large. The Tumblr blog Microaggressions, which aims to "mak[e] visible the ways in which social difference is produced and policed in everyday lives," describes this as follows:

Often, [microaggressions] are never meant to hurt – acts done with little conscious awareness of their meanings and effects. Instead, their slow accumulation during a childhood and over a lifetime is in part what defines a marginalized experience, making

explanation and communication with someone who does not share this identity particularly difficult. Social others are microaggressed hourly, daily, weekly, monthly.

In his research, Dr. Derald Wing Sue found that **BIPOC** (Black Indigenous People of Color) experience microaggressions every day – from the time they get up in the morning until they go to bed at night. In his workshops, Sue asks white people in the room these questions:

Do you know what it's like to be a Black person in this society where you go into a subway and you sit down and people never sit next to you? Do you know what it's like to pass a man or a woman, and they suddenly clutch their purses more tightly?

As he notes, many whites have never thought about how this feels because they don't live this reality. It is invisible to them. By asking this question, Sue's goal is to make the invisible visible, to get white people (and all people) to "see" the microaggressions BIPOC experience on a daily basis, and to challenge them to understand how those microaggressions negatively impact the daily lived experiences of BIPOC.

To learn more about how young people experience microaggressions, watch this video, in which college students share their personal stories related to this issue.



Video 8.2.1.13: "Microaggressions in the Classroom." (Close-captioning and other YouTube settings will appear once the video starts.) (Fair Use; Focused.Arts.Media.Education. via YouTube)

What's the Impact on BIPOC?

Pervasive implicit bias and microaggressions do more than simply cause BIPOC to "feel bad." Constant exposure to racism in both implicit and explicit forms can have cumulative and serious impacts on BIPOC. Researchers are only now beginning to identify and understand some of these impacts. For example, scientists have begun linking prolonged racism-related stress to racial health disparities such as differences in maternal mortality rates between Black and white women. Other racial health disparities, such as differing rates of asthma and diabetes across racial groups, may also be linked to the stress impact of racism. Stress hormones, while harmless in small doses, are toxic with prolonged exposure, and can cause permanent damage to the nervous, cardiovascular, immune, and endocrine systems.

In addition to health disparities, the so-called "racial achievement gap" in education has also been attributed at least in part to the presence of implicit bias, stereotypes, and microaggressions. In the 1990s, psychologists Claude Steele and Joshua Aronson provided empirical evidence for the impact of stereotype threat (discussed earlier as understood by critical race theory in Chapter 2.2) on academic performance. The idea behind stereotype threat is that awareness of negative stereotypes about one's racial group raises stress and self-doubt among students, who then perform worse. Over two decades of data show that stereotype threat is common and consequential. For a summary of this phenomenon and related studies, read the American Psychological Association's "Research in Action" page.

In her research, Dr. Patricia F. Katopol looks at the impact of stereotype threat on the use of library reference services by BIPOC, specifically African American college students at primarily white institutions. Katopol argues that stereotype threat may be an element of information anxiety – an element that leads many Black students to attempt to find all of the information they need on their own rather than having to interact with librarians who they perceive as judging them. To learn more about stereotype threat in library settings, read her article Avoiding the Reference Desk: Stereotype Threat in Library Leadership & Management, an open-source journal.

In each of these cases, current research is challenging our notions of cause and effect when it comes to implicit bias, stereotypes, racism, and life outcomes. Rather than attributing the causes of disparate life outcomes to inherent racial differences, this research asks us to consider racism itself as the cause. Kendi (2020) detests the use of the word "microaggression," as he argues it is actually racist abuse (racism) and should be labeled as such.

Key Takeaways

- Social-psychological explanations of prejudice emphasize authoritarian personalities and frustration, while sociological explanations emphasize social learning and group threat.
- Education and region of residence are related to racial prejudice among whites; prejudice is higher among whites with lower levels of formal education and among whites living in the South.
- Jim Crow racism has been replaced by symbolic or modern racism that emphasizes the cultural inferiority of people of color.
- Racial prejudice among whites is linked to certain views they hold about public policy. Prejudice is associated with lower support among whites for governmental efforts to help people of color and with greater support for a more punitive criminal justice system.
- Implicit biases, microaggressions, and stereotypes are interrelated concepts. Implicit biases are developed through exposure to stereotypes and other forms of misinformation over time. These implicit biases can then lead well-intentioned people to commit microaggressions against people of color, Native people, and others with marginalized identities.

Think About it

1. Think about the last time you heard someone say a remark that was racially prejudiced. What was said? What was your reaction?

Contributors and Attributions

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- Rodriguez, Lisette. (Long Beach City College)
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8.2.3: Discrimination

Discrimination

Often racial and ethnic prejudice leads to discrimination against the subordinate racial and ethnic groups in a given society. **Discrimination** in this context refers to the arbitrary denial of rights, privileges, and opportunities to members of these groups. The use of the word arbitrary emphasizes that these groups are being treated unequally not because of their lack of merit but because of their race and ethnicity.

Usually prejudice and discrimination go hand-in-hand, but Robert Merton (1949) stressed this is not always so. Sometimes we can be prejudiced and not discriminate, and sometimes we might not be prejudiced and still discriminate. Table 4.3.1 illustrates his perspective. The top-left cell and bottom-right cell consist of people who behave in ways we would normally expect. The top-left one consists of "active bigots," in Merton's terminology, people who are both prejudiced and discriminatory. An example of such a person is the white owner of an apartment building who dislikes people of color and refuses to rent to them. The bottom-right cell consists of "all-weather liberals," as Merton called them, people who are neither prejudiced nor discriminatory. An example would be someone who holds no stereotypes about the various racial and ethnic groups and treats everyone the same regardless of her or his background.

Table 8.2.3.1: Robert Merton's view on the levels of discrimination. (Adapted from Merton, R. K. (1949). Discrimination and the American creed. In R. M. MacIver (Ed.), Discrimination and national welfare (pp. 99–126). New York, NY: Institute for Religious Studies.)

	Prejudiced?	
	Yes	No
Discriminates?		
Yes	Active bigots	Fair-weather liberals
No	Timid bigots	All-weather liberals

The remaining two cells of Table 4.3.1 are the more unexpected ones. On the bottom left, we see people who are prejudiced but who nonetheless do not discriminate; Merton called them "timid bigots." An example would be white restaurant owners who do not like people of color but still serve them anyway because they want their business or are afraid of being sued if they do not serve them. At the top right, we see "fair-weather liberals," or people who are not prejudiced but who still discriminate. An example would be white store owners in the South during the segregation era who thought it was wrong to treat Blacks worse than whites but who still refused to sell to them because they were afraid of losing white customers.

Explaining Racial and Ethnic Inequality

Biological Inferiority

As discussed in Chapter 1.2, one long-standing (racist) explanation is that Blacks and other people of color are biologically inferior: They are naturally less intelligent and have other innate flaws that keep them from getting a good education and otherwise doing what needs to be done to achieve the American Dream. As discussed earlier, this racist view is no longer common today. However, whites historically used this belief to justify slavery, lynchings, the harsh treatment of Native Americans in the 1800s, and lesser forms of discrimination. In 1994, Richard J. Herrnstein and Charles Murray revived this view in their controversial book, The Bell Curve (Herrnstein & Murray, 1994), in which they argued that the low IQ scores of African Americans, and of poor people more generally, reflect their genetic inferiority in the area of intelligence. African Americans' low innate intelligence, they said, accounts for their poverty and other problems. Although the news media gave much attention to their book, few scholars agreed with its views, and many condemned the book's argument as a racist way of "blaming the victim" (Gould, 1994).

Cultural Deficiencies

Another explanation of racial and ethnic inequality focuses on supposed cultural deficiencies of African Americans and other people of color (Murray, 1984). These deficiencies include a failure to value hard work and, for African Americans, a lack of strong family ties, and are said to account for the poverty and other problems facing these minorities. As we saw earlier, more than half of non-Latino whites think that Blacks' poverty is due to their lack of motivation and willpower. Ironically some scholars find

support for this cultural deficiency view in the experience of many Asian Americans, whose success is often attributed to their culture's emphasis on hard work, educational attainment, and strong family ties (Min, 2005). If that is true, these scholars say, then the lack of success of other people of color stems from the failure of their own cultures to value these attributes.

How accurate is the cultural deficiency argument? Whether people of color have "deficient" cultures remains hotly debated (Bonilla-Silva, 2009). Many social scientists find little or no evidence of cultural problems in minority communities and say the belief in cultural deficiencies is an example of symbolic racism that blames the victim. Citing survey evidence, they say that poor people of color value work and education for themselves and their children at least as much as wealthier white people do (Holland, 2011; Muhammad, 2007). Yet other social scientists, including those sympathetic to the structural problems facing people of color, believe that certain cultural problems do exist, but they are careful to say that these cultural problems arise out of the structural problems. For example, Elijah Anderson (1999) wrote that a "street culture" or "oppositional culture" exists among African Americans in urban areas that contributes to high levels of violent behavior, but he emphasized that this type of culture stems from the segregation, extreme poverty, and other difficulties these citizens face in their daily lives and helps them deal with these difficulties. Thus even if cultural problems do exist, they should not obscure the fact that structural problems are responsible for the cultural ones.

Structural Problems

A third explanation for US racial and ethnic inequality is based in conflict theory and reflects the blaming-the-system approach. This view attributes racial and ethnic inequality to structural problems, including institutional and individual discrimination, a lack of opportunity in education and other spheres of life, and the absence of jobs that pay an adequate wage (Feagin, 2006). Segregated housing, for example, prevents African Americans from escaping the inner city and from moving to areas with greater employment opportunities. Employment discrimination keeps the salaries of people of color much lower than they would be otherwise. The schools that many children of color attend every day are typically overcrowded and underfunded. As these problems continue from one generation to the next, it becomes very difficult for people already at the bottom of the socioeconomic ladder to climb up it because of their race and ethnicity.

Individual Discrimination

The discussion so far has centered on **individual discrimination**, or discrimination that individuals practice in their daily lives, usually because they are prejudiced but sometimes even if they are not prejudiced. Individual discrimination is common, as Joe Feagin (1991), a former president of the American Sociological Association, found when he interviewed middle-class African Americans about their experiences. Many of the people he interviewed said they had been refused service, or at least received poor service, in stores or restaurants. Others said they had been harassed by the police, and even put in fear of their lives, just for being Black. Feagin concluded that these examples are not just isolated incidents but rather reflect the larger racism that characterizes US society.



Figure 8.2.3.2: In February 2012, neighborhood watch volunteer George Zimmerman fatally shot 17-year-old Trayvon Martin as Martin was walking back from a 7-Eleven carrying some Skittles and iced tea. (CC BY-SA 2.0; Michael Fleshman via Flickr)

To many observers, the fatal shooting of Trayvon Martin in February 2012 was a deadly example of individual discrimination. Martin, a 17-year-old African American, was walking in a gated community in Sanford, Florida, as he returned from a 7-Eleven with a bag of Skittles and some iced tea. An armed neighborhood watch volunteer, George Zimmerman, called 911 and said Martin looked suspicious. Although the 911 operator told Zimmerman not to approach Martin, Zimmerman did so anyway; within minutes Zimmerman shot and killed the unarmed Martin and later claimed self-defense. According to many critics of this incident, Martin's only "crime" was "walking while Black." As an African American newspaper columnist observed, "For every Black man in America, from the millionaire in the corner office to the mechanic in the local garage, the Trayvon Martin tragedy is personal. It could have been me or one of my sons. It could have been any of us" (Robinson, 2012).

Much individual discrimination occurs in the workplace, as sociologist Denise Segura (Segura, 1992) documented when she interviewed 152 Mexican American women working in white-collar jobs at a public university in California. More than 40 percent of the women said they had encountered workplace discrimination based on their ethnicity and/or gender, and they attributed their treatment to stereotypes held by their employers and coworkers. Along with discrimination, they were the targets of condescending comments like "I didn't know that there were any educated people in Mexico that have a graduate degree."

Institutional Discrimination

Individual discrimination is important to address, but at least as consequential in today's world is **institutional discrimination**, or discrimination that pervades the practices of whole institutions, such as housing, medical care, law enforcement, employment, and education. This type of discrimination does not just affect a few isolated people of color. Instead, it affects large numbers of individuals simply because of their race or ethnicity. Sometimes institutional discrimination is also based on gender, disability, and other characteristics.

In the area of race and ethnicity, institutional discrimination often stems from prejudice, as was certainly true in the South during segregation. However, just as individuals can discriminate without being prejudiced, so can institutions when they engage in practices that seem to be racially neutral but in fact have a discriminatory effect. Individuals in institutions can also discriminate without realizing it. They make decisions that turn out, upon close inspection, to discriminate against people of color even if they did not mean to do so.

The bottom line is this: Institutions can discriminate even if they do not intend to do so. Consider height requirements for police. Before the 1970s, police forces around the United States commonly had height requirements, say five feet ten inches. As women began to want to join police forces in the 1970s, many found they were too short. The same was true for people from some racial/ethnic backgrounds, such as Latinos, whose stature is smaller on the average than that of non-Latino whites. Of course, even

many white males were too short to become police officers, but the point is that even more women, and even more men of certain ethnicities, were too short.

This gender and ethnic difference is not, in and of itself, discriminatory as the law defines the term. The law allows for bona fide (good faith) physical qualifications for a job. As an example, we would all agree that someone has to be able to see to be a school bus driver; sight therefore is a bona fide requirement for this line of work. Thus even though people who are blind cannot become school bus drivers, the law does not consider such a physical requirement to be discriminatory.

But were the height restrictions for police work in the early 1970s bona fide requirements? Women and members of certain ethnic groups challenged these restrictions in court and won their cases, as it was decided that there was no logical basis for the height restrictions then in effect. In short (pun intended), the courts concluded that a person did not have to be five feet ten inches to be an effective police officer. In response to these court challenges, police forces lowered their height requirements, opening the door for many more women, Latino men, and some other men to join police forces (Appier, 1998). Whether police forces back then intended their height requirements to discriminate, or whether they honestly thought their height requirements made sense, remains in dispute. Regardless of the reason, their requirements did discriminate.

Institutional discrimination affects the life chances of people of color in many aspects of life today. To illustrate this, we turn briefly to some examples of institutional discrimination that have been the subject of government investigation and scholarly research.

Health Care

People of color have higher rates of disease and illness than whites. One question that arises is why their health is worse. One possible answer involves institutional discrimination based on race and ethnicity.

Several studies use hospital records to investigate whether people of color receive optimal medical care, including coronary bypass surgery, angioplasty, and catheterization. After taking the patients' medical symptoms and needs into account, these studies find that African Americans are much less likely than whites to receive the procedures just listed. This is true when poor Blacks are compared to poor whites and also when middle-class Blacks are compared to middle-class whites (Smedley, Stith, & Nelson, 2003). In a novel way of studying race and cardiac care, one study performed an experiment in which several hundred doctors viewed videos of African American and white patients, all of whom, unknown to the doctors, were actors. In the videos, each "patient" complained of identical chest pain and other symptoms. The doctors were then asked to indicate whether they thought the patient needed cardiac catheterization. The African American patients were less likely than the white patients to be recommended for this procedure (Schulman et al., 1999).

Why does discrimination like this occur? It is possible, of course, that some doctors are racists and decide that the lives of African Americans just are not worth saving, but it is far more likely that they have unconscious racial biases that somehow affect their medical judgments. Regardless of the reason, the result is the same: African Americans are less likely to receive potentially life-saving cardiac procedures simply because they are Black. Institutional discrimination in health care, then, is literally a matter of life and death.



Figure 8.2.3.3: "Health Insurance," piggy bank image illustrating the cost of health care which many cannot afford. (CC BY-SA 2.0; 401(K) 2013 via Flickr)

It is also significant to note that the Latinx population has the highest uninsured rates of any racial or ethnic group within the United States. In 2017, the Census Bureau reported that 49.0% of Latinx had private insurance coverage, as compared to 75.4% for non-Latinx whites (United States Department of Health and Human Services, 2019). In 2017, 38.2% of all Hispanics had public health insurance coverage, as compared to 33.7% for non-Hispanic whites (ibid). Most Americans have health insurance through their employers, as the country does not ensure that all Americans have insurance. This "business as usual" practice has had a disproportionately negative impact on the Latinx population. As explained in an American Medical Association article, "the structural drivers that have led to health inequity in Latinx communities have been exacerbated by COVID-19 and have contributed to the disproportionate impact of the pandemic on these communities" (Robeznieks, 2020).

Mortgages, Redlining, and Residential Segregation

When loan officers review mortgage applications, they consider many factors, including the person's income, employment, and credit history. The law forbids them to consider race and ethnicity. Yet African Americans and Latinos are more likely than whites to have their mortgage applications declined (Blank, Venkatachalam, McNeil, & Green, 2005). Because members of these groups tend to be poorer than whites and to have less desirable employment and credit histories, the higher rate of mortgage rejections may be appropriate, albeit unfortunate.

To control for this possibility, researchers take these factors into account and in effect compare whites, African Americans, and Latinos with similar incomes, employment, and credit histories. Some studies are purely statistical, and some involve white, African American, and Latino individuals who independently visit the same mortgage-lending institutions. Both types of studies find that African Americans and Latinos are still more likely than whites with similar qualifications to have their mortgage applications rejected (Turner, Freiberg, Godfrey, Herbig, Levy, & Smith, 2002). We will probably never know whether loan officers are consciously basing their decisions on racial prejudice, but their practices still amount to racial and ethnic discrimination whether the loan officers are consciously prejudiced or not.

There is also evidence of banks rejecting mortgage applications for people who wish to live in certain urban, supposedly high-risk neighborhoods, and of insurance companies denying homeowner's insurance or else charging higher rates for homes in these same neighborhoods. Practices like these that discriminate against houses in certain neighborhoods are called **redlining**, and they also violate the law (Ezeala-Harrison, Glover, & Shaw-Jackson, 2008). Because the people affected by redlining tend to be people of color, redlining, too, is an example of institutional discrimination.



Figure 8.2.3.4: Banks have rejected mortgage applications from people who wish to live in certain urban, high-risk neighborhoods. This practice, called redlining, violates the law. (CC BY 2.0; Taber Andrew Bain via Flickr)

Mortgage rejections and redlining contribute to another major problem facing people of color: residential segregation. Housing segregation is illegal but is nonetheless widespread because of mortgage rejections and other processes that make it very difficult for people of color to move out of segregated neighborhoods and into unsegregated areas. African Americans in particular remain highly segregated by residence in many cities, much more so than is true for other people of color. The residential segregation of African Americans is so extensive that it has been termed **hypersegregation** and more generally called American apartheid (Massey & Denton, 1993).

In addition to mortgage rejections, a pattern of subtle discrimination by realtors and homeowners makes it difficult for African Americans to find out about homes in white neighborhoods and to buy them (Pager, 2008). For example, realtors may tell African American clients that no homes are available in a particular white neighborhood, but then inform white clients of available homes. The now routine posting of housing listings on the Internet might be reducing this form of housing discrimination, but not all homes and apartments are posted, and some are simply sold by word of mouth to avoid certain people learning about them.

The hypersegregation experienced by African Americans cuts them off from the larger society, as many rarely leave their immediate neighborhoods, and results in concentrated poverty, where joblessness, crime, and other problems reign. For several reasons, then, residential segregation is thought to play a major role in the seriousness and persistence of African American poverty (Rothstein, 2012; Stoll, 2008).

Employment Discrimination

Title VII of the federal Civil Rights Act of 1964 banned racial discrimination in employment, including hiring, wages, and firing. However, African Americans, Latinos, and Native Americans still have much lower earnings than whites. Several factors explain this disparity. Despite Title VII, however, an additional reason is that people of color continue to face discrimination in hiring and promotion (Hirsh & Cha, 2008). It is again difficult to determine whether such discrimination stems from conscious prejudice or from unconscious prejudice on the part of potential employers, but it is racial discrimination nonetheless.

A now-classic field experiment documented such discrimination. Sociologist Devah Pager (2003) had young white and African American men apply independently in person for entry-level jobs. They dressed the same and reported similar levels of education and other qualifications. Some applicants also admitted having a criminal record, while other applicants reported no such record. As might be expected, applicants with a criminal record were hired at lower rates than those without a record. However, in striking evidence of racial discrimination in hiring, African American applicants without a criminal record were hired at the same low rate as the white applicants with a criminal record.

Dimensions of Racial and Ethnic Inequality

Racial and ethnic inequality manifests itself in all walks of life. The individual and institutional discrimination just discussed is one manifestation of this inequality. We can also see stark evidence of racial and ethnic inequality in various government statistics.

Sometimes statistics lie, and sometimes they provide all too true a picture; statistics on racial and ethnic inequality fall into the latter category. Table 4.3.5 presents data on racial and ethnic differences in income, education, and health.

Table 8.2.3.5: Racial and ethnic differences in income, education, and health. (CC BY-NC-SA 4.0; Data from the U.S Census in Dimensions of Racial and Ethnic Inequality via Social Problems: Continuity and Change)

	White	African American	Latino	Asian	Native American
Median family income, 2010 ($)	68,818	39,900	41,102	76,736	39,664
Persons who are college educated, 2010 (%)	30.3	19.8	13.9	52.4	14.9 (2008)
Persons in poverty, 2010 (%)	9.9 (non-Latino)	27.4	26.6	12.1	28.4
Infant mortality (number of infant deaths per 1,000 births), 2006	5.6	12.9	5.4	4.6	8.

The picture presented by Table 4.3.5 is clear: US racial and ethnic groups differ dramatically in their life chances. Compared to whites, for example, African Americans, Latinos, and Native Americans have much lower family incomes and much higher rates of poverty; they are also much less likely to have college degrees. In addition, African Americans and Native Americans have much higher infant mortality rates than whites: Black infants, for example, are more than twice as likely as white infants to die.

Although Table 4.3.5 shows that African Americans, Latinos, and Native Americans fare much worse than whites, it presents a more complex pattern for Asian Americans. Compared to whites, Asian Americans have higher family incomes and are more likely to hold college degrees, but they also have a higher poverty rate. Thus many Asian Americans do relatively well, while others fare relatively worse, as just noted. Although Asian Americans are often viewed as a “model minority,” meaning that they have achieved economic success despite not being white, some Asians have been less able than others to climb the economic ladder. Moreover, stereotypes of Asian Americans and discrimination against them remain serious problems (Chou & Feagin, 2008). Even the overall success rate of Asian Americans obscures the fact that their occupations and incomes are often lower than would be expected from their educational attainment. They thus have to work harder for their success than whites do (Hurh & Kim, 1999).

The Increasing Racial/Ethnic Wealth Gap

Racial and ethnic inequality has existed since the beginning of the United States. Social scientists have warned that certain conditions have actually worsened for people of color since the 1960s (Hacker, 2003; Massey & Sampson, 2009). Recent evidence of this worsening appeared in a report by the Pew Research Center (2011), as evidenced in Figure 4.3.6. The report focused on racial disparities in wealth, which includes a family’s total assets (income, savings and investments, home equity, etc.) and debts (mortgage, credit cards, etc.). The report found that the wealth gap between white households on the one hand and African American and Latino households on the other hand was much wider than just a few years earlier, thanks to the faltering US economy since 2008 that affected Blacks more severely than whites.

According to the report, whites’ median wealth was ten times greater than Blacks’ median wealth in 2007, a discouraging disparity for anyone who believes in racial equality. By 2009, however, whites’ median wealth had jumped to twenty times greater than Blacks’ median wealth and eighteen times greater than Latinos’ median wealth. White households had a median net worth of about $113,000, while Black and Latino households had a median net worth of only $5,700 and $6,300, respectively (Figure 4.3.6). This racial and ethnic difference is the largest since the government began tracking wealth more than a quarter-century ago.

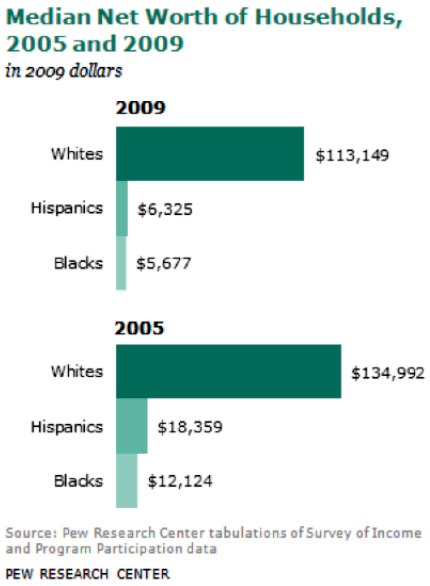


Figure 8.2.3.6: The Racial/Ethnic Wealth Gap (Median Net Worth of Households in 2009). (Used with permission; Wealth Gaps Rise to Record Highs Between whites, Blacks, Latinx. Pew Research Center, Washington, D.C. (2011))

A large racial/ethnic gap also existed in the percentage of families with negative net worth—that is, those whose debts exceed their assets. One-third of Black and Latino households had negative net worth, compared to only 15 percent of white households. Black and Latino households were thus more than twice as likely as white households to be in debt.

The Hidden Toll of Racial and Ethnic Inequality

An increasing amount of evidence suggests that being Black in a society filled with racial prejudice, discrimination, and inequality takes what has been called a "hidden toll" on the lives of African Americans (Blitstein, 2009). African Americans on the average have worse health than whites and die at younger ages. In fact, every year there are an additional 100,000 African American deaths than would be expected if they lived as long as whites do. Although many reasons probably explain all these disparities, scholars are increasingly concluding that the stress of being Black is a major factor (Geronimus et al., 2010).

In this way of thinking, African Americans are much more likely than whites to be poor, to live in high-crime neighborhoods, and to live in crowded conditions, among many other problems. As this chapter discussed earlier, they are also more likely, whether or not they are poor, to experience racial slights, refusals to be interviewed for jobs, and other forms of discrimination in their everyday lives. All these problems mean that African Americans from their earliest ages grow up with a great deal of stress, far more than what most whites experience. This stress in turn has certain neural and physiological effects, including hypertension (high blood pressure), that impair African Americans' short-term and long-term health and that ultimately shorten their lives. These effects accumulate over time: Black and white hypertension rates are equal for people in their twenties, but the Black rate becomes much higher by the time people reach their forties and fifties. As a recent news article on evidence of this "hidden toll" summarized this process, "The long-term stress of living in a white-dominated society 'weathers' Blacks, making them age faster than their white counterparts" (Blitstein, 2009, p. 48).

Although there is less research on other people of color, many Latinos and Native Americans also experience the various sources of stress that African Americans experience. To the extent this is true, racial and ethnic inequality also takes a hidden toll on members of these two groups. They, too, experience racial slights, live under disadvantaged conditions, and face other problems that result in high levels of stress and shorten their life spans.

Thinking Sociologically

1. If you have ever experienced individual discrimination, either as the person committing it or as the person affected by it, briefly describe what happened. How do you now feel when you reflect on this incident?
2. Do you think institutional discrimination occurs because people are purposely acting in a racially discriminatory manner? Why or why not?
3. Which of the three explanations of racial and ethnic inequality makes the most sense to you? Why?
4. Why should a belief in the biological inferiority of people of color be considered racist?

Key Takeaways

- People who practice racial or ethnic discrimination are usually also prejudiced, but not always. Some people practice discrimination without being prejudiced, and some may not practice discrimination even though they are prejudiced.
- Although a belief in biological inferiority used to be an explanation for racial and ethnic inequality, this belief is now considered racist.
- Cultural explanations attribute racial and ethnic inequality to certain cultural deficiencies among people of color.
- Structural explanations attribute racial and ethnic inequality to problems in the larger society, including discriminatory practices and lack of opportunity.
- Individual discrimination is common and can involve various kinds of racial slights. Much individual discrimination occurs in the workplace.
- Institutional discrimination often stems from prejudice, but institutions can also practice racial and ethnic discrimination when they engage in practices that seem to be racially neutral but in fact have a discriminatory effect.

Contributors and Attributions

- Johnson, Shaheen. (Long Beach City College)
- Rodriguez, Lisette. (Long Beach City College)
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8.2.4: Racism

Racism

The terms stereotype, prejudice, discrimination, and racism are often used interchangeably in everyday conversation, but sociologists do not view them as the same. While prejudice is not necessarily specific to race, **racism** is a doctrine of racial supremacy that sees one racial category as somehow superior or inferior to others. The Ku Klux Klan is a racist organization; its members' belief in white supremacy has encouraged over a century of hate crime and hate speech.

According to Ibram X. Kendi (2020), racism is a marriage of racist policies and racist ideas that produces and normalizes racial inequities. Kendi defines a **racist** as someone who is supporting a racist policy through their actions or inaction or expressing a racist idea. Further, **racial inequity** is defined as when two or more race-ethnic groups are not standing on equal footing - which is a result of racist policies or ideas (Kendi, 2020). For Kendi, the polar of a racist is an **anti-racist**, one who is supporting an anti-racist policy through their actions or expressing an anti-racist idea. To say that one is not racist is a hollow statement as it is devoid of action. In Chapter 12.1, equity is further explained, but like anti-racism, it requires action to counter racial inequities.

Institutional racism refers to the way in which racism is embedded in the fabric of society. For example, the disproportionate number of Black men arrested, charged, and convicted of crimes may reflect racial profiling, a form of institutional racism. (At the end of this section, various types of racism are further defined, with examples).

Sociologists, in general, recognize "race" as a social construct. This means that, although the concepts of race and racism are based on observable biological characteristics, any conclusions drawn about race on the basis of those observations are heavily influenced by cultural ideologies. Racism, as an ideology, exists in a society at both the individual and institutional level.

While much of the research and work on racism during the last half-century or so has concentrated on "white racism" in the Western world, historical accounts of race-based social practices can be found across the globe. Kendi reminds us though that a person of any race-ethnic background could be racist. Racism can be broadly understood to encompass individual and group prejudices and acts of discrimination that result in material and cultural advantages conferred on a majority or a dominant social group. So-called "white racism" focuses on societies in which white populations are the majority or the dominant social group. In studies of these majority white societies, the aggregate of material and cultural advantages is usually termed "white privilege."

Racism in the United States traces the attitudes, laws, practices and actions which discriminate against various groups in the United States based on their race or ethnicity; while most white Americans enjoy legally or socially sanctioned privileges and rights which have at various times been denied to members of other ethnic or minority groups. European Americans, particularly affluent white Anglo-Saxon Protestants, are said to have enjoyed advantages in matters of education, immigration, voting rights, citizenship, land acquisition, bankruptcy, and criminal procedure throughout United States history.

Racism against various ethnic or minority groups has existed in the United States since the colonial era. African Americans in particular have faced restrictions on their political, social, and economic freedoms throughout much of United States history. Native Americans have suffered genocide, forced removals, and massacres, and they continue to face discrimination. In addition, East, South, and Southeast Asians along with Pacific Islanders have also been discriminated against. Hispanics have continuously experienced racism in the United States despite the fact that many of them have European ancestry. Middle Eastern groups such as Jews, Arabs, and Iranians continuously face discrimination in the United States, and as a result, some people who belong to these groups do not identify as, and are not perceived to be, white.



Figure 8.2.4.1: A man holding sign during Iranian hostage crisis protest in 1979. (CC PDM 1.0; Library of Congress (Marion S. Trikosko) via Wikimedia)

Racism has manifested itself in a variety of ways, including genocide, slavery, segregation, Native American reservations, Native American boarding schools, immigration and naturalization laws, and internment camps. Formal racial discrimination was largely banned by the mid-20th century and over time, coming to be perceived as being socially and morally unacceptable. Racial politics remains a major phenomenon, and racism continues to be reflected in socioeconomic inequality. In recent years research has uncovered extensive evidence of racial discrimination in various sectors of modern U.S. society, including the criminal justice system, business, the economy, housing, health care, the media, and politics. In the view of the United Nations and the U.S. Human Rights Network, "discrimination in the United States permeates all aspects of life and extends to all communities of color."

Anti-Middle Eastern Sentiment

Anti-Middle Eastern sentiment is feelings and expression of hostility, hatred, discrimination, or prejudice towards the Middle East and its culture, and towards persons based on their association with the Middle East and Middle Eastern culture.

Anti-Middle Eastern racism has a long history in the United States, although it had generally been limited to Jews until recent decades. It is suggested by Leo Rosten that as soon as they left the boat, Jews were subject to racism from the port immigration authorities. The derogatory term kike was adopted when referring to Jews (because they often could not write so they may have signed their immigration papers with circles – or kikel in Yiddish). In early films, such as Cohen's Advertising Scheme (1904, silent), Jews were stereotyped as "scheming merchants," often with exaggerated West Asian racial features such as big, hooked noses, big lips, small eyes, black curly hair, and olive and/or brown-colored skin.

From the 1910s, Southern Jewish communities were attacked by the Ku Klux Klan, who objected to Jewish immigration, and often used "The Jewish Banker" in their propaganda. In 1915, Leo Frank was lynched in Georgia after being convicted of rape and sentenced to death (his punishment was commuted to life imprisonment). The second Ku Klux Klan, which grew enormously in the early 1920s by promoting "100% Americanism", focused its hatred on Jews, as well as Catholics and African Americans.

In 1993, the American-Arab Anti-Discrimination Committee confronted The Walt Disney Company about anti-Arab racist content in its animated film *Aladdin*. At first, Disney denied any problems but eventually relented and changed two lines in the opening song. Members of the ADC were still unhappy with the portrayal of Arabic characters and the referral to the Middle East as "barbaric".

Figure 8.2.4.2: Iranian Revolution anniversary 2017. (CC BY 4.0; Mohammad Hassanzadeh via Wikimedia)

Since 9/11, anti-Middle Eastern racism has risen dramatically. A man in Houston, Texas, who was shot and wounded after an assailant accused him of "blowing up the country", and four immigrants shot and killed by a man named Larme Price, who confessed to killing them as revenge for the September 11 attacks. Price said he was motivated by a desire to kill people of Arab descent after the attacks. Although Price described his victims as Arabs, only one was from an Arab country. This appears to be a trend; because of stereotypes of Arabs, several non-Arab, non-Muslim groups were subjected to attacks in the wake of 9/11,

including several Sikh men attacked for wearing their religiously-mandated turban. Price's mother, Leatha Price, said that her son's anger at Arabs was a matter of mental illness, not ethnic hatred.

A 2007 survey by the Anti-Defamation League (ADL) concluded that 15% of Americans hold anti-Semitic views, which was in-line with the average of the previous ten years, but a decline from the 29% of the early sixties (The Marttila Communications Group). The survey concluded that education was a strong predictor, "with most educated Americans being remarkably free of prejudicial views" (Ibid). The belief that Jews have too much power was considered a common anti-Semitic view by the ADL. Other views indicating anti-Semitism, according to the survey, include the view that Jews are more loyal to Israel than America, and that they are responsible for the death of Jesus of Nazareth. The survey found that anti-Semitic Americans are likely to be intolerant generally, e.g. regarding immigration and free-speech. The 2007 survey also found that 29% of foreign-born Hispanics and 32% of African-Americans hold strong anti-Semitic beliefs, three times more than the 10% for whites. A 2009 study published in Boston Review found that nearly 25% of non-Jewish Americans blamed Jews for the financial crisis of 2007–2008, with a higher percentage among Democrats than Republicans; 32% of Democrats blamed Jews for the financial crisis, versus 18% for Republicans.

Anti-Asian Sentiment

Asian Americans, including those of East Asian, South Asian, and Southeast Asian descent, have experienced racism since the first major groups of Chinese immigrants arrived in America. The Naturalization Act of 1790 made Asians ineligible for citizenship. First-generation immigrants, children of immigrants, and Asians adopted by non-Asian families are still impacted by discrimination. During the Industrial Revolution in the United States, labor shortages in the mining and rail industries were prevalent. Chinese immigrant labor was often used to fill this gap, most notably with the construction of the First Transcontinental Railroad, leading to large-scale Chinese immigration. These Chinese immigrants were seen as taking the jobs of whites for cheaper pay, and the phrase Yellow Peril, which predicted the demise of Western Civilization as a result of Chinese immigrants, gained popularity.

In 1871, one of the largest lynchings in American history was committed against Chinese immigrants in Los Angeles, California. It would go on to become known as the Chinese massacre of 1871. The 1879 Constitution of the California prohibited the employment of Chinese people by state and local governments, as well as by businesses that were incorporated in California. Also, the 1879 constitution delegated power to local governments in California to remove Chinese people from within their borders. The federal Chinese Exclusion Act of 1882 banned immigration of Chinese labourers for ten years after thousands of Chinese immigrants had come to the American West. Several mob attacks against Chinese people took place, including the Rock Springs massacre of 1885 in Wyoming in which at least 28 Chinese miners were killed and 15 injured, and the Hells Canyon massacre of 1887 in Oregon where 34 Chinese miners were killed.

Recently, the COVID-19 pandemic, which started in the city of Wuhan, Hubei, China, in December 2019, has led to an increase in acts and displays of sinophobia as well as prejudice, xenophobia, discrimination, violence, and racism against people of East Asian, North Asian and Southeast Asian descent and appearance around the world. With the spread of the pandemic and formation of hotspots, such as those in Asia, Europe, and the Americas, discrimination against people from these hotspots has been reported.



Figure 8.2.4.3: "Unexpected meeting" (CC BY 2.0: Go-tea 郭天 via Flickr)

According to a June 2020 Pew Research study, 58% of Asian Americans and 45% of African Americans believe that racist views toward them had increased since the pandemic. There were a few thousand incidences of xenophobia and racism against Asian Americans between 28 January and 24 February 2020, according to a tally compiled by Russell Jeung, professor of Asian American Studies at San Francisco State University. An online reporting forum called "Stop AAPI Hate" recorded "650 direct reports of discrimination against primarily Asian Americans" between 18 and 26 March 2020, this later increased to 1,497 reports by 15 April 2020, and most targets were of Chinese (40%) and Korean (16%) descents. According to a WHYY-FM report (21 April 2020), incidents of anti-Asian racism, including discrimination, racial slurs and violent attacks, especially towards Chinese Americans, were caused both by white Americans and African-Americans; most cases remain unreported to the authorities.

Former U.S. President Donald Trump frequently referred to COVID-19 as the "Chinese Virus" and the "China Virus" in an attempt to point to its origin, a term considered to be anti-Chinese and racist. He later argued this was "not racist at all" after lawmakers including Elizabeth Warren raised objections about the statement. Trump also stated on Twitter, on 23 March 2020, that the coronavirus was not Asian Americans' fault and their community should be protected. Trump brushed off the alleged use of the derogatory term "Kung Flu" by a White House official to refer to COVID-19 when asked by a reporter during a media session on 18 March 2020. Eventually he pulled back on the "Chinese Virus" name due to Asian communities facing increased number of

racist taunts and incidents as the illness spread across the U.S. however, at his Tulsa, Oklahoma rally on 20 June, Trump referred to the virus as "Kung Flu." On 14 March 2020, more than 200 civil rights groups in the United States demanded that the House of Representatives and Senate leadership publicly denounce the growing amount of anti-Asian racism related to the pandemic and take "tangible steps to counter the hysteria" around the coronavirus, offering the passage of a joint resolution denouncing the racism and xenophobia as one solution.

Types of Racism

A general definition of racism has been provided above. Yet, in reality, sociologists have identified multiple types of racism, which are defined and described below. The analysis of these different types of racism provides more depth and complexity which can help to better diagnose, critically analyze, and potentially remedy racism.

Thinking Sociologically

Color-blind racism is defined as the use of race-neutral principles to defend the racially unequal status quo. While a mainstream definition of color-blindness suggests that race or racial classification does not affect a person's life chances or opportunities, sociologists such as Bonilla-Silva argues that this more subtle form of racism ignores race and structural racism and is the dominant ideology in the U.S. Yet, as shown below structural racism permeates every aspect of our lives, and color blind racism ignores the structural inequalities that disproportionately affect people of color.

- Example: "We are all equal" and "race doesn't matter" are phrases uttered and may sound but, but in reality these phrases ignore structural problems such as the prison industrial complex, poverty, the wealth gap, and educational inequailties - all of which hamper the life chances of people of color which means we do not all have equal chances.
- How can we reach a point where our differences are acknowledged and even celebrated or where are unequal life experiences are understood as real?

Environmental racism: Structurally analogous to environmental sexism, environmental racism involves a conceptual association between people of color and nature that marks their dual subordination (Bullard, 1983). Environmental racism is seen in the deliberate targeting of communities of color for toxic waste disposal and the siting of polluting industries(Ibid). It is racial discrimination in the official sanctioning of the life-threatening presence of poisons and pollutants in communities of color (Ibid). And, it is racial discrimination in the history of excluding people of color from the mainstream environmental groups, decision-making boards, commissions, and regulatory bodies (Ibid).

- Example: Government-sanctioned lead-contaminated drinking water in Flint, Michigan, disproportionately impacting the African-American population.
- What race-ethnic representation exists in your local, appointed and elected municipalities (government), including those that regulate water and air pollution? What environmental groups exist in your community to provide checks on these governing boards, particularly with regards to the communities populated by people of color?

Ideological racism: An ideology that considers a groups' unchangeable physical characteristics to be linked in a direct, causal way to psychological or intellectual characteristics and that, on this basis, distinguishes between superior and inferior groups (Feagin & Feagin, 1998).

- Example: The justification of slavery as "saving" Africans from their homeland's "primitive culture;" Manifest Destiny that purported Euro-Americans God-given rights to the lands in the eastern United States at the expense of Native Americans who were symbolized as "savages;" former President Trump's statements on the campaign trail linking Mexicans to rapists and criminals.
- How can the stereotypes that shape ideological racism be challenged or changed - on an individual level, in our families, in the media, and in society at large?

Internalized racism: Members of the target group are emotionally, physically, and spiritually battered to the point that they begin to actually believe that their oppression is deserved, is their lot in life, is natural and right, and that it doesn't even exist (Yamato, 2004).

- Example: A person of color who hates their skin color and wishes to marry out of their race-ethnic group so their children will be of lighter complexion. Another example: the root of the alcohol problem in Indigenous communities can be traced to the effects of colonization, internalizing the colonizer's message (i.e. American Indians are inferior or "savage").

- In some communities and families, internalized racism has been in the works over centuries. What types of mental health supports exist in your communities or schools that may serve to address internalized racism?

Inter-group or inter-personal racism: This is the racism that occurs between individuals or groups; it is the holding of negative attitudes towards a different race or culture (Safe Places for the Advancement of Community and Equity). Interpersonal racism often follows a victim/perpetrator model (Ibid). Within poor communities, ignorance and suspicion of groups or individuals of a different race-ethnic background may result in tension between various race-ethnic groups.

- Example: In urban spaces such as Los Angeles, Long Beach, Chicago, New York City, poor Latinx, Asian, and African American gangs fight each other rather than the capitalist system that perpetuates class inequalities.
- Can you identify examples of multiracial coalitions in your community? One such multiracial collective is Californians for Justice, located in Oakland, San Jose, Fresno, and Long Beach, which is a statewide youth-powered organization fighting for racial justice, particularly in our public schools.

Intra-group racism: Racist attitudes and behaviors against people of your "same racial group." Colorism is a type of intra-group racism which is the ranking or judgment of individuals based on skin tone (Schaefer, 2019).

- Example: A light-skinned person of color who evaluates a dark-skinned person of color as inferior; a wealthy person of any particular "race" who speaks pejoratively of less financially wealthy individuals in their "race."
- Have you ever experienced colorism in your family, community, or social media? How did you respond to this colorism, or how could have you responded to it?

Modern racism: White beliefs that serious anti-Black (or anti-Mexican, anti-Arab, anti-Asian, etc.) discrimination does not exist today and that African Americans (or other communities of color) are making illegitimate demands for social changes. (Feagin & Feagin, 1998). This type of racism may be understood as color-blind racism.

- Example: One white male (David C.) in the film, The Color of Fear, was sure he was not racist at all and sure that racism is a thing of the past and only a figment in the imagination of the minds of African Americans, Latinos, Asian Americans, Pacific Islanders, Native Americans, etc.



Video 8.2.4.4: The Color of Fear Trailer. (Close-captioning and other YouTube settings will appear once the video starts.) (Fair Use; StirFry Seminars & Consulting via YouTube)

- In this film, through dialoguing with other men of color and white men, David C. barely begins to understand white privilege and the systems of power that oppress people of color. Another male featured in the film, Roberto, acknowledges that unmasking white privilege is painful, as he proclaims,"The cure of the pain is in the pain." How would you respond to someone who proclaims that racism is not real, but is rather an illusion or a figment of one's imagination?

Structural racism/Systemic racism: A shorthand term for the many systemic factors that work to produce and maintain racial inequities in America today. These are aspects of our history and culture that allow the privileges associated with "whiteness" and the disadvantages associated with "color" to remain deeply embedded within the political economy. Public policies, institutional practices and cultural representations contribute to structural racism by reproducing outcomes that are racially inequitable. (The Aspen Institute)

- Example: The criminal justice system contributes to systemic racism through over-policing of communities of color, disproportionate police brutality experienced by people of color, and disproportionate mass incarceration of Black men.
- The Summer 2020 protests called to dismantle systemic racism in this country, particularly in policing. What do you think needs to happen to rid this country of system racism that is evident in our laws, schooling, mass media, criminal justice system, political representation, employment patterns, etc.?

Subtle, covert racism: Hidden, camouflaged, pernicious racism.

- Example: Merriam-Webster's Dictionary definitions of racially-coded labels such as Black, minority, and savage all contain derogatory meanings.
- What do you think is more harmful to our society: overt (obvious) racism or subtle, covert racism? While laws may address overt racism such as hate crimes, addressing covert racism may be far more challenging. How might we raise children in a way to prevent subtle, covert racism?

Contributors and Attributions

- Johnson, Shaheen. (Long Beach City College)
- Rodriguez, Lisette. (Long Beach City College)
- Hund, Janét. (Long Beach City College)
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- List of incidents of xenophobia and racism related to the COVID-19 pandemic (Wikipedia) (CC BY-SA 3.0)

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8.3: Reducing Discrimination

Learning Objectives

- Review the causes of discrimination and the ways that we can reduce it.
- Summarize the conditions under which intergroup contact does or does not reduce prejudice and discrimination.

We have seen that social categorization is a basic part of human nature and one that helps us to simplify our social worlds, to draw quick (if potentially inaccurate) conclusions about others, and to feel good about ourselves. In many cases, our preferences for ingroups may be relatively harmless—we may prefer to socialize with people who share our race or ethnicity, for instance, but without particularly disliking the others. But categorizing others may also lead to prejudice and discrimination, and it may even do so without our awareness. Because prejudice and discrimination are so harmful to so many people, we must all work to get beyond them.

Discrimination influences the daily life of its victims in areas such as employment, income, financial opportunities, housing and educational opportunities, and medical care. Discrimination has been blamed for the large percentage of Blacks living in poverty and for their lack of access to high-paying jobs (Williams & Rucker, 1996). Blacks have higher mortality rates than Whites for 8 of the 10 leading causes of death in the United States (Williams, 1999) and have less access to and receive poorer-quality health care, even controlling for other variables such as level of health insurance. Suicide rates among lesbians and gays are substantially higher than rates for the general population, and it has been argued that this in part due to the negative outcomes of prejudice, including negative attitudes and resulting social isolation (Halpert, 2002). And in some rare cases, discrimination even takes the form of hate crimes such as gay bashing.

More commonly, members of minority groups also face a variety of small hassles, such as bad service in restaurants, being stared at, and being the target of jokes (Swim, Hyers, Cohen, Fitzgerald, & Bylsma, 2003). But even these everyday “minor” forms of discrimination can be problematic because they may produce anger and anxiety among stigmatized group members and may lead to stress and other psychological problems (Klonoff, Landrine, & Campbell, 2000; Klonoff, Landrine, & Ullman, 1999). Stigmatized individuals who report experiencing more exposure to discrimination or other forms of unfair treatment also report more depression, anger, and anxiety and lower levels of life satisfaction and happiness (Swim, Hyers, Cohen, & Ferguson, 2001).

Of course most of us do try to keep our stereotypes and our prejudices out of mind, and we work hard to avoid discriminating (Richeson & Shelton, 2007). But even when we work to keep our negative beliefs under control, this does not mean that they easily disappear. Neil Macrae and his colleagues (Macrae, Bodenhausen, Milne, & Jetten, 1994) asked British college students to write a paragraph describing a skinhead (a member of a group that is negatively stereotyped in England). One half of the participants were asked to be sure to not use their stereotypes when they were judging him, whereas the other half simply wrote whatever came to mind. Although the participants who were asked to suppress their thoughts were able to do it, this suppression didn’t last very long. After they had suppressed their stereotypes, these beliefs quickly popped back into mind, making it even more likely that they would be used immediately later.

But stereotypes are not always and inevitably activated when we encounter people from other groups. We can and we do get past them, although doing so may take some effort on our part (Blair, 2002). There are a number of techniques that we can use to try to improve our attitudes toward outgroups, and at least some of them have been found to be effective. Kawakami, Dovidio, Moll, Hermsen, and Russin (2000) found that students who practiced responding in nonstereotypical ways to members of other groups became better able to avoid activating their negative stereotypes on future occasions. And a number of studies have found that we become less prejudiced when we are exposed to and think about group members who have particularly positive or nonstereotypical characteristics. For instance, Blair, Ma, and Lenton (2001) asked their participants to imagine a woman who was “strong” and found that doing so decreased stereotyping of women. Similarly, Bodenhausen, Schwarz, Bless, and Wanke (1995) found that when White students thought about positive Black role models—such as Oprah Winfrey and Michael Jordan—they became less prejudiced toward Blacks.

Reducing Discrimination by Changing Social Norms

One variable that makes us less prejudiced is **education**. People who are more educated express fewer stereotypes and prejudice in general. This is true for students who enroll in courses that are related to stereotypes and prejudice, such as a course on gender and ethnic diversity (Rudman, Ashmore, & Gary, 2001), and is also true more generally—education reduces prejudice, regardless of what particular courses you take (Sidanius, Sinclair, & Pratto, 2006).

The effects of education on reducing prejudice are probably due in large part to the new **social norms** that people are introduced to in school. **Social norms** define what is appropriate and inappropriate, and we can effectively change stereotypes and prejudice by changing the relevant norms about them. Jetten, Spears, and Manstead (1997) manipulated whether students thought that the other members of their university favored equal treatment of others or believed that others thought it was appropriate to favor the ingroup. They found that perceptions of what the other group members believed had an important influence on the beliefs of the individuals themselves. The students were more likely to show ingroup favoritism when they believed that the norm of their ingroup was to do so, and this tendency was increased for students who had high social identification with the ingroup.

Sechrist and Stangor (2001) selected White college students who were either high or low in prejudice toward Blacks and then provided them with information indicating that their prejudiced or unprejudiced beliefs were either shared or not shared by the other students at their university. Then the students were asked to take a seat in a hallway to wait for the next part of the experiment. A Black confederate was sitting in one seat at the end of the row, and the dependent measure was how far away the students sat from her.

As you can see in Figure 12.8, high prejudice students who learned that other students were also prejudiced sat farther away from the Black confederate in comparison with high prejudice individuals who were led to believe that their beliefs were not shared. On the other hand, students who were initially low in prejudice and who believed these views were shared sat closer to the Black confederate in comparison with low prejudice individuals who were led to believe that their beliefs were not shared. These results demonstrate that our perceptions of relevant social norms can strengthen or weaken our tendencies to engage in discriminatory behaviors.

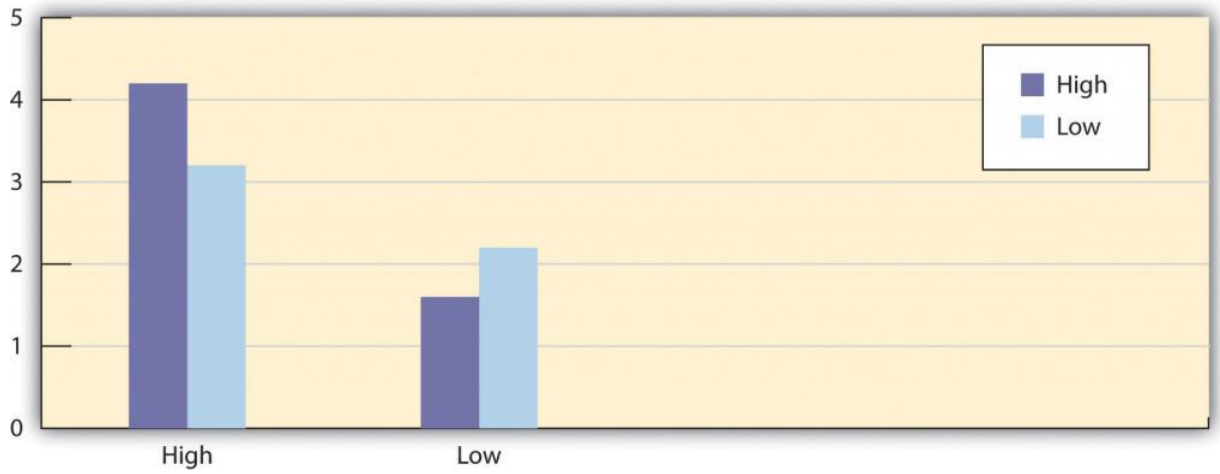


Figure 12.8 The Role of Norms in Intergroup Behavior

White college students who were low in prejudice toward Blacks sat closer to the Black confederate when they had been told that their beliefs were shared with other group members at their university. On the other hand, White college students who were high in prejudice sat farther away from the Black confederate when they had been told that their beliefs were shared with other group members at their university. Data are from Sechrist and Stangor (2001).

The influence of social norms is powerful, and long-lasting changes in beliefs about outgroups will occur only if they are supported by changes in social norms. Prejudice and discrimination thrive in environments in which they are perceived to be the norm, but they die when the existing social norms do not allow it. And because social norms are so important, the behavior of individuals can help create or reduce prejudice and discrimination. Discrimination, prejudice, and even hate crimes such as gay bashing will be more likely to continue if people do not respond to or confront them when they occur.

What this means is that if you believe that prejudice is wrong, you must confront it when you see it happening. Czopp, Monteith, and Mark (2006) had White participants participate in a task in which it was easy to unintentionally stereotype a Black person, and as a result, many of the participants did so. Then, confederates of the experimenter confronted the students about their stereotypes, saying things such as “Maybe it would be good to think about Blacks in other ways that are a little more fair?” or “It just seems that you sound like some kind of racist to me. You know what I mean?” Although the participants who had been confronted experienced negative feelings about the confrontation and also expressed negative opinions about the person who confronted them, the confrontation did work. The students who had been confronted expressed less prejudice and fewer stereotypes on subsequent tasks than did the students who had not been confronted.

As this study concluded, taking steps to reduce prejudice is everyone's duty—having a little courage can go a long way in this regard. Confronting prejudice can lead other people to think that we are complaining and therefore to dislike us (Kaiser & Miller, 2001; Shelton & Stewart, 2004), but confronting prejudice is not all negative for the person who confronts. Although it is embarrassing to do so, particularly if we are not completely sure that the behavior was in fact prejudice, when we fail to confront, we may frequently later feel guilty that we did not (Shelton, Richeson, Salvatore, & Hill, 2006).

Reducing Prejudice Through Intergroup Contact

One of the reasons that people may hold stereotypes and prejudices is that they view the members of outgroups as different from them. We may become concerned that our interactions with people from different racial groups will be unpleasant, and these anxieties may lead us to avoid interacting with people from those groups (Mallett, Wilson, & Gilbert, 2008). What this suggests is that a good way to reduce prejudice is to help people create closer connections with members of different groups. People will be more favorable toward others when they learn to see those other people as more similar to them, as closer to the self, and to be more concerned about them.

*The idea that **intergroup contact** will reduce prejudice*, known as the **contact hypothesis**, is simple: If children from different ethnic groups play together in school, their attitudes toward each other should improve. And if we encourage college students to travel abroad, they will meet people from other cultures and become more positive toward them.

One important example of the use of intergroup contact to influence prejudice came about as a result of the important U.S. Supreme Court case ***Brown v. Board of Education*** in 1954. In this case, the Supreme Court agreed, based in large part on the testimony of psychologists, that busing Black children to schools attended primarily by White children, and vice versa, would produce positive outcomes on intergroup attitudes, not only because it would provide Black children with access to better schools, but also because the resulting intergroup contact would reduce prejudice between Black and White children. This strategy seemed particularly appropriate at the time it was implemented because most schools in the United States then were highly segregated by race.

The strategy of busing was initiated after the Supreme Court decision, and it had a profound effect on schools in the United States. For one, the policy was very effective in changing school makeup—the number of segregated schools decreased dramatically during the 1960s after the policy was begun. Busing also improved the educational and occupational achievement of Blacks and increased the desire of Blacks to interact with Whites, for instance, by forming cross-race friendships (Stephan, 1999). Overall, then, the case of desegregating schools in the United States supports the expectation that intergroup contact, at least in the long run, can be successful in changing attitudes. Nevertheless, as a result of several subsequent U.S. Supreme Court decisions, the policy of desegregating schools via busing was not continued past the 1990s.

Although student busing to achieve desegregated schools represents one prominent example of intergroup contact, such contact occurs in many other areas as well. Taken together, there is substantial support for the effectiveness of intergroup contact in improving group attitudes in a wide variety of situations, including schools, work organizations, military forces, and public housing. Pettigrew and Tropp (2006) conducted a meta-analysis in which they reviewed over 500 studies that had investigated the effects of intergroup contact on group attitudes. They found that attitudes toward groups that were in contact became more positive over time. Furthermore, positive effects of contact were found on both stereotypes and prejudice and for many different types of contacted groups.

The positive effects of intergroup contact may be due in part to increases in other-concern. Galinsky and Moskowitz (2000) found that leading students to take the perspective of another group member—which increased empathy and closeness to the person—also reduced prejudice. And the behavior of students on college campuses demonstrates the importance of connecting with others and the dangers of not doing so. Sidanius, Van Laar, Levin, and Sinclair (2004) found that students who joined exclusive campus groups, including fraternities, sororities, and minority ethnic organizations (such as the African Student Union), were more prejudiced to begin with and became even less connected and more intolerant of members of other social groups over the time that they remained in the organizations. It appears that memberships in these groups focused the students on themselves and other people who were very similar to them, leading them to become less tolerant of others who are different.

Although intergroup contact does work, it is not a panacea because the conditions necessary for it to be successful are frequently not met. Contact can be expected to work only in situations that create the appropriate opportunities for change. For one, contact will only be effective if it provides information demonstrating that the existing stereotypes held by the individuals are incorrect. When we learn more about groups that we didn't know much about before, we learn more of the truth about them, leading us to be

less biased in our beliefs. But if our interactions with the group members do not allow us to learn new beliefs, then contact cannot work.

When we first meet someone from another category, we are likely to rely almost exclusively on our stereotypes (Brodt & Ross, 1998). However, when we get to know the individual well (e.g., as a student in a classroom learns to know the other students over a school year), we may get to the point where we ignore that individual's group membership almost completely, responding to him or her entirely at the individual level (Madon et al., 1998). Thus contact is effective in part because it leads us to get past our perceptions of others as group members and to individuate them.

When we get past group memberships and focus more on the individuals in the groups, we begin to see that there is a great deal of variability among the group members and that our global and undifferentiating group stereotypes are actually not that informative (Rothbart & John, 1985). Successful intergroup contact tends to reduce the perception of outgroup homogeneity. Contact also helps us feel more positively about the members of the other group, and this positive affect makes us like them more.

Intergroup contact is also more successful when the people involved in the contact are motivated to learn about the others. One factor that increases this motivation is *interdependence*—a state in which the group members depend on each other for successful performance of the group goals (Neuberg & Fiske, 1987). The importance of interdependence can be seen in the success of cooperative learning techniques, such as the *jigsaw classroom* (Aronson, Blaney, Stephan, Sikes, & Snapp, 1978; Aronson, 2004).

The **jigsaw classroom** is an approach *to learning in which students from different racial or ethnic groups work together, in an interdependent way, to master material*. The class is divided into small learning groups, where each group is diverse in ethnic and gender composition. The assigned material to be learned is divided into as many parts as there are students in the group, and members of different groups who are assigned the same task meet together to help develop a strong report. Each student then learns his or her own part of the material and presents this piece of the puzzle to the other members of his or her group. The students in each group are therefore interdependent in learning all the material. A wide variety of techniques, based on principles of the jigsaw classroom, are in use in many schools around the United States and the world, and research studying these approaches has found that cooperative, interdependent experiences among students from different social groups are effective in reducing negative stereotyping and prejudice (Stephan, 1999).

In sum, we can say that contact will be most effective when it is easier to get to know, and become more respectful of, the members of the other group and when the social norms of the situation promote equal, fair treatment of all groups. If the groups are treated unequally, for instance, by a teacher or leader who is prejudiced and who therefore treats the different groups differently, or if the groups are in competition rather than cooperation, there will be no benefit. In cases when these conditions are not met, contact may not be effective and may in fact increase prejudice, particularly when it confirms stereotypical expectations (Stangor, Jonas, Stroebe, & Hewstone, 1996). Finally, it is important that enough time be allowed for the changes to take effect. In the case of busing in the United States, for instance, the positive effects of contact seemed to have been occurring, but they were not happening particularly fast.

Let's consider in the next section still another way that intergroup contact can reduce prejudice—the idea that prejudice can be reduced for people who have friends who are friends with members of the outgroup—the extended-contact hypothesis.

Research Focus

The Extended-Contact Hypothesis

Although the contact hypothesis proposes that direct contact between people from different social groups will produce more positive attitudes between them, recent evidence suggests that *prejudice can also be reduced for people who have friends who are friends with members of the outgroup*, even if the individual does not have direct contact with the outgroup members himself or herself. This hypothesis is known as the *extended-contact hypothesis*. Supporting this prediction, Wright, Aron, McLaughlin-Volpe, and Ropp (1997) found in two correlational studies that college students who reported that their own friends had friends who were from another ethnic group reported more positive attitudes toward that outgroup than did students who did not have any friends who had outgroup friends, even controlling for the participants' own outgroup friendships.

Wright et al. (1997) also tested the extended-contact hypothesis experimentally. Participants were four groups of 14 students, and each group spent a whole day in the lab. On arrival, 7 participants were assigned to the "green" group, and 7 to the "blue" group, supposedly on the basis of similar interests. To create strong ingroup identity and to produce competition between the groups, the group members wore blue and green t-shirts and engaged in a series of competitive tasks. Participants then expressed their initial thoughts and feelings about the outgroup and its members.

Then, supposedly as part of an entirely different study, one participant was randomly selected from each group, and the two were taken to a separate room in which they engaged in a relationship-building task that has been shown to quickly create feelings of friendship between two strangers. Then the two members from each team were then reunited with their original groups, where they were encouraged to describe their experience with the other group member in the friendship-building task.

In the final phase, the groups then engaged in another competitive task, and participants rated their thoughts and feelings about the outgroup and its members again. As you can see in the following figure, and supporting the extended-contact hypothesis, results showed that the participants (including those who did not participate in the closeness task themselves) were more positive toward the outgroup after than before the two team members had met. This study, as well as many other studies, supports the importance of cross-group friendships in promoting favorable outgroup attitudes (Page-Gould, Mendoza-Denton, & Tropp, 2008; Shook & Fazio, 2008).

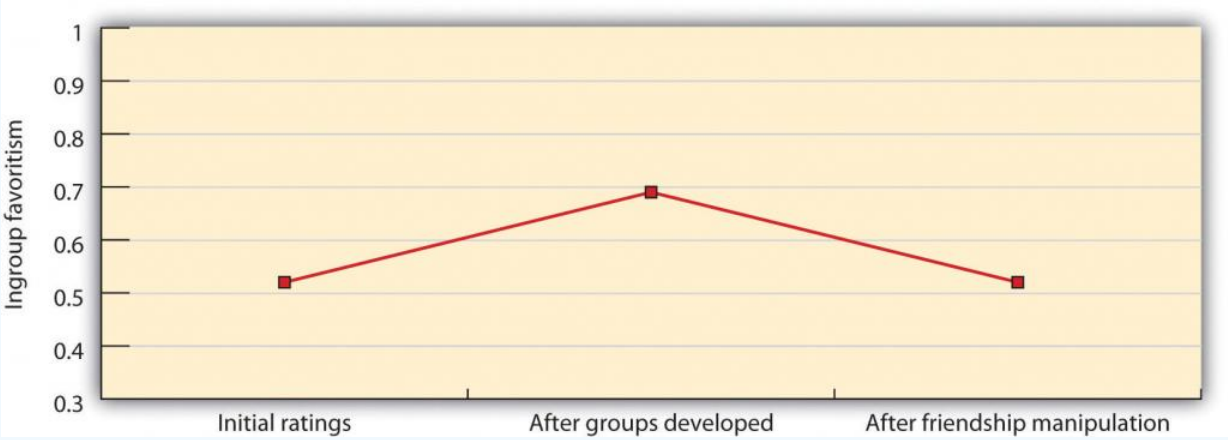


Figure 12.9 The Extended-Contact Hypothesis

This figure shows how members of the two groups, which were in competition with each other, rated each other before and after the experimental manipulation of friendship. You can see that group relationships, which were becoming more negative, changed to being more positive after the intervention. Data are from Wright, Aron, McLaughlin-Volpe, and Ropp (1997).

Moving Others Closer to Us: The Benefits of Recategorization

The research on intergroup contact suggests that although contact may improve prejudice, it may make it worse if it is not implemented correctly. Improvement is likely only when the contact moves the members of the groups to feel that they are closer to each other rather than further away from each other. In short, groups are going to have better attitudes toward each other when they see themselves more similarly to each other—when they feel more like one large group than a set of smaller groups.

This fact was demonstrated in a very convincing way in one of the most well known of all social psychological studies. In the "**Robbers' Cave Experiment,**" Sherif, Harvey, White, Hood, and Sherif (1961) studied the group behavior of 11-year-old boys at a summer camp. Although the boys did not know it, the researchers carefully observed the behaviors of the children during the camp session, with the goal of learning about how group conflict developed and how it might be resolved among the children.

During the first week of the camp, the boys were divided into two groups that camped at two different campsites. During this time, friendly relationships developed among the boys within each of the two groups. Each group developed its own social norms and group structure and became quite cohesive, with a strong positive social identity. The two groups chose names for themselves (the Rattlers and the Eagles), and each made their own group flag and participated in separate camp activities.

At the end of this one-week baseline period, it was arranged that the two groups of boys would become aware of each other's presence. Furthermore, the researchers worked to create conditions that led to increases in each group's social identity and at the same time created negative perceptions of the other group. The researchers arranged baseball games, a tug-of-war, and a treasure hunt and offered prizes for the group that won the competitions. Almost immediately, this competition created ingroup favoritism and prejudice, and discrimination quickly followed. By the end of the second week, the Eagles had sneaked up to the Rattlers' cabin and stolen their flag. When the Rattlers discovered the theft, they in turn raided the Eagles' cabin, stealing things. There were food fights in the dining room, which was now shared by the groups, and the researchers documented a substantial increase in name-calling and stereotypes of the outgroup. Some fistfights even erupted between members of the different groups.

The researchers then intervened by trying to move the groups closer to each other. They began this third stage of the research by setting up a series of situations in which the boys had to work together to solve a problem. These situations were designed to create interdependence by presenting the boys with *superordinate goals*—goals that were both very important to them and yet that required the cooperative efforts and resources of both the Eagles and the Rattlers to attain. These goals involved such things as the need to pool money across both groups in order to rent a movie that all the campers wanted to view, or the need to pull together on ropes to get a food truck that had become stuck back onto the road. As the children worked together to meet these goals, the negative perceptions of the group members gradually improved; there was a reduction of hostility between the groups and an emergence of more positive intergroup attitudes.

This strategy was effective because it led the campers to perceive both the ingroup and the outgroup as one large group ("we") rather than as two separate groups ("us" and "them"). As differentiation between the ingroup and the outgroup decreases, so should ingroup favoritism, prejudice, and conflict. The differences between the original groups are still present, but they are potentially counteracted by perceived similarities in the second superordinate group. *The attempt to reduce prejudice by creating a superordinate categorization* is known as the goal of creating a common ingroup identity (Gaertner & Dovidio, 2008), and we can diagram the relationship as follows:

interdependence and cooperation → common ingroup identity → favorable intergroup attitudes.

A substantial amount of research has supported the predictions of the **common ingroup identity model.** For instance, Samuel Gaertner and his colleagues (Gaertner, Mann, Murrell, & Dovidio, 1989) tested the hypothesis that interdependent cooperation in groups reduces negative beliefs about outgroup members because it leads people to see the others as part of the ingroup (by creating a common identity). In this research, college students were brought to a laboratory where they were each assigned to one of two teams of three members each, and each team was given a chance to create its own unique group identity by working together. Then, the two teams were brought into a single room to work on a problem. In one condition, the two teams were told to work together as a larger, six-member team to solve the problem, whereas in the other condition, the two teams worked on the problem separately.

Consistent with the expected positive results of creating a common group identity, the interdependence created in the condition where the teams worked together increased the tendency of the team members to see themselves as members of a single, larger team, and this in turn reduced the tendency for each group to show ingroup favoritism.

But the benefits of **recategorization** are not confined to laboratory settings—they also appear in our everyday interactions with other people. Jason Neir and his colleagues (Neir et al., 2001) had Black and White interviewers approach White students who were attending a football game. The dependent measure was whether or not they agreed to help the interviewer by completing a questionnaire. However, the interviewers also wore hats representing either one of the two universities who were playing in the game. As you can see in Figure 12.10, the data were analyzed both by whether the interviewer and the student were of the same race (either both White or one White and one Black) and also by whether they wore hats from the same or different universities. As expected on the basis of recategorization and the common ingroup identity approach, the White students were significantly more likely to help the Black interviewers when they wore a hat of the same university as that worn by the interviewee. The hat evidently led the White students to recategorize the interviewer as part of the university ingroup, leading to more helping. However, whether the individuals shared university affiliation did not influence helping for the White participants, presumably because they already saw the interviewer as a member of the ingroup (the interviewer was also White).

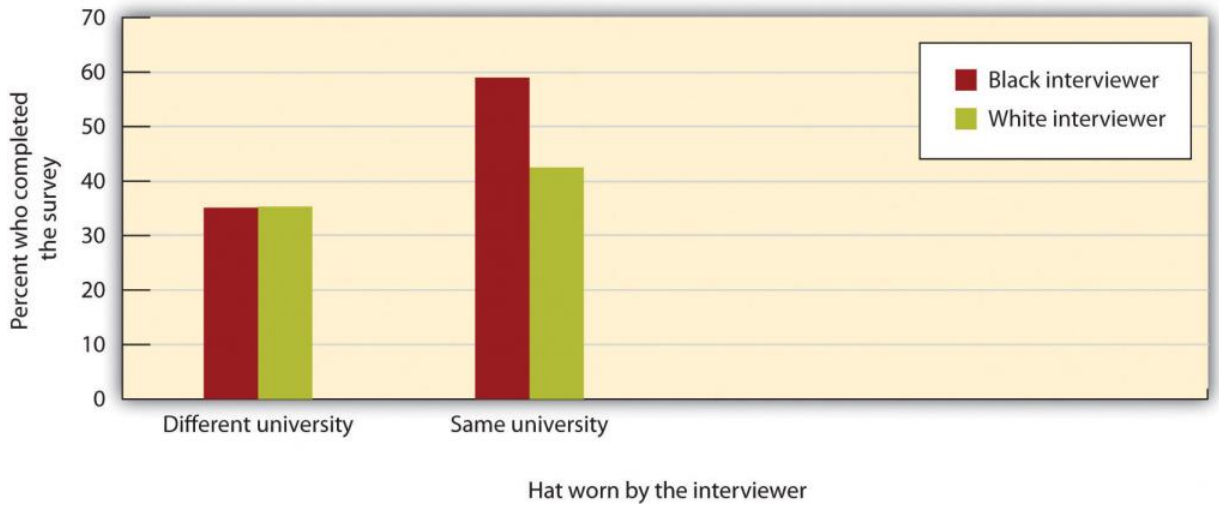


Figure 12.10 Recategorization and Helping Behavior

In this field study, White and Black interviewers asked White students attending a football game to help them by completing a questionnaire. The data were analyzed both by whether the request was to a White (ingroup) or Black (outgroup) student and also by whether the individual whose help was sought wore the same hat that they did or a different hat. Results supported the common ingroup identity model. Helping was much greater for outgroup members when hats were the same. Data are from Neir et al. (2001).

Again, the implications of these results are clear and powerful. If we want to improve attitudes among people, we must get them to see each other as more similar and less different. And even relatively simple ways of doing so, such as wearing a hat that suggests an ingroup identification, can be successful.

Key Takeaways

- Changing our stereotypes and prejudices is not easy, and attempting to suppress them may backfire. However, with appropriate effort, we can reduce our tendency to rely on our stereotypes and prejudices.
- One approach to changing stereotypes and prejudice is by changing social norms—for instance, through education and laws enforcing equality.
- Prejudice will change faster when it is confronted by people who see it occurring. Confronting prejudice may be embarrassing, but it also can make us feel that we have done the right thing.
- Intergroup attitudes will be improved when we can lead people to focus more on their connections with others. Intergroup contact, extended contact with others who share friends with outgroup members, and a common ingroup identity are all examples of this process.

Exercises and Critical Thinking

1. Does your college or university support efforts to increase intergroup contact? If so, do the efforts seem to be successful in reducing prejudice?
2. Have you ever confronted or failed to confront a person who you thought was expressing prejudice or discriminating? Why did you confront (or not confront) that person, and how did doing so make you feel?
3. Imagine you are a teacher in a classroom and you see that some children expressing prejudice or discrimination toward other children on the basis of their race. What techniques would you use to attempt to reduce these negative behaviors?

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CHAPTER OVERVIEW

9: Culture and Physical Health

9.1: What Does it Mean to be Healthy?
9.2: The Concept and Experience of Aging
9.3: Disparity- Problems of Health in the United States
9.3.1: Infant Mortality
9.4: Special Section: Latinx Health
9.4.1: Frameworks for Analyzing Chicanx and Latinx Health
9.4.2: Environmental Justice and Health
9.4.3: Workplace Health

Learning Objectives

By the end of this chapter, students should be able to:

1. **Describe** how cultural beliefs and practices influence health behaviors, including diet, exercise, and medical help-seeking.
2. **Explain** how cultural models of health and illness differ from the Western biomedical model.
3. **Identify** social and structural factors—such as racism, poverty, and access to care—that contribute to health disparities among marginalized populations.
4. **Discuss** the impact of acculturation and enculturation on physical health outcomes.
5. **Compare** traditional healing systems with Western medical practices, noting areas of potential integration or conflict.
6. **Analyze** the role of cultural competence and humility in improving health outcomes and delivering effective care.
7. **Evaluate** how systemic inequities and cultural misunderstanding can impact the physical health of culturally diverse individuals and communities.

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9.1: What Does it Mean to be Healthy?

Health, as defined by the World Health Organization (WHO), is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 2019). This definition has been subject to controversy, as it may have limited value for implementation. Generally, the context in which we live our lives is critical for our health and quality of life. It is increasingly recognized that health is maintained and improved not only through the advancement and application of health science, but also through intelligent lifestyle choices and efforts of the individual, as well as larger society.

According to the World Health Organization the main determinants of health include:

- Social environment
- Economic environment
- Physical environment
- Individual characteristics and behavior
- Global Indicators of Health

The meaning of health has evolved over time but early definitions of health focused on the theme of the body's ability to function. Originally health was seen as a state of normal function that could be disrupted from time to time by disease. **Disease** is a broad reference to any condition that impairs normal functioning of the body. Most Western countries focus on the physical processes – pathology, biochemistry and physiology of a disease – as primary contributors to health. This is known as the biomedical model. According to the **biomedical model,** health means freedom from disease, pain, or defect but does consider the role of social factors or individual subjectivity. There is a contrasting model of health that takes a more holistic approach, often referred to as traditional medicine.

The World Health Organization (WHO) defines **traditional medicine** as "the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures" (WHO, 2019). In 1977, American psychiatrist George Engel developed an interdisciplinary model that looked at the interconnection between biology, psychology, and socio-environmental factors. With his biopsychosocial approach, Engel strived for a more holistic approach to health by recognizing that each patient has his or her own thoughts, feelings, and history.

Engel's **biopsychosocial model** views the development of illness through the complex interaction of biological factors (genetic, biochemical), psychological factors (mood, personality, behavior) and social factors (cultural, familial, socioeconomic, medical). For example, a person may have a genetic predisposition for depression, but he or she may have social factors such as extreme stress at work and family life, and psychological factors such as a perfectionistic tendency, which when combined can trigger this genetic code for depression.

Health indicators are quantifiable characteristics of a population which researchers use for describing the health of a population. Adopting a standard system with reliable measures for defining health is important for global monitoring of changes in health (see Chapter 3 for more about reliability). Researchers using data collected from around the world look for patterns in identifying, preventing, and treating disease. There are three common global health indicators identified by The World Health Organization (WHO) that directly and indirectly measure and monitor global health:

1. Life expectancy
2. Infant mortality
3. Subjective well-being

These three indicators serve as standard measures to assist health professionals working in both developed and developing countries. Each indicator is discussed in greater detail.

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9.2: The Concept and Experience of Aging

Learning Objectives

1. Define social gerontology.
2. Distinguish biological aging, psychological aging, and social aging.

Here is why you should want to know about aging and the problems older people face: *You will be old someday*. At least you will be old if you do not die prematurely from an accident, cancer, a heart attack, some other medical problem, murder, or suicide. Although we do not often think about aging when we are in our late teens and early twenties, one of our major goals in life is to become old. By studying age and aging and becoming familiar with some of the problems facing the elderly now and in the future, we are really studying something about ourselves and a stage in the life course we all hope to reach.

Life expectancy (LE) is a statistical measure of the average time an organism (in our case human) is expected to live, based on the year of its birth, its current age and other demographic factors including gender. There are great variations in life expectancy between different parts of the world, mostly caused by differences in public health, medical care, and diet. Comparing life expectancies from birth across countries can be problematic. There are differing definitions of live birth versus stillbirth even among more developed countries, and less developed countries often have poor reporting.

Worldwide, the average life expectancy at birth was 71.5 years, 68.4 years for males and 72.8 years for females over the period 2010–2015 according to United Nations World Population Prospects (UN Population Prospects, Revised 2015).

In the United States, African-American people have shorter life expectancies than their European-American counterparts. For example, white Americans born in 2010 are expected to live until age 78.9, but black Americans only until age 75.1. In contrast, Asian-American women live the longest of all ethnic groups in the United States, with a life expectancy of 85.8 years. The life expectancy of Hispanic Americans is 81.2 years (Center for Disease Control, CDC, 2019).

Overall, the United States ranks 49 globally in LE. The highest life expectancy is found in Monaco (Europe) and the lowest life expectancy is found in Angola (Africa) (“Life Expectancy”, 2019). Ranking 49 in the world in life expectancy doesn’t sound so bad when you consider over 200 countries contribute data but it is problematic and concerning given the comparative abundance of resources of the United States. Some argue that the United States, with access to health sciences, technology, and supported innovation should be a global leader in life expectancy rates with a much higher global ranking.



Because we all want to live into old age, the study of age and aging helps us understand something about ourselves and a stage in the life course we all hope to reach. (Carl Nenzén Lovén – Grandpa – CC BY 2.0.)

The study of aging is so important and popular that it has its own name, **gerontology**. *Social gerontology* is the study of the social aspects of aging (Novak, 2012).Novak, M. (2012). *Issues in aging* (3rd ed.). Upper Saddle River, NJ: Pearson. The scholars who study aging are called *gerontologists*. The people they study go by several names, most commonly “older people,” “elders,” and “the elderly.” The latter term is usually reserved for those 65 or older, while “older people” and “elders” often include people in their fifties as well as those 60 or older.

Dimensions of Aging

Age and aging have four dimensions. The dimension most of us think of is **chronological age**, defined as the number of years since someone was born. A second dimension is **biological aging**, which refers to the physical changes that "slow us down" as we get into our middle and older years. For example, our arteries might clog up, or problems with our lungs might make it more difficult for us to breathe. A third dimension, **psychological aging**, refers to the psychological changes, including those involving mental functioning and personality, that occur as we age. Gerontologists emphasize that chronological age is not always the same thing as biological or psychological age. Some people who are 65, for example, can look and act much younger than some who are 50.

The fourth dimension of aging is social. **Social aging** refers to changes in a person's roles and relationships, both within their networks of relatives and friends and in formal organizations such as the workplace and houses of worship. Although social aging can differ from one individual to another, it is also profoundly influenced by the *perception* of aging that is part of a society's culture. If a society views aging positively, the social aging experienced by individuals in that society will be more positive and enjoyable than in a society that views aging negatively. As we shall see, though, the perception of aging in the United States is not very positive, with important consequences for our older citizens.

KEY TAKEAWAYS

- The study of the elderly and aging helps us understand problems in a state of the life course we all hope to reach.
- Biological aging refers to the physical changes that accompany the aging process, while psychological aging refers to the psychological changes that occur.
- Social aging refers to the changes in a person's roles and relationships as the person ages.

Think about it

1. Think about an older person whom you know. To what extent has this person experienced psychological aging? To what extent has this person experienced social aging?
2. The perception of aging in the United States is not very positive. What do you think accounts for this?

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9.3: Disparity- Problems of Health in the United States

Learning Objectives

1. Describe how and why social class, race and ethnicity, and gender affect physical health and health care in the United States.
2. Summarize the differences that social class, race and ethnicity, and gender make for mental health.

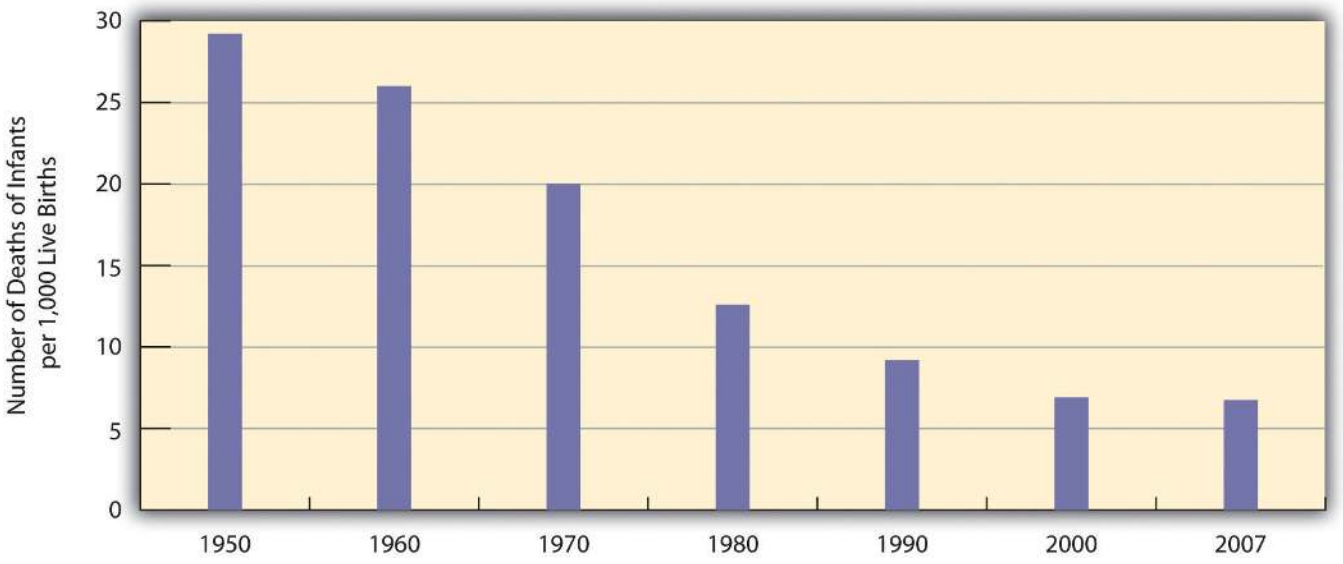
When we examine health and health care in the United States, there is both good news and bad news. The good news is considerable. Health has improved steadily over the last century, thanks in large part to better public sanitation and the discovery of antibiotics. Illnesses and diseases such as pneumonia and polio that used to kill or debilitate people are either unknown today or treatable by modern drugs. Other medical discoveries and advances have also reduced the extent and seriousness of major illnesses, including many types of cancer, and have prolonged our lives.



Cigarette smoking in the United States has declined considerably since the 1960s. (Xava du – smoke souls – CC BY-NC-ND 2.0.)

Because of these and other factors, the US **average life expectancy** climbed from about 47 years in 1900 to about 78 years in 2010. Similarly, infant mortality dropped dramatically in the last half-century from 29.2 infant deaths per 1,000 live births in 1950 to only 6.75 in 2007 (see Figure 13.4). Cigarette smoking declined from 51 percent for males and 34 percent for females in 1965 to 23 percent and 18 percent, respectively, in 2009 (National Center for Health Statistics, 2011).National Center for Health Statistics. (2011). *Health, United States, 2010*. Hyattsville, MD: Centers for Disease Control and Prevention. In another area, various policies during the past three decades have dramatically reduced levels of lead in young children's blood: 88 percent of children had unsafe levels in the mid-1970s, compared to less than 2 percent three decades later (Centers for Disease Control and Prevention, 2007).Centers for Disease Control and Prevention. (2007). Interpreting and managing blood lead levels <10 µg/dL in children and reducing childhood exposures to lead: Recommendations of CDC's advisory committee on childhood lead poisoning prevention. *MMWR (Morbidity and Mortality Weekly Report)*, *56*(RR-8), 1–16.

Figure 13.4 Infant Deaths per 1,000 Live Births, United States, 1950–2007



Source: Data from National Center for Health Statistics. (2011). Health, United States, 2010. Hyattsville, MD: Centers for Disease Control and Prevention.

The Poor Status of American Health

Unfortunately, the bad news is also considerable. Despite all the gains just mentioned, the United States lags behind most other wealthy democracies in several health indicators, as we have seen, even though it is the wealthiest nation in the world. Moreover, 14.5 percent of US households and almost 49 million Americans are "**food insecure**" (lacking sufficient money for adequate food and nutrition) at least part of the year; more than one-fifth of all children live in such households (Coleman-Jensen, Nord, Andrews, & Carlson, 2011).Coleman-Jensen, A., Nord, M., Andrews, M., & Carlson, S. (2011). *Household food security in the United States in 2010*. Washington, DC: US Department of Agriculture. More than 8 percent of all infants are born at low birth weight (under 5.5 pounds), putting them at risk for long-term health problems; this figure has risen steadily since the late 1980s and is higher than the 1970 rate (National Center for Health Statistics, 2011).National Center for Health Statistics. (2011). *Health, United States, 2010*. Hyattsville, MD: Centers for Disease Control and Prevention. In other areas, childhood rates of obesity, asthma, and some other chronic conditions are on the rise, with about one-third of children considered obese or overweight (Van Cleave, Gortmaker, & Perrin, 2010).Van Cleave, J., Gortmaker, S. L., & Perrin, J. M. (2010). Dynamics of obesity and chronic health conditions among children and youth. *JAMA, 303*(7), 623–630. Clearly the United States still has a long way to go in improving the nation's health.

There is also bad news in the ***social distribution*** of health. Health problems in the United States are more often found among the poor, among people from certain racial and ethnic backgrounds, and, depending on the problem, among women or men. **Social epidemiology** refers to the study of how health and illness vary by sociodemographic characteristics, with such variations called **health disparities**. When we examine social epidemiology in the United States, we see that many health disparities exist. In this way, health and illness both reflect and reinforce society's social inequalities. We now turn to the most important health disparities, starting with physical health and then mental health.

Health Disparities: Physical Health

Social Class

Socioeconomic status (SES) is an economic and social combined total measure of a person's economic and social position in relation to others, based on income, education, and occupation; however, SES is more commonly used to depict an economic difference in society as a whole. Socioeconomic status is typically broken into three levels (high, middle, and low) to describe the three places a family or an individual may fall in relation to others. Recently, there has been increasing interest from researchers on the subject of economic inequality and its relation to the health of populations.

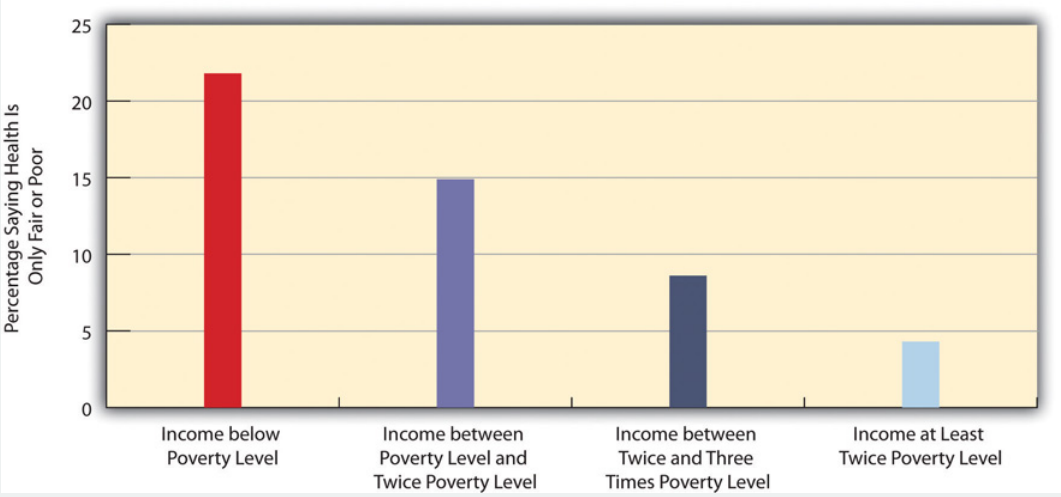
Not only do the poor have less money, but they also have much worse health, as the news story that began this chapter illustrated. There is growing recognition in the government and in medical and academic communities that social class makes a huge difference when it comes to health and illness (Centers for Disease Control and Prevention, 2011).Centers for Disease Control and

Prevention. (2011). CDC health disparities and inequalities report—United States, 2011. *Morbidity and Mortality Weekly Report, 60*, 1–114.

Many types of health indicators illustrate the **social class–health link** in the United States. In an annual survey conducted by the government, people are asked to indicate the quality of their health. As Figure 13.5 shows, poor people are much more likely than those with higher incomes to say their health is only fair or poor. These self-reports of health are subjective indicators, and it is possible that not everyone interprets "fair" or "poor" health in the same way. But objective indicators of actual health also indicate a strong social class–health link (National Center for Health Statistics, 2011).National Center for Health Statistics. (2011). *Health, United States, 2010*. Hyattsville, MD: Centers for Disease Control and Prevention.

Note

Figure 13.5 Family Income and Self-Reported Health (Percentage of People 18 or Over Saying Health Is Only Fair or Poor), 2009



Source: Data from National Center for Health Statistics. (2011). Health, United States, 2010. Hyattsville, MD: Centers for Disease Control and Prevention.

Socioeconomic status is an important source of health inequity, as there is a very robust positive correlation between socioeconomic status and health. Socioeconomic status in the United States is related to health outcomes. Individuals higher in the social hierarchy, typically, enjoy better health than do those lower in the hierarchy. Low income and education levels have been shown to be strong predictors of a range of physical and mental health problems. These health problems may be due to environmental conditions in living and workspaces, increased levels of stress, lack of access to healthcare, food scarcity or poor nutrition. This correlation suggests that it is not only the poor who tend to be sick when everyone else is healthy, but that there is a continual gradient, from the top to the bottom of the socio-economic ladder, relating status to health.

Education in higher socioeconomic families is typically stressed as more important, both within the household, as well as the local community. In poorer areas, where food, shelter and safety are priority, education often takes a backseat – becomes less of a priority. American youth are particularly at risk for many health and social problems in the United States. Overall, lower socioeconomic status has been linked to chronic stress, heart disease, ulcers, type 2 diabetes, rheumatoid arthritis, certain types of cancer, and premature aging.

Social class in the United States is a controversial issue, having many competing definitions, models, and even disagreements over its very existence. Many Americans believe that in the country there are just three classes: the American rich; the American middle class; the American poor. Most definitions of the social classes in the United States entirely ignore the existence of parallel Black, Hispanic and minorities communities. SES differences in health have long been associated by many Americans as related to poor impulse control, unhealthy habits, and an overall lack of motivation (Braveman, et al, 2010). One difficulty with this oversimplification is that these attitudes reduce poverty (and related problems associated with lower SES) as a problem with the individual rather than a reflection of complex societal components that contribute to poor health and lower life expectancy. The assumption that individual choices and internal control are enough to overcome the impact of poverty further adds to the difficulty

impoverished people have in overcoming economic hardships. Educational, economic, and health care inequity within lower SES groups have each been shown to correlate with poor health must be addressed in order to create meaningful change in the health of Americans (Braveman, et al, 2010). Given the ranking of the United States across global indicators, we might do well to address poor health of Americans as a social problem and not a personal problem.

Children and our Future

The Poor Health of Poor Children

When we consider health disparities, some of the most unsettling evidence involves children. As a recent report by the Robert Wood Johnson Foundation (2008) concluded, "The data illustrate a consistent and striking pattern of incremental improvements in health with increasing levels of family income and educational attainment: As family income and levels of education rise, health improves. In almost every state, shortfalls in health are greatest among children in the poorest or least educated households, but even middle-class children are less healthy than children with greater advantages."

Some government data illustrate the difference that poverty makes for the nation's children:

- Children of poor mothers are more than twice as likely as children born to wealthier mothers to be born with low birth weight.
- By the age of 9 months, poor children are already more likely to exhibit poor health and lower cognitive and socioemotional development.
- By age 3, poor children are two-thirds more likely to have asthma than children whose families' incomes are more than 150 percent of the poverty line.
- Based on their parents' reports, poor children are almost five times more likely (33 percent compared to 7 percent) to be in less than very good health (i.e., their parents rated their children's health as poor, fair, or good rather than as very good or excellent).

In these and other ways, children in low-income families are more likely than children in wealthier families to have more health problems, many of which last into adolescence and adulthood. Poor children's poor health thus makes a critical difference throughout their lives. As sociologist Haas et al (2011) observe, "A growing body of work demonstrates that those who experience poor health early in life go on to complete less schooling, hold less prestigious jobs, and earn less than their healthier childhood peers."

One reason for the poor health of poor children is that their families are more likely to experience many kinds of stress. Another reason is that their families are more likely to experience food insecurity and, if they are urban, to live in neighborhoods with higher levels of lead and pollution. Low-income children also tend to watch television more often than wealthier children and for this and other reasons to be less physically active; their relative lack of physical activity is yet another reason for their worse health. Finally, their parents are much more likely than wealthier parents to smoke cigarettes; the secondhand smoke they inhale impairs their health.

The clear evidence of poverty's effects on the health of poor children underscores the need of the United States to do everything possible to minimize these effects. Any money spent to reduce these effects will pay for itself many times over throughout these children's lifetimes: They will have fewer health problems as they grow up, costing the United States much less in health care, and be better

able to do well in school and to have higher incomes as adults. In both the short run and long run, then, improving the health of poor children will also improve the economic and social health of the whole nation.

Haas, S. A., Glymour, M., & Berkman, L. F. (2011). Childhood health and labor market inequality over the life course. *Journal of Health and Social Behavior, 52*, 298–313

Kaplan, G. A. (2009). *The poor pay more: Poverty's high cost to health*. Princeton, NJ: Robert Wood Johnson Foundation

Murphey, D., Mackintosh, B., & McCoy-Roth, M. (2011). Early childhood policy focus: Health eating and physical activity. *Early Childhood Highlights*, *2*(3), 1–9

Robert Wood Johnson Foundation. (2008). *America's health starts with healthy children: How do states compare?* Princeton, NJ: Author.

Examples of Social Class Differences

For example, poor adults are also at much greater risk for many health problems, including heart disease, diabetes, arthritis, and some types of cancer. Rates of high blood pressure, serious heart conditions, and diabetes are at least twice as high for middle-aged adults with family incomes below the poverty level than for those with incomes at least twice the poverty level. All these social class differences in health contribute to a striking difference in life expectancy, with Americans whose family incomes are more than four times the federal poverty level expected to live 6.5 years longer than those living in poverty (Kaplan, 2009).Kaplan, G. A. (2009). *The poor pay more: Poverty's high cost to health*. Princeton, NJ: Robert Wood Johnson Foundation.

Several reasons account for the social class–health link (Pampel, Krueger, & Denney, 2010).Pampel, F. C., Krueger, P. M., & Denney, J. T. (2010). Socioeconomic disparities in health behaviors. *Annual Review of Sociology, 36*, 349–370. One reason is **stress**, which is higher for people with low incomes because of unemployment, problems in paying for the necessities of life, and a sense of little control over what happens to them. Stress in turn damages health because it impairs the immune system and other bodily processes.

A second reason is that poor people live in conditions, including crowded, dilapidated housing with **poor sanitation**, that are bad for their health and especially that of their children. Although these conditions have improved markedly in the United States over the last few decades, they continue for many of the poor.

Another reason for the poor's worse health is their **lack of access to adequate health care**. As is well known, many poor people lack medical insurance and in other respects have inadequate health care. These problems make it more likely they will become ill in the first place and more difficult for them to become well because they cannot afford to visit a physician or to receive other health care. Still, social class disparities in health exist even in countries that provide free national health care, a fact that underscores the importance of the other reasons discussed here for the social class–health link (Elo, 2009).Elo, I. T. (2009). Social class differentials in health and mortality: Patterns and explanations in comparative perspective. *Annual Review of Sociology, 35*, 553–572.



Many people who are poor or near poor lack medical insurance and in other ways have inadequate health care. These problems make it more likely they will become ill and, once ill, less likely they will become well.

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A fourth reason is a **lack of education**, which, in ways not yet well understood, leads poor people to be unaware or unconcerned about risk factors for health and to have a fatalistic attitude that promotes unhealthy behaviors and reluctance to heed medical advice (Elo, 2009).Elo, I. T. (2009). Social class differentials in health and mortality: Patterns and explanations in comparative perspective. *Annual Review of Sociology, 35*, 553–572. In one study of whether smokers quit smoking after a heart attack, only 10 percent of heart attack patients without a high school degree quit smoking, compared to almost 90 percent of those with a college degree (Wray, Herzog, Willis, & Wallace, 1998).Wray, L. A., Herzog, A. R., Willis, R. J., & Wallace, R. B. (1998). The impact of education and heart attack on smoking cessation among middle-aged adults. *Journal of Health and Social Behavior, 39*, 271–294.

A final reason for the poor health of poor people is **unhealthy lifestyles,** as just implied. Although it might sound like a stereotype, poor people are more likely to smoke, to eat high-fat food, to avoid exercise, to be overweight, and, more generally, not to do what they need to do (or to do what they should not be doing) to be healthy (Pampel et al., 2010).Pampel, F. C., Krueger, P. M., & Denney, J. T. (2010). Socioeconomic disparities in health behaviors. *Annual Review of Sociology, 36*, 349–370. Scholars continue to debate whether unhealthy lifestyles are more important in explaining poor people's poor health than the other factors just discussed. Regardless of the proper mix of reasons, the fact remains that the poor have worse health.

Other Factors Impacting Health

American Diet

The history of United States Department of Agriculture (USDA) nutrition guides includes over 100 years of American nutrition advice. The guides have been updated over time to adopt new scientific findings and new public health marketing techniques. The current guidelines are the Dietary Guidelines for Americans 2015 – 2020. What the government promotes as a healthy diet has not only changed over the course of generations but is often heavily influenced be societal values at that time.

These guidelines have been criticized over time as not accurately representing scientific information about optimal nutrition, and as being overly influenced by profit, personal interest, and the agricultural industries the USDA promotes. The introduction of the USDA's food guide pyramid in 1992 attempted to express the recommended servings of each food group into the American diet.

MyPlate is the current nutrition guide published by the United States Department of Agriculture, consisting of a diagram of a plate and glass divided into five food groups. It replaced the USDA's MyPyramid diagram in 2011, ending 19 years of food pyramid iconography (USDA, 2019).

Diet is the sum of food consumed by an organism or group, and should not be confused with ***dieting***, which refers to food restriction with the goal of weight control. Numerous studies have attempted to identify contributing factors for poor health habits in the United States that have contributed to rising rates of obesity and diseases related to obesity. These studies have resulted in numerous hypotheses as to what those key factors are. A common theme is that of too much food, too little exercise, and a sedentary schedule; however, these themes are increasingly viewed as overly simplistic and lacking in awareness to the complex approaches that are needed to improve healthy living for all Americans. For example, while dieting, people tend to consume more low-fat or fat-free products, even though those items can be just as damaging to the body as the items with fat. Currently, less than 20% of all Americans meet the recommended minimum dietary guidelines for optimal health ("Health Diet", n.d).

Other factors not directly related to caloric intake and activity levels are also believed to contribute to lowered physical fitness and higher body-mass index (BMI) rates. These include careers that involve long hours of sitting, decreased ability to delay gratification, and heavy marketing to promote unhealthy foods. Genetics are also believed to be a factor that contributes to higher BMI. In a 2018 study, researchers stated that the presence of the human gene APOA2 could result in a higher BMI in individuals. Also, the probability of obesity can even start before birth due to things that the mother does such as smoking and gaining a lot of weight.

Among the complex factors impacting eating habits in American culture are two key enculturated trends:

- Consumer culture
- Mixed media messaging

Consumer culture focuses on the spending of the customer's money on material goods to attain a lifestyle in a capitalist economy. Over the years, people of different age groups are employed by marketing companies to help understand the beliefs, attitudes, values, and past behaviors of the targeted consumers. As consumers grow increasingly removed from food production, the role of product creation, advertising, and publicity become the primary vehicles for information about food. With processed food as the dominant category, marketers have almost infinite possibilities in developing their products for mass appeal.

Today's American citizens are inundated with marketed messages that food choices should be fast, bring us pleasure, and meet our emotional needs over physiological needs. Of the food advertised to children on television, 73% is fast or convenience foods ("Consumer Culture", 2019). Additionally, Americans are often enculturated to pursue personal satisfaction while also adhering to unrealistic standards of fitness and attractiveness. Our consumer culture promotes these conflicting standards with mixed messaging in various media formats.

Mixed messaging can refer to any communication that is contradictory, inconsistent, or unclear, especially in its motive or intent. Media advertisements, athletic and entertainer role-models, and character storylines are often embedded (subtly, or at times, overtly) with the message that Americans "deserve" to feel good but must also look good in the process.

With 1 out of 3 adults and 1 out of 6 children in the United States categorized as excessively overweight by the Centers for Disease Control (CDC) it is imperative to examine the factors affecting this damaging trend (Obesity, 2019).

Sleep Hygiene

An additional factor influencing American health is **sleep hygiene.** This is the recommended behavioral and environmental practice that is intended to promote better quality sleep. Sleep hygiene recommendations include establishing a regular sleep schedule, using naps (with care), avoiding physical or mental exercise too close to bedtime, limiting worry, limiting exposure to light in the hours before sleep, getting out of bed if sleep does not come, not using bed for anything but sleep and sex, avoiding alcohol, nicotine, caffeine, and other stimulants in the hours before bedtime, and having a peaceful, comfortable and dark sleep environment.

One set of recommendations relates to the timing of sleep. For adults, getting less than 7–8 hours of sleep is associated with a number of physical and mental health deficits. A top sleep hygiene recommendation is allowing enough time for sleep. There is also focus on the importance of waking up each around the same time every morning and generally having a regular sleep schedule

Human sleep needs vary by age and among individuals. Sleep is considered to be adequate when there is no daytime sleepiness or dysfunction. Researchers have found that sleeping 7–8 hours each night correlates with longevity and cardiac health in humans, though many underlying factors may be involved in the causality behind this relationship.

Research also suggests that sleep patterns vary significantly across cultures ("Sleep", 2019). **Sleep deprivation**, also known as **insufficient sleep** or sleeplessness, is the condition of not having enough sleep. According to the Centers for Disease Control and Prevention (CDC), 79% of Americans are currently getting less than the recommended 7-hour minimum of quality sleep per night. The United States experiences some of the highest rates of sleep deprivation and sleep disorder rates in the industrialized world; it is worth examining aspects of American culture that contribute to this trend.

Researchers examining health trends in the United States have highlighted our time-sensitive culture, emphasis on technology, and general attitudes toward sleep as contributing factors to our sleep hygiene. In 2000, the average American worked 1,978 hours per year, 500 hours more than the average German but 100 hours less than the average Czechoslovakian ("Sleep", 2019). Overall the United States labor force is one of the most productive in the world, largely due to its workers working more than those in any other post-industrial country (excluding South Korea). Americans generally hold working and being productive in high regard. Being busy and working extensively is a source of pride for many and, as they say in America, "time is money." Additionally, while there is little dispute that technology has enhanced our daily lives, studies show it is also negatively impacting our sleep habits. The increased stimulation of our devices can make it more difficult to unwind at the end of the night, while the unique light put off by these devices also block key sleep hormones. According to the National Sleep Foundation (2019), children (ages 6-17) who slept in the same room as an electronic device reduced the amount of quality sleep by one-hour each night.

Overall health is correlated with the quantity and quality of our sleep. Studies have shown that those who engaged in protective habits (e.g., getting 7–8 hours of sleep regularly, not smoking or drinking excessively, exercising) had fewer illnesses, felt better, and were less likely to die over a 9–12-year follow-up period (Belloc & Breslow 1972; Breslow & Enstrom 1980). For college students, health behaviors can even influence academic performance. Poor sleep quality and quantity are related to weaker learning

capacity and academic performance (Curcio, Ferrara, & De Gennaro, 2006). Overall, people with sleep less are more likely to be obese, report higher levels of stress, and/or report symptoms of a mood disorder than those who obtain optimal levels of sleep each night (CDC, 2014).

Race and Ethnicity

Health differences also exist when we examine the effects of race and ethnicity, and they are literally a matter of life and death. We can see this when we compare life expectancies for whites and African Americans born in 2006 (Table 13.2). When we do not take gender into account, African Americans can expect to live about five fewer years than whites. Among men, they can expect to live almost six fewer years, and among women, four fewer years.

Table 13.2 US Life Expectancy at Birth for People Born in 2007

African American	**Both sexes**	**73.6**
	Men	70.0
	Women	76.8
White	**Both sexes**	**78.4**
	Men	75.9
	Women	80.8

Source: Data from National Center for Health Statistics. (2011). *Health, United States, 2010*. Hyattsville, MD: Centers for Disease Control and Prevention.

At the beginning of the life course, infant mortality also varies by race and ethnicity (Table 13.3), with African American infants more than twice as likely as white infants to die before their first birthday. Infant mortality among Native Americans is almost 1.5 times the white rate, while that for Latinos is about the same (although the Puerto Rican rate is also higher, at 8.0), and Asians a bit lower. In a related indicator, maternal mortality (from complications of pregnancy or childbirth) stands at 8.1 maternal deaths for every 100,000 live births for non-Latina white women, 7.2 for Latina women, and a troubling 23.8 for African American women. Maternal mortality for African American women is thus about three times greater than that for the other two groups.

Table 13.3 Mother's Race/Ethnicity and US Infant Mortality, 2006 (Number of Infant Deaths per 1,000 Live Births)

African American	12.9
Asian or Pacific Islander	4.5
Latina	5.4
Central and South American	4.5
Cuban	5.1
Mexican	5.3
Puerto Rican	8.0
Native American	8.3
White	5.6

Source: Data from National Center for Health Statistics. (2011). *Health, United States, 2010*. Hyattsville, MD: Centers for Disease Control and Prevention.

In other indicators, African Americans are more likely than whites to die from heart disease, although the white rate of such deaths is higher than the rates of Asians, Latinos, and Native Americans. African Americans are also more likely than whites to be overweight and to suffer from asthma, diabetes, high blood pressure, and several types of cancer. Latinos and Native Americans have higher rates than whites of several illnesses and conditions, including diabetes.

Commenting on all these disparities in health, a former head of the US Department of Health and Human Services said a decade ago, “We have been—and remain—two nations: one majority, one minority—separated by the quality of our health” (Penn et al., 2000, p. 102).Penn, N. E., Kramer, J., Skinner, J. F., Velasquez, R. J., Yee, B. W. K., Arellano, L. M., et al. (2000). Health practices and health-care systems among cultural groups. In R. M. Eisler & M. Hersen (Eds.), *Handbook of gender, culture, and health* (pp. 101–132). New York, NY: Routledge. The examples just discussed certainly indicate that her statement is still true today.

Why do such large racial and ethnic disparities in health exist? To a large degree, they reflect the high poverty rates for African Americans, Latinos, and Native Americans compared to those for whites. In addition, inadequate medical care is perhaps a special problem for people of color, thanks to unconscious racial bias among health-care professionals that affects the quality of care that people of color receive (see discussion later in this chapter).

An additional reason for racial disparities in health is diet. Many of the foods that have long been part of African American culture are high in fat. Partly as a result, African Americans are much more likely than whites to have heart disease and high blood pressure and to die from these conditions (Parra-Medina et al., 2010).Parra-Medina, D., Wilcox, S., Wilson, D. K., Addy, C. L., Felton, G., & Poston, M. B. (2010). Heart healthy and ethnically relevant (HHER) lifestyle trial for improving diet and physical activity in underserved African American women. *Contemporary Clinical Trials*, *31*(1), 92–104. In contrast, first-generation Latinos tend to have diets consisting of beans, grains, and other low-fat foods, preventing health problems stemming from their poverty from being even worse. But as the years go by and they adopt the typical American’s eating habits, their diets tend to worsen, and their health worsens as well (Pérez-Escamilla, 2009).Pérez-Escamilla, R. (2009). Dietary quality among Latinos: Is acculturation making us sick? *Journal of the American Dietetic Association*, *109*(6), 988–991.

In a significant finding, African Americans tend to have worse health than whites even among those with the same incomes. Several reasons explain this racial gap. One is the extra stress that African Americans of all incomes face because they live in a society that is still racially prejudiced and discriminatory (Bratter & Gorman, 2011).Bratter, J. L., & Gorman, B. K. (2011). Is discrimination an equal opportunity risk? Racial experiences, socioeconomic status, and health status among black and white adults. *Journal of Health and Social Behavior, 52*, 365–382. In this regard, studies find that African Americans and Latinos who have experienced the most racial discrimination in their daily lives tend to have worse physical health (Lee & Ferraro, 2009).Lee, M.-A., & Ferraro, K. F. (2009). Perceived discrimination and health among Puerto Rican and Mexican Americans: Buffering effect of the lazo matrimonial? *Social Science & Medicine*, *68*, 1966–1974. Some middle-class African Americans may also have grown up in poor families and incurred health problems in childhood that continue to affect them. As a former US surgeon general once explained, “You’re never dealing with a person just today. You’re dealing with everything they’ve been exposed to throughout their lives. Does it ever end? Our hypothesis is that it never ends” (Meckler, 1998, p. 4A).Meckler, L. (1998, November 27). Health gap between races persists. *Ocala Star-Banner*, p. 4A.



African Americans have worse health than whites, even when people with the same incomes are compared. One reason for this racial gap is the continuing racial discrimination that African Americans experience and the stress that accompanies this experience.

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To some degree, racial differences in health may also have a biological basis. For example, African American men appear to have higher levels of a certain growth protein that may promote prostate cancer; African American smokers may absorb more nicotine than white smokers; and differences in the ways African Americans' blood vessels react may render them more susceptible to hypertension and heart disease (Meckler, 1998; Ricker & Bird, 2005).Meckler, L. (1998, November 27). Health gap between races persists. *Ocala Star-Banner*, p. 4A; Ricker, P. P., & Bird, C. E. (2005). Rethinking gender differences in health: Why we need to integrate social and biological perspectives. *Journals of Gerontology Series B, 60*, S40–S47. Because alleged biological differences have been used as the basis for racism, and because race is best thought of as a social construction rather than a biological concept (see Chapter 3), we must be very careful in acknowledging such differences (Frank, 2007).Frank, R. (2007). What to make of it? The (Re)emergence of a biological conceptualization of race in health disparities research. *Social Science & Medicine*, *64*(10), 1977–1983. However, if they do indeed exist, they may help explain at least some of the racial gap in health.

A final factor contributing to racial differences in health is physical location: poor people of color are more likely to live in urban areas and in other locations that are unhealthy places because of air and water pollution, hazardous waste, and other environmental problems (Walker, 2011).Walker, A. K. (2011, November 20). Where you live can help determine your health, studies say. *Bangor Daily News*. Retrieved from http://bangordailynews.com/2011/11/20/health/where-you-live-can-help-determine-your-health-studies-say. This problem is termed *environmental racism* (Michney, 2011).Michney, T. M. (2011). White civic visions versus black suburban aspirations: Cleveland's Garden Valley urban renewal project. *Journal of Planning History*, *10*(4), 282–309. One example of this problem is found in the so-called Cancer Alley on a long stretch of the Mississippi River in Louisiana populated mostly by African Americans; 80 percent of these residents live within three miles of a polluting industrial facility (Cernansky, 2011).Cernansky, R. (2011, February 8). Cancer alley: Big industry & bigger illness along Mississippi River. Retrieved from http://www.treehugger.com/corporate-responsibility/cancer-alley-big-industry-bigger-illness-along-mississippi-river.html.

Gender

The evidence on gender and health is both complex and fascinating. Women outlive men by more than six years, and, as Table 13.2 showed, the gender difference in longevity persists across racial categories. At the same time, women have worse health than men in many areas. For example, they are more likely to suffer from migraine headaches, osteoporosis, and immune diseases such as lupus and rheumatoid arthritis. Women thus have more health problems than men do even though they outlive men—a situation commonly known as the *morbidity paradox* (Gorman & Read, 2006).Gorman, B. K., & Read, J. G. (2006). Gender disparities in adult health: An examination of three measures of morbidity. *Journal of Health and Social Behavior, 47*(2), 95–110. Why, then, do women outlive men? Conversely, why do men die earlier than women? The obvious answer is that men have more life-threatening diseases, such as heart disease and emphysema, than women, but that raises the question of why this is so.

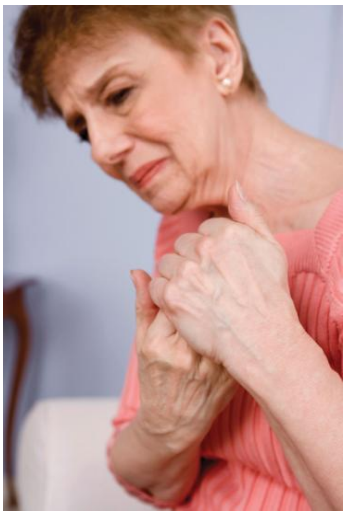
Several reasons explain the gender gap in longevity. One might be biological, as women's estrogen and other sex-linked biological differences may make them less susceptible to heart disease and other life-threatening illnesses, even as they render them more vulnerable to some of the health problems already listed (Kuller, 2010).Kuller, L. H. (2010). Cardiovascular disease is preventable among women. *Expert Review of Cardiovascular Therapy, 8*(2), 175–187. A second reason is that men lead more unhealthy lifestyles than women because of differences in gender socialization. For example, men are more likely than women to smoke, to drink heavily, and to drive recklessly. All such behaviors make men more vulnerable than women to life-threatening illnesses and injuries. Men are also more likely than women to hold jobs in workplaces filled with environmental and safety hazards that kill thousands of people—most of them men—annually.

A final reason is men's reluctance to discuss and seek help for their medical problems, owing to their masculine socialization into being "strong, silent types." Just as men do not like to ask for directions, as the common wisdom goes, so do they not like to ask for medical help. As one physician put it, "I've often said men don't come in for checkups because they have a big *S* tattooed on their chests; they think they're Superman" (Guttman, 1999, p. 10).Guttman, M. (1999, June 11–13). Why more men are finally going to the doctor. *USA Weekend*, p. 10.

Studies find that men are less likely than women to tell anyone when they have a health problem and to seek help from a health-care professional (Emmers-Sommer et al., 2009).Emmers-Sommer, T. M., Nebel, S., Allison, M.-L., Cannella, M. L., Cartmill, D., Ewing, S., et al. (2009). Patient-provider communication about sexual health: The relationship with gender, age, gender-stereotypical beliefs, and perceptions of communication inappropriateness. *Sex Roles: A Journal of Research*, *60*, 9–10. When both sexes do visit a physician, men ask fewer questions than women do. In one study, the average man asked no more than two questions, while the average woman asked at least six. Because patients who ask more questions get more information and recover their health more quickly, men's silence in the exam room may contribute to their shorter longevity (Foreman, 1999).Foreman, J. (1999, June 14). A vist most men would rather not make. *The Boston Globe*, p. C1. Interestingly, the development of erectile

dysfunction drugs like Viagra may have helped improve men's health, as men have had to see a physician to obtain prescriptions for these drugs when otherwise they would not have seen a physician (Guttman, 1999).Guttman, M. (1999, June 11–13). Why more men are finally going to the doctor. *USA Weekend*, p. 10.

We have just discussed why men die sooner than women, which is one of the two gender differences that constitute the morbidity paradox. The other gender difference concerns why women have more nonfatal health problems than men. Several reasons explain this difference (Read & Gorman, 2010).Read, J. G., & Gorman, B. M. (2010). Gender and health inequality. *Annual Review of Sociology, 36*, 371–386.



Women more than men tend to have more health problems that are not life threatening. Two reasons for this gender difference are gender inequality in the larger society and the stress accompanying women's traditional caregiving role in the family.

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One reason arises from the fact that women outlive men. Because women are thus more likely than men to be in their senior years, they are also more likely to develop the many health problems associated with old age. This suggests that studies that control for age (by comparing older women with older men, middle-aged women with middle-aged men, and so forth) should report fewer gender differences in health than those that do not control for age, and this is indeed true.

However, women still tend to have worse health than men even when age is taken into account. Medical sociologists attribute this gender difference to the gender inequality in the larger society (Read & Gorman, 2010).Read, J. G., & Gorman, B. M. (2010). Gender and health inequality. *Annual Review of Sociology, 36*, 371–386. For example, women are poorer overall than men, as they are more likely to work only part-time and in low-paying jobs even if they work full time. As discussed earlier in this chapter, poverty is a risk factor for health problems. Women's worse health, then, is partly due to their greater likelihood of living in poverty or near poverty. Because of their gender, women also are more likely than men to experience stressful events in their everyday lives, such as caring for a child or an aging parent. Their increased stress impairs the immune systems and thus worsens their health. It also is an important cause of their greater likelihood of depression and the various physical health problems (weakened immune systems, higher blood pressure, lack of exercise) that depression often causes. Finally, women experience discrimination in their everyday lives because of our society's sexism, and (as is also true for people of color) this discrimination is thought to produce stress and thus poorer physical health (Landry & Mercurio, 2009).Landry, L. J., & Mercurio, A. E. (2009). Discrimination and women's mental health: The mediating role of control. *Sex Roles: A Journal of Research, 61*, 3–4.

Health Disparities: Mental Health

Health consists of mental well-being as well as physical well-being, and people can suffer mental health problems in addition to physical health problems. Scholars disagree over whether mental illness is real or, instead, a social construction. The predominant view in psychiatry, of course, is that people do have actual problems in their mental and emotional functioning and that these problems are best characterized as mental illnesses or mental disorders and should be treated by medical professionals (McNally, 2011).McNally, R. J. (2011). *What is mental illness?* Cambridge, MA: Belknap Press. But other scholars say mental illness is a social construction or a "myth" (Szasz, 2010).Szasz, T. S. (2010). *The myth of mental illness: Foundations of a theory of personal conduct*. New York, NY: Harper Perennial. In their view, all kinds of people sometimes act oddly, but only a few are labeled as

mentally ill. If someone says she or he hears the voice of an angel, we ordinarily attribute their perceptions to their religious views and consider them religious, not mentally ill. But if someone instead insists that men from Mars have been in touch, we are more apt to think there is something mentally wrong with that person. Mental illness thus is not real but rather is the reaction of others to problems they perceive in someone's behavior.

This intellectual debate notwithstanding, many people do suffer serious mental and emotional problems, such as severe mood swings and depression, that interfere with their everyday functioning and social interaction. Sociologists and other researchers have investigated the social epidemiology of these problems. Several generalizations seem warranted from their research regarding disparities in mental health (Cockerham, 2011).Cockerham, W. C. (2011). *Sociology of mental disorder* (8th ed.). Upper Saddle River, NJ: Prentice Hall.

Social Class

First, social class affects the incidence of mental illness. To be more specific, poor people exhibit more mental health problems than richer people: They are more likely to suffer from schizophrenia, serious depression, and other problems. A major reason for this link is the stress of living in poverty and the many living conditions associated with it. One interesting causal question here is whether poverty leads to mental illness or mental illness leads to poverty. Although there is evidence of both causal paths, most scholars believe that poverty contributes to mental illness more than the reverse (Warren, 2009).Warren, J. R. (2009). Socioeconomic status and health across the life course: A test of the social causation and health selection hypotheses. *Social Forces*, *87*(4), 2125–2153.



Women are more likely than men to be seriously depressed. Sociologists attribute this gender difference partly to gender socialization that leads women to keep problems inside themselves while encouraging men to express their problems outwardly.

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Race and Ethnicity

Second, there is no clear connection between race/ethnicity and mental illness, as evidence on this issue is mixed: Although many studies find higher rates of mental disorder among people of color, some studies find similar rates to whites' rates (Mossakowski, 2008).Mossakowski, K. N. (2008). Dissecting the influence of race, ethnicity, and socioeconomic status on mental health in young adulthood. *Research on Aging*, *30*(6), 649–671. These mixed results are somewhat surprising because several racial/ethnic groups are poorer than whites and more likely to experience everyday discrimination, and for these reasons should exhibit more frequent symptoms of mental and emotional problems. Despite the mixed results, a fair conclusion from the most recent research is that African Americans and Latinos are more likely than whites to exhibit signs of mental distress (Jang, Chiriboga, Kim, & Phillips, 2008; Mossakowski, 2008).Jang, Y., Chiriboga, D. A., Kim, G., & Phillips, K. (2008). Depressive symptoms in four racial and ethnic groups: The survey of older Floridians (SOF). *Research on Aging*, *30*(4), 488–502; Mossakowski, K. N. (2008). Dissecting the influence of race, ethnicity, and socioeconomic status on mental health in young adulthood. *Research on Aging*, *30*(6), 649–671.

Gender

Third, gender is related to mental illness but in complex ways, as the nature of this relationship depends on the type of mental disorder. Women have higher rates of manic-depressive disorders than men and are more likely to be seriously depressed, but men have higher rates of antisocial personality disorders that lead them to be a threat to others (Kort-Butler, 2009).Kort-Butler, L. A. (2009). Coping styles and sex differences in depressive symptoms and delinquent behavior. *Journal of Youth and Adolescence, 38*(1), 122–136. Although some medical researchers trace these differences to sex-linked biological differences, sociologists attribute them to differences in gender socialization that lead women to keep problems inside themselves while encouraging men to express their problems outwardly, as through violence. To the extent that women have higher levels of depression and other mental health problems, the factors that account for their poorer physical health, including their higher rates of poverty and stress and rates of everyday discrimination, are thought to also account for their poorer mental health (Read & Gorman, 2010).Read, J. G., & Gorman, B. M. (2010). Gender and health inequality. *Annual Review of Sociology, 36*, 371–386.

KEY TAKEAWAYS

- Social class, race and ethnicity, and gender all influence the quality of health in the United States. Health problems are more common among people from low-income backgrounds and among people of color. Women are more likely than men to have health problems that are not life threatening.
- Although debate continues over whether mental illness is a social construction, many people do suffer mental health problems. The social epidemiology for mental health and illness resembles that for physical health and illness, with social class, race/ethnicity, and gender disparities existing.
- The private insurance model in the United States incurs huge administrative costs and results in more than 50 million people lacking health insurance.

FOR YOUR REVIEW

1. In thinking about the health problems of individuals from low-income backgrounds, some people blame lack of access to adequate health care for these problems, while other people blame unhealthy lifestyles practiced by low-income individuals. Where do you stand on this debate?

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9.3.1: Infant Mortality

Infant mortality is the death of young children under the age of 1 and **infant mortality rate (IMR**) is the number of deaths of children under one year of age per 1000 live births. Infant mortality rate is used to standardize infant deaths for global comparisons (WHO, 2019). Premature birth is the largest contributor to the IMR. Other leading causes of infant mortality are birth asphyxia, pneumonia, congenital malformations, diseases and malnutrition. Many factors contribute to infant mortality, such as the mother's level of education, environmental conditions, and political and medical infrastructure. Improving sanitation, access to clean drinking water, immunization against infectious diseases, and other public health measures can help reduce high rates of infant mortality.

The reported IMR provides one statistic which reflects the standard of living in each nation. However, the method of calculating IMR often varies widely between countries, based on how they define a live birth and how many premature infants are born in the country. For these reasons, reporting infant mortality rate can be inconsistent and may be *understated*. Of the 27 most developed countries, the United States has the highest IMR, despite spending much more on health care per capita. In particular, IMR varies greatly by race and socio-economic status ("Infant Mortality", 2019). These numbers are disconcerting given the resources available and technological advances available for health care in the United States. The relatively high IMR raises questions about culture and the impact this racial and socio-economic disparity has on infant health.

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SECTION OVERVIEW

9.4: Special Section: Latinx Health

Learning Objectives

- Apply theory and knowledge produced by Chicanx and Latinx communities to describe the critical events, histories, cultures, intellectual traditions, contributions, lived experiences, and social struggles of those groups with a particular emphasis in the realm of health and health policy.
- Critically analyze how health conditions, behaviors, and outcomes are influenced by the intersection of race and racism as they relate to class, gender, sexuality, religion, spirituality, national origin, immigration status, ability, language, and/or age in Chicanx and Latinx communities.
- Explain and assess how struggle, resistance, racial and social justice, solidarity, and liberation, as experienced, enacted, and studied by Chicanx and Latinx communities are relevant to current and structural issues such as communal, national, and transnational politics, for example, public health disparities, environmental justice, and workers' rights.

Introduction

In this chapter, you will learn about the factors, conditions, and cultural contexts that influence Chicanx and Latinx health. This includes health outcomes and behaviors that occur at the individual level, like disease, illness, and well-being. It also includes the collective realities of communities, organizations, politics, and social constructions that influence patterns of health disparities and inequalities. Many negative factors like attempted genocide, settler-colonialism, systemic racism, xenophobia, and intersectional oppression create distinct risks for negative health in Chicanx and Latinx communities. However, we'll also explore the many factors that promote health, strength, resilience, and tenacity among the diverse communities (i.e., Mexican, Mestizxs, Indigenous Mexican, Central American, Chicanxs, Latinx, South American, Indigenous Latinx, etc.) that make up these populations.

In the first section, you will have the opportunity to explore these broader factors and understand the conceptual frameworks for analyzing health. This includes a discussion of institutional health, traditional health, and processes that affect migrant communities and people of color, like acculturation. This also emphasizes the importance of an intersectional perspective, including feminist and queer contributions to the promotion of Chicanx and Latinx health. Then, you will have an opportunity to explore these concepts in the realm of mental health, learning about some of the documented disparities in this area. While Latinx people suffer many risk factors, the "Latino Health Paradox" has been noted by health researchers, as Latinx people fare better with respect to some health outcomes, especially among first-generation immigrants, compared to non-Hispanic whites and other communities of color.

In the final section, we will be broadening the scope to look at the environments that influence health, including the relationships between human societies and the natural world, as well as the environments where Latinx people live and work. These topics have become discussed more widely in recent years, thanks to the activism of social movement leaders. For example, the globally recognized Indigenous-led struggles to stop and prevent pipeline projects in the U.S. and Canada have elevated conversations about the importance of protecting healthy water supplies for humans. As well, the COVID-19 pandemic has brought to society's attention the working conditions that influence health among many working-class communities, including industries that disproportionately employ Latinxs, including agriculture, retail, logistics, construction, maintenance, and sanitation.

9.4.1: Frameworks for Analyzing Chicanx and Latinx Health

9.4.2: Environmental Justice and Health

9.4.3: Workplace Health

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9.4.1: Frameworks for Analyzing Chicanx and Latinx Health

Conceptual Tools for Understanding Chicanx and Latinx Community Health

There is much health and healing of body, mind, and spirit to do given our Chicanx and Latinx history of genocide, colonization, violence, acculturation, sterilization, hazardous working conditions, environmental toxins, diabetes, intergeneration trauma, abuses, and more. Views of health are shaped by one's culture, and culture is informed by nationality, ethnicity, class, gender, sexuality, language, and dis/ability.[1] At the same time, health access and health resources are historically and negatively impacted by a history of anti-Indianness, racism, classism, undocumented status, and region.[2] The implications of wealth, or net worth (what you own minus what you owe) by race, home ownership, and neighborhood income is apparent in the health inequality and lack of health access. There are often better health facilities and well-trained doctors and fully staffed medical facilities in more affluent communities compared to poor ones. For this reason, the emergence of community-based clinics has been critical to racialized ethnic communities, especially in California Chicanx and Latinx communities.[3]

Think about your own experience with health and healing and that of your parents and grandparents. Where have they received most of their health and healing information? Both institutional and traditional health care are key to our communities. **Institutional health care** has to do with health care provided by hospitals and with doctors, physicians, prescribed medications, surgical procedures, and psychiatric appointments, which typically involve insurance. **Traditional health care** has to do with Indigenous ways of health and healing of *cuerpo y alma* (body and soul) mediated through *curanderas/os* (healers) or other specialists, like *parteras* (midwifes) and involves *remedios* (medicinal herbs), ceremonies, *limpias* (spiritual cleansings), *sobaradoras/os* or *sobadas* (massage therapist or massage), *huezeras/os* (bone setter), informal counseling for *bilis* (rage), *susto* (fright), or *envido* (envy), ancestral foodways, and referrals to medical doctors if needed.[4] Traditional health care has been in existence since before colonization and requires skilled and experienced healers.

There are a number of pathways that influence the relationship between settler-colonialism, white supremacy and health. These include the types of foods we eat and what kinds of foods are available for consumption, as well as the environments in which communities live, work, and raise families. These examples show how settler colonialism and white supremacy operate to reproduce health disparities and the ways that communities contest these systems through resilient communities and collective resistance.

Traditional Health Practices and Perspectives

In recent years, with an alarming rate of cancer and research on the connection between our gut and minds, there has been an attempt to move away from processed foods and move towards decolonizing diets and cultivating gardens.[5] This means moving towards the use of ancestral foodways, which includes Mesoamerican (Anaucan) super foods like corn, beans, squash, *nopales* (cactus), chiles, amaranth, and chia and regarding food as an essential part of health and healing rather than only for consumption. However, Chicanx and Latinx communities are more likely to have a hard time accessing fresh fruits and vegetables. In many low-income and immigrant communities, few stores and markets sell fresh items compared to alcohol and processed foods within approximate distance to homes. This can result from zoning processes that place low-income residences and immigrant worker housing in areas far away from central commercial areas and restaurants. Chicanx and Latinx farmworker families who work in the food industry and provide sustenance for communities around the globe are often directly impacted by these disparities.

In terms of abortion, there are various understandings and stances in Latinx communities. Historically among some Chicana/x and Latina/x Indigenous women, there is an awareness of herbs (*ruda*, etc.) and teas that are believed to terminate a pregnancy under the direction of a healer and seriously considering the context of a woman. Given the understanding of the importance of body, mind, and spirit and deep connection to cosmology, abortion is viewed by some healers as a sacred decision that can only be made with much prayer or meditation for permission from the cosmos or divine universe. In a traditional approach, the decision to undergo an abortion requires healing and asking for forgiveness specifically of the uterus because it is viewed as the living organ in which the spirit of the aborted needs to be acknowledged before letting go. There is the healing of the uterus as well as the emotional healing for mental health. A ceremony of healing for loss is needed, requiring prayers in a circle of women who understand life, death, and regeneration, as well as the connection of body, mind, and spirit. On the other hand, the conversation and practice of abortion for Chicanas/xs and Latinas/xs in the context of Christian and Catholic households is sometimes filled with stigma, shame, and embarrassment. Making the decision and undergoing the medicalization of abortion in isolation or secrecy, without the support of mothers or family members, sometimes poses challenges to health and healing in the body, mind, and spirit.

In “To Valerse Por Si Misma between Race, Capitalism, and Patriarchy: Latina Mother-Daughter Pedagogies in North Carolina,” Sofia Villenas and Melissa Moreno examined the narratives or conversations and oral life histories of a group of Latina mothers focusing on the teaching and learning that occurs between mothers and daughters on gender and sexuality through *consejos* (advice), *cuentos* (stories) and *la experiencia* (experience), which are filled with tensions and contradictions yet open with spaces of possibility. Latinas evoked patriarchal ideologies about being a *mujer de hogar* (woman of the home), while simultaneously negotiating these in discourses about knowing how to *valerse por si misma* (to be self-reliant). Mothers teach daughters to be submissive, rebellious, and conforming, all at the same time, as they maneuver between race, patriarchy, and capitalism in the United States.[6]

Traditional health through an Indigenous framework acknowledges the connection and health between body, mind, and spirit. Another example of Indigenous health practices is in the realm of birthing, which is typically regarded as a ceremony, where mothering is considered to be a state of reverence and sacredness as mothers bring life into the world.[7] The guidance of a midwife and doula is valued. You can learn more about the diverse perspectives of midwives of color at this blog site. Indigenous labor practices can involve birthing while squatting, holding on to someone, or using a *rebozo* (traditional shawl) to be held up rather than laying on a bed. Postpartum, the healing after birthing, is thought to require *la cuarentena*, forty days of rest to restore body, mind, and spirit. Specifically restoring the uterus from birthing the child is important. This can include the use of eating and drinking only warm food elements for one’s body and steady milk production. It can also include using a *rebozo* or *faja* (girdle) around the abdomen for support and receiving proper and gentle massages. In terms of connection, there is a family ritual of burying the umbilical cord in a special place where a child can return for a sense of connection and belonging when and if needed in their cycles of life. During newborn stages, the baby is swaddled tightly in the hope of providing comfort similar to in-utero and slow integration into the outside world.

Although there are generations of scientific, religious, and cultural knowledge embedded in traditional health practices, these perspectives are often disregarded in the face of dominant western healthcare. The positive value of these practices depends on the continued health and vitality of the communities that carry them forward.

Healthcare Access and Institutional Health

Traditional *remedios* or medicinal herbs and ancestral foodways for the people connected to land have been impacted by invasion and colonization by the Spanish and European Americans beginning 500 years ago to 150 years ago, depending on the region in this hemisphere, and continuing to today through the structure of settler-colonial governments.[8] When people are de-territorialized or displaced, they lose their land and access to *remedios* (medicine) and ancestral foodways. In combination with settler-colonialism, industrialized capitalism has led to the increased production and sale of processed foods. When you lack access to ancestral food and shift to more processed foods, the increase in sugar, lard, and other chemicals leads to an increase in diabetes and other related health conditions. Diabetes, in some cases, is caused by the experience of being torn from ancestral food and shifting into colonized foodways.[9]

Acculturation refers to the process of adapting to and adopting cultural practices of a new environment, which can include both individual change and community and cultural change. In the context of Chicanx and Latinx health, acculturation is often measured through the number of generations one’s family has lived in the United States. Acculturation is associated with many important health outcomes, including diabetes, obesity, negative birth outcomes, and substance abuse.[10] This can be attributed to the stress that occurs for Chicanx and Latinx families, which includes systemic barriers in housing, education, and employment, as well as bias and discrimination against immigrants. This can impact health outcomes at the community, individual, physiological, and cellular levels.[11]

Institutional health care has contributed to a range of injustices and health disparities. For Chicana/x and Latina/x, Native American, and Black women there is a history of reproducing injustice dating back to colonization and slavery.[12] In the early 1900s, the Eugenics Movement mobilized racist theories of intelligence that also enabled the practice of forced sterilization. For more details on this topic, you can review Section 5.3 on Reproductive Justice. It impacted family formation and served as a form of population control. This history of medical violence experienced by women of color, including Chicanas/xs, Puertorriqueñas/xs, and Latinas/xs continues to cause harm in the lives of people who were not able to have children and entire communities who avoid or delay care due to mistrust of medical providers.[13] In Figure 9.1.1, there is an activist poster from the Women’s Conference in Houston, Texas which leads with the popular reproductive rights framing, “My Body. My Choice,” along with the statements, “Fight for Reproductive Justice” and “Real Feminism Includes Trans Women” around a brown woman sitting in a meditative position.

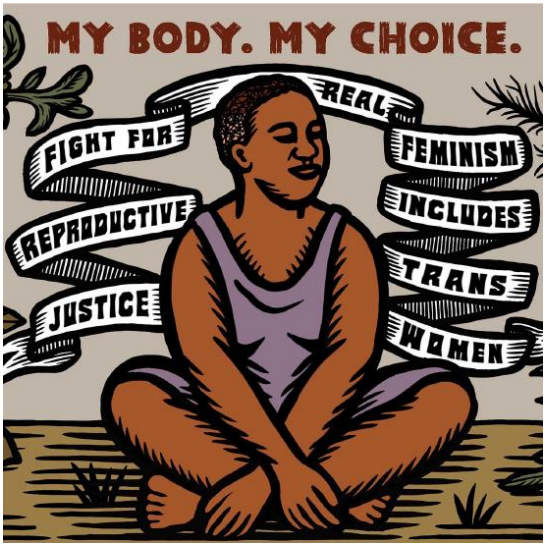


Figure 9.1.1: "My Body. My Choice" by Kill Joy, Justseeds is licensed CC BY-NC-ND 4.0.

Accessing institutional health requires health insurance or large out-of-pocket payments. Both of these can be prohibitive for low-income communities, immigrants, and communities of color like Chicanxs and Latinxs. As well, language barriers can play a role in the struggle for health access. In some Latinx communities, bilingual or Spanish-speaking *promotoras* are essential to helping community members navigate the health system and receive care.[14] ***Promotoras*** are health workers who have received specialized training to provide basic health education in the community, who have been key mediators for Chicanx and Latinx communities to gain health access. You can learn more about how *promotoras* have been part of saving lives and caring for communities with HIV/AIDS in Chapter 6.

The lack of clean and safe water and toxic pollutants used on crops compounds health issues and avoidable illnesses. The impacts of contemporary food systems on our bodies, minds, and spirit have been detrimental. Historically groups like the United Farmworkers, American Indian Movement, Black Panther Party and the South Central Los Angeles Farm have raised awareness about this reality concerning food access and insecurity in Chicanx, Latinx, and Black, Indigenous, and People of Color (BIPOC) communities. Food is ultimately important to forming healthy families and communities. In response, more and more farmers' markets are emerging in low-income working-class communities, aided by the ability to accept EBT payments (food stamps).

Oftentimes, traditional food and food cultures of people of color are characterized as unhealthy, without regard to their place in spiritual, physical, and social processes. For example, outside observers may not understand that certain dishes are meant for holidays, special occasions, and family gatherings. While they may build from the same staple ingredients within the diet, daily dishes are often more modest. In the most extreme distortions, Americanized versions of Chicanx and Latinx foods with processed ingredients, extreme portion sizes, and unhealthy additives are taken to stand in for traditional foods.

In some contexts, researchers have observed a pattern that can be described as the **Latino Health Paradox**. This means that immigrant Mexican and Latinx people report better health and longer life expectancy compared to their acculturated Mexican origin and Latinx counterparts as well as European Americans, includcing those of higher class statuses. Despite experiencing discrimination and institutional exclusion, which are typically risk factors that exacerbate bad health, recent migrants carry forward strong traditions of resilience and well-being. Traditional diet and lifestyle play a major role in the Latino Health Paradox theory. Fewer years of processed foods, more walking, and less drug and substance abuse by immigrants make a difference in everyday health and overall longevity.

Institutional health has been structured around the role of doctors exclusively tending to the physical body. This perspective is supported by western medicine and, in the U.S. context, involved with the for-profit pharmaceutical and health insurance industries. However, there has also been a movement towards holistic medicine that has found supporters in hospitals and clinics, including formal partnerships with traditional healthcare providers. For example, certified midwives have only recently been accepted to work in hospital settings in the state of California since 2010. Nursing and breast milk have recently been valued compared to the once popular formula and commercialized milk. Some hospitals have an option for birthing in water. Some physicians have improved care for transgender and other vulnerable communities. For supplemental exploration on this topic, explore this short post from UC Davis on the topic of transgender care.

Holistic health practitioners and traditional health perspectives recognize the need to radically shift the current medical system of health services to a commitment to healthcare for all. The image displayed in Figure 9.1.2 visualizes the activist call for "Health Care For All!"



Figure 9.1.2: "Healthcare for All" by Josh MacPhee, Justseeds is licensed CC BY-NC-ND 4.0

Disability Justice among Chicanx and Latinx Communities

Disability justice and the health of the Chicanx and Latinx community are interconnected in several ways. The principles of disability justice emphasize the rights and inclusion of individuals with disabilities, recognizing that disability is not solely an individual issue but a result of societal barriers and systemic oppression. In the context of the Chicanx and Latinx community, this means acknowledging and addressing the unique health challenges faced by individuals with disabilities within these communities.

Chicanx and Latinx communities often faces disparities in access to healthcare, which can further impact individuals with disabilities. Limited resources, language barriers, and cultural factors can hinder their ability to receive adequate healthcare services and support. Disability justice advocates for a comprehensive approach to health that addresses these barriers and ensures that healthcare systems are inclusive, culturally sensitive, and accessible to individuals with disabilities within the Chicanx and Latinx community. This includes promoting awareness and education about disability rights, advocating for equal healthcare access, and creating support networks that prioritize the well-being and needs of individuals with disabilities in these communities. By integrating disability justice into Chicanx and Latinx community health initiatives, we can work towards a more equitable and inclusive healthcare system that promotes the overall well-being of all community members.

Footnotes

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[7] Lara Medina and Martha R. Gonzales, eds., *Voices from the Ancestors*.

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9.4.2: Environmental Justice and Health

Interdependence and the Environment

Indigenous traditions tend to view aspects of the environment as relational rather than as being separated from human society and communities.[46] This perspective underscores the importance of environmental factors to both individual and community health. For example, pollutants in the air and water affect individual health and can also increase a community's risk for various diseases like cancer, heart disease, cholera, hepatitis, dysentery, respiratory diseases, and much more. Further, the denigration of natural environments also harms plants and animals, which can affect food supplies, water cycles, and natural recreation areas. In Figure 9.3.1, this idea is represented through the image of a child looking into the water to see the outlines of adult figures, which is captioned with the sentence, "What we do to water, we do to ourselves."



Figure 9.3.1: "What We Do To Water, We Do To Ourselves" by Bec Young, Justseeds is licensed CC BY-NC-ND 4.0.

Structural Inequalities and the Built Environment

Structural inequalities in society mean that unhealthy environments tend to disproportionately impact communities of color, low-income areas, and immigrants. Chicanx and Latinx communities are more likely to live in areas that have air pollution by industrial factories and large-scale agriculture. This can lead to high rates of preventable illnesses like asthma. In the context of climate change and global warming, the risks to the environment have become more pronounced and severe. This can be observed in places like Puerto Rico, which has suffered an onslaught of devastating natural disasters, including hurricanes and earthquakes. The negative impacts of these events on everyday residents' health and well-being are made much worse by the prevailing U.S. political and economic interests that operate on the island.[47]

As a U.S. territory, Puerto Rico is politically vulnerable. While the U.S. is responsible for the island, there are no elected officials who have the authority to hold the government accountable for its response at the federal level. After Hurricane Maria in 2017, the sitting U.S. President downplayed the effects of the hurricane on the island, delayed federal aid, and turned the event into a political sideshow. The island is also threatened by inadequate infrastructure. In 2022, after Hurricane Fiona, nearly a million residents remained in an extended power outage, despite paying some of the highest electricity rates in the country. The existence of laws

like **Act 22**, which allows individuals to operate in Puerto Rico without paying any capital gains taxes, encourages predatory capitalism that has left the island in a constant cycle of exploitation.

These same dynamics that are present in Puerto Rico are reflected in Chicanx and Latinx communities throughout the U.S. and Latin America. For example, critical infrastructure and conservation projects in Latin America are threatened by widespread corruption and political instability, which has been encouraged by decades of U.S. intervention in Latin American elections, especially through the CIA and organizations like the School of the Americas. In the United States, Chicanx and Latinx communities are disproportionately excluded from political representation through the disenfranchisement of individuals with a criminal record and the fact that immigrants cannot vote in U.S. elections. This means that Latinx communities are much less likely to receive funding for neighborhood improvement projects, the development of public parks, and environmental protection efforts.

Environmental Justice Advocacy and Activism

An environmental justice perspectives takes into account the interwoven social, cultural, geographic, and systemic factors that influence who has access to safe, healthy, productive, and sustainable environments. **Environmental justice** refers to addressing environmental concerns in conjunction with other aspects of exploitation and oppression, including white supremacy, capitalism, cisheteropatriarchy, and settler-colonialism. Chicanx and Latinx communities often suffer the direct effects of pollution and industrialization, with power plants, chemical refineries, and factories located in disparate proximity to housing.[48]

For example, in Oxnard, California, the group Central Coast Alliance United for a Sustainable Economy (CAUSE) successfully advocated against the building of a new large fossil fuel power plant in 2018 called the Puente Project.[49] This required four years of advocacy, which was driven forward by grassroots mobilization led by Latina women in their local neighborhoods. The concentration of agricultural business and infrastructure in the city has led to stark rates of health disparities for this majority people of color and heavily immigrant community. While people have long felt the effects of these disparities, CAUSE was able to lead a campaign that prevented the supposedly inevitable growth of the power plants and industrial pollution. Through a combination of raising political support and taking direct, creative public actions, everyday people led by Latina/x activists were able to prevent the Puente project and create a platform for clean energy, which benefits the people of the city and all of the surrounding communities.

Footnotes

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9.4.3: Workplace Health

Factors Influencing Workplace Health

The impacts of external factors on health also deeply influence community health in the context of workplaces. Chicanx and Latinx people are over-represented in industries that include a high risk of workplace exposure to toxic chemicals, such as agriculture, gardening, cleaning, construction, and food service. Vulnerability to this exposure is made worse by language barriers and exploitation of legal and immigration status. Required safety procedures, training, and materials are often provided in English and not translated or interpreted into other languages. Further, even when the dangers of poor working conditions are well known and understood, employers may refuse to provide proper safety equipment or adjust the workplace setting and instead threaten the workers' legal status to coerce compliance. You can review more about the advocacy around workers' rights and health in Chapter 7: Social Movement Activity.

COVID-19 and Chicanx and Latinx Workers' Health

During the onset of the COVID-19 pandemic, the topic of workers' health and safety became a question of national discussion and policymaking. Employers and politicians constructed the category of **essential work** to describe the people whose jobs contribute directly to the daily basic functioning of society, most of whom would be categorized as low-income and working-class workers, including agricultural workers, retail clerks in grocery stores, pharmacies, and supply stores, and maintenance workers. These individuals were asked to continue to work and expose themselves to a potentially lethal disease in order to ensure the ongoing comfort and stability of society as a whole. The image in Figure 9.4.1 shows the representation of Black and Brown workers in retail, farmwork, logistics, sanitation, and office work who were deemed "essential" and continued working during the most dangerous parts of the pandemic. The image includes the words, "My heart overflows with gratitude for the workers giving us life."



Figure 9.4.1: "Solidarity with Essential Workers" by Melanie Cervantes, Justseeds is licensed CC BY-NC-ND 4.0.

Corporations sought to frame these workers as "heroes" in order to place a symbolic value on this sacrifice without providing any policy or economic redress. However, labor unions, workers' organizations, and liberal politicians advocated for employers to be required to provide safety equipment, paid sick time, and protections for workers who exercised their rights. However, despite these efforts, Chicanx and Latinx communities were still disproportionately impacted by COVID-19 infection rates. Migrant communities, who were already more likely to be exposed to chemicals and working conditions that deteriorate respiratory health, were put into the position of risking infection and their own health and that of their families to continue feeding the world. In Figure 9.4.2, an activist artist has crafted an image of recognition and gratitude, with a Latina farmworker carrying a box of tomatoes surrounded by palm fronds and the words "Migrant Womxn Feed the World" written across the produce box.



Figure 9.4.2: "Migrant Women Feed the World" by Gabriela Aleman, Justseeds is licensed CC BY-NC-ND 4.0.

The **COVID-19** pandemic also reflected many recurring and long-term barriers to healthcare, including a lack of healthcare providers in Chicanx and Latinx communities, skepticism of physicians, and the exclusion of immigrants and non-English speakers from health resources.[50] This has led to not only higher rates of COVID-19 infection among Chicanx and Latinx communities but also increased risk of hospitalization, serious symptoms, and death. Even after the virus has been declared endemic by the CDC, these overall barriers have continued to disparately impact Chicanx and Latinx communities, who are more likely to live and work in densely populated environments and be subjected to continuous controls like mandated mask-wearing in retail, food service, cleaning, and healthcare settings.

Summary

The health and well-being of Chicanx and Latinx communities are influenced by many factors. Throughout this chapter, we learned about and analyzed aspects of traditional health and healing that have been degraded by generations of settler-colonial structures and the enforcement of western medicine. These larger structures have influenced health disparities for Chicanx and Latinx communities, including individual-level indicators like physical health and mental health. Institutional healthcare has failed to address the wellbeing of Chicanx and Latinx communities, ranging from direct violence at the hands of medical practitioners to exclusions in health policy and bias and discrimination in the delivery of healthcare.

Yet, communities, healthcare providers, and activists have continued to sustain traditional practices of health and healing for the present and future generations. This work addresses the disparities and gaps created in the dominant western medical system, and creates opportunities for collaboration to invest in holistic health, community wellbeing and healthcare for all. With a sustained effort grounded in education, families, and creating spaces of belonging, we heal from the physical, mental and spiritual struggles of the body, mind, and spirit.

Ancillary materials for this chapter are located in Section 11.9: Chapter 9 Resource Guide, which includes slides, media, writing and discussion prompts, and suggested assignments and activities.

Key Terms

Institutional health care: Health care provided by hospitals and with doctors, physicians, prescribed medications, surgical procedures, and psychiatric appointments, which typically involve insurance.

Traditional health care: Indigenous ways of health and healing of *cuerpo y alma* (body and soul) mediated through *curanderas/os* (healers) or other specialists, like *parteras* (midwifes) and involves *remedios* (medicinal herbs), ceremonies, *limpias* (spiritual cleansings), *sobaradoras/os sobadas* (massage therapist or massage), *huezera/o* (bone setter), informal counseling for *bilis* (rage), *susto* (fright), or *envido* (envy), and ancestral foodways.

Acculturation: The process over time of adapting to and adopting cultural practices of a new environment, which can include both individual change and community and cultural change.

Latino Health Paradox: The pattern of immigrant Mexican and Latinx people report better health and longer life expectancy compared to their acculturated Mexican origin and Latinx counterparts and European Americans of higher class statuses.

Promotoras: Health workers who have received specialized training to provide basic health education in the community, who have been key mediators for Chicanx and Latinx communities to gain health access.

287(g) agreements: Policies that permit the cooperation of federal immigration authorities with local police and have increased the use of invasive and violent strategies in deportation and other immigration enforcement activities.

Structural vulnerability: Someone's status in society's multiple overlapping and mutually reinforcing power hierarchies.

Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA): Law that made permanent residents are ineligible for public assistance during their first five years in the U.S.

Public charge rule: A policy based on the Immigration and Nationality Act (INA) § 212(a)(4), which states that individuals are inadmissible to the U.S. if they are "likely at any time to become a public charge", and discouraged noncitizens from pursuing needed benefits prior to regulating their status

Act 22: Law that allows individuals to operate in Puerto Rico without paying any capital gains taxes, which encourages predatory capitalism that has left the island in a constant cycle of exploitation.

Environmental justice: Addressing environmental concerns in conjunction with other aspects of exploitation and oppression, including white supremacy, capitalism, cisheteropatriarchy, and settler-colonialism.

Essential work: A phrase that describes people whose jobs contribute directly to the daily basic functioning of society, most of whom would be categorized as low-income and working-class workers, including agricultural workers, retail clerks in grocery stores, pharmacies, and supply stores, and maintenance workers.

COVID-19: A pandemic that reflects many recurring and long-term barriers to healthcare, including a lack of healthcare providers in Chicanx and Latinx communities, skepticism of physicians, and the exclusion of immigrants and non-English speakers from health resources.

Footnote

[50] Mario Alberto Viveros Espinoza-Kulick, "Movement Pandemic Adaptability: Health Inequity and Advocacy among Latinx Immigrant and Indigenous Peoples," *International Journal of Environmental Research and Public Health* 19, no. 15 (2022): 8981.

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CHAPTER OVERVIEW

10: Culture and Mental Health

10.1: Culture and Mental Health

10.2: Universal Disorders

10.3: Barriers and Reducing Stigma around Mental Illness

Special Section: Latinx Mental Health

10.4: Special Section: Latinx Mental Health

By the end of this chapter, students should be able to:

1. **Explain** how cultural values and worldviews influence definitions and perceptions of mental health and illness.
2. **Identify** how culture affects the expression, interpretation, and diagnosis of psychological disorders.
3. **Describe** the role of stigma, discrimination, and systemic inequality in contributing to mental health disparities across diverse populations.
4. **Compare and contrast** Western psychiatric frameworks with culturally specific models of mental health and healing.
5. **Evaluate** the impact of cultural identity, acculturation, and historical trauma on mental health outcomes.
6. **Discuss** the importance of culturally responsive and community-based approaches in mental health care.
7. **Apply** principles of cultural humility and cultural competence when considering mental health treatment and prevention strategies.

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10.1: Culture and Mental Health

What is Mental Illness?

A **psychological disorder** is a condition characterized by abnormal thoughts, feelings, and behaviors. **Psychopathology** is the study of psychological disorders, including their symptoms, etiology (i.e., their causes), and treatment. The term psychopathology can also refer to the manifestation of a psychological disorder. Although consensus can be difficult, it is extremely important for mental health professionals to agree on what kinds of thoughts, feelings, and behaviors are truly abnormal in the sense that they genuinely indicate the presence of psychopathology.

Certain patterns of behavior and inner experience can easily be labeled as abnormal and clearly signify some kind of psychological disturbance. The person who washes his hands 40 times per day and the person who claims to hear the voices of demons exhibit behaviors and inner experiences that most would regard as abnormal. Abnormal refers to beliefs and behaviors that suggest the existence of a psychological disorder.

On the other hand, consider the nervousness a young man feels when talking to attractive women or the loneliness and longing for home a freshman experiences during her first semester of college—these feelings may not be regularly present, but they fall in the range of normal. So, what kinds of thoughts, feelings, and behaviors represent a true psychological disorder? Psychologists work to distinguish psychological disorders from inner experiences and behaviors that are merely situational, idiosyncratic, or unconventional.

Historical Explanations

Throughout history there have been three general theories of the etiology (causes) of mental illness: supernatural, somatogenic, and psychogenic.

- **Supernatural** theories attribute mental illness to possession by evil or demonic spirits, displeasure of gods, eclipses, planetary gravitation, curses, and sin.
- **Somatogenic** theories identify disturbances in physical functioning resulting from either illness, genetic inheritance, or brain damage or imbalance.
- **Psychogenic** theories focus on traumatic or stressful experiences, maladaptive learned associations and cognitions, or distorted perceptions.

Etiological theories of mental illness determine the care and treatment mentally ill individuals receive. Modern treatments of mental illness are mostly associated with the establishment of hospitals and asylums, beginning in the sixteenth century, to house and confine the poor, homeless, unemployed, criminals and those with mental illness. While inhumane by today's standards, the view of insanity at the time likened individuals with mental illness to animals (i.e., animalism) who did not have the capacity to reason, could not control themselves, were capable of violence without provocation, did not have the same physical sensitivity to pain or temperature, and could live in miserable conditions without complaint.

Etiological theories coexist today in what the psychological discipline holds as the **biopsychosocial model** of explaining human behavior. While individuals may be born with a genetic predisposition for a certain disorder, certain psychological stressors need to be present for the development of the disorder. Sociocultural factors such as sociopolitical or economic unrest, poor living conditions, trauma or problematic interpersonal relationships are also viewed as contributing factors. As much as we want to believe that in present day we are above the historical treatments now considered inhumane, or that the present is always the most enlightened time, we should not forget that our thinking today continues to reflect the same underlying somatogenic and psychogenic theories of mental illness discussed throughout this superficial and brief history of mental illness.

Diagnosis

Progress in the treatment of mental illness necessarily implies improvements in the diagnosis of mental illness. A standardized diagnostic classification system with agreed-upon definitions of psychological disorders creates a shared language among mental health providers and aids in clinical research. While disorders have been recognized as far back as the ancient Greeks, it was not until 1883 that German psychiatrist Emil Kräpelin (1856–1926) published a comprehensive system of psychological disorders that centered on a pattern of symptoms (i.e., syndrome) suggestive of an underlying physiological cause. Other clinicians also suggested classification systems that became popular but the need for a single, shared system paved the way for the American Psychiatric Association's 1952 publication of the first Diagnostic and Statistical Manual (DSM). The most recent version is the DSM-5 (2013).

Each revision reflects an attempt to help clinicians streamline diagnosis and work better with other diagnostic systems such as health diagnoses outlined by the World Health Organization (WHO).

While the concept of mental or psychological disorders is difficult to define, and no definition will ever be perfect, it is recognized as an extremely important concept and therefore psychological disorders (aka mental disorders) have been defined as a psychological dysfunction which causes distress or impaired functioning and deviates from typical or expected behavior according to societal or cultural standards. This definition includes three components (3 Ds)

- Dysfunction
- Distress
- Deviance

Dysfunction includes disturbances in a person's thinking, emotional regulation, or behavior that reflects significant dysfunction in psychological, biological, or developmental processes underlying mental functioning. In other words, dysfunction refers to a breakdown in cognition, emotion, and/or behavior. For instance, an individual experiencing the delusion that he is an omnipotent deity has a breakdown in cognition because his thought processes are not consistent with reality. An individual who is unable to experience pleasure has a breakdown in emotion. Finally, an individual who is unable to leave her home and attend work due to fear of having a panic attack is exhibiting a breakdown in behavior.

Distress can take the form of psychological or physical pain, or both at the same time. Simply put, distress refers to suffering. Alone though, distress is not sufficient enough to describe behavior as abnormal. Think about it – the loss of a loved one causes even the most "normally" functioning individual pain and suffering. An athlete who experiences a career ending injury would display distress as well. Suffering is part of life and cannot be avoided. **Impairment** refers to when the person experiences a disabling condition that limits the ability to engage in activities of daily living (e.g., can no longer maintain minimum standards of hygiene, pay bills) or participate in social events (e.g., attending social events), work or school. Impairment can also interfere with the ability to perform important life roles (e.g., student, caregiver or parent).

A closer examination of the word abnormal shows that it indicates a move away from what is normal, typical, or average**. Deviance** refers to behavior that violates social norms or cultural expectations because culture determines what is normal. When a person is said to be deviant when he or she fails to follow the stated and unstated rules of society, called **social norms**. As you might expect there is a lot of cultural variation in acceptable behavior.

Earlier we learned about **cultural relativism** and shat is considered normal by a culture can change over time due to shifts in accepted values and expectations. For instance, just a few decades ago homosexuality was considered taboo in the United States and it was included as a mental disorder in the first edition of the DSM; but today, it is generally accepted. Likewise, public displays of affection, do not cause a second look by most people unlike the past when these outward expressions of love were restricted to the privacy of one's own house or bedroom. In the United States, crying is generally seen as a weakness for males but if the behavior occurs in the context of a tragedy then it is appropriate and understandable. Finally, consider that statistically deviant behavior is not necessarily negative. Cognitive genius is an example of behavior that is not the norm. Abnormality alone is not an indication of a disorder or problem.

Though not part of the DSM -5 conceptualization of what abnormal behavior is, many clinicians add a fourth D – dangerousness to this list. **Dangerousness** refers to when behavior represents a threat to the safety of the person or the safety of others. Individuals expressing suicidal intent, those experiencing acute paranoid ideation combined with aggressive impulses (e.g., wanting to harm people who are perceived as being out to get them), and many individuals with antisocial personality disorder may be considered dangerous. Mental health professionals (and many other professionals including researchers) have a duty to report to law enforcement when an individual expresses an intent to harm themselves or others. Individuals with depression, anxiety, and obsessive-compulsive disorder are typically no more a threat to others than individuals without these disorders. It is very important to remember that having a mental disorder does not automatically mean that a person is dangerous and most dangerous individuals are not mentally ill.

References to mental illness can be found throughout history. The evolution of mental illness, however, has not been linear or progressive but rather cyclical. Whether a behavior is considered normal or abnormal depends on the context surrounding the behavior and thus changes as a function of a particular time and culture. In the past, uncommon behavior or behavior that deviated from the sociocultural norms and expectations of a specific culture and period has been used as a way to silence or control certain individuals or groups.

As a result, a less cultural relativist view of abnormal behavior has focused on whether behavior poses a threat to oneself or others or causes so much distress that it interferes with one's responsibilities or relationships with family and friends.

There has been a recent shift in medicine, psychology and anthropology and the way that we study and evaluate culturally specific forms of distress. Historically, the terms culture – bound syndrome, cultural – specific syndrome, or folk illness were used to categorize symptoms or disorders that we believed to be specific to certain societies or cultures. More recent research (Kaiser, & Weaver, 2019; Ventriglio, Ayonrinde, and Bhugra, 2016) question our perception of truly culturally specific conditions. Expressions and descriptions of disorders once thought to be culturally unique often overlap with symptoms that are seen and described in other cultures; these clusters of symptoms are just called something else.

Cultural Concepts of Distress

Changes to society over the last decade, including technological advancements and increased globalization, has expanded cross-cultural influences and reduced cultural isolation. This means that descriptions of symptoms and expressions of distress that once seemed confined to specific locations in the world are being transmitted through social media and other influences. For example, anorexia nervosa was once thought to be a condition unique to Western cultures but recent psychiatric and psychologial research has identified symptoms of the disorder in other cultures and societies (Kaiser & Weaver, 2019).

In medicine and medical anthropology, a **culture-bound syndrome**, culture-specific syndrome, or folk illness is a combination of psychiatric (brain) and somatic (body) symptoms that are considered to be a recognizable disease only within a specific society or culture. There are no objective biochemical or structural alterations of body organs or functions and the disease is not recognized in other cultures. The term culture-bound syndrome was included in the fourth version of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1994) which also includes a list of the most common culture-bound conditions.

Recent changes to DSM-5TR and the ICD-11 suggest a trend toward better understanding cultural influences rather than culturally specific disorders. Rather than disorders being confined to specific cultures, the emphasis has changed to better recognition of the expression of symptoms and sources of distress within each culture in order to improve healthcare and treatment. To capture the changes in thinking and understanding, the DSM – 5TR includes a section on **Cultural Concepts of Distress,** which are the ways that different cultural groups experience, understand, and communicate suffering, behavioral issues, or troubling thoughts and emotions. Cultural concepts of distress include a combination of psychiatric (brain) and somatic (body) symptoms that are considered to be a recognizable disease only within a specific society or culture. There are 3 concepts linked to CCD to help clinicians assess and to formulate a diagnosis:

- **Cultural syndrome** refers to clusters of symptoms of distress that occur and are understood within specific cultural groups, communities or contexts.
- **Cultural idiom of distress** acknowledges that expressions of suffering may not be syndromes. An idiom of distress in a way of talking about symptoms or experiences among people with similar backgrounds. These words or expressions do not need to be part of a syndrome. For example, consider the phrase, "I feel blue." In the United States we would understand that to mean that someone feels sad or depressed but the meaning of the phrase would not translate or be understood in the same way in other countries or cultures.
- **Cultural explanation or perceived cause** of the disorder. This means that symptoms or suffering are directly attributed to linked to specific causal factors rooted in local beliefs or values. This could include explanations like spirits or failure to follow specific cultural practices. For example, in some cultures being the target of envy or jealousy *(mal de ojo)* can result in headaches, fever, crying or anxiety.

The three concepts replaced the phrase *culture – bound syndrome* in the revised version of the DSM.

Some cultural syndromes involve somatic symptoms (pain or disturbed function of a body part), while others are purely behavioral. Some cultural syndromes appear with similar features in several cultures, but with locally specific traits. In general, cultural syndromes meet the diagnostic criterais for several disorders in the DSM but do not correspond directly with any one disorder – this is part of why they are considered a cultural syndrome. The DSM – 5TR includes 10 examples of cultural syndromes that are currently identified in the global community including *Dhat*, *Hikikomori*, and *Susto*.

- **Dhat syndrome** is a condition found in the cultures of the Indian subcontinent in which male patients report that they suffer from premature ejaculation or impotence, and believe that they are passing semen in their urine.
- **Hikikomori** is cultural syndrome found in Japan that is characterized by severe isoloation including physical isolation in a person's home. It is also characterized by extreme psychological detachment from society, and avoiding tasks that require

interaction with others. This condition is recognized as a psychological disorder in the Japanese classification system (their equivalent of the DSM).
- **Susto** is a cultural illness primarily among Latin American cultures. It is described as a condition of being frightened and "chronic somatic suffering stemming from emotional trauma or from witnessing traumatic experiences lived by others.

Within the ICD-10 (Chapter V) framework cultural syndromes are characterized by:

- Categorization as a disease in the culture.
- Widespread familiarity in the culture.
- Complete lack of familiarity or misunderstanding of the condition to people in other cultures.
- No objectively demonstrable biochemical or tissue abnormalities.
- The condition is usually recognized and treated by the folk medicine of the culture.

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10.2: Universal Disorders

Universal Disorders

I am sure you have realized that it can be difficult to get a professional consensus on the definition of a disorder and whether it exists outside of a cultural context. **Universal disorder** refers to the incidence of a particular set of symptoms as occurring across various cultures and circumstances and includes mental illnesses. Universal disorders focus on the genetic and biological factors contributing to the condition, in addition to cultural and contextual factors.

While the debate about culturally specific versus universal conditions continues in regard to clinical diagnosis, most experts agree that viewing illness through the lens of culture is imperative when addressing symptoms, societal stigma, and treatment options. In this section, we will explore the symptoms and diagnostic criteria of four mental health categories seen across the globe:

- Major Depressive Disorder (MDD)
- Anxiety Disorders
- Eating Disorders
- Psychosis
-

Major Depressive Disorder (MDD)

Everyone experiences brief periods of sadness, irritability, or euphoria. This is different than having a mood disorder, such as MDD or Bipolar Disorder (BD), which are characterized by a constellation of symptoms that causes people significant distress or impairs their everyday functioning.

A **major depressive episode** (MDE) refers to symptoms that co-occur for at least two weeks and cause significant distress or impairment in functioning, such as interfering with work, school, or relationships. Core symptoms include feeling down or depressed or experiencing **anhedonia**—loss of interest or pleasure in things that one typically enjoys. According to the DSM-5 (APA, 2013) the criteria for an MDE require five or more of the following nine symptoms, including one or both of the first two symptoms, for most of the day:

- depressed mood
- diminished interest or pleasure in almost all activities
- significant weight loss or gain or an increase or decrease in appetite
- insomnia or hypersomnia
- psychomotor agitation or retardation
- fatigue or loss of energy
- feeling worthless or excessive or inappropriate guilt
- diminished ability to concentrate or indecisiveness
- recurrent thoughts of death, suicidal ideation, or a suicide attempt

These symptoms cannot be caused by physiological effects of a substance or a general medical condition (e.g., hypothyroidism).

Example 10.2.1

Cross-Cultural Considerations

In a nationally representative sample, lifetime prevalence rate for MDD is 16.6% (Kessler, Berglund, Demler, Jin, Merikangas, & Walters, 2005). This means that nearly one in five Americans will meet the criteria for MDD during their lifetime.

Although the onset of MDD can occur at any time throughout the lifespan, the average age of onset is mid-20s, with the age of onset decreasing with people born more recently (APA, 2000). Prevalence of MDD among older adults is much lower than it is for younger cohorts (Kessler, Birnbaum, Bromet, Hwang, Sampson, & Shahly, 2010). The duration of MDEs varies widely but MDD tends to be a recurrent disorder with about 40%–50% of those who experience one MDE experiencing a second MDE (Monroe & Harkness, 2011). An earlier age of onset predicts a worse course.

Women experience two to three times higher rates of MDD than do men (Nolen-Hoeksema & Hilt, 2009). This gender difference emerges during puberty (Conley & Rudolph, 2009). Before puberty, boys exhibit similar or higher prevalence rates of MDD than do girls (Twenge & Nolen-Hoeksema, 2002). Major Depressive Disorder (MDD) is inversely correlated with

socioeconomic status (SES), a person's economic and social position based on income, education, and occupation. Higher prevalence rates of MDD are associated with lower SES (Lorant, Deliege, Eaton, Robert, Philippot, & Ansseau, 2003), particularly for adults over 65 years old (Kessler et al., 2010). Independent of SES, results from a nationally representative sample found that European Americans had a higher prevalence rate of MDD than did African Americans and Hispanic Americans, whose rates were similar (Breslau, Aguilar-Gaxiola, Kendler, Su, Williams, & Kessler, 2006). The course of MDD for African Americans is often more severe and less often treated than it is for European Americans, however (Williams et al., 2007) Native Americans have a higher prevalence rate than do European Americans, African Americans, or Hispanic Americans (Hasin, Goodwin, Stinson & Grant, 2005). Depression is not limited to industrialized or western cultures; it is found in all countries that have been examined, although the symptom presentation as well as prevalence rates vary across cultures (Chentsova-Dutton & Tsai, 2009).

Suicide

Suicide is the act of intentionally causing one's own death. While not everyone who is clinically depressed has suicidal ideation, it is important to recognize that depression, bipolar disorder, schizophrenia, personality disorders, and substance abuse — including alcoholism and the use of benzodiazepines — are risk factors for suicide. Those who have previously attempted suicide are at a higher risk for future attempts. There are a number of treatments that may reduce the risk of suicide for individuals struggling with mental illness.

Resources are also commonly in place at local colleges. Consider searching your school website and/or talking with a trusted faculty/staff member to learn more about resources available to students.

Anxiety Disorders

Anxiety is a natural part of life and, at normal levels, helps us to function at our best. For people with anxiety disorders, anxiety is overwhelming and hard to control. Anxiety disorders develop out of a blend of biological (genetic) and psychological factors that, when combined with stress, may lead to the development of impairment. Primary anxiety-related diagnoses include generalized anxiety disorder, panic disorder, specific phobia, social anxiety disorder (social phobia), post-traumatic stress disorder, and obsessive-compulsive disorder. **Anxiety** can be defined as a negative mood state that is accompanied by bodily symptoms such as increased heart rate, muscle tension, a sense of unease, and apprehension about the future (APA, 2013; Barlow, 2002).

While many individuals experience some levels of worry throughout the day, individuals with anxiety disorders experience symptoms of a greater intensity and for longer periods of times than the average person. Additionally, they are often unable to control their worry, tension, and/or predictive dread through various coping strategies, which directly interferes with their ability to engage in daily social and occupational tasks.

Characteristic symptoms of anxiety:

- Negative mood state characterized by unease, worry, tension, and/or dread.
- Frequent doubts regarding self-worth and/or ability to handle problems.
- Future-based, "predicative" fears for events.
- Difficulty with cognitive rumination, racing thoughts, and inability to calm the mind.
- Physiological cues (racing heart, sweat, bodily tension, among others) often accompanying cognitive symptoms, resulting in changing sleep/eating patterns.

Anxiety disorders often occur along with other mental disorders, in particular depression, which may occur in as many as 60% of people with anxiety disorders. The fact that there is considerable overlap between symptoms of anxiety and depression and that the same environmental triggers can provoke symptoms in either condition. These factors may help to explain this high rate of **comorbidity**.

✔ Example 10.2.1

Cross-Cultural Considerations

About 12% of people are affected by an anxiety disorder in a given year, and between 5% and 30% are affected at some point in their life. They occur about twice as often in females as males and generally begin before the age of 25. The most common are specific phobia which affects nearly 12% and social anxiety disorder which affects 10% of individuals at some point in their life. Rates of anxiety appear to be higher in the United States and Europe than other parts of the world.

While nearly two out of three adults in the United States struggle with issues related to being overweight, a smaller, but significant, portion of the population has eating disorders that typically result in being normal weight or underweight.

Anorexia Nervosa

Anorexia nervosa is an eating disorder characterized by the maintenance of a body weight well below average through starvation and/or excessive exercise. Individuals suffering from anorexia nervosa often have a distorted body image. A distorted body image is referred to as **body dysmorphia** in the research literature and it means that people with anorexia nervosa view themselves as overweight even though they are not. Anorexia nervosa is associated with a number of significant negative health outcomes including bone loss, heart failure, kidney failure, amenorrhea (cessation of the menstrual period), reduced function of the gonads, and in extreme cases, death. Furthermore, there is an increased risk for a number of psychological problems, which include anxiety disorders, mood disorders, and substance abuse (Mayo Clinic, 2012a).

Estimates of the prevalence of anorexia nervosa vary from study to study but generally range from less than 1% to just over 4% in women. Generally, prevalence rates are considerably lower for men (Smink et al., 2012).

Bulimia Nervosa

People with **bulimia nervosa** engage in binge eating behavior (consuming large amounts of food) that is followed by an attempt to compensate for the large amount of food consumed. Purging the food by inducing vomiting or through the use of laxatives are two common **compensatory behaviors**. Some affected individuals engage in excessive amounts of exercise to compensate for their binges. Bulimia is associated with many adverse health consequences that can include kidney failure, heart failure, and tooth decay. In addition, these individuals often suffer from anxiety and depression, and they are at an increased risk for substance abuse (Mayo Clinic, 2012b). The lifetime prevalence rate for bulimia nervosa is estimated at around 1% for women and less than 0.5% for men (Smink, van Hoeken, & Hoek, 2012).

Example 10.2.1

Eating Disorders and Cross-Cultural Considerations

While both anorexia and bulimia nervosa occur in men and women of many different cultures, Caucasian females from Western societies tend to be the most at-risk population. Recent research indicates that females between the ages of 15 and 19 are most at risk, and it has long been suspected that these eating disorders are culturally-bound phenomena that are related to messages of a thin ideal often portrayed in popular media and the fashion world (Smink et al., 2012). While social factors play an important role in the development of eating disorders, there is also evidence that genetic factors may predispose people to these disorders (Collier & Treasure, 2004)..

Psychosis

Most of you have probably had the experience of walking down the street in a city and seeing a person you thought was acting oddly. They may have been dressed in an unusual way, perhaps disheveled or wearing an unusual collection of clothes, makeup, or jewelry that did not seem to fit any particular group or subculture. They may have been talking to themselves or yelling at someone you could not see. If you tried to speak to them, they may have been difficult to follow or understand, or they may have acted paranoid or started telling a bizarre story about the people who were plotting against them. If so, chances are that you have encountered an individual with schizophrenia or another type of psychotic disorder.

Schizophrenia is a devastating psychological disorder that is characterized by major disturbances in thought, perception, emotion, and behavior. About 1% of the population experiences schizophrenia in their lifetime, and usually the disorder is first diagnosed during early adulthood (early to mid-20s). Schizophrenia and the other psychotic disorders are some of the most impairing forms of psychopathology, frequently associated with a profound negative effect on the individual's educational, occupational, and social function. Sadly, these disorders often manifest right at time of the transition from adolescence to adulthood, just as young people should be evolving into independent young adults.

The spectrum of psychotic disorders includes schizophrenia, schizoaffective disorder, delusional disorder, schizotypal personality disorder, schizophreniform disorder, brief psychotic disorder, as well as psychosis associated with substance use or medical conditions. Even when they receive the best treatments available, many with schizophrenia will continue to experience serious social and occupational impairment throughout their lives. In the United States, the cost of schizophrenia, including direct costs (e.g., outpatient, inpatient, drugs, and long-term care) and non-health care costs (e.g., law enforcement, reduced workplace productivity, and unemployment) was estimated to be $62.7 billion in 2002.

The main symptoms of schizophrenia include hallucinations, delusions, disorganized thinking, disorganized or abnormal motor behavior, and negative symptoms (APA, 2013). A **hallucination** is a perceptual experience that occurs in the absence of external stimulation. Auditory hallucinations (hearing voices) occur in roughly two-thirds of patients with schizophrenia and are by far the most common form of hallucination (Andreasen, 1987). The voices may be familiar or unfamiliar, they may have a conversation or argue, or the voices may provide a running commentary on the person's behavior (Tsuang, Farone, & Green, 1999).

Delusions are false beliefs that are often fixed, hard to change even when the person is presented with conflicting information, and are often culturally influenced in their content (e.g., delusions involving Jesus in Judeo-Christian cultures, delusions involving Allah in Muslim cultures). They can be terrifying for the person, who may remain convinced that they are true even when loved ones and friends present them with clear information that they cannot be true. There are many different types or themes to delusions.

Positive Symptoms

Talking to someone with schizophrenia is sometimes difficult, as their speech may be difficult to follow, either because their answers do not clearly flow from your questions, or because one sentence does not logically follow from another. This is referred to as **disorganized speech**, and it can be present even when the person is writing. **Disorganized behavior** can include odd dress, odd makeup (e.g., lipstick outlining a mouth for 1 inch), or unusual rituals (e.g., repetitive hand gestures).

Negative Symptoms

Some of the most debilitating symptoms of schizophrenia are difficult for others to see. These include what people refer to as **negative symptoms** or the absence of certain things we typically expect most people to have. For example, **anhedonia** or **amotivation** reflect a lack of apparent interest in or drive to engage in social or recreational activities. These symptoms can manifest as a great amount of time spent in physical immobility. Importantly, anhedonia and amotivation do not seem to reflect a lack of enjoyment in pleasurable activities or events (Cohen & Minor, 2010; Kring & Moran, 2008; Llerena, Strauss, & Cohen, 2012) but rather a reduced drive or ability to take the steps necessary to obtain the potentially positive outcomes (Barch & Dowd, 2010). **Flat affect** and reduced speech (**alogia**) reflect a lack of showing emotions through facial expressions, gestures, and speech intonation, as well as a reduced amount of speech and increased pause frequency and duration.

✔ Example 10.2.1

Cross-Cultural Considerations

It is clear that there are important genetic contributions to the likelihood that someone will develop schizophrenia, with consistent evidence from family, twin, and adoption studies. (Sullivan, Kendler, & Neale, 2003) but there is no such thing as the schizophrenia gene. It is more likely that the genetic risk for schizophrenia reflects the summation of many different genes that each contribute something to the likelihood of developing psychosis (Gottesman & Shields, 1967; Owen, Craddock, & O'Donovan, 2010). Further, schizophrenia is a very heterogeneous disorder, which means that two different people with schizophrenia may each have very different symptoms (e.g., one has hallucinations and delusions, the other has disorganized speech and negative symptoms).

About 0.3% to 0.7% of people are affected by schizophrenia during their lifetimes. In 2013 there were an estimated 23.6 million cases globally. Males are more often affected, and on average experience more severe symptoms. About 20% of people eventually do well and a few recover completely, while about 50% have lifelong impairment. Social problems, such as long-term unemployment, poverty and homelessness, are common. The average life expectancy of people with the disorder is ten to twenty-five years less than for the general population. This is the result of increased physical health problems and a higher suicide rate (about 5%). In 2015 an estimated 17,000 people worldwide died from behavior related to, or caused by, schizophrenia. There is also a higher than average suicide rate associated with schizophrenia.

The term for schizophrenia in Japan was changed from “mind-split disease” to “integration disorder,” to reduce stigma. The new name was inspired by the biopsychosocial model and as a result the percentage of people who were informed of the diagnosis increased from 37 to 70% over three years. A similar change was made in South Korea in 2012. A professor of psychiatry, Jim van Os, has proposed changing the English term to “psychosis spectrum syndrome”.

Individuals with severe mental illness, including schizophrenia, are at a significantly greater risk of being **victims of both violent and non-violent** crime. Schizophrenia has been associated with a higher rate of violent acts, but most appear to be related to substance abuse. Media coverage relating to violent acts by individuals with schizophrenia reinforces public perception of an association between schizophrenia and violence.

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10.3: Barriers and Reducing Stigma around Mental Illness

Barriers to Treatment

Mental disorders are common, affecting tens of millions of people each year. Worldwide, more than one in three people in most countries report sufficient criteria for at least one at some point in their life. In the United States, 46% qualify for a mental illness within their lifetime, with less than 1 out of 5 receiving a diagnosis. An ongoing survey indicates that anxiety disorders are the most common in all but one country, followed by mood disorders in all but two countries, while substance disorders and impulse-control disorders were consistently less prevalent. Estimates suggest that less than half of people with mental illnesses in industrialized societies will receive treatment.

The World Health Organization (WHO, 2004) stated that "Prevention of these disorders is obviously one of the most effective ways to reduce the [disease] burden."

Mental Illness and the Cost to Society

This leads us to consider the cost of mental illness to society. The National Alliance on Mental Illness (NAMI) indicates that depression is the number one cause of disability across the world "and is a major contributor to the global burden of disease." Serious mental illness costs the United States an estimated $193 billion in lost earnings each year. They also point out that suicide is the tenth leading cause of death in the United States and 90% of those who die from suicide have an underlying mental illness.

Approximately, 37% of students with a mental disorder age 14 and older drop out of school which is the highest dropout rate of any disability group, and 70% of youth in state and local juvenile justice systems have at least one mental disorder. In terms of worldwide impact, the costs for mental illness are greater than the combined costs of cancer, diabetes, and respiratory disorders (Whiteford et al., 2013).

Reducing Stigma

Negative societal responses to people with mental illnesses may be the single greatest barrier to the development of mental health programs worldwide Stigma happens when a personal with mental illness is viewed in a negative way because of their symptoms or behaviors associated with the condition. Unfortunately, negative attitudes and beliefs toward people who have a mental health condition are common.

Stigma can lead to discrimination, which can be experienced on a personal level (e.g., social isolation, exclusion or bullying) or it may be experienced at a structural or system level (e.g., employment, education, and housing). The stigma associated with mental illness makes most people reluctant to talk about their experiences of having strange thoughts or deep sadness. As a result of stigma, individuals are less likely to seek help or treatment for their mental illness. Discrimination may be obvious and direct, such as someone making a negative remark about a person with mental illness or someone getting treatment. Or it may be unintentional or subtle, such as someone avoiding a person with mental illness because they think people with mental illness unstable, violent or dangerous.

Several national and international organizations (National Alliance on Mental Health, World Health Organization, and European Commission) have provided several recommendations for reducing stigma surrounding mental illness:

- Know the facts about mental illness
- Educate others by challenging and correcting myths about mental illness
- Recognize personal biases
- Be conscious of language and power of words to perpetuate negative attitudes
- Support people with mental illness by offering encouragement

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Special Section: Latinx Mental Health

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10.4: Special Section: Latinx Mental Health

Prevalence of Mental Health Conditions

Content Warning: Self-Harm and Physical Violence. Please note that this section includes discussion of self-harm and physical violence.

Latinxs demonstrate variability in the prevalence of mental health disorders.[15] In 2018, 8.6 million Latinx adults had a mental health or substance use disorder.[16] While this is a substantial burden of mental health issues, evidence also suggests that Latinx individuals experience a lower risk of most mental health disorders compared with non-Latinx white individuals, which means that we can learn about important protective factors by examining the practices of Chicanx and Latinx groups. However, U.S.-born Latinxs report higher rates for most psychiatric disorders compared with Latinx immigrants.[17] Latinxs may identify with different racial categories, immigration experiences, languages spoken, and more, but all Latinxs share a common experience of family origin in Latin America.[18]

Latinx youth are at particular risk of mental health disorders: among Latinx high school students, 18.9% had seriously considered attempting suicide, 15.7% had made a plan to attempt suicide, 11.3% had attempted suicide, and 4.1% had made a suicide attempt that required medical attention.[19] Furthermore, Latinx youth report a higher prevalence of illicit substance use and initiation of alcohol or cigarette use in the past year relative to youth belonging to other racial/ethnic groups.[20]

Factors Impacting Chicanx and Latinx Mental Health

Content Warning: Physical and Sexual Violence. Please note that this section includes discussions of physical and sexual violence.

Several mutually constitutive and overlapping factors contribute to the development of mental health disorders in Latinxs. Latinxs, particularly those who have migrated to the U.S., report high rates of trauma. Migration, or transnational mobility, entails multiple vulnerabilities, including violence and economic precarity in one's country of origin; threats or risks of physical and sexual violence, dehydration, kidnapping, and exploitation during border crossings; family separation; and detention and deportation.[21] Experiences are particularly harrowing for women, who may confront rape, forced prostitution, trafficking, and physical violence.[22] Reports of trauma exposure are extremely high among Latina migrant women, with prevalence rates around 75%.[23] In addition, many Latinxs carry historical trauma relating to European colonization, enslavement, sexual violence, and genocide of Indigenous peoples of the Americas.[24] Such reproductive and genocidal violence continues with reports of recently coerced hysterectomies on (im)migrant women detained in Georgia.[25]

Discrimination, Exclusion, Violence, and Health

Content Warning: Physical Violence. Please note that this section includes discussions of physical violence, including violence against people of color by police and immigration enforcement.

Latinx migrants and their descendants experience discrimination. Both acculturative stress and discrimination have been shown to impact physical health through the mediating effects of anxiety.[26] For example, greater experiences of discrimination moderate the effect of harsh working conditions, increasing symptoms of anxiety and depression among migrant farmworkers in the rural Midwest.[27]

Restrictive immigration policies and enforcement contribute to psychosocial stress among Latinxs. Increased immigration enforcement is associated with higher mental distress and decreased self-reported health.[28] There are consistent associations between restrictive immigration policies and outcomes including depression, anxiety, and post-traumatic stress disorder (PTSD).[29] Similarly, citizen children who worry about losing a caregiver suffer from higher rates of depression, anxiety, emotional distress, and hypervigilance.[30] Among pregnant women, fear of deportation and fear of a family member being deported are associated with higher prenatal and postpartum anxiety.[31] For example, following the implementation of **287(g) agreements**, which permit the cooperation of federal immigration authorities with local police, pregnant Latina women sought prenatal care later and had inadequate care when compared with non-Latina women.[32] One study found that a 1% increase in a state's immigration arrest rate was significantly associated with multiple mental health morbidity outcomes.[33] In the wake of immigration raids and mass deportations, (im)migrants and Latinxs in particular report greater stress and fear and worse health.[34] Many activists have worked

to actively contest these fears. One example of this is shown in Figure 9.2.1, which displays an image of two Latina activists, holding a sign that reads, “End SB 1070 and Family Separation,” referring to to Arizona’s Senate Bill 1070 that authorized widespread racial profiling against Latinxs and immigrants. The scene is accompanied by the words, “Nos Tienen Miedo” and “Porque No Tenemos Miedo,” which translates into English as “They are afraid of us, because we are not afraid.”

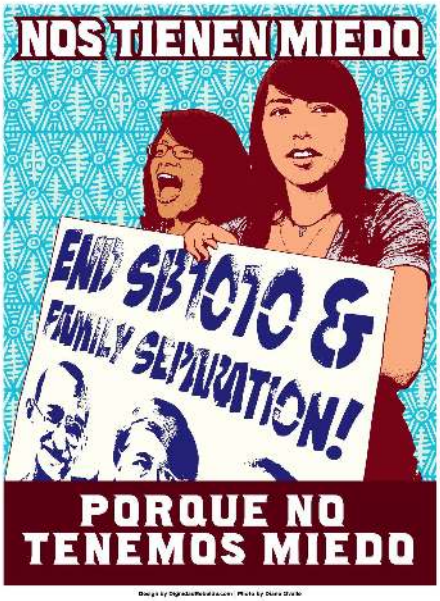


Figure 9.2.1: "Nos tienen miedo porque no tenemos miedo" by Jesus Barraza, Justseeds is licensed CC BY-NC-ND 4.0.

These latter findings are particularly relevant amid intensifying anti-immigrant sentiment and increased deportation in recent years. In 2016, within days of his inauguration, former President Trump signed Executive Order 13768 entitled “Enhancing Public Safety in the Interior of the United States,” which expanded deportation priorities to effectively include every undocumented (im)migrant, promoted increased use of state and local police to enforce federal immigration law through section 287(g) of the Immigration and Nationality Act (i.e., 287(g) agreements), and directed the hiring of 10,000 Immigration and Customs Enforcement (ICE) officers.[35] Following this order, an additional 52 jurisdictions signed 287(g) agreements. In addition, the Trump administration attempted to revoke temporary protected status from individuals who emigrated from Nicaragua, Haiti, and El Salvador; however, this effort was stymied by the Ramos, et al. vs. Nielsen, et al. decision of the U.S. District Court for the Northern District of California.[36] The administration also enacted a Zero Tolerance Policy with respect to unauthorized immigration, prosecuting (im)migrants as criminals, detaining them in *hieleras* (ice-cold cells) and separating children from their parents at the border. The subsequent Biden administration has begun to counter some of these policies; however, even by their own admission, this is a lengthy political process. Beyond that, the harsh policies enacted by the Trump administration have a lasting impact, even as they are dismantled at the federal level. State and local activists have also continued to mobilize around similar policies, including the building of a border wall in Texas.

Structural Vulnerability and Health Disparities

Structural vulnerability—or an individual’s “location in their society’s multiple overlapping and mutually reinforcing power hierarchies (e.g., socioeconomic, racial, cultural) and institutional and policy-level statuses (e.g., immigration status, labor force participation)”[37]—conditions mental distress and inadequate access to care. Among migrant farmworkers, harsh working conditions significantly predict symptoms of anxiety and depression.[38] Under the **Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA)**, permanent residents are ineligible for public assistance during their first five years in the U.S. The **public charge rule**, a broader interpretation of the Immigration and Nationality Act (INA) § 212(a)(4), states that individuals are inadmissible to the U.S. if they are “likely at any time to become a public charge” and has discouraged noncitizens from pursuing needed benefits prior to regulating their status.[39] Although the Biden administration has repealed the changes to this policy made during the Trump administration, fear persists among immigrants who are eligible to access services.

In addition, due to their explicit exclusion from the Affordable Care Act, undocumented (im)migrants have almost no access to public health insurance as well as limited options for employer-based or private insurance.[40]

This structural vulnerability contributes to barriers in accessing mental health care. Nationally, Latinxs have the highest uninsurance rate of any racial/ethnic group, at 29.7%.[41] Only 1 in 10 Latinxs with a mental disorder receive mental health services from a general healthcare provider, and just 1 in 20 receive treatment from a mental health specialist.[42] Latinx youth are half as likely as white youth to receive antidepressant or stimulant treatment for depression and anxiety or attention-deficit/hyperactivity disorder (ADHD) and attention deficit disorder (ADD), respectively.[43] In addition to fears of deportation, experiences of discrimination and mistrust of the healthcare system contribute to patterns of healthcare avoidance and non-adherence to recommended treatments.[44]

Many of the barriers to mental health care are rooted in the same factors that drive disparities in negative health conditions. For instance, immigration policies are often designed to explicitly and systematically exclude immigrant communities, especially undocumented individuals. Further, even when immigrants do access services, they face discrimination that can further activate mental health trauma. The provision of services in English only also creates major barriers for communities that speak Spanish or any number of non-English and Indigenous languages. Beyond that, Latinx migrant communities are often economically exploited and therefore face barriers at disparately high rates, including the cost of services themselves, access to childcare, transportation, and the inability to take time off from work. While these barriers are well-documented, more attention is needed to connect these disparities with potential solutions that can close equity gaps. In the face of nearly insurmountable odds, many Latinxs cultivate positive mental health and access services as needed.

Mario Alberto Viveros Espinoza-Kulick and Jessica Cerdeña proposed a comprehensive model for mental health services for Latinx (im)migrant communities, modified from the World Health Organization Optimal Mix of Services Pyramid, which is shown in Figure 9.2.2. From bottom to top, the base layer is green and labeled, “Self-care and expansion of public health insurance to undocumented individuals.” The second layer is a lighter green and labelled, “Promotorxs and community health workers.” The third layer is yellow and labelled, “Primary care mental health services.” The fourth layer is labelled, “Advanced health providers in general hospitals and community mental health.” The top layer is labelled, “Specialist psychiatric services.” The second through fifth layers are labelled, “Multilingual and structurally competent.” The fourth and fifth layers are also labelled “Trauma-informed.”

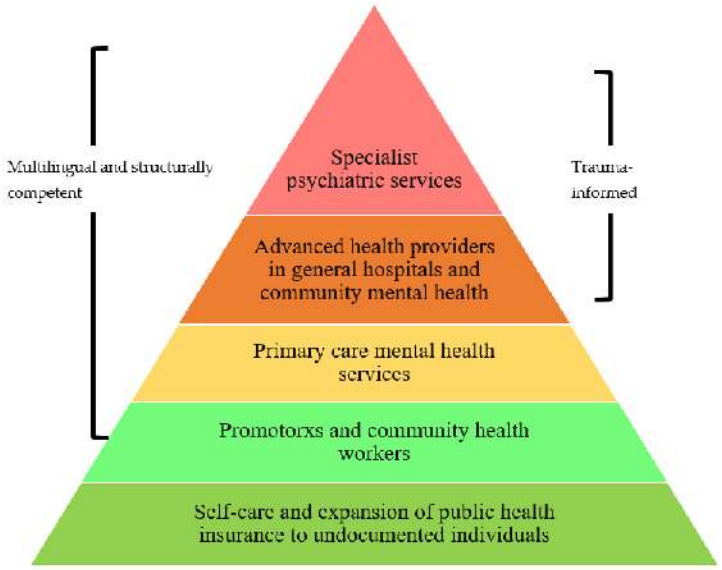


Figure 9.2.2: “Mental Health Services Pyramid for Latinx (Im)migrant Communities” by Mario Alberto V. Espinoza-Kulick and Jessica P. Cerdeña, *International Journal of Environmental Research and Public Health* is licensed CC BY 4.0.

This model provides a starting point for providers and evaluators to identify the gaps and next steps in solving the inequities in mental healthcare for Chicanxs and Latinxs. Fundamental to addressing the mental health needs of the widest group of individuals is to expand public health insurance programs, including undocumented individuals of all ages. Further, additional funding and resources are needed to increase access points for service delivery, which often begins with community health workers. Starting from this point, it is vital to ensure accessibility by providing multilingual interpretation services for individuals seeking care.

Increasing capacity for these preventative measures can reduce the strain on general and specialty care providers and provide more effective care for all. However, even for those who do need more intensive forms of mental health care, communities would benefit from more providers who are structurally competent, meaning that they can assess how environmental and social factors may be influencing the individual health of their patients. Related, at every level of care, paid interpreters can ensure multilingual services. Lastly, effective advanced health providers and specialty psychiatric services benefit from utilizing a trauma-informed approach, to identify and address the potentially traumatic events influencing individuals' high mental health burden.

Sidebar: LGBTQ2S+ Chicanx and Latinx Youth Mental Health

Mental health issues within Chicanx and Latinx communities can be especially challenging for lesbian, gay, bisexual, transgender, queer, Two-Spirit, and similarly identified young people.[45] Chicanx and Latinx LGBTQ2S+ youth may experience additional distress due to homophobia and transphobia, as well as heterosexism and cissexism. Part of the reason is the stress-related stigma, discrimination, and difficulties expressing gender and sexual identity, which many LGBTQ2S+ people of color face. (See Chapter 6 for more on this topic). In addition, Chicanx and Latinx youth may face particular barriers related to their immigration status, family, and language accessibility. Coming out as LGBTQ2S+ may increase an individual's risk of family rejection. Cultural messages in society in general and among Chicanx and Latinx communities about LGBTQ2S+ people communicate denigration and stigma. Further, existing resources and supportive communities for LGBTQ2S+ people tend to exclude Latinxs, oftentimes are not accessible in Spanish, and tend to take an individual approach that does not address the root causes of family rejection or social exclusion.

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CHAPTER OVERVIEW

11: Culture and Morality

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11.2: Cultural Considerations of Kohlberg's Theory
11.3: Cultural Alternatives to Moral Development
11.4: Social Fairness
11.5: Psychological Reactions to Unfair Behavior
11.6: Summary
11.7: Vocabulary

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11.1: Universal Morality

Some of the most important and fundamental moral principles seem to be universally held by all people in all cultures and do not change over time. It has been found that starting at about age 10, children in most cultures come to a belief about harm-based morality—that harming others, either physically or by violating their rights, is wrong (Helwig & Turiel, 2002). Some research suggests that morality development begins much earlier in human development. Hamlin and colleagues used a puppet morality play in an experiment with infants and toddlers that found children preferred people who help others reach a goal (prosocial behaviors) and avoided people who were harmful, or who get in the way of others reaching a goal. As early as 3 months age, humans are evaluating the behaviors of others and assigning a positive value to helpful, cooperative behaviors (Hamlin et al., 2007; Hamlin & Wynn, 2011) and negative values to harmful or selfish behaviors. These fundamental and universal principles of morality include individual rights, freedom, equality, autonomy and cooperation.

The theory that has the most cross-cultural empirical support is Kohlberg's Stages of Moral Development, a cognitive development theory inspired by the work of Piaget. Moral development refers to the changes in moral beliefs as a person grows older and gains maturity.

According to Kohlberg's theory, morality is based on the concept of equality and reciprocity of helping that can be predicted at certain ages. To develop this theory, Kohlberg posed moral dilemmas to people of all ages; however, they were all White, males from the United States. One of Kohlberg's best-known moral dilemmas is commonly known as the Heinz dilemma and participants were asked to decide what Heinz should do.

In Europe, a woman was near death from a special kind of cancer. There was one drug that the doctor's thought might save her. It was a form of radium that a druggist in the same town had recently discovered. The drug was expensive to make, but the druggist was charging ten times what the drug cost to make. He paid $200 for the radium and charged $2000 for a small dose of the drug. The sick woman's husband, Heinz, went to everyone he knew to borrow the money, but he could only get together about $1000, which is half of what it cost. He told the druggist that his wife was dying and asked him to see it cheaper or let him pay later. The druggist said, "No, I discovered the drug and I'm going to make money from it." So, Heinz got desperate and broke into the man's store to steal the drug for his wife. Should the husband have done that? (Kohlberg, 1969, p. 379).

After presenting this and other moral dilemmas, Kohlberg reviewed people's responses. Kohlberg was not interested in whether participants answered yes or no to the dilemma but rather he was interested in the reasoning behind their answer. Depending on the rationale, Kohlberg placed people into different stages of moral reasoning. Kohlberg identified three main levels of moral reasoning:

- Pre-conventional
- Conventional
- Post-conventional

Each level is associated with increasingly complex stages of moral and cognitive development. According to Kohlberg, an individual progresses from the capacity for pre-conventional morality (before age 9) to the capacity for conventional morality (early adolescence), and toward attaining post-conventional morality (once formal operational thought is attained), which only a few fully achieve. Kohlberg placed responses that reflected the reasoning that Heinz should steal the drug because his wife's life is more important than the pharmacist making money in the highest stage. The value of a human life overrides the pharmacist's greed. It is important to realize that even those people who have the most sophisticated, post-conventional reasons for some choices may make other choices to avoid getting into trouble (e.g., pre-conventional reasons).

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11.2: Cultural Considerations of Kohlberg's Theory

There is cross-cultural support for Kohlberg's theory of moral development (Gibbs, et al., 2007; Snarey, 1985). It appears that people progress through the stages in the same order; however, individuals in different cultures seem to do so at different rates. Some researchers question the universality of all stages in all cultures. For example, the highest level of Kohlberg's theory posits that individual principles should override social or cultural tradition and laws. Inherent in this view is a hierarchy which is inconsistent with collectivist cultural values. Additionally, Kohlberg's theory does not consider relationships, affiliation or justice. As you might expect, his work has been criticized for using only White, males from the Midwestern United States and for his assertion that women seem to be deficient in their moral reasoning abilities when compared to men.

Carol Gilligan (1982) criticized Kohlberg's theory and instead proposed that males and females reason differently about morality. She argued that girls and women focus more on staying connected and maintaining interpersonal relationships, whereas boys and men emphasize justice and individual rights. She labelled these the Morality of Caring and the Morality of Justice. Additionally, Shaffer and colleagues (2002) argued that Kohlberg's theory neglects to consider the central role that emotion plays in morality. Given that emotions play a critical role in influencing our thoughts and motivating our actions, it seems critical that emotion be part of the model. Other models of morality have emerged to address these limitations and the most widely discussed within cultural psychology is the Three Ethic Model of Morality.

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11.3: Cultural Alternatives to Moral Development

Shweder and colleagues (1984; 1987) proposed a new model of ethics that address concepts consistent with the moral belief systems of many cultures and not restricted to Western values of autonomy and individual rights. Cultural anthropologists and some cultural psychologists argue that morality is not always universal but rather unique cultural experiences shape views of fairness, morality and justice. Using fieldwork in India with adults and children of the Brahman class (sometimes referred to as the untouchables), Shweder and colleagues found that Western morality of harm avoidance and individual rights was insufficient and neglected other cultural definitions of morality and so created the Three Ethic Model of Morality:

- **Ethic of Autonomy** most closely aligns with Kohlberg's theory of morality with an emphasis on harm, rights, justice and personal autonomy. Principles of fairness emerge very early in development, prior to socialization influences (Wainryb, 2006; Sunbar, 2018). Children in diverse cultures such as the United States, India, China, Turkey, and Brazil share a pervasive view about upholding fairness and the wrongfulness of inflicting harm on others (Wainryb, 2006).
- **Ethic of Community** refers to being part of an organized community and recognizing that you have a social role within that community. This ethnic encompasses relationships, social obligations, duty, hierarchy and interdependence on community members.
- **Ethic of Divinity** addresses our relationship with a higher power, divinity, the sacred, godliness and the order of the natural world.

Cross-cultural research has found support for the Three Ethic Model of Morality and the role of culture and moral judgment across different populations (Haidt, Koller & Dias, 1993). Haidt and colleagues found that children and adults in the United States and individuals with high socioeconomic status (SES) provided responses more consistent with ethics of autonomy than community or divinity. Samples of children and adults from Brazil had broader definitions of morality that extended beyond harm and autonomy.

Intracultural research within the United States has found that political liberals and conservatives emphasize different moral foundations with regard to harm and fairness (Graham, Haidt, & Nosek, 2009). The moral foundations of the groups were the same (no real moral differences between the political groups) but the degree of endorsement for some morals was significantly different for political conservatives and liberals.

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11.4: Social Fairness

An essential part of morality involves determining what is considered “right” or “fair” in social interactions. As humans, we want things to be fair, we try to be fair ourselves, and we react negatively when we see things that are unfair. There is cultural variation regarding fairness because we determine what is or is not fair by relying on another set of social norms; the beliefs about how people should be treated fairly (Tyler & Lind, 2001; Tyler & Smith, 1998).

Most of us are familiar with the concept of **equality,** which suggests that everyone is treated the same and provided the same resources to succeed. For example, a health clinic in a small village can be open to everyone, but some villagers may lack the means to get to the village, or may not be able to afford medication. In this scenario, equality of health services has created a disparity of care – is that fair?

Another example that most of you are familiar with is applying for a job online. Most organizations, regardless of size almost exclusively use online recruitment and application processes which provides one system that everyone can use to apply for a job. One system and one platform that is the same for everyone – that’s equality, right? Except that the online application process may not be compatible with screen readers for the visually impaired and blind or the hiring algorithm may exclude you because of that D you earned in math. An underlying assumption of equality is that everyone starts in the same place and equally benefits from the same supports, which may or may not be the case.

Equity means ensuring that resources are equally distributed based on needs (Omrani-Khoo et al., 2013). Equity requires accounting for historical and current inequalities among groups of people who have been marginalized, excluded or experienced institutional discrimination. In this way, the concept of fairness is then based on the social and historical context. In our example about the clinic, health care workers might provide mobile care to reach villagers who cannot come to the clinic. They might also dispense medication on a sliding scale of payment so poor patients can get the treatment they need. When applying for a job, alternative applications and formats can be available for persons with disabilities when applying for jobs. The underlying assumption of equity is that everyone starts from a different place and receives the specific support and accommodations needed to produce fairness.

Equality and equity are separate constructs and sameness does not always translate into fairness, particularly across cultures. **Justice,** refers to the legal or philosophical perspective through which fairness is administered for the distribution of wealth, opportunities for personal activity, and social privileges. Current social justice efforts emphasize removing obstacles and underlying systemic barriers so that inequity is addressed and everyone receives equal access and resources. In the online application example, employers could ensure that their online platform is compatible with screen readers, videos have closed captions, fonts, colors and contrast can be adjusted to facilitate the process for individuals of all abilities.

One type of social fairness, known as **distributive justice**, refers to our judgments and perceptions about whether and how available rewards (resources) and costs are shared by (distributed across) group members. For example, if two people work equally hard on a project, they should get the same grade on it but if one works harder than the other, then the more hardworking partner should get a better grade. Distributive fairness is based on our perceptions of equity and is shaped by cultural norms.

Berman and colleagues (1984) presented American and Indian participants with a scenario about how to distribute a company bonus to employees. Findings revealed that American workers distributed the bonus based on equity norms (individual contributions to the company); whereas, the Indian workers distributed the bonus along need-based norms.

Recent research found that when presented with an uneven number of items, children tend to throw one item away rather than share the item unequally between two people they did not know. Paulus (2015) conducted a cross-cultural study to determine whether inequality aversion (e.g., throwing away rather than unequally sharing) is a universal concept. Results revealed that 6-7-year-old children in South Africa and the United States were more likely to throw out a resource rather than distribute it unequally. We might think of this as ‘better to be fair’. Ugandan children were more likely to distribute the resource even if it was unequally distributed. We might think of this as ‘wrong to waste’. These results challenge inequality aversion as a universal and suggests that there are cross-cultural differences in how children’s fairness-related decision making develops.

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11.5: Psychological Reactions to Unfair Behavior

Things seem fair and just when we see that balances in rewards and costs are occurring, but things seem unfair and unjust when rewards and costs are not balanced. The preference for fairness has been proposed to be a basic human impulse (Tyler & Blader, 2000), and when we perceive unfairness, we also experience negative emotional responses in brain regions associated with reward and punishment (Tabibnia, Satpute, & Lieberman, 2008). The experience of unfairness is associated with negative emotions, including anger and contempt, whereas fairness is associated with positive emotions.

Humans believe in the importance of fairness in part because if we did not, then we would be forced to accept the fact that life is unpredictable and that negative things can occur to us at any time. Believing in fairness allows us to feel better because we can believe that we get what we deserve and deserve what we get (e.g., just world hypothesis). These beliefs allow us to maintain control over our worlds. To believe that those who work hard are not rewarded and that accidents happen to good people forces us to concede that we too are vulnerable.

One way to create a "just world" is to reinterpret behaviors and outcomes so that the events seem to be fair and one way that people do this is by blaming the victim (Lerner, 1980). Blaming the victim means interpreting the negative outcomes that occur to others internally so that it seems that they deserved them. When we see that bad things have happened to other people, we tend to blame the people for them, even if they are not at fault. We may believe that poor people deserve to be poor because they are lazy, that crime victims deserve to be victims because they were careless, and that people with AIDS deserve their illness. In fact, the more threatened we feel by an apparent unfairness, the greater is our need to protect ourselves from the dreadful implication that it could happen to us, and the more we disparage the victim.

We learned earlier about infrahumanization, which is the tendency to see outgroups as less human or as having less humanity. Infrahumaziation refers to attitudes and beliefs and **dehumanization** refers to behaviors that undermine the individuality, humanness and rights of others. Denying humanity in others can lead to moral judgements and dehumanization may be a consequence, as well as a cause of harmful behavior against individuals deemed as immoral (Bastian, Laham, Wilson, Haslam, & Koval, 2010; Bastian et al., 2011). For example, someone who violates social, cultural, religious norms can be viewed as immoral, which can initiate sanctions (formal and informal) as well as violence. Once an individual or group is found less human or immoral, treating them differently is seen as justified, ethical and natural. For this reason, dehumanization is viewed as a central component to intergroup violence because frequently groups or individuals who are considered immoral are treated unfairly.

Members of a minority group or other marginalized individuals and groups (e.g., sexual orientation, gender, disability, class, heritage, race) are susceptible and vulnerable to various forms of dehumanization. The Jewish Holocaust during World War II and slavery in the United States are infamous examples of dehumanization at its extreme.

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11.6: Summary

Morality is a universal construct that is tied to the essence of what it means to be human and avoiding things harmful to ourselves and to others. Our moral development is enculturated – we learn our morality – which means that morality, fairness and justice will be shaped by the unique experiences of our culture. As humans we believe in fairness and when things are not fair we must change our perception to protect ourselves from the reality that we are vulnerable and not in control of the events that happen to us. Infrahumanization can result from these changes in our thinking which can lead to making judgments about others as immoral. Dehumanization can seem justified and ethical when we fail to see the humanity in others, particularly members of marginalized and minority groups. When deciding what is right, wrong and fair, it is important that we recognize within ourselves the capacity to moralize and make judgements about others.

Across human history, our humanity has often been tied to our morals and values. Morals vary from person-to-person but cultures create codes of conduct based on shared values and expectations. Theories of morality have developed to explain the distribution of resources and justice. Equality, equity, and justice are independent constructs that are prioritized differently across cultural interpretation of what is fair. The ecology and resources of a culture shape the development of belief systems and sanctions. Dehumanization can be used by those who look to justify discrimination while preserving moral identity.

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11.7: Vocabulary

Ethics are a set of concepts and principles that guide us in determining what behavior constitutes right and wrong conduct.

Ideals are the principals or values that one actively pursues as a goal.

Justice refers to the legal or philosophical theory by which fairness is administered.

Morality refers to intentions, decisions, and actions that are considered “proper” based on standards/principals.

Values are broad preferences concerning appropriate course of action or outcome. Reflects our sense of what “ought” to be.

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CHAPTER OVERVIEW

Appendix: Resource Guide for Special Section 9.4

Overview of Ancillary Materials

The materials listed in this section are supplemental for learners and teachers to engage with the chapter's content through overview slides, media, prompts, and activities. The links in this section may include external sources that are not maintained by the authors and may include content that is not fully accessible and openly licensed. You may wish to explore different topics or search for similarly titled materials that are relevant to your own context and area.

Instructor Resources

12.1: Slides
12.2: Films, Videos, and Media

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12.1: Slides

Chapter 2 Slides

Slides are provided for instructors and learners to engage with summary information from each chapter. These are meant to be used, adapted, and extended to create interactive course sessions. You can access the slides for this chapter by downloading the PowerPoint file available at the following link.

- Chapter 2 - NDCLS Slides.pptx

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12.2: Films, Videos, and Media

Chapter 2 Films, Videos, and Media

Media are available to supplement the course content in this chapter. These can be used to spur classroom discussions in-person or online, or communicate supplemental learning for depth and exploration.

- "Author: Laura E. Gómez, Inventing Latinos: A New Story of American Racism," *San Francisco Public Library*, October 5, 2021, YouTube video, 1:01:41.
- "What's with the X in Latinx?," April 2, 2017, YouTube video, 3:02.
- "What Does It Mean To Be Latino?: The 'Light-Skinned Privilege' Edition, *Code Switch*, July 14, 2021, Podcast episode, 37:56.
- "Are Hispanics White?," *Decoded | MTV News*, Aug 24, 2016, YouTube video, 5:58.
- *The Latino Americans series* (2013; PBS).

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