# Chapter 10
# Building a Positive Racial and Ethnic Identity to Support Treatment Engagement

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## Introduction

Ethnic identity is about how people develop and experience a sense of belonging to their culture and roots. It sometimes, but not always, correlates to national origin. Traditions, customs, national history, and feelings about a person's heritage are all important aspects of ethnic identity. From a young age, people progress through different stages as they learn to identify with their culture, whereby they come to understand their group's customs and values so that they can feel they are a part of their ethnic group. Research has found that a stronger ethnic identity is correlated with better psychological well-being, whereas lower levels of ethnic identity are correlated to depression and anxiety in some ethnic groups (Williams et al., 2012a, 2012b). Ethnic identity seems to have an important buffering effect against the negative consequences of racial discrimination by combating negative cognitions about individuals' racial or ethnic group, increasing self-esteem, and increasing positive coping strategies (Williams et al., 2018a, 2018b).

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## Ethnic Identity and its Importance to Treatment Engagement

Ethnic identity is important to treatment engagement because it contributes to self-efficacy, or an individual's belief in their ability to control their own behavior and attain specific goals (Booth et al., 2017). In the context of psychotherapy, self-efficacy is a key component to treatment outcomes, both for clients and for therapists (e.g., Gori et al., 2022). Self-efficacy is also crucial for the treatment engagement processes, providing motivation for treatment (Longo et al., 1992), increasing adherence (Roncoroni et al., 2019), and preventing dropout (Keshen et al., 2017). For cognitive behavioral therapy (CBT), self-efficacy may play even larger roles as change mechanisms often involve clients re-appraising their own thoughts or changing specific behavior/thought patterns. A growing amount of research illustrates the role of self-efficacy (see Chap. 2) in CBT engagement and treatment outcomes for several disorders including panic disorder (Fentz et al., 2014), social anxiety disorder (Goldin et al., 2012), anxiety symptoms (Brown et al., 2014), obsessive-compulsive disorder (Leeuwerik et al., 2023; Merling et al., 2022), and posttraumatic stress disorder (Brown et al., 2016; Titcombe-Parekh et al., 2018).

Lastly, for therapists, an understanding of ethnic identity is crucial as it relates to the ability to work well with an increasingly diverse client population with various ethnic and racial identities, leading to a strong therapeutic alliance. The associations between therapeutic alliance, treatment outcomes, and engagement have been well established (see Chap. 1). A stronger therapeutic alliance is associated with higher treatment engagement, lower dropout, as well as global reductions in symptoms (Bourke et al., 2021; Sharf et al., 2010). In the context of exposure therapy for anxiety disorders, research shows a strong link between the therapeutic alliance and treatment engagement, with particular emphasis on goal and task agreement (Buchholz & Abramowitz, 2020). Treatment adherence was a key factor explaining this relationship, highlighting the importance of the therapeutic alliance in promoting adherence in exposure therapy, ultimately facilitating positive therapeutic outcomes. An understanding of ethnic identity is also key for therapist's cultural humility, an ongoing process of self-reflection, openness to learning, and challenge of ongoing biases, which also plays a key role in therapeutic alliance and repairing cultural ruptures (Mosher et al., 2017).

### *Race Versus Ethnicity*

It is important to understand what ethnic identity refers to and how it differs from racial identity. Many people have been socialized to avoid, dismiss, or ignore these constructs, often conflating race and ethnicity, and this lack of understanding tends to hinder open and frank discussions, even for therapists. Recognizing and understanding the distinctions between race and ethnicity are necessary for clinicians to

offer culturally competent and inclusive care. This, in turn, can improve treatment engagement by more cogently addressing barriers to care, fostering trust, improving rapport, and tailoring interventions to meet the unique needs of diverse populations.

While there can be intersections and overlaps between ethnicity and race, they are distinct concepts. Ethnic identity emphasizes cultural connections and social belonging, whereas race often focuses on *perceived* physical characteristics and social categorizations that have been used to create and perpetuate systemic inequalities. Where race is a label applied to us by perceptions of others, ethnicity is a label we apply ourselves arising from a nuanced understanding of our intersecting identities, based on both our actual and identified heritage.

Embracing ethnic diversity can contribute to cultural richness, mutual understanding, and appreciation of different traditions, but race has been used to create and perpetuate systems of power, privilege, and discrimination. The historical and ongoing implications of race have led to social inequalities, marginalization, and injustices against racialized groups. It is also important to appreciate that the concept of race does not always apply internationally, where identity is more often determined by ethnicity, as bloodlines or perceived race becomes more complex. Ethnic identity is inclusive in a way that race is not; for example, the following are ethnic identities: Palestinian Christian, Ethiopian-Mizrahi Jewish, Arab-Dutch, Somali-Muslim, and French-Canadian-Hawaiian, while "racial categories" are White, Black, Asian, and Indigenous/Native American.

Race is a social construct with no biological basis and is derived from White supremacy, an ideology that assumes the superiority of White people and White culture over people of color and the cultures of people of color (Haeny et al., 2021). Race is mutually exclusive and externally defined, often by governments for purposes of population control. Critically, these definitions affect people's perception of race and of themselves. For example, consider that "Hispanic" used to be considered a race, but then the US Census Bureau changed it to an ethnic group, although many Hispanic people do not identify with any race other than "Hispanic or Latino." Brown Hispanic people are left with no suitable options beyond "Other."

Ethnicity, in contrast with race, can have overlapping and simultaneous categories and can be self-defined in a way that race cannot. It is more reflective of how identity is determined outside a colonialist perspective. Finally, the ability to self-identify and have overlapping ethnic identities critically provides individuals with *agency* in defining and expressing their own sense of belonging and cultural heritage. It can more accurately reflect one's own history and lineage and be more reflective of the intersectional identity that most of us actually carry (Table 10.1).

Whereas being racialized is something done to people based on a limited set of categories, ethnically identifying is something people can describe based on a greater depth of understanding of themselves. When clients and therapists have a common language to discuss the important parts of a person's identity, it promotes understanding and treatment engagement. A client explaining their own identity is more empowering than a therapist defining their identity for them.

**Table 10.1** Differences between race and ethnicity

| Race | Ethnicity | Why does it matter for treatment engagement? |
|---|---|---|
| **Arbitrary categorization:** Individuals are classified into mutually exclusive categories based on skin shade and visual features. | **Self-identification**: Reflects how individuals personally identify, can encompass genetic, ancestral, cultural, historical, fluid, and overlapping factors. | Speaks to importance of cultural assessment and understanding personal salience of identity factors; opens client's eyes to nuance. |
| **Social construction for control**: A tool for establishing hierarchy and dividing populations. Invented and instrumentalized in colonialism, slavery, and discrimination. Immutable. | **Self-construct for culture:** Often encompasses shared cultural practices, traditions, and languages and can evolve over time due to migration, assimilation, or other societal changes. | Social oppression factors prevent trust in systems and subsequent care-seeking in these settings and show clients the origins of identity-based oppression that may amplify mental health and anxiety disorder symptoms. |
| **External imposition**: Individuals are subjected to "racialization," where identity is imposed from outside based on appearance and presumed ancestry. | **Agency in definition**: Allows individuals to define themselves and their identity based on culture. Offers a more respectful approach, acknowledging more freedom to self-define. | Allows for a better understanding of clients in the context of intersecting cultural values and worldview; allows clients to have agency over identity; promotes autonomy in treatment; minimizes unhelpful power dynamics that perpetuate oppression and work against alliance building and collaborative treatment engagement. |
| **Non-overlapping categories:** Defined by governing bodies and based on public perceptions, these categories can change based on the needs of those in power. | **Diverse expression**: Studies reveal approximately 650 self-defined ethnic groups across 190 countries, demonstrating a rich diversity of human identity. Categories often overlap. | Speaks to importance of making cultural modifications to treatments to promote engagement; gives client permission to embrace and resolve multiple identities. |
| **Genetic fallacies**: Susceptible to attributing inaccurate traits based on perceived race. | **Genetics:** May make up one or zero components of ethnicity. | Has contributed to oppressive practices in psychology that have perpetuated stereotypes, contributed to clinician bias, and eroded trust in systems that work against treatment engagement; fits genes into identity in a healthy way that does not undermine self-agency. |

### *The Mental Health Impact of Racism*

Racism is a public health problem that leads to death and disability (Mendez et al., 2021; Williams et al., 2022b), and many anxiety-related conditions are caused or exacerbated by racism (MacIntyre et al., 2023). Racism and anxiety are intricately interconnected, as individuals who face racial discrimination may constantly live in fear of prejudice or violence, leading to chronic stress and heightened anxiety. For example, consider a young Black student who regularly faces racial slurs at school. Each day, he feels a growing sense of dread and develops symptoms like constant worry, difficulty concentrating, and insomnia, indicative of anxiety. Further, if he is assaulted, he may wonder if law enforcement will come to his aid or blame him for the altercation, due to false stereotypes about the dangerousness of dark-skinned men. His experience illustrates how repeated exposure to racism can directly lead to the development of anxiety symptoms, which may in turn require clinical attention. Notably, connections have been found between racism and generalized anxiety disorder (GAD; e.g., Soto et al., 2011), posttraumatic stress disorder (PTSD; e.g., Flores et al., 2010), social anxiety disorder (Kline et al., 2021), and OCD (Williams et al., 2017).

Being a product of Western socialization, clinicians are not immune from the influence of racism, and when not conscious of their own biases, may reenact racist patterns with clients in ways that perpetuate problems (Williams, 2020). When clients experience even small acts of bias from their therapists, they are less likely to attend sessions regularly, complete homework, or be open about their difficulties (Williams & Halstead, 2019). As such, clinicians must do their own learning to become anti-racist and engage in practices that help mitigate the damage caused by racism in their work with clients (Williams et al., 2022a). One important first step is understanding clients' sense of identity around their race and ethnicity.

## Ethnic and Racial Identity Development

Ethnic identity has been researched across cultures, primarily in youth. Because ethnic identity is thought to develop in childhood through young adulthood, relatively less is known about the ethnic identity development processes in older adults, although ethnic identity can continue to develop well after adolescence (Maehler, 2022). The strength and salience of one's ethnic identity can also vary according to demographic factors. For example, among African Americans, ethnic identity is stronger in the southern United States compared to other regions, due to the larger African American population and longstanding traditional ethnic institutions, such as Black churches and Historically Black Colleges and Universities (HBCUs; Williams et al., 2018a, 2018b).

## *The Identity Exploration Process*

To achieve a positive sense of ethnic identity, individuals must navigate a meaningful process of exploration of their ethnic groups (Abdulrehman, 2024; Phinney, 1989). Phinney (1989) described three stages of the exploration process: unexamined stage, searching stage, and achieved or integrated stage. Abdulrehman (2024) approached the concept of ethnic and cultural identity development as fluid, and that where a person of color is in this process varies over time and depends upon experiences of personal racism and systemic racism that devalue the identities of people of color in a White-dominant world.

People who have not explored or examined their culture remain in the unexamined stage (Phinney, 1989). This stage may also include negative feelings toward having a minoritized ethnicity due to the lack of direct connection to it. The searching stage is when people become more interested in what it means to be a part of their ethnic group and begin to develop their own ethnic identity. This is characterized by efforts to express their commitment to their identity. But these stages of development are not fixed, and a person of color having awareness is not guaranteed to sustain that awareness and identity development, because ongoing forces of racism invalidate the worldviews of people of color, thus oppressing identity development. In an achieved or integrated stage, a person has developed an awareness of the existence of others' identities, recognizes their worldview as valuable, appreciates that they have an ethnic heritage to share, and has developed a sense of resiliency (Abdulrehman, 2024).

## *Identity Development in People of Color*

Several models have been developed to determine how identity development differs across groups. Cross (1978) developed an early and highly influential five-stage model called Nigrescence to explain the process of identity development in African Americans. In the revised model, the original five stages were reduced to three stages of group racial identity attitudes: pre-encounter, immersion-emersion, and internalization. The pre-encounter stage includes opposition or low acceptance to Black racial identity and culture; at this stage a person may experience self-hatred and be driven to assimilate into the dominant White society. In the immersion-emersion process, individuals recognize the value of their Black roots and their desire to exhibit their heritage increases as they reject other cultures. The final stage, internalization, reflects an acceptance of self and other cultures and positive reconciliation within a multicultural society.

The Cross model was later expanded by other scholars to include all people of color (Sue et al., 2019). These models typically include stages referred to as conformity, dissonance, resistance, introspection, and integrative awareness, as shown in Table 10.2, along with an example of how this might impact treatment engagement (also see Williams, 2018).

**Table 10.2** Minority identity development model and impact on treatment engagement

| Stage | Description | Therapist example | Client example |
|---|---|---|---|
| **Conformity** | Accepts values of white culture; values white role models, white standards of beauty and success, and believes it preferable to be white; negative emotions toward self. | South Asian therapist uses anglicized name on professional website, and changes her photo to look as light-skinned as possible. | Rejects a same-race therapist and views white therapists as more desirable and competent in treating anxiety disorders. |
| **Dissonance** | Begins to acknowledge racism when a triggering event causes re-examination of own assumptions and beliefs; becomes more aware of racism; confusion and conflict toward the dominant cultural system arise. | Asian American therapist is called a "banana" by an Asian client. Feels upset and stops taking clients of color. | Therapist makes stereotypical assumptions about black client, saying "maybe you just need to work harder" in response to workplace harassment; asks client to practice social anxiety exposure in situation that is objectively harassing; client quits therapy. |
| **Resistance** | Actively rejects dominant culture and immerses self in own culture; may feel hostility and reject white people in this stage. | Makes pointed comments toward white clients about having unconscious hatred of black people. | Client of color will not consider working with a white therapist to address their PTSD, even when no therapists of color are available. |
| **Introspection** | Starts to question the values of own ethnic group and dominant group; more open to connecting with white people to better learn and understand differences. | Starts working with interracial couples to help better understand how they navigate their differences. | Client of color starts working with a white therapist to address PTSD and probes therapist with questions about their own "experience of whiteness" while processing a racially related traumatic experience. |
| **Integrative awareness** | Develops cultural identity based on both minoritized and dominant cultural values; feels comfortable with self and identity as a person of color in a multicultural society. | Appreciates client's differing cultural beliefs and can use them to advance therapeutic goals, even when those beliefs are not shared by therapist. | Will benefit from therapist of any race if they take a culturally informed approach, and values different cultural perspectives on addressing anxiety-related difficulties. |

## *White Identity Development*

White people in dominant White culture also traverse a process of ethnoracial identity development, although this may be less salient to those who remain in the earlier stages of growth. Helms and Carter (1990) defined the structure and stages of development, which depict six intertwining ego statuses, as shown in Table 10.3.

**Table 10.3** White identity development

| Stage | Description | Therapist example | Client example |
|---|---|---|---|
| **Contact** | Denies racism, cultural differences, and dominant group membership; may be colorblind or insensitive to racial differences. | Therapist says, "let's hope that wasn't due to racism," when client of color describes being called a racial slur. The client does not return to therapy. | White client says "I just treat everyone the same" when racial topics arise in session. |
| **Disintegration** | Experiences conflict over moral dilemmas between choosing own group versus greater humanity goals. | White therapist realizes he has unfairly waived no-show fees and extended sessions times with white clients only | White client is upset about racial conversation at work and seeks validation from therapist for being a silent bystander. |
| **Reintegration** | Finds some resolution of dilemma by becoming intolerant of other groups and taking a racial superiority bias. | Tells a black client that they only were admitted to their prestigious university through affirmative action. | Tells therapist that as white people he is glad they both understand what it means to appreciate American values. |
| **Pseudo-independence** | Begins limited acceptance of racism and efforts to connect with people of color that share similarities. | Invites a colleague of color to speak about PTSD symptoms in children in Africa. | Decides to start working with a therapist of color to help better understand diversity issues but selects a white-passing Latin American therapist. |
| **Immersion/ emersion** | Develops increased understanding and acceptance of white privilege but may still act based on guilt. | Doesn't push a client of color as assertively as white clients to complete anxiety self-monitoring homework for fear of making their life harder | Asks the therapist if they have clients of color and if they are worse off due to racism. |
| **Autonomy** | Gained acceptance of own whiteness; understands personal role in perpetuating racism; values diversity; feels less fearful and guilty about the reality of racism. | Organizes educational seminar on cultural competency for psychology trainees completing anxiety rotation on internship and ends up defending the premise of the course against hostile white senior psychologists. | Sees white joggers calling 911 on black teenagers minding their own business in a park and stays to tell the cops it was all a mistake. Proud to share this with therapist. |

## Redefining Whiteness and White Allyship

To extinguish notions of superiority White people can learn to redefine what it means to be White. Aspects that they consider negative parts of their identity (e.g., racist history and unearned privileges) can become positives when thoughtfully

used in the service of racial justice (Liu, 2020). Although White allyship can sometimes be difficult, having a White identity gives a therapist special power to bring attention, intervention, and justice to situations in which a peer of color would not be able to take action (Williams et al., 2022a, 2022b).

A White ally is someone who, while benefiting from White privilege, actively seeks to challenge and eradicate racism. This role involves continuous learning about systemic racism and White supremacy, listening and respecting the perspectives of people of color, confronting racism, and using their platform to amplify marginalized voices. For instance, a White therapist working in an anxiety-specialty clinic may advocate within their organization to enhance inclusive practices (e.g., recruiting staff of color, ensuring representation of people of color in clinic materials, and inviting speakers on issues of culturally responsive CBT practices for implementing exposure therapy) that may improve the clinical experience for clients of color. When being "White" is not the sole identifying factor for identity, and culture is more openly integrated into a person's identity, we see a healthier balance toward connection with others and a removal of privilege. White therapists must become racial justice allies themselves before they can help their clients grow in this way and be most effective in working with clients of color (Williams et al., 2022a).

## Building a Strong Ethnoracial Identity in People of Color: Clinical Strategies to Enhance Treatment Engagement

### *Acknowledge and Attend to the Importance of a Strong Ethnoracial Identity*

Negative social messages about people of color are pervasive. A strong ethnoracial identity can help POC develop more resilient cognitions or beliefs about themselves, preventing the development of internalized racism. This can in turn support a more positive self-concept and greater self-efficacy, which can mitigate symptoms of anxiety and traumatic stress and promote treatment engagement (Roncoroni et al., 2019; Titcombe-Parekh et al., 2018). Further, understanding one's experiences through the lens of ethnoracial identity can provide a cognitive framework that aids in interpreting and navigating personal experiences of oppression and ultimately greater cognitive flexibility to combat against constricting stereotypes. Consider how this could potentially improve treatment engagement in the context of a person of color with GAD who comes to therapy to address discriminatory stress at work with a White boss, which is amplifying generalized worries about financial security. Consider too, how the empowering nature of social action could be part of the healing process from conditions like racial trauma, as it can return a lost sense of self-determination that occurs as a result of racism (e.g., Carlson et al., 2018).

As such, perspectives that acknowledge the positives about a person's ethnoracial group are needed to provide a critical counterpoint to pathological stereotypic

narratives about people of color. Often parents are the ones helping children do this, but this does not happen in all families—in such cases, leaving adolescents to feel like they do not fit in as they develop into adults. For therapists who wish to support positive development of ethnoracial identity in clients of color with anxiety and related disorders, it is important to promote (Williams & Faber, 2024): (1) an appreciation of their group through cultural knowledge and practicing cultural traditions, (2) acquisition of knowledge about their culture; celebration of cultural strengths, (3) critical thinking about racial differences (e.g., healthy suspicion of stereotypes and systems that reinforce White supremacy), (4) understanding of the nature of racism, and (5) determining what their ethnic group and race mean to them personally.

## *Provide Psychoeducation*

### Cultural Strengths and Practicing Cultural Traditions

CBT interventions for anxiety and related disorders may incorporate the aforementioned by discussing the positive aspects of clients' ethnic groups, exploring their history and the accomplishments of others from their background, and encouraging participation in traditional cultural activities to foster a stronger sense of ethnoracial pride (Williams, 2020). Another approach is to utilize cultural bridging techniques that capitalize on traditional practices by incorporating cultural strengths and healing practices into CBT (Hwang et al., 2006). For instance, mindfulness principles from Buddhism may be integrated within CBT protocols for GAD to strengthen treatment adherence and effectiveness if culturally relevant.

Consider each client of color individually, taking into account their unique cultural background and experiences, and reflect on the information they have shared about their culture to identify sources of cultural strength that resonate with them. If clients have not disclosed much about their cultural background, therapists should exhibit curiosity and actively inquire about their heritage, family dynamics, and community involvement during sessions. Clients should be encouraged to express what aspects of their ethnic group give them pride. The Cultural Formulation Interview (CFI; American Psychiatric Association, 2013) provides a helpful framework, including questions that assess significant aspects of cultural identity. When therapists are unfamiliar with a client's ethnic group, they should take the initiative to educate themselves. This ensures that clients are not burdened with the sole responsibility of educating their therapists about their culture.

Consider the example of Lenora, a biracial client with OCD and BDD, whose mother was Black and father was White. Even though she was racially ambiguous, she identified as Black and would feel a great deal of distress when people asked, "What are you?" This led to obsessive ruminations about whether or not she was "Black enough" and if her physical features were properly commensurate with her identity. She wore her hair in a large afro to enhance the perception of being Black.

She would take pictures of her face from many different angles to try to determine if her nose looked like "an African American nose." She told her therapist she wanted rhinoplasty to make her nose look "more ethnic." The White therapist, in a stage of pseudo-independence, was initially uncertain how to respond to the client's plan of action, although he felt sure surgery would not be a good solution. The client in this case was demonstrating a weak sense of ethnoracial identity, and it was important for her to understand that the look she wanted was based on Black stereotypes, which are inherently racist and fail to appreciate the nuances of ethnicity. The therapist working solely to discourage OCD and BDD behaviors would risk undermining the client's treatment engagement by failing to consider the important aspect of her ethnoracial identity development. A more culturally responsive approach in this case would be to help the client understand the many different international physical representations of Black people.

### Racial Differences and the Myth of Biological Racism

A vital step in the education process is understanding that racial categories are simply social conventions. Many are taught that races of humans represent real biologically based group differences, which is unscientific. Part of the confusion around genes and race stems from the conflation of the understanding that genes define heritable traits such as height, blood type, and skin color, and then adding assumptions about how related individuals may be based on skin tone. But belief in genetic relatedness based on skin color is no more sensible than assuming individuals must be related because they are the same height.

Clients of color who have adopted these false beliefs are likely to suffer from internalized racism. Internalized racism can be described as a negative view of the self-based on the perceived inferiority of one's own ethnic or racial group, which can cause shame and self-blame. People with internalized racism will tend to embrace White standards of beauty and role models and believe that it is better to be White. Internalized racism has been linked to anxiety symptoms and can cause problems like social anxiety disorder due to negative perceptions about one's physical appearance and worries about rejection from others (Graham et al., 2016; Kline et al., 2021).

To combat internalized racism, psychoeducation using helpful reading materials can include *National Geographic*'s special issue, *There's No Such Thing as Race—It's a Made Up Category* (Kolbert, 2018). It is important to explain how the concept of "race" is at odds with population genetics and that humans cannot be categorized neatly into biologically distinct subcategories based on appearance. Some may have a hard time understanding this is a myth, as it is so firmly embedded across identities and educational levels. However, common sense can also be helpful as it may be easier to explain that all people with brown hair do not share personality traits or genetic predispositions compared to people with black hair or blonde hair—and the same goes for skin color.

### How Racism Works

Helping clients understand how racism works can strengthen ethnoracial identity and facilitate treatment. For example, pathological stereotypes about racial groups can lead to internalized racism. These are false generalizations about people in specific groups that do not change when presented with accurate information. Pathological stereotypes about people are a means of explaining and justifying differences between groups and using these differences to oppress the out-group (Williams et al., 2012b). As an example, a particular group may have higher unemployment rates caused by discrimination, leading to pathological stereotypes that the marginalized group is intellectually deficient and lazy to explain the higher unemployment rate, which in turn justifies the denial of educational and employment opportunities, perpetuating the problem. People of color who are aware of these stereotypes may believe them and think something is wrong with their people group and by extension themselves. They may develop anxiety and negative self-talk around educational pursuits or even drop out of higher education, believing themselves to be less intelligent. Consider how internalized racism may amplify negative self-referential beliefs for a person with social anxiety disorder or PTSD. Therapists can help clients understand the role of racism in this false belief and bolster confidence and self-efficacy through cognitive restructuring, leading to reduced internalized racism and better treatment outcomes in anxiety and related disorders. Similarly, therapists should ensure they do not ask clients of color with anxiety disorders to participate in objectively unsafe exposure exercises that may reinforce harmful, racist interactions.

## *Encourage Self-Reflection*

Developing a strong sense of ethnoracial identity often involves an introspective journey. There are many good CBT protocols for addressing anxiety disorders, but few start with taking time to understand a client's culture first, which can help promote engagement in treatment. This can start with an examination of a person's family's history, traditions, languages, and experiences, and reflecting on what this means to the client on a personal level. They should consider the values, customs, attitudes, and beliefs acquired from their culture and think about how being a part of their ethnic group has shaped their worldview and influenced daily life (see Chap. 8).

Most people will at some point reflect on their experiences of exclusion related to their race or ethnicity. This might involve reflecting on experiences that have occurred in their community, school, workplace, or broader society. Experiences of bias or discrimination may have impacted a client's sense of self (Cénat et al., 2022). Likewise, negative stereotypes may cause some people to want to distance themselves from their group (Cokley, 2002). Clients should also consider the role models from their group who inspire them and how this may factor into their sense of pride.

Finally, clients should also reflect on intersectionality, as race and ethnicity interact with other aspects of identity like gender, class, religion, and sexual orientation. Often a person may feel more connected to an intersectional identity that includes one's ethnoracial group than an ethnoracial group alone (e.g., identifying as a Latina queer woman).

## *Recognize Challenges to Ethnoracial Identity Formation in People of Color*

Therapists working with diverse adolescents and college students will certainly see many young people who struggle with their ethnoracial identities, particularly children of immigrants and biracial/multiethnic youth.

Immigrant parents may not realize the identity conflict experienced by their children as the children become socialized into a system that may be at complete odds with the values of their country of origin. Similarly, White parents raising children of color (e.g., through adoption or interracial marriage) may struggle to provide the racial socialization necessary to help their children thrive due to lack of awareness. This can cause confusion and anxiety in young people when faced with common racial stressors, such as microaggressions in school.

The struggles of biracial people are often ignored, despite the fact that they are just as impacted by racism as their monoracial peers (e.g., Williams et al., 2018b). Biracial young people have been found to have lower levels of ethnoracial identity, which puts them at risk for more serious emotional issues and makes it more difficult for them to feel good about themselves. They may feel less of a sense of belonging even within their own families and experience rejection from ethnic or racial groups that they think should be accepting because they do not fit appearance-wise into neat racial categories. Because of these identity issues, they may have more mental health problems, such as increased depression, suicidality, and illicit substance use (Choi et al., 2006; Jahn et al., 2021). Perceptions of being a "misfit" or "not belonging" can lead to social anxiety and isolation. Among biracial individuals, social pressure to identify as monoracial has been found to predict social anxiety and fear of negative evaluation (Coleman & Carter, 2007).

Therapists should learn more about what clients' many identities mean to them and not assume clients have resolved these challenges or can even completely articulate their struggles. It can be demoralizing when therapists tell such clients, "You are the expert on you," because often confusion surrounding their identity is the very thing that brings the person into therapy, so they do not feel like much of an expert at all. Feelings of shame around conflicting identities can cause a loss of engagement in treatment if the client feels they are expected to "know it all" surrounding these issues. Therapists should acknowledge this process is a struggle that can be difficult. Therapists can help by providing context to the challenges based on what clients did and did not learn growing up, encouraging more connection to their various ethnic communities, and providing affirmation by highlighting the benefits of greater intercultural competence.

### *Incorporate Microaffirmations and Racial Uplifts for Cognitive Restructuring and Empowerment*

Literature on ethnic and racial identity has not focused on the lives of racialized people in terms of what commonplace experiences lead to improved mental health or resilience. Ong and colleagues (2022) have advanced the importance of "racial uplifts," observable behaviors that are culturally positive and improve the well-being of people of color based on research on daily events (e.g., having conversations about overcoming racial obstacles and seeing members of one's racial group depicted in a positive light).

It is common for therapists to be so concerned about offending clients that they say nothing about the client's race, ethnicity, or culture—even when clients bring it up (Michaels et al., 2018). However, this silence only reinforces the notion that there is something shameful about the client's identity, so shameful, in fact, that it cannot be discussed; this can lead to a loss of engagement in treatment as clients start to feel they cannot discuss these issues, which may in fact be central to their presenting problem.

Therapists can encourage open conversation and growth by directly supporting a client's ethnoracial identity by engaging in deliberate supportive statements with clients, sometimes referred to as microaffirmations. Racial microaffirmations, specifically, are small acts that help people of color feel supported. Such practices may include active listening, especially in terms of matters related to race or culture. It includes recognizing and validating experiences shared, such as expressing sorrow toward experiences of racism or showing interest and enthusiasm about cultural activities.

Therapists should also help clients by focusing on actions that will heal, empower, or bring about useful learning. Consider activities clients can do to reduce injustice in their environment (Riley et al., 2021). Carlson et al. (2018) describe social advocacy as a step that naturally evolved in groups for treating racial trauma in veterans. Over the course of treatment and with the encouragement of therapists, the veterans began engaging in values-based behaviors they would have previously avoided. They began assertively addressing racism, leading to enhanced self-esteem and an improved sense of control. One veteran garnered support from his neighbors and engaged in legal action against his hometown over environmental racism involving funneling polluted rainwater to the historically Black side of the neighborhood. Another led an effort to hold a veterans' organization accountable for using a confederate flag in a local parade. He ultimately rescinded his own group's participation in the parade, which led to a major sponsor also withdrawing their plans to provide food at the parade, and the city boycotted it as well.

### *Carefully Support Clients Teaching Others about the Nature of Racism*

In certain circumstances, clients may wish to teach others about the nature of racism. This can be an empowering action that fosters ethnoracial identity development, yet it can be emotionally challenging as it is often a result of a microaggression committed by another. It is common to feel anxiety and uncertainty about how to proceed when one experiences these acts, and ongoing experiences of racism are stressful and can lead to a host of mental health problems, including PTSD (Williams et al., 2022b). There is some important nuance in choosing how to respond to everyday racism. The type of response should vary based on the relationship between the client and the one who requires educating, as that dictates the level of vulnerability appropriate for the situation (Williams et al., 2023). Friends, family members, and coworkers are more appropriate people to teach about racism, as there is an existing relationship to help reinforce the importance of the lesson.

When the person to be educated is a close friend or caring family member, the client can appeal to the quality of the relationship to help bring about mutual understanding and positive change. They can share how acts of racism make them feel, differentiate between intent and impact, and appeal to the other person's values and principles to stress the importance of the matter. When the person to educate is a co-worker or acquaintance, the client can attempt to gently educate the person about stereotypes and racism in a more straightforward manner that requires less vulnerability. Although others may not show appreciation for being educated in the moment, over time they may come to understand how they can commit racist acts, allowing them to become more informed and less hurtful. But more importantly, these actions empower the client to take action against racism in a way that is positive and maintains personal integrity. These confrontations can be conceptualized as exposures that will become easier with practice (Williams et al., 2023) and thus can be easily integrated into a CBT protocol for anxiety. Role-play with the therapist is a good way to build skills in this area.

#### Example of Behavioral Intervention to Address Act of Racism

Due to problems like colonization and the trans-Atlantic slave trade, challenges with developing a positive ethnoracial identity are a global issue, and the associated barriers to the development of positive ethnoracial identity are often pervasive and insidious. One author shares an experience that happened to her biracial/bicultural adolescent daughter at school, related to her curly hair due to her African American heritage, where other students would grab, touch, or pull it out of curiosity.

Unwanted hair touching is a form of racism, yet many of those in power tend to dismiss it as harmless (i.e., teachers and school administrators). The implicit message is that White people are allowed to violate Black people, and it demonstrates public ownership of something that should belong to the individual alone. It also

teaches children that if they are touched by someone else, no one will do anything to help, which could incur risk for later interpersonal trauma. Fighting back against this kind of assault can be difficult for victims because the associated compliment, "I love your hair," makes the violation more insidious.

As is typically presented as psychoeducation to individuals with PTSD, assault is not defined by intent. As such, ignoring this violation is compounded by legitimizing it. It sends a message that some students are less valuable, can be assaulted in public, and nothing will be done about it. This is important also because experiencing racism in schools can lead to social anxiety, low self-esteem, and academic disengagement (Steketee et al., 2021). Like bullying, even small acts of racism can be problematic if they are ongoing, leading to traumatization. As such, teachers need to be educated, and in this case, the author had a meeting with the school to explain the problem. It is important to teach clients how to respond in the moment when these events occur, as this will make them feel more confident and competent when they experience or witness microaggressions and other forms of racism.

## Conclusion

In a racist society, developing a strong, positive ethnoracial identity is essential for the mental health and well-being of people of color. It is also an important foundation for building self-identity because it provides a sense of identification with group cultural values, kinship, and beliefs. Clients who did not receive positive messages about their ethnoracial group growing up may need to be supported in learning to appreciate their identities. Culturally attuned therapists must be attentive to ethnoracial identity in their conceptualization and in their efforts to foster engagement in treatment, particularly given the ways in which it may intersect with anxiety and related conditions like PTSD. To facilitate treatment engagement, when clients have marginalized identities, it is therapeutically important to problematize, pathologize, and address dysfunctional systems and racist narratives, rather than focusing only on the resultant anxiety and the internal coping resources of the client (Bartlett et al., 2022). As such, each client should be encouraged and empowered in their ethnoracial identity development and learn to understand the mechanisms of covert racial oppression to become increasingly skilled at warding off negative messages that would conspire to make people of color feel inferior, devalued, and dejected (Pierce, 1970).

### *Clinical Summary Points and Recommendations*

- Understanding ethnic and racial identity enables therapists to work more effectively with diverse clients. This is associated with a strong therapeutic alliance and improved engagement in treatment.
- Client ethnoracial identity development can impact the engagement based on therapist ethnoracial identity.
- The impact of racism in the development of anxiety disorders is discussed with examples.
- Therapists can support the formation of a healthy, positive ethnoracial identity to foster engagement.

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