

THE  
CONVERGENCE OF  
RACE,  
ETHNICITY,  
AND  
GENDER

*Multiple  
Identities in  
Counseling*

FIFTH EDITION



TRACY ROBINSON-WOOD



# 4

## Identities as Status

### TOPICS COVERED IN THIS CHAPTER

- **Identities as Status: The Model of Socially Constructed and Contextual Discourses**
- **Assumptions of Hierarchical Socialization Patterns**
  - Race
  - Patriarchy
  - Sexism
  - Able-Bodyism
  - Class Elitism
  - Ageism
- **Implications for Mental Health Professionals**
- **Case Study**
- **Summary**

**T**his chapter explores identities as status. The attitudes that mental health professionals have about clients' identity constructs, particularly those that are visible, greatly impact the therapeutic event. (See Storytelling: Identities as Status.) Via the contextual and social construction of the differences model, the consequences of socially constructed identities within U.S. society are conveyed. Implications for mental health professionals and client populations are emphasized.

❖ **STORYTELLING: IDENTITIES AS STATUS**

I recently attended a training for mental health counselors. The trainer, a highly educated, influential, and licensed professional, related the story of an “Oriental” woman. The term, *Oriental*, is regarded as highly offensive by many people. Multicultural competence is critical for both students and

seasoned professionals. One benefit is the transmission of appropriate terms so as not to insult, minimize, or perpetuate inaccurate terminology to trainees. When we call people out of their name, we render them as other, which is a lessening of people and a statement about respect.

### **Identities as Status: The Contextual and Social Construction of Differences Model**

Seventy years ago, Hughes (1945), a sociologist, addressed dilemmas of occupational and ascribed status. He stated that occupational or vocational status has a complex set of supplementary characteristics that come to be expected of its incumbents. For example, it is anticipated that a kindergarten teacher will be a female. Such expectations are largely unconscious. People do not systematically expect that only certain people will occupy certain positions. Through a process of cultural socialization from the media, educational systems, clergy, and family, people “carry in their minds” (Hughes, 1945, p. 354) the auxiliary traits associated with most positions in society. Persons who newly occupy prestigious positions contend with ongoing suspicions from those who have historically maintained these positions and from those who have observed such people occupying these positions. President Barack Obama contends with this dynamic. Chronic suspicions regarding his U.S. citizenship and Christian religion, despite the presentation of his birth certificate, are largely race based, although some of those who question his legitimacy are likely to publicly deny their suspicions of his authenticity.

At the base of people’s thinking is the perception that new incumbents are not as qualified or as worthy as those who preceded them and that their incumbency is due primarily to affirmative action or to other political processes—not a result of education, professional qualifications, hard work, or merit. As new groups occupy positions that have been held almost exclusively by one racial and/or gender group, discourses do not completely disappear. Close proximity to dominant discourses means embodying a belief that quotas, unfair and undeserving advantage, injustice, reverse racism, favoritism, and luck are responsible for occupational success among people with stigmatized identities.

In the society about which Hughes spoke, race membership was a status-determining trait. Race tended to overpower any other variable that might run counter to it, such as educational attainment, which is a component of social class. Because racism, sexism, and homophobia are interlocking systems of oppression, membership in marginalized groups is associated with stigma. *Stigma* refers to “a bodily sign designed to expose something unusual and bad about the moral status of

an individual” (Rosenblum & Travis, 2006, p. 27). Hughes’s decades-old observations have contemporary relevance.

The model of socially constructed and contextual discourses suggests that human characteristics operate as status variables in society. (See Table 4.1: Model of Socially Constructed and Contextual Discourses.) The model maintains that in the United States, race, gender, and class are socially constructed. From a constructionist perspective, these identities matter because society wants them to—this desire may not be right, but it is so. In both subtle and blatant ways, contextual and socially constructed discourses permit persons who hold membership in particular groups to have status within society, and this status portrays them to be different from persons who do not hold membership in these groups. This stratification of race and other identities is a social construction and not an inevitability, like the rising of the sun each day.

❖ **Table 4.1** Model of Socially Constructed and Contextual Discourses

Visible and Invisible Sources of Difference	Dominant Discourses	Consequences of Socially Constructed Meanings About Difference
Race	Whiteness is unexplored but is the basis by which people of color are evaluated.	Racism; obliviousness about one’s status as a racial being, particularly among white people
Skin color	White and white-looking skin is elevated in ways that nonwhite skin is not among white and non-White people.	Colorism; internalized bias for distinct phenotypical characteristics that include lighter skin, Eurocentric facial features (e.g., aquiline nose, thin lips), and “good” hair texture
Sex	The masculine male experience is valued.	Sexism; unrealistic gender expectations for women and men; women treated with less status—paid less money
Sexuality	Heterosexuality is normalized in ways that gay, bisexual, lesbian, or transgendered experiences are not.	Homophobia; homonegativity
Ability	Physical and intellectual ability are esteemed.	Ableism; disability is regarded as imperfection
Class	Upper middle-class status is glamorized. Being working class or poor is undesirable.	Class elitism; celebrity worship
Religion	Christianity is normative and privileged.	Religious bigotry

Source: Author.

Visible and invisible identities (e.g., race, gender, sexuality, religion, ability, and disability) are not oppressive. Racism, colorism, sexism, homonegativity, able-bodyism, class elitism, and religious bigotry are oppressive and discriminatory (Robinson, 1999a, 1999b). A distinction exists between having an identity that is stigmatized (e.g., being a quadriplegic) and internalizing a sense of shame, worthlessness, inadequacy, or inferiority because one is a quadriplegic. The problem is discrimination against the disabled, not having a disability.

According to Reynolds and Pope (1991), a customary norm by which people are evaluated in the United States is based on proximity to being American. A discourse associated with being American is associated with whiteness. Maleness, gender-conforming femininity, upper middle-class status, Christianity, heterosexuality, English speaking, youthfulness, and cognitive/psychological/physical ability have been constructed to mean normality. Economic exploitation, religious bias, homophobia, racism, able-bodyism, disdain for persons with substance use and mental illness diagnoses are among the sources of discrimination that emanate from this narrow and limiting construction of normalcy. The “other” refers to persons who not only are regarded as different from the norm but also are seen as less than the norm.

## Assumptions of Hierarchical Socialization Patterns

The model of socially constructed and contextual discourses presents differences as social constructions. The consequences of these social constructions are also detailed.

Differences between and among people possess rank, have value, and function as primary status-determining traits. Characteristics perceived as normal are thought to be desired by and representative of all. For instance, students often have a difficult time understanding why a woman with a disability would not want to be able-bodied. “Wouldn’t her life be easier not having to deal with a scooter, walker, or wheelchair?” Characteristics with less rank (such as being an older or large bodied woman, or a short man) are held in lower esteem, not regarded as desirable, and have less social power (unless wealth, for example, is on board which may trump characteristics deemed to have less social capital). Within this hierarchical framework, the most valued aspect of a person is not an achieved or acquired trait, such as compassion for others, kindness, honesty, or being teachable, but an immutable quality, such as white skin.

Although human beings are more similar than they are different and share 99.9% DNA irrespective of skin color, hair texture, and size of one’s nose, a hierarchical framework, where differences have rank, inflates and distorts differences among people. In contrast, a system that honors our humanity deems people as worthy because they are alive and exist with “unique expressions of spiritual energy” (Myers et al., 1991, p. 56).

### Racism

Racism involves a total social structure in which one group has conferred advantage over another group through institutional policies. *Racism* is a social construction based

on sociopolitical attitudes that demean specific racial characteristics and uses superiority as an answer to discomfort about difference (Pinderhughes, 1989). Pinderhughes (1989) said, “Belief in the superiority of Whites and the inferiority of people-of-color based on racial difference is legitimized by societal arrangements that exclude the latter from resources and power and then blame them for their failures, which are due to lack of access” (p. 89).

Discussing racism is unsettling and dissonance provoking. White people are often reluctant to engage in dialogue about the realities of racism. Racism is a major part of this country’s origins, but other terms have been used instead of racism, such as *manifest destiny*, *progress*, *discovery*, *innovation*, *entrepreneurial*, or *ambition*. Being committed to the process of transformation and social justice means interrogating sanitized histories. Ambition and racial exploitation should not be confused. For example, Christopher Columbus was an ambitious explorer. He also ruthlessly exploited the Arawaks.

It has been said that America was built by taking land from a people and people from a land. Racially discriminatory practices were in progress when Africans built the infrastructure for major cities in the South and were not financially remunerated. White Americans perceived themselves as superior to Native Americans when, for centuries, they stole (there is no more appropriate term) the Native Americans’ lands and sought to destroy their way of life. Americans behaved in a racist manner when scores of first- and second-generation Japanese Americans were interned during World War II. Small numbers of German and Italian Americans were interned also, but not to the same extent as were the Japanese. A racist ideology existed when the Southwest, which was once Mexico, was ceded to the United States by the Treaty of Guadalupe Hidalgo in 1848. People of Hispanic ancestry became foreigners in their native land that they had inhabited for centuries. A racist ideology existed when laws such as the 1882 Exclusion Act restricted Chinese from this country while white-skinned European immigrants flooded into America. Racism was practiced when the 1790 Naturalization Law was in effect for 162 years; this policy reserved naturalized citizenship for whites only (Avakian, 2002). While trying to save their lives and the lives of their children amidst mounting Nazi hatred, countless Jews were denied entry into European countries and into the United States. There were acts of violence in countries we occupied, where children—who should never be held responsible for the actions and choices of adults—are vulnerable and live in fear. At various junctures in U.S. history, laws forbade black and white people from marrying and women across racial groups and men of color from voting or becoming literate. Such policies attested to the institutionalization of racism and sexism as blatant devaluations of women and nonwhite people. “The rationale of segregation implies that the ‘others’ are a pariah people. Unclean was the caste message of every colored water fountain, waiting room, and courtroom Bible” (Loewen, 1995, p. 163).

Racist attitudes portrayed in sentiments against racial intermixing were not simply between races but within ethnic groups as well. In the Nazi publication *Neues Volk*, it was written, “Every German and every German woman has the duty

to avoid association with other races, especially Slavs. Each intimacy with a people of inferior race means sinning against the future of our own people” (as cited in Rogers, 1967, p. 19).

Scientific notions about intelligence were developed against a biological and sociopolitical backdrop of racism. The information that is presented below is admittedly dated and yet undergird some prevailing beliefs about the intellectual superiority of white people compared to black people. In *The Bell Curve*, Herrnstein and Murray (1994) examined ethnic differences on intelligence tests. They concluded that “for every known test of cognitive ability that meets basic psychometric standards of reliability and validity, Blacks and Whites score differently” (p. 276). These authors indicated that the differences are reduced once the testing is done outside the South, after age six, and after 1940. Herrnstein and Murray argued that even once socioeconomic differences are controlled for, the differences do not disappear, but class may reduce the overall differences in intelligence testing by about one third.

Grubb (1992) investigated the claim that blacks are genetically inferior to whites on intelligence testing. As a clinical psychologist specializing in the treatment of childhood and adolescent disorders, he examined 6,742 persons with developmental disabilities from three western states. If this argument, that blacks were genetically inferior to whites was true, then he could expect to see a higher proportion of blacks identified as having intellectual delays in comparison with whites. Grubb found that, of the total population included in this project, 0.03% had developmental disabilities. This figure was consistent across racial groups. He concluded that the assumptions regarding heredity among the black race were not upheld in this study, leading him to reject this line of reasoning.

Nisbett (1995) also challenged Herrnstein and Murray (1994). Nisbett argued that comparing high socioeconomic status blacks with high socioeconomic status whites is inherently flawed, given the higher, more stable, and often inherited income levels of whites in comparison with blacks. In addition, Nisbett stated that socialization and social factors affect ability levels and that “g-loaded” (g refers to general intelligence) tests differed between the races, with whites having faster reaction times on complex maneuvers, had been subjectively interpreted. According to Nisbett (1995), “For skills such as spatial reasoning and form perception, the g-loading was relatively low and B/W gap relatively low” (p. 44).

Slavery was a legal institution steeped in dysfunction. There were two forms of psychopathology that were common among slaves. The first, *drapetomania*, consisted of the single symptom of slaves running away. The second, *dysathesia aethiopica*, consisted of numerous conditions such as destroying plantation property, showing defiance, and attacking slave masters. This second condition was also known as “rascality,” and both were labeled as nerve disorders by reputable physicians (Bronstein & Quina, 1988).

Explicit in America’s charter are liberty and the pursuit of happiness; however, black people’s quest for these entitlements during slavery was regarded as pathological. Although black people took care of white people, they were depicted as childlike,

incapable of providing for themselves, and dependent upon their benevolent white masters. Clinicians of the day interpreted 1840 census data that reported higher rates of psychopathology among black people to support the belief that “the care, supervision, and control provided by slavery were essential to the mental health of blacks” (Bronstein & Quina, 1988, p. 39). This paradigm supported a false belief that blacks were not only different but also inferior. It was not possible to receive an accurate diagnosis when the psychological community perceived black people to be chattel and inherently flawed. Thus, the current distrust of the mental health community in many communities of color cannot be adequately appreciated without an understanding of this history.

**Consequences of Racism for European Americans.** Racism, patriarchy, and classism are interlocking systems of both oppression and privilege (Landry, 2007). They operate in tandem with privilege and/or disadvantage people based on their location to immutable characteristics (race and sex). There are consequences of racism for people of color (e.g., stress, high blood pressure, disparities in access to health care) and consequences of racism for white people (Pinderhughes, 1989). It is inaccurate to conclude that white people are not affected by racism. How can there not be consequences, given the pernicious nature of racism that affects all people?

Due to the social construction of whiteness in American society, white people lack understanding about the effects and consequences of race and racism on their own lives, due largely to “race” typically referring to nonwhite people. Not having an identity as a racial being contributes to misperceptions among whites about the reality of racism, racial inequities, and discrimination against people of color. Although white and black Americans believe there is equity for blacks and whites in this country and that blacks are as well off as whites in terms of jobs, incomes, health care, and schooling, white people maintain this belief more than black people (Institute of Medicine, 2003). (See *Storytelling: It Had To Be You*.)

One way to facilitate a discussion of racism is through an examination of unearned white skin color privilege. McIntosh (1989) maintained that privilege is an invisible knapsack of assets that an entitled group can refer to on a regular basis to negotiate their daily lives more effectively. Unearned skin-color privilege is a fugitive (McIntosh, 1989) subject for two reasons. First, privilege is not something people are meant to be oblivious of and second, nonwhites do not share in the privileges white people tend to take for granted but did not earn. Unpacking privilege produces dissonance among many white people because it assails fundamental Western beliefs of meritocracy and justice while creating confusion about the meaning of being qualified and successful.

One consequence of racism for European Americans is that it limits emotional and intellectual development (Pinderhughes, 1989). Zetzer (2005) discussed her desire not to be a WMWP, or a well-meaning white person—defined as a white person who does not understand the social construction of race, the impact of daily racism on people of color, and their role in the perpetuation of inequality.



### ❖ STORYTELLING: IT HAD TO BE YOU

A black woman was at a park near her home. She sat as her preschool age child played in the busy playground with other children. The woman soon learned that one of the mothers in the park could not locate her cell phone. The woman was asked if she had seen the lost phone. She replied that she had not. She was asked this question repeatedly by the friends of the woman who could not locate her cell phone. The black woman soon realized that the inquiries were not questions but accusations: They thought that she had stolen the phone. Afraid for her and her young child's safety, the woman scooped up her daughter

and proceeded quickly to her car. The woman of the lost phone and her friends began following the woman and her daughter, accusing her of stealing the phone. One of them said, "Use my phone to call your number—when it rings, we'll *know* she has it." The number of the lost/stolen cell phone was dialed and its little tune was heard—from the pocket of its owner. No apologies were offered to the black woman and to her daughter who lived in the predominantly white neighborhood. Due to discourses about blackness, the woman, a tenured college professor, was perceived to be guilty of theft.

A growing area of research deals with whiteness and the psychosocial costs of racism to whites. Spanierman, Poteat, Beer, and Armstrong (2007) conducted research with 230 white undergraduate students using the Psychosocial Costs of Racism to Whites (PCRW) scale, with three subscales:

1. White Empathic Reactions Toward Racism, such as sadness and anger
2. White Guilt
3. White Fear of Others

Five distinct cluster groups were also identified:

- A. Unempathic and unaware
- B. Empathic but unaccountable
- C. Informed empathy and guilt
- D. Fearful guilt
- E. Insensitive and afraid

Spanierman et al. (2007) regard cluster C at the most desirable because participants had the greatest levels of racial awareness (lowest scores on color-blind measures from Neville, Lilly, Duran, Lee, & Browne, 2000, the Color Blind Racial Attitude Scale), which was interpreted to reflect an understanding of institutionalized racism. Furthermore, these researchers see guilt as "not necessarily undesirable" (p. 439). Accountable guilt coexists with empathy and might predict antiracist activism. Later, Spanierman,

Todd, and Anderson (2009) conducted research with 287 white University freshmen. They found that appreciation of diversity and a critical consciousness of white privilege were both important for understanding the psychosocial cost of racism to whites. Diversity appreciation was associated with more desirable PCRW types whereas being unaware of racial privilege was linked to types considered to be less desirable.

The consequences of racism and white skin color privilege may be invisible to white people. Two conditions might intensify obliviousness to unearned privilege. First, there is a lack of awareness about the circumstances that entitle groups to privileges. Second, people have difficulty grasping that others who do not share immutable group membership also do not share privileges. How does obliviousness of skin color privilege impact mental health professionals? Nonseeing can translate into reduced empathy during the therapeutic encounter and within educational and training contexts. Mental health professionals may reveal limitations in their knowledge of systems when they are unable to empathize with others given that empathy and nonjudgment are fundamental tools in counseling.

Each of us has membership in groups that we have chosen: the gym, professional organizations, social media outlets, and so on. Each of us also has group memberships that are not chosen but are nonetheless desired (e.g., being among those who are seeing and hearing). Social justice recognizes that people choose how to respond to earned and unearned privileges and are able to use their privilege in its various forms to address disparities.

McIntosh (1989) identified several privileges that enabled her to negotiate her, a white woman, daily existence more effectively. She could choose not to teach her children about race or racism if doing so would cause them some discomfort. The growing numbers of white women who are mothering nonwhite children are finding that this privilege of not addressing race may support a colorblind orientation not afforded to their children (Robinson-Wood, 2015). She could move to almost any neighborhood, confident that she would be treated well and welcomed (e.g., low-wage earning white people do not have this class privilege). She also knew that her children would be given school curricular materials that testified to the existence of their race.

Clearly there are benefits of privilege, but its absence does not mean a lesser life characterized by unhappiness and an internalized sense of inadequacy. This point is illuminated in the 2001 film *Honey for Ochun* (Lago & Solás, 2001). The primary character is a Cuban man whose father lied to him throughout his child, telling him that his birth mother had abandoned him when he was a child. In truth, the father removed the boy from Cuba and took him to Florida. Years later, the child grew into a man and returned to Cuba in search of his mother, a dark-skinned Cuban woman who is portrayed in the movie as having lower class status. The colorism and classism are evident in the film. The son's persistence is rewarded as he finds his mother in a remote part of Cuba, off of a little lake. The mother knew she had not abandoned her son and believed that she would see him again. Despite the sexism, colorism, and class elitism, the mother resisted internalizing herself as inferior. Here, resistance refers to recognizing demeaning messages and replacing them with empowering messages.

## Patriarchy

*Patriarchy* comes from a hegemonic or a ruling ideology (Rosenblum & Travis, 2006), wherein men have advantage conferred on them because of their prescribed rank or societal status. During the more than three decades of the women's movement, there have been increases in the college attainment rates of women and dramatic increases among women in the workforce. In fact, women under 25 are on par with men in labor participation. Amid these and other advances, gender and racial inequity continues. In the United States, the earnings differences between women and men were widest for whites and for Asians. Asian women and men, in 2010, earned more than whites, blacks, and Latinos. White women earned 88% as much as Asians, while black and Latino women earned 77% and 66%, respectively. In comparison, white men earned 91% as much as Asian men whereas black men earned 68% as much and Latino men earned 60%.

Patriarchy is intertwined with power and privilege. The ascribed status of sex is elevated as a primary status trait over achieved statuses. Biological sex is not chosen but is an extremely powerful determinant of how people have been and continue to be treated. Both women and men are necessary for society's maintenance, yet through an elaborate gender socialization process, expectations and behaviors are disseminated and internalized. These socialization practices, both blatant and subtle, maintain a system not only in the United States but also in other countries throughout the world, where women are not as advantaged because of their less prominent status as females. Haider (1995) viewed this phenomenon globally and historically:

In many cultures, the notion of male dominance—of man as woman's "god," protector and provider—and the notion of women as passive, submissive, and chaste have been the predominant images for centuries. In many cases, customary practices have been based on a pecking order that has not always been conducive to the well-being and personal development of those lower down the status line (p. 53).

One consequence of patriarchy for men is that it contributes to a skewed emotional existence. Difficulty with experiencing and expressing a full range of emotions, such as fear, vulnerability, and uncertainty, is an outcome of patriarchy and a dichotomizing and polarizing system. Patriarchy is a system of wide-scale inequity to which many people, including women, are oblivious.

Given the potential disadvantages of patriarchy for men, are there possible benefits of patriarchy for women? Patriarchy has its genesis in injustice. If any benefits of patriarchy result for women, they are temporary and elusive, primarily because the benefits would be dictated by women's adherence to the parameters of patriarchy and their compliance with prescribed gender roles. Does equality for women apply primarily to those women who subscribe to at least some but not to too many of the characteristics associated with masculinity (e.g., self-sufficiency, assertiveness, competition)? According to Bem (1993), any such benefits accorded to women are most likely a by-product of androcentrism, or male-centeredness, in which the male standard prevails.

In American society, men generally benefit over women. Male privileges do not bestow power on all men, but they ultimately deny women, particularly women who have less proximity to privileged men. One benefit of the men's movement is that it has called attention to the myth that women's powerlessness translates into men's power. Individual men may feel powerful, but not all men do. Swanson (1993) recognized this phenomenon as the "new sexism" and noted, "Some men, rather than feeling like patriarchs, often feel like workhorses, harnessed with the burden of being family provider, trying to pull the family wagon up a muddy hill of financial debt" (p. 12). Men are conditioned to be providers, protectors, and ready for combat, yet they experience pressure from women to be nurturing, soft, and intimate (Skovholt, 1993). These messages are conflicting. Part of being a protector is not asking for help or appearing to be vulnerable, which is what intimacy and nurturance entail.

Many white men, men of color, or poor, disabled, elderly, and/or gay men do not share the same privileges that some economically privileged, able-bodied, and/or heterosexual men do. Thus, all men do not perceive a sense of personal power in that they do not possess crucial markers that society deems normative and valued. The presence of these critical markers does not ensure that individual men will automatically feel powerful. Because of the underlying assumption that persons who share gender are monolithic, use of the phrase "men in general" is problematic (Carrigan, Connell, & Lee, 1987). Making inappropriate attributions regarding clients' identity constructs is called a *miss*.

### Sexism

The women's movement challenged many traditional stereotypes about women, their work, and their place in society. That women wanted equal pay for equal work, respect in a society that too often reduced them to sexual objects, and denied them choice about their bodies and minds was the message echoed across numerous platforms. Women were encouraged to consider seriously the socialization experiences that contributed to their reliance on others for their emotional and financial well-being. *Sexism*, an institutionalized system of inequality based on biological sex, was brought to the nation's attention. (See *Storytelling: Colonizing Discourses*.) Another identity construct that can mitigate the privileges that certain groups have is sexuality. Some of the privilege associated with maleness has a qualifier of heterosexuality. Despite its association with less privilege, that is, in certain contexts, being gay does not cancel privileges associated with being male or being white. Within a society where white skin is associated with unearned privilege, gay white men mediate the effects of homophobia with their white skin. Gay men of color receive male privilege yet contend with both racism and homophobia (Loiaco, 1989).

**Consequences of Sexism for Men.** Racism contributes to a dehumanizing stance and limits human development for people, regardless of their race and ethnicity (Pinderhughes, 1989). Sexism also adversely affects all people, men and transgender people included. The male gender role often results in men being restricted in their emotional expressiveness and promotes a limited range of behaviors available to them. "Restrictive emotionality involves the reluctance and/or difficulty men have in expressing their feelings to other people and may be related to their hesitancy to seek help from others"

(Good, Dell, & Mintz, 1989, p. 295). Men are gendered and influenced by rigid and sexist discourses. As such, they are oriented toward success, competition, and the need to be in control (Robinson, 1999a). The danger in the male role is that it has been connected to “Type A” behavior patterns and to depression (Good & Mintz, 1990).

Homophobia emanates from the perception of homosexuality as an aberration of the correct social order. Discourses about gay people are that they are promiscuous, can be marked (e.g., read) according to mannerisms and dress, and may be untrustworthy around young children, due to a perception of aberrant sexual proclivities.

**Consequences of Homophobia for Heterosexuals.** Men who engage in behaviors deemed “feminine” are suspected of being gay by other men and by women as well. One of the teachings of traditional masculinity is that it is incongruent with femininity. Heterosexual men may feel real fear in expressing emotional or physical affection with another man because of connotations of homosexuality. This concern may explain why upon greeting one another, American men engage in roughhousing, evidenced by vigorous slaps on the back. Such behavior, however, is culturally dictated. In Ghana or in Egypt, for example, it is quite natural to see men holding hands while walking together. European men are often more demonstrative in their affectionate behavior with one another. Cultural expressions of affection and endearment support behavior, yet in the United States, similar behavior might be interpreted among some as suggestive of homosexuality.

Homophobia also interferes with the formation of cross-sexual orientation friendships out of fear that such interaction and proximity would be misinterpreted by others. In this context, heterosexual mental health professionals, may be inhibited in their ability to be allies to lesbian, gay, bisexual, transgender, intersexual, and questioning (LGBTIQ) clients.

### ❖ STORYTELLING: COLONIZING DISCOURSES

A young woman was at the hairdresser. She and her stylist were talking about an African American pop singer. The stylist, also a young woman in her 20s, said, “She’s pretty for a colored girl.” The year was 2011, and the young woman who was

having her hair done was shocked that this type of statement was made by a millennial well into the 21st century. She was also surprised that the stylist used language that had not been used in over half a century to refer to African Americans.

### **Able-Bodyism**

People with disabilities have a long history of being discriminated against. An understanding of this type of discrimination is enhanced by an assessment of the “mastery-over-fate” orientation descriptive of American society. The U.S. culture places inordinate emphasis on youth and fitness and demonstrates a marked preoccupation with the body beautiful. A disability is seen as an imperfection, which is contrary to the culturally sanctioned values of control and domination.

Smart and Smart (2006) argue that the conceptualization of disability as “an attribute located solely within an individual is changing to a paradigm in which disability is thought to be an interaction among the individual, the disability, and the environment (both social and physical)” (p. 29). Despite this observation, a clear bias in favor of the able-bodied exists. Because most buildings have been constructed for able-bodied persons, persons without disabilities are often oblivious to their unearned privileges. How much thought do able-bodied people give to the accessibility of a house or other buildings? Having disabled friends or family in our lives with a temporary disability (e.g., after foot surgery) or negotiating sidewalks, narrow aisles, and closed doors with children in strollers increases awareness.

Architectural space and design are outgrowths of cultural attitudes and assumptions that are biased against the elderly and persons, in particular, women with disabilities. As Weisman (1992) pointed out, “Placement in barrier-free housing and rehabilitation services favors men . . . Disabled women are not usually thought of as wives and mothers who often manage households with children and husbands. The wheelchair-accessible two- and three-bedroom unit is a rarity” (p. 118).

The myth that people with disabilities are childlike, dependent, and depressed contributes to ignorance from the larger society and denial about the fact that, at any time, able-bodied people can and probably will become disabled if they live long enough. Multiculturally competent professionals have the ability to regard clients with disabilities as whole human beings wherein the disability is understood as a component of identity and not the entire focus of the counseling event or an exhaustive account of the client’s essence (Fowler, O’Rourke, Wadsworth, & Harper, 1992). Facility at holding the client’s multiple spiritual, occupational, sexual, and social identities is commentary about the professional’s multicultural competence across knowledge, skill, and attitudes.

**Consequences of Able-Bodyism Among the Able-Bodied.** Society was created for persons who are able-bodied. Our society of concrete sidewalks and curbs is uninviting to persons with temporary and permanent disabilities. Discourses abound regarding people with disabilities. One of the most pernicious is that persons with disabilities desire to be able-bodied. This mistaken belief is similar to the belief that people of color desire to be white or that women desire to be men. Equating the experience of having a disability with living a lesser life is problematic for two reasons in diversity mental health practice. First, such an attitude does not embody the spirit of multicultural competence where differences are embraced. Second, this attitude is psychologically restrictive for able-bodied persons. Clearly, having a disability in an able-bodied world can deflate a sense of self and depress self-esteem (Livneh & Sherwood, 1991), yet this is not the experience of all persons with disabilities.

### **Class Elitism**

Much of the formal training counselors receive in traditional counselor education programs emanates from a middle-class bias. This bias is characterized by emphasis on meritocracy, the Protestant work ethic, Standard English, and 50-minute sessions (Sue & Sue, 1990). The difficulty with this type of partiality is that it can alienate mental

health professionals from low-income clients. Liu, Corkery, and Thome (2010) discuss social class and classism training in psychology and provide competency benchmark tables relevant to social class. There is acknowledgment that no mental health professional will have complete knowledge of the entire range of economic cultures among their patients, but they state that it is “incumbent upon the professionals to remain curious about the social class-related expectations and experiences of their clients” (Liu et al., 2010, p. 368). Persons who have limited access to material wealth in a materialistic culture are not perceived as being as viable as those with greater resources. Within our capitalistic culture, a dangerously close relationship exists between self-worth and income. Low-income people, regardless of their work ethic, tend to be perceived as lazy and even immoral (Gans, 1992). Conversely, the rich are esteemed and admired, often independent of their moral or immoral conduct. The relationship between class and power is dubious. Low-income status is not valued by a consumeristic society; having membership in this devalued group can provoke feelings of powerlessness and depression (Pinderhughes, 1989).

**Consequences of Class Elitism.** Because socioeconomic class converges with gender, race, ability, and personal power, as well as with other identity constructs, it is simplistic to conclude that being able-bodied or male or having a high income is automatically associated with feelings of safety and security or a lesser tendency toward depression and less pain. (See *Storytelling: Not Worth More*.) It is also faulty to assume that having membership in groups deemed by society to be high status is related to feeling more powerful.

#### ❖ STORYTELLING: NOT WORTH MORE

I was speaking with my 26-year-old babysitter who was also dog sitting and had several babysitting jobs in order to raise money for graduate school that would start in a few months. She told me of an opportunity to puppy-sit over a 24-hour period. I asked her how much money she was going to be making. She said she did not know. I suggested that she contact the owner of the puppy and ask. Not to do so was to depend on the pet owner's good graces as opposed to stating up front what she wanted to earn. We spoke about the difficulty women often have negotiating for pay in contrast with men, who engage in this practice quite frequently. I told her that some people will take advantage of women by paying them much less than what they would pay a man. My sitter called the

woman and said that she wanted \$5 an hour for the 24-hour period. The puppy had a special dog food that needed to be administered by hand and the puppy had to be let out twice nightly to go potty. The puppy's owner initially agreed but a few minutes later called back and told my sitter that she was asking for too much money. Instead she wanted to offer \$50 for the entire 24-hour period, or about \$2 an hour. The young woman decided to just stay about 4 hours with the dog, earning \$5 an hour (that is all the owners would offer and the young woman needed the \$20). She could not believe how little the owner wanted to pay her. She said that she felt proud of herself for asking for what she wanted and would approach future jobs by clearly stating her salary requirements up front.

## Ageism

*Ageism* refers to discrimination against people because of their age. This discrimination is often aimed at the middle aged or the elderly. Ageist terms vary and include primarily negative expressions. Examples are *crotchety*, *fuddy-duddy*, *fart*, *senility*, *golden-ager*, *graybeard* (Nuessel, 1982). Atkinson and Hackett (1995) stated that “delimiting the elderly as being 65 and over is a purely arbitrary separation” (p. 192). This boundary’s genesis is the decades-old Social Security system, which was instituted in 1935, when people did not live as long as they now do.

Ageism is compounded with other layers of discrimination. Until very recently, limited attention had been devoted to the study of breast cancer. On the surface, this lack of focus could be attributed to sexism; however, ageism is also at fault. Does the fact that the majority of women survivors of breast cancer are not in their 20s or 30s but rather in their 40s and 50s contribute to the limited (but growing) research on this disease? Is there a different consequence for a middle-aged woman who is no longer viewed as having or needing beauty?

People, according to their age ought not to be treated as monoliths. Doing so greatly impedes the delivery of effective services. Differences exist between a 65-year-old healthy person and a 90-year-old whose health has begun to decline. Atkinson and Hackett (1995) described the “young-old” and the “old-old” (p. 14). The young-old are in fairly good health with stable financial supports. The old-old may be experiencing deficits in several cognitive, medical, social, and financial resources.

Mental health professionals need to be mindful of the social supports available to elders. Solid social supports with both friends and family can help elders to feel less dependent on others. Part of a professional’s assessment should include an examination of an elder’s level of involvement in meaningful and purposeful social activity. The elder’s sense of personal autonomy or control over life is also an important component of overall wellness. Some illnesses, such as Alzheimer’s disease, will require working in sync with other caregivers and integrated levels of support to maximize the quality of living during a stressful and potentially chaotic time.

Age biases contribute to some clinicians seeing little merit in providing psychotherapy to aging persons. For example, one weakness of psychoanalytic theory is that it is not generally regarded as viable when started with persons age 50 or older or for low-wage-earning people who cannot afford analysis several times weekly. Identifying a client’s strengths, regardless of the presenting problem, is a crucial step in facilitating growth or bolstering coping abilities.

There is also discrimination against the young, discrimination that occurs with newly minted professionals who are in their early 20s and look it. Older patients may assume that such a young person knows nothing of their life experiences. Young professionals are encouraged to appreciate the need that patients have to be adequately and competently cared for and to show commitment, as opposed to defensiveness, to providing services to patients across the developmental spectrum.

**Consequences of Ageism for the Nonelderly.** Unlike most traditional cultures in which the elderly tend to be respected and valued, in the U.S. culture, inordinate emphasis is placed on youthfulness. The societal significance attached to doing,



productivity, and maintaining mastery over nature may explain this cultural preoccupation with youth and the herculean effort to defy and in some instances, deny or defeat aging. Aging appears to be viewed as a loss of control and of diminishing power and beauty. Discrimination against a segment of the population that is composing a higher percentage of the total and of which all will be members, if they are fortunate, culminates in fear-based discourses about the experience of being an elder. It is heartening to see how a culture of menopausal women is redefining hot flashes as power surges and recognizing the “change” in life as a time of ascendancy and coming into one’s own.

## Implications for Mental Health Professionals

Not acknowledging the meaning of race, as a social construction, can restrict the development of a racial self. This lack of clarity about a core identity construct adversely affects clinicians’ empathy toward their clients. Mental health professionals are encouraged to ascertain whether they are able to work effectively with a variety of clients. (See Case Study: The Difference Class Makes.) Despite an espoused value of diversity, American society socializes people into attitudes that are not honoring of difference. Professionals need to recognize these and other biases within themselves and not allow shame or guilt to fan denial. The process of unlearning these attitudes is ongoing yet possible and reflective of cultural competence.

Although professionals have an ethical obligation to refer clients to other professionals when they are unable to provide necessary assistance, the counselor who is judgmental of a white woman involved in an interracial relationship needs to be concerned if intolerance in one area of her life extends to other persons who, for example, do not support her political ideology.

## Case Study

### The Difference Class Makes

Ms. Mary Cain is a 47-year-old unmarried white woman who resides in Massachusetts and lives in subsidized housing. She has a history of drug use but has been sober for a few years. Her 31-year-old daughter Ruby resides with her but was recently arrested for her fourth driving under the influence (DUI) and writing bad checks. Ruby does not work and abuses alcohol. Ruby’s two teenage daughters, ages 14 and 16, reside in the home with their mother and grandmother. The 16-year-old has a 2-year-old daughter, and the 14-year-old is pregnant. Ms. Cain was referred to a mental health agency by her doctor after he noticed her weight loss, insomnia, and other depressive symptoms. Ms. Cain arrived at her counseling appointment 20 minutes late with her 2-year-old great granddaughter. She travels to counseling via public transportation. She missed the first two counseling sessions she had scheduled with Julie. The agency’s policy does not charge a late fee to patients who receive the state’s free behavioral health care (i.e., MassHealth). The therapist, Julie, is a 28-year-old Mexican PhD student in clinical psychology. Julie was raised in a working class family that worked very hard and lived from paycheck to paycheck. Both of her parents are certified nursing assistants at a retirement facility. Upon meeting Ms. Cain, Julie warmly refers to her as Mary. After the initial intake questions were asked and answered, Julie asked Mary if she was losing weight because she

was depressed about her daughter's unemployment and addiction, as well as her grandchildren having children at such young ages. Ms. Cain responded, "I like a big family and my grandchildren are a blessing to me. I've lost my teeth, but I want to eat. What I need is a dentist, but I don't have dental insurance." Ms. Cain has almost no teeth remaining. Julie asked, "Your place of employment does not provide dental insurance?" Ms. Cain replied, "I get public assistance and disability. With it, I take good care of my family." Julie suggested that Mary reduce her sugar intake and buy Ensure drinks so that she could receive nutrition in liquid form. Julie observes that Mary's great grandchild is obese and has decaying teeth. Ms. Cain said affectionately, "She loves her bottle of fruit punch and macaroni sandwiches at night-night." Later, Julie tells her supervisor during supervision that she feels ineffective with this population and does not want to work with them once she is done with practicum. When asked why, she said they have so many problems and they continue to make choices that worsen their situations. Really, what are they trying to do to help themselves? And when they don't show up, that's my time wasted and the agency won't even bill her for missing a session. I swear, I will only see patients with private insurance once I'm licensed."

## Questions

1. Why is Julie so reluctant to work with Ms. Cain and other poor people?
2. What are dominant discourses concerning people who are poor that contribute to Julie's desire not to work with the poor?
3. Do multicultural competencies address Julie's disdain for working with the poor?
4. If Julie chose to work in a private agency where clients paid out of pocket for their mental health services because they could afford it, does this mean she is not committed to social justice?
5. Would a cultural assessment be of assistance to Julie in her work with Ms. Cain?

## Discussion and Integration

### The Counselor, Julie

There are some discourses that Julie espouses that indicate her struggle with multicultural competency. First, Julie shows that she is having difficulty applying her knowledge of ethics or multicultural competence to practice. While she understands that inequality exists and is aware of the ethics code regarding beneficence and not discriminating against people on the basis of class, Julie is unable to reflect critically on her classism injuries—that her patient is someone she has worked very hard to not be (Liu, Corkery, & Thome, 2010).

One discourse is that in America, people have the freedom to impact their economic lives as they so choose (Robinson-Wood, 2013). Another discourse is that people have the power to change not only their own economic outlooks but also those of their children. Another discourse is that poor people are a burden, are difficult, and are not ideal patients due to the enormity of their problems. Julie believes in and values the myth of meritocracy. In her worldview, all people can achieve if they keep their noses clean, stay out of trouble, and work harder than the next person. Julie does not understand the multigenerational impact of systems on people and the psychological processes that can accompany systems, such as resignation, depression, hopelessness, or patterning one's life after other family members. Julie has knowledge of social inequalities that exist due to class, skin color, gender, body size, age, and more but has a difficult time applying this knowledge to practice. Another discourse is that people who find themselves in chronic poverty

have themselves to blame for their lot in life. Julie defines life as being in control over one's fate, delaying gratification, making wise decisions, including when to bring a child into the world, daily exercise, and nutritious foods. She has little patience for people who are not on time (regardless of the reasons) and believes that having to depend on welfare is an embarrassment. Julie seems to believe that mental health is a privilege that low-income people should not have access to, and if they do have access to it, Julie is not the type of clinician to provide care. There is a fundamental lack of empathy and regard for Mary's strengths: sobriety, caring for her family, and commitment to therapy (evident through her travels to counseling via public transportation with a toddler in tow). With quality supervision, multicultural competence training, as well as wisdom gained through life experiences (e.g., sometimes a person can do all the right things and the undesirable still happens), Julie could learn to confront her biases regarding low-income people and become an effective clinician for people across class statuses. Moreover, Julie's biases may reflect unfinished business from her working-class origins.

Currently, Julie's values and attitudes do not evidence openness to interrogating her biases, and she does not have the skills to tolerate ambiguity and uncertainty (Liu et al., 2010). Although a disconcerting thought, it is possible for students to have taken the one required diversity class, even in a doctoral program, without participating in learning processes and activities that encourage exploration of class elitism, power, and privilege.

### The Client, Mary

Mary typifies the chronic poor. It is possible to look at her life and say, "Well, if she would just learn a skill, she could get a decent paying job and earn an income that would get her off of welfare—doing so would help not only Mary but her children, grandchildren, and great grandchildren." Mary is actively caring for three generations of family members despite her history of substance abuse, singlehood, and poverty; she is able to love and hope despite a history of adversity and oppression.

Looking at the age of Mary's daughter, it is clear that Mary was a teenage parent like her daughter and granddaughters. Teenage parents are less likely to complete the education required to qualify for a well-paying job. They are also likely to be poor and to remain poor (The National Campaign to Prevent Teen Pregnancy, 2010). Increasingly, women and girls are represented among those incarcerated and yet, as Reid (2011) observes, policy has done little to offer hope for rehabilitation. A therapist needs to address the totality of Mary's life, not just a narrow focus on poverty, addiction, teenage pregnancy, obese children, and tooth decay. Mary needs to be seen as a client worthy of service. Instead of regarding Mary as pathetic, her commitment to a family that depends on her and her delight in her children, grandchildren, and great grandchildren is important to consider.

A cultural assessment that encourages Julie to think about the contextual issues in Mary's life would be helpful to her. Mary is the provider for her entire family, yet her resources are limited. Mary experiences class elitism in a society that blames poor people for not being better off, and if Julie is not careful, the therapeutic event is going to reproduce the dynamic of oppression that many marginalized groups endure on a daily basis (Comstock et al., 2008).

### Summary

In this chapter, the presentation of human differences as status variables was explored through an examination of the contextual and social construction of differences model. Hughes's (1945) work on the dilemmas and contradictions of status was foundational to this chapter. The consequences of hierarchical socialization were presented, and the advantages of a model based on cultural pluralism were envisioned. The importance of mental health professionals recognizing systems of inequity was articulated. A case study allowed readers to synthesize the material presented.

# Part II

---

## **Our People**

Do not copy, post, or distribute

Do not copy, post, or distribute