

ONE

Self in Context

Personal identity *is* cultural identity. Culture is a powerful organizer of people's lives. How we view ourselves and who we are as individuals cannot be separated from when, where, and how we grew up; as such, identity is lived discourse (Thomas, Hoxha, & Hacker, 2011). How adults behave, love, work, and make decisions is related not only to their individual psychological development, but is also related to how their individual development intersects with the political, geographical, sociological, and historical factors that precede and surround their lives. Culture is one of the most influential determinants of identity (McGoldrick, Giordano, & Garcia-Preto, 2005), and therapists who do not address cultural meanings in their clients may be engaging in oppressive practices rather than therapeutic ones. The stories in this book provide a window into individuals' lives as they reflect on important aspects of their cultural identity. It is important to view the stories as snapshots along a continuum in the storytellers' lives, one possible view of their journey toward identity development. It is also important to view the stories in the authenticity of the moment for the storyteller.

How people decide to tell their story at one moment in life may vary according to their self-concept, their developmental stage, and the contextual dimensions of their lives. We use a framework that includes an ecosystemic model of development, similar to other cultural identity development models (Cross & Cross, 2008). Our understanding of personal and cultural identity is also viewed in light of social identity development, the part of an individual's self-concept that derives from

knowledge of membership in a group along with the emotional significance attached to it (Tajfel, 1974).

Developmental Processes

Models of human development teach us about human nature and the formation of individual identity. When working with clients across the life span, it is important to consider developmental tasks and activities, particularly as they relate to behaviors and functioning. Human development is plastic, fluid, and holistic; it occurs within multiple contexts; and is often bidirectional because skills gained during one time period may be lost in another (Berger, 2014). For example, cognitive development is important to consider when understanding cultural identity and individuals' perceptions of themselves as cultural beings. In Piaget's model, for instance, when school-age children move from concrete to formal operations, they are engaging in a cognitive shift that allows them to understand the world in logical terms and from multiple perspectives (Berger, 2014). In terms of cultural identity development, it is generally at this stage that children begin to move from a conceptual understanding of race and gender from a physical standpoint to a social perspective, with the beginning notions of the sociopolitical context from which culture is derived (Quintana, 1998; Wright, 1999). In Piaget's final formal operations stage, abstract and rhetorical thinking skills are mastered, allowing individuals who reach it to understand multiple perspectives simultaneously. When examining clients' stories, it is important to consider how cognitive development influences their understanding of the events in their lives and their ability to develop effective coping and problem-solving strategies. The stories in this book reflect the storytellers' shift in their cognitive appraisal of their cultural identity as they tell us about their cognitive understanding.

Erickson's stages of psychosocial development help us to understand development and its relationship to culture (Berger, 2014). As children move through their developmental tasks, the role of cultural factors cannot be ignored. Children begin to understand the social connotations, including sociocultural and sociopolitical factors of their identity. For example, preteens begin to base their friendships solely on gender and develop strict rules for behaviors that signify group membership. Children who may not strictly follow the norms for stereotypically gendered behavior are often teased and ostracized. The same can be true for

other cultural factors. As adolescents try to answer the crucial “Who am I?” question, they begin to assess their role within society, including an understanding of stereotypes and the importance of values. For ethnic minority children, issues around career aspiration and expectation, for example, are shaped by their perceptions of reactions and acceptance by others, the presence of role models, and financial concerns. In reading the stories in this book, the reader should be able to comprehend complex relationships between personality development and cultural identity.

The final area of development that serves as part of the framework for the stories is moral development. The three major moral development models (Piaget, Kohlberg, and Gilligan) include the significance of social norms and interpersonal relationships in resolving moral dilemmas (Berger, 2014). Piaget postulates that children develop a sense of right and wrong based on cooperative relationships with each other and conforming to what works best for the group. Kohlberg suggests that children move from avoiding punishment to receiving rewards and social praise for their decisions. Individuals move to an understanding of democratic principles and social norms before developing a set of universal moral principles. Gilligan argues that moral development for women differs from that of men because they are socialized to consider connection and intimacy in decision making (Berger, 2014). No matter which model is considered, it is important to remember that the issues of justice and equity need to be taken into account, particularly for people in oppressed groups. The incongruence that individuals often feel between the sense of these principles and their lived experiences needs to be reconciled in the process of cultural identity development.

Development of the Self

These traditional developmental models are not enough to understand cultural identity because they do not address the richness, complexities, and shifting of an individual’s identity (Almeida, Woods, Messineo, & Font, 1998). In addition to understanding the role of human development in personality development and behavioral functioning, it is important to understand the development of the self and the intersection of cultural factors with self-concept. There are three components that influence the development of the self: the notion of the self, the ideal self, and the self reflected in the perceptions of others. The first layer of the self includes individual components, including unique personality

traits, characteristics, and abilities, along with innate dimensions of temperament. The second layer of the self includes the self-ideal, traits and characteristics that are aspired to, along with goals and aspirations. Additionally, identity is not made up of a self that develops in isolation and holds still, but is constructed by the social context a person has been in, is in, and will be in. The view of oneself is not constant, but is complex, multifaceted, and reflected by others in the person's life (Tomm, 1989). Identities are shaped through social interactions with others (Rockquemore & Laszloffy, 2003). By the time they reach school age and develop the ability to classify on multiple dimensions, children begin to understand that others have perceptions of them (Quintana, Castenada-English, & Ybarra, 1999; Selman, 1971), and they begin to incorporate others' perceptions into their perception of themselves. They become hypersensitive to others' perceptions and will often elicit feedback from others on their personality traits, abilities, and characteristics. The knowledge that others have perceptions that may differ from one's own underscores the need for acceptance by peers and the desire to fit in, to be "normal," and to feel validated (Rockquemore & Laszloffy, 2003). School-age children begin to have a solid understanding of group membership, and they become aware that group membership includes social status (Kerwin & Ponterotto, 1995). This is carried into the adult years.

Cultural identity models outline development that includes a sense of reference group orientation along with self-group orientation (Atkinson & Hackett, 2003). During preadolescence and the awareness of the sociopolitical connotations of cultural group affiliations, the pressure for conformity and acceptance increases. Preteens develop rigid definitions of criteria for group membership based on behaviors, dress, speech, and relationships. As you read the stories, it becomes clear that the storytellers' sense of identity includes not only how they view themselves, but also how others view them or have viewed them in the past and their future aspirations for themselves.

Development of Self in Context

Cultural identity and self-concept are developed not only within the context of the consciousness of others' perceptions but also within historical images and stereotypes of culture. Dominant cultural patterns are embedded in our cultural discourses and social institutions, perpetuating certain ideas and ignoring others. Cultural identity is constructed historically and

socially within groups and is influenced by the contact with differences within those groups or differences between different groups; it also evolves as ideas and historical times change (Falicov, 1998a). Individuals need to integrate their individual traits, their ideal self, and perceptions of others, including current perceptions and historical stereotypical roles, as they form their self-perceptions across the life span.

Therefore, the sense of self is not developed in a vacuum, but within multiple contexts. In the field of psychotherapy, explanations for human behavior have traditionally been individual and psychological in nature and have tended to contain the narrow idea that an individual or a family's behavioral patterns are regulated by personal decision, with an implicit notion of existential freedom devoid from the shaping of contextual dimensions. Although it is true that individual psychological explanations are important and that people do have the freedom to choose their fate to some extent, these individual dimensions are not enough to understand human behavior, motivation, and change. People do not wake up one day and decide to act in a certain way. Historical, sociological, anthropological, political, and geographical explanations are needed to make sense of a person's life choices, life cycle events, and patterns of individual or relational behavior. If therapists lack the curiosity of an anthropologist to seek out information or do not become interested in the statistics that a good sociologist provides, much harm can be done. Counselors, social workers, and psychologists may feel discomfort facing the daunting task of becoming acquainted with so many other disciplines to understand human behavior. But the discomfort of feeling ignorant may be a preferable reaction than indifference and the illusion that only psychological and individual explanations account for human behavior.

Societal Influences on Development

Social identity theory provides a framework for understanding the contextual layers of identity development. Social identity is the part of an individual's self-concept that stems from knowledge of group membership along with the emotional significance attached to it (Tajfel, 1974). According to Tajfel, the development of social identity includes understanding social categorization, assessing the potential for the group membership to make some positive contribution to positive social identity, and then integrating, altering, or discarding components of the social category into self-concept.

According to Bronfenbrenner (1977), individual developmental processes need to be understood in light of systems that have varying levels of influence as development is multicontextual. Bronfenbrenner holds that while individuals have temperaments, personality characteristics, traits, abilities, and biological predispositions that influence developmental trajectories, individuals develop within a context that shapes and influences them. The most immediate context is the microsystem, which includes family, neighborhood, peers, school, church groups, and health services. In terms of cultural identity, parents are instrumental in providing racial/ethnic socialization for children. Racial socialization is defined as the process by which parents of color raise children to have positive self-concepts in an environment that is oppressive and sometimes hostile, and includes exposure to cultural practices, promotion of racial pride, development of knowledge of culture, and preparation for bias and discrimination (Hughes et al., 2006). These processes are vital for transmitting adult competencies to children, expectations for how a healthy adult participates and contributes to the group. Racial socialization processes have been linked to a variety of important outcomes in children and adolescents, including racial/ethnic identity, internalizing and externalizing behaviors, and school achievement (Bannon, McKay, Chacko, Rodriguez, & Cavaleri, 2009; Constantine & Blackmon, 2002; Davis & Stevenson, 2006). Racial socialization processes serve as a protective factor against the negative psychological effects of racism (Neblett et al., 2008; Stevenson & Arrington, 2009) and as a way to bolster self-esteem (Harris-Britt, Valrie, Kurtz-Costes, & Rowley, 2007). In the stories, you will read about how families engaged in cultural socialization practices and how they served sometimes as a buffer from experiences in other microsystems, including schools, neighborhoods, and communities.

Next is the mesosystem, which includes all possible combinations of the microsystem. The school–family interaction, for example, can strengthen a child’s academic performance and cognitive functioning. A dangerous or violent community–school climate can also negatively enhance performance by influencing attendance and concentration. The exosystem includes extended family (although for some cultural groups, this is part of the microsystem), friends of family, mass media, social welfare systems, legal system, neighbors. We as social service professionals become an integral part of our students’/clients’ lives, but also part of their developmental processes. The media influences individuals by portraying perspectives of what is normal or appropriate. The macrosystem

reflects the cultural ideology and social norms. We live in a post-Cold War, technological age. Developmental changes in cognition, for example, can be seen in children's and youth's ability to manage technology. Finally, individuals develop in a particular time or age, the chronosystem.

Oppression

One major social influence on individual identity development is oppression. Oppression is a part of the macrosystem and reflects sociopolitical and sociocultural values and expectations in the country. Oppression may also be seen in social categorization, a component of social identity as individuals become aware of images and stereotypes of their cultural groups. People of color, women, immigrants, and the poor have been overlooked, dismissed, ignored, or mistreated in a number of ways. When individuals experience discrimination in a way that makes them feel marginalized or powerless, they have experienced oppression. Oppression may be understood conceptually as a relational term that involves "asymmetric power relationships between individuals, groups, communities and societies" (Nelson & Prilleltensky, 2010, p. 25). It often leads to discrimination, exclusions, exploitation, or violence directed at the oppressed by those who dominate. The core of oppression is, then, the inequality in power. To be oppressed is to be unjustly deprived of the opportunity for "resilient autonomy" (Zutlevics, 2002, p. 84) or "self-determination" (Prilleltensky, 1994, p. 204).

Several authors have attempted to conceptualize a general theory of oppression. Allport (as cited in Ponterotto et al., 2001) presented a five-phase model of "acting out prejudice" as a continuum from least to most extreme, namely antilocution (prejudicial talk), avoidance (efforts to avoid contact with individuals of certain groups), discrimination (official segregation in education, employment, political life, or social privilege), physical attack (destruction of property, harassment, vandalism), and finally, extermination (systematic destruction of a group of people solely based on their membership in that group as in lynching, pogroms, genocide).

Young's (1990) model of oppression provides a classification of oppressive practices and involves the exploration of exploitation, marginalization, powerlessness, cultural imperialism, and violence. Exploitation describes the work of people who are involved in menial work that is servile, unskilled, low paying, and lacks autonomy. The exploited maintains a position of subordination in a system in which the energies of the

exploited are expended to maintain and augment the power, status or wealth of a group that has the resources. Marginalization is defined as affecting people that the system of labor will not use or cannot use. An entire category of people is excluded from useful participation in social life and therefore, severely deprived materially. Powerlessness describes what generally happens to mostly nonprofessional working class men and women as they exercise little creativity or judgment in their work and have no technical expertise or autonomy. They lack the opportunity and the possibility of making decisions that affect their lives or to make progress or advance in their status. Cultural imperialism is defined as the universalization of the values of a dominant group, established as the norm, together with the repression of the values of the nondominant group. It is oppressive to the extent that people who are under it are not able to exert influence on the dominant culture. Finally, violence involves overt cases of physical violence, harassment, intimidation, ridicule, or stigmatization of members of a particular group just because they are members of that group. Violence becomes oppressive when embedded within a system that makes violence both possible and acceptable.

Oppression occurs on personal, interpersonal, and institutional levels. Personal oppression includes acts of prejudice, discrimination, or violence that interfere with individuals' ability to evolve as a complete human being. Individuals who are burdened spiritually or mentally, or suppressed or crushed by an abuse of power can be considered oppressed. Individual or personal oppression can be conscious or unconscious as individuals may or may not be aware that some of the issues in their lives can be attributed to past or current oppressive experiences. Interpersonal oppression can be defined as oppressive attitudes and behaviors that are the result of imbalances in power within intimate or close relationships, including employers and their subordinate employees, service providers, and intimate partners. Cultural oppression can be found in those practices, laws, and customs that produce, or result in, social inequalities, whether they are intentional or unintentional. Racial and ethnic groups, gays and lesbians, and women are often the targets of cultural oppression, but are not the only ones (see Table 1.1 for forms of oppression). Cultural oppression is often expressed in collective stereotypes, cognitive schemas, and political and ideological narratives reflected in the ways nondominant groups are portrayed, considered, and treated (Sonn & Fisher, 2005; Young, 1990), and denies them equal access and equal rights.

Table 1.1 Forms of Oppression

<i>Ableism</i>	Ableism is a negative judgment about the characteristics and capabilities of an individual with a disability (White, 2005).
<i>Anti-Semitism</i>	Anti-Semitism is discrimination against Jews and is considered to be the “longest hatred” (Wistrich as cited by Adams et al., 2000, p. 133) and the most persistent form of racism in the Western and Muslim worlds.
<i>Classism</i>	Classism can also be understood as the process of denying the existence of class differences created by political and social structures, while blaming the poor for being poor. Classism disproportionately affects minorities of color (Nelson & Prilleltensky, 2010).
<i>Ethnocentrism</i>	Ethnocentrism is the belief that one ethnic or religious group is superior to others and implies a concomitant belief in the inferiority of other religious or ethnic groups (Sue & Sue, 2012). It can lead to ethnic or religious prejudice and oppression (Blumenfeld & Raymond, 2001; Ponterotto, Ustey, & Pedersen, 2006).
<i>Homophobia</i>	Homophobia is a term used to describe individuals who have an intense fear or dread of homosexuals and/or homosexuality, and it can be experienced by nongay persons as well as those who are gay (Moses, 1982).
<i>Racism</i>	Racism is beliefs, attitudes, institutional arrangements, and acts that denigrate individuals and groups based on phenotypic features and sociopolitical factors (Clark, Anderson, Clark, & Williams, 1999).
<i>Sexism</i>	Sexism is defined as discrimination on the basis of gender, most often by men toward women. It stems from a belief in male dominance and control that keep women subordinate to men and that are evident both at the institutional and at the personal level. (Merriam Webster’s, 1998)
<i>Xenophobia</i>	Xenophobia can be defined “as fear or hatred of strangers or foreigners or anything that is strange or foreign” (Merriam-Webster’s, 1998). The fear and hatred of immigrants implied in xenophobic attitudes exist in all societies and its pervasiveness fluctuates according to several cultural, economic, and political factors.

Oppressive experiences are often more subtle and covert; microaggressions are brief, common, daily verbal, behavioral, or environmental disgraces, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color (Sue et al., 2007). Sue and colleagues (2007) identify types of microaggressions: microassaults, microinsults, and microinvalidation. Microassaults include explicit racial derogation categorized by verbal or nonverbal attacks meant to hurt the intended victim through name-calling, avoidant behavior, or deliberate discriminatory actions. Examples include calling individuals racial slurs or names. Microinsults includes communications intended to express rudeness, insensitivity, and/or demean a person's racial heritage or identity. Asking a person if he or she received a job based on affirmative action would be an example. Microinvalidation includes experiences that exclude, deny, or render void the psychological thoughts, feelings, or experiential reality of a person of color. An example would be telling a person of color that he or she is not being followed in the store based on stereotypes despite his or her perceptions.

Sue, Capodilupo, and Holder (2008) described reactions of African Americans to microaggressions, which include healthy paranoia, suspiciousness that occurs before or after an incident; sanity check, the need to consult with family, friends, and others to determine if racism occurred; empowering and validating self through blame in the perpetrator; and rescuing the offenders. Consequences of microaggressions include feeling powerless, leading to fears of being accused of being hypersensitive or angry, feeling invisible to others, especially Whites, forced compliance and loss of the ability to be authentic around Whites, and the pressure to represent one's group (Sue et al., 2008).

While experiences of oppression or microaggressions can be damaging to members of oppressed groups, oppression can be most damaging to individual identity development when individuals internalize oppression or negative stereotypes and images (Ponterotto et al., 2001; Sue & Sue, 2012). Internalized oppression can exert a powerful influence on people's behavior and feelings. Religious, racial, or ethnic minorities, as well as sexual orientation minorities, may develop self-hatred and engage in self-deprecating behavior believing the cultural stereotypes assigned to them, identifying with those beliefs and acting accordingly. The fatalistic outlook of many oppressed groups can also be understood as a form of

internalized oppression (Kagan & Burton, 2005). With the internalization of social dominance, the oppressed are rendered helpless and “their impotence becomes proof of their worthlessness” (Kagan & Burton, 2005, p. 298). Internalized oppression can be expressed in many ways.

One way of expressing internalized oppression is the denial of a certain category or dimension of identity. For example, because it is common for darker skinned Latino/a or African American children to be less preferred than lighter skinned children within a family by their relatives, it is not surprising that nearly half of all Latinos/as consider themselves White (Gimenez, 2005). Another type of internalized oppression occurs when oppressed individuals begin to believe in the perception the oppressor has of them. Women in abusive relationships may believe that they are inferior, or that they cannot survive without a man; abused or oppressed children may exhibit signs of low self-esteem and low self-worth; the poor, marginalized or disabled begin to believe in the dominant or experts’ definition of what is wrong with them. Internalized oppression can also result in the identification with the oppressor. In this case, the internalization of negative stereotypes can be turned outward, making individuals react against others of similar background, mistreating or oppressing them in surprisingly harsh ways. It is not uncommon for Latinos/as, for example, to question the qualifications of other successful Latinos/as. African Americans or Latinos/as in a dominant or supervisory position sometimes mistreat their subordinate counterparts with an exaggerated virulence not warranted by the behavior of the subordinate. It is not unusual for women in positions of power to adopt overly competitive or aggressive attitudes toward other women. Internalized homophobia can occur when gays, lesbians, or bisexual (GLB) people internalize the negative messages perpetuated by society relative to their sexual orientation (Morrow, 2006). GLB individuals who receive negative messages from society regarding their sexual orientation, internalize those messages, and perpetuate those messages toward themselves and other GLB persons. The authors of the stories in the book often report experiences of oppression with varying outcomes. Some find coping methods to prevent the internalization of oppression, while others seem overwhelmed by negative reactions and internalize oppressive experiences. It will be important for therapists to gain a good understanding of the influence of oppression on identity development and psychological functioning.

Shifting Selves

Given that personality development, self-concept, and cultural identity are developed with multiple components and within multiple contexts, it is important to remember that the development of cultural identity is not static but dynamic and fluid as individuals continuously relate to institutions, communities, and other individuals. In this “relational reality” (Gergen, 1991, p. 242), individuals discover new talents or traits, have a better understanding of the perceptions of others, and become aware of historical images and stereotypes while the self continues to evolve. Although we often think of optimal functioning for development, or compare others against norms and standards, what is clear is that self and identity are perpetual processes. “Psychologists have proposed that a sense of one’s own past, present and future life and identity is created through the telling of life narratives. The properties of the narrative form create a sense of temporality and coherence in an uncertain chaotic world, enabling us to learn from our past and predict aspects of the future” (Ellis-Hill & Horn, 2000, p. 280). As we mature, grow, and add experiences, our view of self shifts and changes, existing in a state of continuous construction and reconstruction (Gergen, 1991). The storytellers in this book demonstrate this idea in their own narratives. Some of them write about how their sense of self changes across developmental age periods, within particular time periods, and across contexts. It is also certain that engaging in a period of self-reflection, in a way that resembles the self-reflection of a person engaged in a therapeutic relationship, also caused them to shift their views. That leads to a unique reflection and representation of the development of their cultural identity. Others do not write about their shifts, but as they go through the stages of their life cycle, predictions of future shifts are possible.

Resilience

The final component of our framework is the construct of resilience. Despite the life experiences reported by the authors of the stories, one is struck by the positive resources, areas of strength, and resilience in the stories. In the last two decades, researchers in the behavioral sciences began to shift their focus spearheading a new body of literature that deals with the phenomenon of resilience (Luthar, 2006; Werner & Smith, 2001). In the mental health field, whose practitioners and academic

scholars have historically been more comfortable thinking in terms of deficits, diagnostic labels, and psychopathology, there is a growing scholarship devoted to the study of resilience and resilience factors. Researchers interested in investigating the relationship between oppression and resilience seek to understand the protective factors and mediating mechanisms that account for normal development, high competence, sustained mental health, and successful recovery from oppression. Researchers are focusing on the mechanisms that buffer, ameliorate, or mediate an individual's or a community's reaction to oppression and lead to well-being (Luthar, 2006; Prilleltensky & Prilleltensky, 2006; Walsh, 2015).

It is important for practitioners of any setting to have clear knowledge of the concept and its implications for several reasons. First, understanding resilience, and the characteristics of resilient people and communities, helps practitioners to develop preventive tools for helping the clients and the communities their clients live in (Prilleltensky & Prilleltensky, 2006). Second, it moves practitioners from a deficit focus to the focus on strengths, competence, survivorship mechanisms, and positive outcomes, not just negative ones (Duncan, Miller, & Sparks, 2004; Seligman, 2006). Third, by making a commitment to understand the links between protective factors and resilience, it provides a means for practitioners to advocate for their clients by empowering them to overcome oppression (Luthar & Cicchetti, 2000). Finally, by studying the mechanisms and characteristics of resilient people and families, we learn about the processes that underlie them and can utilize them to promote growth in less resilient individuals and families (Walsh, 2015).

What Is Resilience?

The concept of resilience needs to be understood contextually, culturally, and relationally. It is difficult to define resilience because it is not a fixed characteristic that can be measured and it is not a personality trait or an attribute of an individual (Luthar & Cicchetti, 2000). Resilience has been defined as "requiring exposure to significant risk, overcoming risk or adversity and success that is beyond predicted expectations" (Richman & Fraser, as cited in Ungar, 2004, p. 18). Another definition states that resilience is a dynamic process involving displays of positive adaptation despite experiences of significant adversity that evolves over the course of the life cycle (Everall, Altrows, & Paulson, 2006; Luthar &

Cicchetti, 2000; Werner & Smith, 2001). Additional cultural perspectives in the understanding of resilience include its relationship to class, race, and ethnicity factors. For example, strict parental monitoring and discipline has been linked to positive adjustment outcomes among poor Latino adolescents (resilience), but not for middle class adolescents (Luthar & Cicchetti, 2000; Kilpatrick & Holland, 2009). Therefore, forces that appear as a source of vulnerability in some contexts can be protective in others.

Finally, resilience needs to be understood relationally because there is a reciprocal interaction between the environmental factors and the behavior, cognitions, and feelings of the person exposed to risk factors or oppressive environments (Everall et al., 2006, Luthar & Cicchetti, 2000). This means that oppressive events alone are generally not sufficient to understand the development of mental-health-related problems or other negative outcomes because the oppressive events are mediated by cognition, perception language, and the environment in which it takes place. A mother's depression may affect a poor offspring much less than it affects a middle class offspring, because a poor adolescent may be much more affected by community violence (Luthar & Cicchetti, 2000). Understanding resilience relationally also means that resilience is "forged through adversity, not despite it (Walsh, 1998, p. 6). Studies of resilient people found that they became stronger as a result of suffering, which made them more resilient. Resilience that comes from overcoming oppression results in the establishment of competence and confidence, which may result in the restoration of dignity and hope and overall positive functioning (Freire, 1970/2001).

Factors Associated With Resilience

It is not true that "early or severe trauma can't be undone; that adversity always damages people" (Walsh, 1998, p. 4), because even a "bad start" does not necessarily imply a "bad outcome" (Walsh, 1998, p. 13). In fact, often the very fact of being abused or oppressed, or having fundamental rights denied, may elicit attempts to rectify the situation, develop resilience, push in positive directions, or develop collective actions (Kagan & Burton, 2005). The existence of protective resilient factors needs to be taken into consideration (Luthar, 2006; van der Kolk, 1995). What are some of the protective factors that are related to resilience in the midst of oppression?

Personal Protective Factors

The following protective factors found in the literature on resilience appear to protect minorities of color and other oppressed minorities from developing psychopathology. Protective factors can each derive from multiple levels of influence (Luthar & Cicchetti, 2000) and can be related to each other and influence each other, creating a chain of reciprocally influencing factors.

Attachment, nurturance, and support. People who grow up in nurturing and supportive environments may forestall the effect of oppression later in life, no matter how intense or severe. Early attachment seems to be of particular importance. However, it also appears that those who do not have that early secure attachment, but have access to at least one caregiver or a supportive adult who believes in them or cares about them later in life unconditionally, can develop resilience (Walsh, 1998).

Self-efficacy and self-esteem. Resilient people seem to have a strong sense of self, self-identity and self-efficacy, which increases a sense of master and control in spite of adversity, stress, or oppressive environmental circumstances (Everall et al., 2006). One theory regarding a lack of a link between prejudice and psychological distress is that self-esteem moderates the impact of prejudice on depression, that is, lower levels of self-esteem place the individual at higher risk for depression. Higher levels of self-esteem may protect individuals from distress because there is less vulnerability and more resilience for stressful events (Cassidy, O'Connor, Howe, & Warden, 2004).

Capacity for emotional self-modulation and self-regulation. This has to do with the ability to tolerate the fear, anger, and frustration that oppressive environments present to an individual, which in turn has an effect on the ability to cope (van del Kolk, 1996).

Availability of emotional and cognitive processing. Resilient individuals can express their feelings more openly and are open to making cognitive shifts in perspective (Everall et al., 2006). If discrimination and prejudice are cognitively appraised events, psychological distress depends on whether or not the individual who is targeted determines that the event is indeed stressful. In other words, individuals experience higher or lower levels of distress according to whether or not they cognitively determine the event to be stressful or not (Luthar, 2006).

Problem-solving focus. People who are resilient seem to face their problems head on instead of avoiding them (Everall et al., 2006), and seem to have a variety of coping strategies, not just one (Walsh, 2015).

Social competence. Resilient people tend to have strong social skills. For example, resilient youth reach out to adults other than their parents, and engage in activities that provide affiliations with other people and have peer support systems (Everall et al., 2006).

Help-seeking behavior. Related to problem-solving focus and social competence of resilient people, seeking help, whether from professionals or social, religious or family networks, appears to be a sign of strength. Highly resilient people do not hesitate to reach out for help when they need it (Walsh, 2015), mobilizing the resources available to them, or creating resources when none exist. Resilient individuals have the strength to admit that they have difficulties and need help, and they are more likely to turn to extended family, friends, neighbors, community services, and counseling or psychotherapy (Walsh, 2015).

Using Resilience in Treatment

The mental health field has traditionally focused on deficits, pathology, and on what is not working for the person exposed to trauma and oppression. One aspect of the complexity of human beings resides in their ability to survive and thrive heroically in spite of oppressive suffering. The paradoxical aspects of the human condition are that the worst calamities impinged on individuals can also bring out the best in them (Duncan, Miller, & Sparks, 2004). Though trauma, oppression, and its aftereffects can linger on for a lifetime, people often do reorganize their lives, find meaning, and do not succumb to psychopathology (Bettelheim, 1980). Additionally, while it is true that some people can exhibit more resiliency in the face of adversity and oppression than others, it is also true that even in the worst adverse circumstances, all people carry around some alternative version of their “bad story” narrative (Ziegler & Hiller, 2001, p. 12) that involves survivorship mechanisms stemming from their strengths, their talents, their successful coping, and the discovery of their resources. Part of the job of a multiculturally competent clinician involves helping clients become aware of the resources they have utilized to survive. When clinicians use a resilience approach, assess for resilient factors, and focus on what is working in the individual in addition to what is not working, clients are encouraged to develop their competent side, their heroic side, and their survival skills. The stories in this volume are filled with resilience and examples on integrating promotive factors in treatment.