Overview: An Ethnocultural Mosaic

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People of color constitute the fastest growing population in the United States. The percentage of African Americans/Blacks is estimated as being 12.4%; Hispanic/Latinos as 8.1%; Asian American/Pacific Islanders as 3%; and American Indians/Alaska Natives as .7% (U.S. Bureau of the Census, 1991). It is predicted that if current trends in immigration and birth rates persist, the Hispanic/Latino presence will have further increased an estimated 21%, the Asian population about 22%, African Americans almost 12%, while that of Whites only about 2% (Henry, 1990). By the year 2056, the United States will be a demographic mosaic, and the typical resident will trace his or her descent to Africa, Asia, the Latin American world, the Pacific Islands, Arabia—almost anywhere but White Europe (Henry, 1990).

These demographic changes are affecting the fabric of North American society; cultural pluralism appears to be emerging as a distinct feature of the United States. Such demographic trends and the ascendancy of cultural pluralism need to be reflected in the delivery of mental health services. As our society becomes increasingly multicultural, the ability to address multicultural and gender-informed contexts competently may well become a mandatory skill for clinicians. The persistence of racial and ethnic group identity results in a sociological kaleidoscope: Its parts relate to each other in constantly changing ways, producing fresh shapes and new patterns (Fuchs, 1990). Women of color play a central role in this sociological kaleidoscope, constituting a pivotal force within their own communities (Boyd-Franklin, 1991; McGoldrick, García-Preto, Hines, & Lee, 1989) as well as in the larger society. The strengths that have made them so pivotal

notwithstanding women of color have needs that require a closer examination and urge a special focus in the delivery of mental health treatment.

Women of color are culturally and emotionally distinct from mainstream White women and thus should not be marginalized when they do not conform to the mainstream group norm (Wright, 1972). The mythical uniformity of sisterhood has led to the homogenization of women's diverse cultures, languages, ethnicities, classes, and sexualities (Andersen & Collins, 1991; Cole, 1986). Gender, race, and culture are important determinants of an individual's identity. Age, socioeconomic level, ethnicity, education, religion, sexual orientation, geographic location, degree of assimilation or acculturation, history of immigration, and citizen status also constitute some of the many factors that need to be considered when addressing the mental health needs and treatment of women of color. However, it is important to recognize that while a woman is shaped by different human dimensions, each woman is an individual unique in her needs, strengths, and limitations.

The heterogeneous groups that comprise women of color have woven an ethnocultural and racial tapestry in the United States. These groups encompass those who define themselves as women of color and those whose experiences of oppression, social status, plus phenotypical and racial characteristics differ from women of the White dominant group—differences usually regarded as denoting deficiency and/or inferiority. The definitions of women of color are not static; they are dynamic, changing according to context. The hetereogeneous populations of women of color presented in this volume are not exhaustive nor entirely inclusive. They correspond to current sociopolitical and geopolitical designations including American Indians/Alaska natives; women of African descent, namely African Americans, West Indians, and African Caribbeans; women of Asian descent, such as Asians, Asian Americans, Pacific Islanders, and East Indians (women from India); as well as Latinas/Hispanic women.

COMMONALITIES AND DISPARITIES: WOMEN OF COLOR, WHITE WOMEN, AND MEN OF COLOR

Women of color tend to have different life experiences from those of White women. Skin color is a determinant variable in the life experiences of persons of color in the United States. Race and color tend to differentiate the status of women of color from those immigrants of European and White extraction. Regardless of when their ancestors came here women of color are perceived as women of color, while European and other White immigrants become mainstream Americans as early as the second generation. Another major difference is the choice between racial or gender alliances that women of color must make, that White women do not face (Reid, 1988). For instance, due to the pervasive effects of racism and the

concomitant need for people of color to bond together, women of color experience conflicting loyalties in which racial solidarity often transcends gender and sexual orientation solidarity (Kanuha, 1990). Another important difference between women of color and White women is the greater level of social acceptability White women receive compared to women of color, due in part to the fact that White women are necessary to the continued existence of White men, while women of color are not (Reid, 1988).

Women of color are not only exposed to oppression within the dominant group, but also experience sexism and oppression within their own ethnic and racial communities as well. For example, Lorde (1984) asserts that due to racism African American women have been manipulated by the power structure in such a way that their (relative) success in the work place over African American men may cause those men to be resentful of them. This often creates underlying antagonism between women and men of color, which is frequently translated into sexist reactions by men of color. Consequently, for many women of color, it has been a strain to separate the need to accommodate the oppressor from their own legitimate conflicts within their communities. Lorde (1984) argues that this situation does not exist among women from the dominant group, who may be seduced into joining the oppressor under the pretense of sharing power.

Women and men of color share common life experiences. Both groups are exposed to racial and ethnic discrimination. Their salient identification with ethnicity and race is strong, due to the common oppression experienced by all individuals in the group regardless of gender (Almquist, 1989; Espín & Gawelek, 1992). The experiences of racism, identity conflict, oppression, colonialism, and cultural adaptation, as well as the stressful and hostile environments in which people of color very often live, tend to create a tenacious bond between men and women of color—a bond crucial to their survival. For example, Hines and Boyd-Franklin (1982) argue that African American women may feel empathy for their male partner's frustration within a racist society and may have difficulty holding him responsible for his behavior. Similarly, some Latinas may sustain their male partners' macho behaviors as compensating for the emasculation of minority males in an oppressive society (Comas-Díaz, 1989). These conflicts often evolve into the struggle that women of color have with the devaluation of their realities and, sometimes, with the internalization of such experiences in negative self-images.

WOMEN OF COLOR: HETEROGENEITY AND CONNECTEDNESS

Regardless of their heterogeneity, as a group many women of color share common bonds. The combined and independent effects of racism, sexism, oppression, classism, and colonization (external and internal) often act as

a common denominator for women of color (Comas-Díaz, 1991). An illustration of this common denominator is presented in the report on the special populations subpanel on women of the President's Commission on Mental Health (1978), which stated that the societal inequalities faced by women of color result from both gender and ethnoracial discrimination and oppression.

The common denominator of gender and ethnic oppression facilitates connectedness among women of color. The racial, gender, and cultural legacies of women of color often emphasize interconnectedness as well as collective and contextual self-definitions (Comas-Díaz, Chapter 11, this volume). Many women define themselves within the context of family, group, and community of color. Both gender and racial factors are central to their self-definition (Barret, 1990). Consequently, women of color tend to have multiple sources of identity. Ethnocultural and gender roles also tend to be interconnected with the well-being of their ethnic group (Almquist, 1989). This attention to both group and individual needs may appear alien and complex to members of the dominant group (Boyd, 1990).

Although the experiences of women of color have strong commonalities, they also have significant differences. Their experiences are differentiated by intricate factors. Some of these factors include the experience of ethnocultural translocation. For example, due to imperialism and racism American Indians have been made emigrants in their own land (Attneave, 1982). This historical and sociopolitical context has made survival, both at a cultural and a physical level, the central issue for Native American Indian women (Allen, 1986). Many Latina, Asian, West Indian, and East Indian women have a personal or generational history of immigration, while some African American women have a history of immigration and others a history of migration around the United States. Similarly, the degree of acculturation and transculturation to the mainstream society is another variable pointing to the heterogeneity among women of color. Other factors include skin color and racial features; English language proficiency; socioeconomic class; a patrimony of American political colonization, as in the case of Filipinas and Puerto Rican women; and a legacy of slavery, as in women of African descent such as African Americans, West Indians, and African Caribbeans. The differences among women of color are also extended to each ethnoracial group's structure, coping style within hostile environments, negotiation of differences, adjustment to changes, problem solving, and response to mental health treatment (Ho, 1987), among many others.

The tradition of gender roles also tends to differ among the heterogeneous ethnoracial groups. Some groups are relatively egalitarian, as in the case of African Americans and some American Indians, while others are more rigidly demarcated, as in the case of Hispanics/Latinas and Asian Americans. However, the diversity of gender roles within ethnic groups is illustrated by the Asian American group, where Filipinas have a history of more egalitarian gender roles than other Asian groups (Bradshaw, Chapter 3, this volume). Furthermore, women of color who cope with oppression by assimilation and compliance may respond differently to gender role norms than women from families where differences are given positive salience by ethnocultural identification or separation from the mainstream culture (Brown, 1986).

Since women of color comprise highly heterogeneous populations, they are individuals who make diverse choices in coping, functioning, and empowering or disempowering themselves. For example, some women of color may not turn to their ethnic and cultural traditions for emotional support. However, many women of color will look at some level to a source of comfort and/or nurturing that only their community or family of origin can offer (Boyd, 1990). Indeed, there is no monolithic concept of women of color. What applies to an African American woman does not necessarily apply to a Hispanic/Latina. Similarly, differences exist among women from the same ethnic and racial group. For instance, what applies to a Chinese American woman does not necessarily apply to a Japanese American woman. The differences also extend to individuals' preferences for self-designation. As an illustration, the majority of Mexican Americans, Puerto Ricans, and Cubans chose the name of their national origin as self-designation instead of general rubric of Hispanics and/or Latino (García, cited in Duke, 1991). Even the generic terms "Hispanic" and "Latina" are not uniformly used in this very volume, for instance, Boyd-Franklin and García-Preto use "Hispanic" while Vasquez prefers "Latina." Similarly, Asian American groups may prefer their national origin as self-designation instead of the generic term Asian Americans.

PREAMBLE TO A PORTRAIT OF HETEROGENEITY

This section of the book, "Women of Color: A Portrait of Heterogeneity," constitutes a fledgling step in addressing the exclusion, marginality, and invisibility of women of color in the mental health literature. Specifically, it presents the unique characteristics of six groups of women of color. These include chapters by Beverly Greene on African Americans, by Teresa LaFromboise, Joan Saks Berman, and Balvindar Sohi on American Indians, by Carla Bradshaw on Asian Americans/Pacific Islanders, by Melba Vasquez on Hispanics/Latinas, by Kushalata Jayakar on women from India, and by Janet Brice-Baker on Jamaican women. Unfortunately, we were unable to present all groups of women of color. This omission is due to practical limitations, and does not imply a judgment of irrelevancy or a lack of interest in other groups of women of color. The omission, however, underscores the need to pay more attention to all groups of women of color. As an illustration, one of the missing groups is women of Arabic ancestry. Arab Americans are beginning to be recognized in the menta

health literature as an ethnic/racial group requiring special attention (Budman, Lipson, & Meleis, 1992). Although Arab American women may not be highly visible, they are often victims of prejudice, discrimination, and oppression. In addition to the rigidity in their gender roles, Arab American women often cope with special issues such as bicultural and multicultural backgrounds and the struggle for individual and group self-definition and determination (Friedman & Pines, 1992).

The contributors in this section examine the six aforementioned ethnic female groups, providing a cultural, racial, and gender context for the mental health needs and treatment of women of color. This section also illustrates the effectiveness of gender and culturally informed mental health treatment by presenting ethnocultural and clinical issues with specific groups of women of color. Additionally, the contributors discuss mental health issues, including help-seeking behavior, assessment and diagnosis, and clinical issues special to each population of women. Clinical case examples enrich the discussions by illustrating the issues presented in each chapter, and clinical guidelines for the treatment of these populations are suggested.

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