CHARACTERISTICS AND STRENGTHS

Arab Americans

Arabs are individuals who originate from countries located in the Middle East and North Africa and whose primary language is Arabic. *Arabs* began immigrating to the United States in the late 1800s. Arab Americans, descending from about 20 different countries, are heterogeneous in terms of race, religion, and political ideology. The majority of Arab Americans are native-born U.S. citizens.

Arab Americans can have African, Asian, or European ancestry. Approximately 56% of Arab Americans trace their ancestry to Lebanon, while 14% are from Syria, 11% from Egypt, 9% from Palestine, 4% from Jordan, 2% from Iraq, and 4% from other countries (El-Badry, 2006). Although the populations of Arabic-speaking countries include large numbers of *Muslims*, only about one-quarter of Arab Americans are *Muslims* (Jackson & Nassar-McMillan, 2006).

Because of categorization systems used in the U.S. Census, it is difficult to determine the precise size of the Arab American population. The U.S. Census estimates that there are 1.8 million Arab Americans. However, the Arab American Institute believes the U.S. Census severely underestimates the number in the group and that there are actually 3,665,789 Arab Americans, with 94% living in metropolitan areas such as Los Angeles, Detroit, New York, Chicago, and Washington, DC (Arab American Institute, 2012). The count of Americans of Middle Eastern and North African (MENA) descent—a group that includes Arab Americans—could soon become much clearer: in 2017, the United States Census Bureau recommended adding that category to the 2020 U.S. Census (U.S. Census Bureau, 2017).

The majority of Arab American immigrants arrived in the United States in two major waves (Nassar-McMillan & Hakim-Larson, 2003; Suleiman, 1999). The first lasted from 1875 until World War II and primarily involved Arab Christians from Lebanon and Syria who immigrated for economic reasons. The second wave began after World War II and included Palestinians, Iraqis, and Syrians, who left in order to escape the Arab–Israeli conflicts and civil war. This latter group included larger numbers of *Muslims*. The aftermath of the September 11 attacks initially reduced Arab immigration, yet by 2005, the number of immigrants from *Muslim* countries such as Egypt, Pakistan, and Morocco had increased again (Elliott, 2006). Recent years have seen another fluctuation, however, as the number of *Muslim* refugees and immigrants from majority *Muslim* countries to the United States appeared to fall again in 2018 (Connor & Krogstad, 2018).

In comparison with the U.S. population as a whole, Arab Americans are more likely to be married (61% versus 54%), male (57% versus 49%), young, and highly educated (46% have a bachelor's degree, versus 28% of the total adult population) (Arab American Institute, 2012). Sixty-nine percent indicate they speak a language other than English at home, but 65% speak English "very well." The majority work as executives, professionals, and office and sales staff. Forty-two percent work in management positions. Arab American income is higher than the national median income ($59,012 versus $52,029) (Arab American Institute, 2012). However, the poverty rate is also higher (17% versus 12%; U.S. Census Bureau, 2005). Arab Americans participate in a variety of religions. More than 33% are Roman Catholic, 25% are *Muslim*, 18% are Eastern Orthodox, 10% are Protestant, and 13% report other religion or no affiliation (Arab American Institute, 2003).

Muslim Americans

It is estimated that over 3 million *Muslims*—followers of *Islam*—are currently living in the United States. *Islam* is one of the fastest-growing religions in the country, with approximately one-fourth of U.S. *Muslims* being converts to the faith (U.S. Department of State, 2002). Within *Islam*, there are two major sects: *Sunni* and *Shiite*. The *Sunnis* are the larger group, accounting for approximately 90% of *Muslims* worldwide. The remaining 10% are *Shiites*. Although many conflate *Muslims* with *Arabs*, most *Muslims* do not descend from Arabic-speaking countries (DeSilver & Masci, 2017). The percentage of *Muslims* currently found in different regions of the world is estimated as follows: Asia-Pasific, 61.7%; Middle East–North Africa, 19.8%; Sub-Saharan Africa, 15.5%; Europe, 2.7%; and Americas, 0.3% (DeSilver & Masci, 2017). The majority of U.S. *Muslim* adults (58%) are first-generation Americans who were born in another country, while approximately 18% were born in the United States and have at least one parent who emigrated from abroad. About a quarter (24%) of American Muslims are U.S. natives whose parents were born in the United States (Pew Research Center, 2017).

First-generation *Muslim* Americans come from a wide range of countries around the world. About 25% are immigrants from the Middle East or North Africa, while about 35% come from South Asian nations. Others came to the United States from sub-Saharan Africa (9%), European countries (4%), and Iran (11%). In the United States, 41% of *Muslim* Americans report their race as White, 20% as Black, 28% as Asian, 8% as Hispanic, and 3% as other or mixed race (Pew Research Center, 2017). The *Muslim* American population is much younger than the non-*Muslim* population—35% of adult *Muslims* are between the ages of 18 and 29, versus 21% of other adults in the United States (Pew Research Center, 2017). The largest proportions of *Muslim* Americans describe themselves as being politically

moderate, highly religious, and committed to "American dream" beliefs – that people who work hard can get ahead (Pew Research Center, 2017).

Cultural and Religious Values

The lives of many observant *Muslims* are governed by *Islamic* laws derived from the *Qur'an*, which deals with social issues, family life, economics and business, sexuality, and other aspects of life. *Muslims* consider the *Qur'an* to be the literal word of God; the name of their religion means "submission to God." Adherence to *Islam* is demonstrated by individual accountability and a declaration of faith ("There is no god but God and *Muhammad* is his messenger"). *Muslims* engage in the ritual of prayer five times a day and annually fast during daylight hours throughout the holy month of *Ramadan*—a time for inner reflection, devotion to God, and spiritual renewal. Almsgiving and a pilgrimage to Mecca are additional signs of devotion (Nobles & Sciarra, 2000). Some *Muslim* women, particularly those of Arab descent, wear traditional clothing because of the *Islamic* teachings of modesty.

Family Structure and Values

Family structure and values of Arab Americans and *Muslim* Americans differ widely, depending on the specific country of origin and acculturation level. An Arab American engineer living in San Francisco made the following observation: "American values are, by and large, very consistent with *Islamic* values, with a focus on family, faith, hard work, and an obligation to better self and society" (U.S. Department of State, 2002, p. 1).

Some generalizations can be made about the values of many Arab Americans. Hospitality is considered an important aspect of interpersonal interactions (Nobles & Sciarra, 2000). Family obligations and interdependence among members are very important. This group orientation can result in pressure for conformity and high expectations for children. Parents expect to remain part of their children's lives for as long as possible. In traditional Arab American families, there is a strong sense of a community and an identity that revolves around culture and God. The family structure tends to be patriarchal, with the men being the authority and head of the family. Women are responsible for raising the children and instilling cultural values in the offspring. In general, boys are advised by older males, and girls are advised by older females. The maintenance of traditional gender roles has resulted in lower employment levels for even highly educated Arab women (Al Harahsheh, 2011).

Arab culture tends to be collectivistic, so that the success or failure of an individual reflects on the entire family. This personal responsibility for social behavior sometimes leads to stress and anxiety. Arab college students appear to have higher than expected rates of social anxiety, which may result from internalized norms of social responsibility for their conduct (Iancu et al., 2011). Personal problems are often disclosed only to close family or friends. Opposite-sex discussions with other than a family member may be problematic (Jackson & Nassar-McMillan, 2006). Seeking treatment for emotional problems may be considered shameful, so outside help is likely to be sought only as a last resort (e.g., Heath, Vogel, & Al-Darmaki, 2016).

In traditionally oriented *Muslim* families, the oldest son is prepared to become the head of the extended family. Family roles are complementary, with men serving as provider and head of the family and women maintaining the home and rearing children. Mothers are likely to behave affectionately toward their children, whereas fathers may be aloof, generating both fear and respect (Dwairy, 2008).

IMPLICATIONS FOR CLINICAL PRACTICE

Arab Americans are a very diverse group in terms of religion, culture, country of origin, and degree of acculturation. There is similar diversity within the *Muslim* community. Recent *Muslim* immigrants are likely to adhere more strictly to Islamic principles, whereas those who have lived in the United States for much of their lives are more likely to have a moderate perspective (Ibrahim & Dykeman, 2011). In general, non-Arab and non-*Muslim* Americans possess little knowledge about these groups and have often been exposed to misinformation. Because of this, many view the actions of extremist *Islamic* groups as representing the views of all Arab Americans and *Muslim* Americans. As mental health workers, we need to understand Arab culture and *Muslim* beliefs.

The following are recommendations for working with Arab American and *Muslim* American clients (Podikunju-Hussain, 2006; Ibrahim & Dykeman, 2011):

1. Identify your attitudes about Arab Americans and *Muslim* Americans.
2. Recognize that many face discrimination and violence because of their Arab background or their religious beliefs.
3. Be ready to help those who have been discriminated against in seeking legal recourse.
4. Cross-gender counselor pairing may be problematic with Arab or *Muslim* clients. Inquire if the gender of the therapist is a factor to be considered.
5. Recognize that Arab Americans and *Muslim* Americans are diverse groups. Recent immigrants are more likely to hold stronger traditional values and beliefs. Collaborate with each client or family to gain an understanding of their lifestyle and beliefs, including their religion and the importance of religion in their lives. Religion may not be a factor in the presenting problem.
6. Determine the structure of the family through questions and observation. With traditional families, try addressing the husband or male first. Traditional families may appear highly interdependent, a common cultural characteristic. Determine if acculturation conflicts are producing stress within the family.
7. Be careful of self-disclosures that may be interpreted as weakness. Positive self-disclosures may enhance the therapeutic alliance.
8. In traditionally oriented Arab Americans families, there may be reluctance to share family issues or to express negative feelings with a therapist, especially by men (Heath, Vogel, & Al-Darmaki, 2016).
9. There may be greater acceptance to holistic approaches that incorporate family members and the religious or social community, especially with clients who hold traditional values.
10. Be open to exploring spiritual beliefs and the use of prayer or fasting to reduce distress. Alternative explanations and expressions of psychological distress should be accepted without the imposition of a Western worldview. Counselors should be open to talking about religion and drawing on religious coping strategies. *Islam* encourages self-responsibility in actions and alternatives to negative thoughts. Identifying the client's views regarding *Islam* may be useful in adapting therapy (Ebrahimi, Neshatdoost, Mousavi, Asadollahi, & Nasiri, 2013; Meer & Mir, 2014).
11. Cognitive behavioral strategies may be productive for *Muslims* if distressing thoughts are modified in accordance with *Islamic* beliefs (Khodayarifard & McClenon, 2011).

When people try to get to know you, it's as if you're being demeaned to some sub-human creature. You always feel pressured to explain your ethnicity … you just feel like some wax model in a museum exhibit. People gaze upon you either in wonder or confusion. Their reactions are predictably insensitive and inconsiderate. "Um, what are you?" they ask, overwhelmed with curiosity. (Harvard, 2013)

Her maternal grandparents raised Lisa as White in a small Midwestern farming community. Growing up, she sometimes felt different than her peers, but she didn't know why. She noticed her skin would tan easily in the summer and her hair was curlier than most of her friends'. Lisa began questioning her assumed White identity when she moved to the South as a teenager. People teased her and called her the N-word. Confused, she turned to her grandparents. That is when she learned her biological father was Black. In college, Lisa began to identify as Black-biracial. She took Black Studies courses, and dated and eventually married a Black man. (Author's own case vignette)

People of mixed-race heritage are often ignored, neglected, and considered nonexistent in educational materials, media portrayals, and psychological literature (Bailey, 2013). *Multiracial* individuals are also faced with the "What are you?" question. For years, *multiracial* individuals have fought for the right to identify themselves as belonging to more than one racial group on official documents; these efforts were largely spearheaded by White mothers of multiracial children (Makalani, 2009). Our society, however, is one that tends to force people to choose one racial identity over another. Lisa received counseling to unlearn her early racial socialization as she explored the personal meaning of her African Americanness. She admitted holding some of the same negative beliefs about Black people as her peers; she made fun of Black people and thought herself somewhat superior in subtle and unquestioned ways. By raising her White, Lisa's grandparents forced her to choose one identity while actively denying her knowledge of another. There are countless everyday examples of the ways in which others ignore or deny the complexity of one's racial identity. One *multiracial* psychology intern (Japanese mother and Irish father) working in a Black community was asked by his supervisor how his clients felt about working with a "White" psychologist. When the supervisor noticed the confusion on the intern's face, he stated, "I know you are Asian but you look White" (Murphy-Shigematsu, 2010). The intern considered the supervisor's reaction to him to be a microaggression and felt it interfered with their working relationship.

Identity formation among multiracial people is complicated and is shaped by one's phenotype, racial socialization in the home, and the neighborhood/environment in which one is raised. As with other types of social identities, multiracial people negotiate between their self-identity and the identities imposed by others. Unfortunately, mental health professionals often receive little training in working with *multiracial* clients. In fact, counselors may have conscious and unconscious attitudes, biases, and stereotypes similar to those of the layperson regarding race mixing (*miscegenation*) and "racial contamination." Acceptance of interracial marriages and multiracial children has increased over the years. In a recent Pew Research Center report, nearly 4 out of 10 believed that interracial marriage was positive and only about 1 in 10 opposed the idea of a relative marrying someone of another race (Bialik, 2017). Race matters, however: the figure jumped to 14% when non-Blacks were asked about a relative marrying someone who was Black.

In more ways than one, the 2000 U.S. Census set in motion a complex psychological and political debate when, for the first time, it allowed people to check more than one box for their racial identities and to be counted as *multiracial* (Nittle, 2011). Proponents of the change have argued that it is unfair to force *multiracial* people to choose only one identity because such practices (a) deny racial realities, (b) undermine pride in being *multiracial*, and (c) ignore important personal information (e.g., the medical advantages of knowing one's racial heritage). Custom, history, and prejudices continue to affect perceptions of those who are *multiracial*, however. Additionally, many civil rights organizations, including the National Association for the Advancement of Colored People (NAACP), believe that *multiracial* categorization will dilute the strength of their constituencies. Because census numbers on race and ethnicity figure into sociopolitical calculations involving antidiscrimination laws, dispersal of funds for minority programs may also be adversely affected. Persons of mixed racial heritage negotiate this space when constructing personal and political identities. For example, someone like Lisa might identify as Black-biracial both to acknowledge the sociopolitical aspect of their Black identity and to honor their personal biracial identity.

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In the following sections, we consider the history and characteristics of *multiracialism* in the United States, the strengths of *multiracial* individuals, and their implications for treatment. These are generalizations, and their applicability needs to be assessed for each client or family.

Multiracialism in the United States

Mental health professionals can increase their understanding of *multiracialism* and related issues by increasing awareness of facts such as the following (Frey, 2014; U.S. Census Bureau, 2010):

- The *biracial* baby boom in the United States started in 1967, when the last laws against race mixing (antimiscegenation) were repealed. As a result, there was a rapid increase in interracial marriage and a subsequent rise in the number of *multiracial* children in the United States. In 2013, 12% of heterosexual newlyweds were interracial couples, with nearly 6 out of 10 American Indians marrying someone of another race (Wang, 2015). In 2015, nearly 3 out of 10 Latinx (29%) and Asian (27%) new marriages were interracial—considerably greater than for Black (18%) and White (11%) new marriages (Bialik, 2017). The most common interracial pairings during this time period were Latinx–White (42%), Asian–White (15%), multiracial–White (12%), Black–White (11%), American Indian–White (3%), and various other minority/minority couplings.
- It is estimated that *multiracial* people make up 2.4% of the national population, or more than 7.5 million people. The percentage of *multiracial* people is as high as 6.9% if one takes into account the racial background of people's parents and grandparents (Pew Research Center, 2015). The numbers of multiracial people in the United States is growing rapidly by any calculation. About 14% of infants in 2015 were multiracial, with 42% having one Latinx parent and one White parent, 22% having one multiracial and one White parent, 14% having one Asian and one White parent, and 10% having one Black and one White parent.

expectations?" "Do they see me as an oddity?" If the person answers "American," this will only lead to further inquiry. If the answer is "mixed," the interrogator will query further: "What ethnicity are you?" If the answer is "part White and Black," other questions follow: "Who are your parents?" "Which is Black?" "Why did they marry?" The *multiracial* person begins to feel picked apart and fragmented by such questioning about his or her racial background (Root, 1990). The problem with giving an answer is that it is often "not good enough."

The communication from our society is quite clear: "There is something different about you." We cannot stress enough the frequency with which *multiracial* persons face a barrage of questions about their racial identities, from childhood to adulthood (Houston, 1997). The inquisition can result in invalidation, conflicting loyalties to the racial/ethnic identities of parents, internal trauma, and confused identity development.

Implications

Multiracial children often feel quite isolated and may find little support, even from their parents. This is especially true for *monoracial* parents, who themselves are not *multiracial*. How, for example, does a White woman married to a Black man raise her child? White? Black? Mixed? Parents of interracial marriages may fail to understand the challenges encountered by their children, gloss over differences, or raise the children as if they were *monoracial*. The children may, therefore, lack role models and experience loneliness. Even being a *multiracial* parent may not result in greater empathy for or understanding of the unique challenges faced by *multiracial* children, especially if the parent (themself the victim of a *monoracial* system) has not adequately resolved their own identity conflicts. Therapists can help interracial couples prepare their children for questions about their racial heritage. Children are more likely to develop positive *multiracial* identities if their parents have modeled strong ethnic identities (Stepney, Sanchez, & Handy, 2015).

Racial Identity Invalidation

> *Being forced into a side is an all too familiar situation for me and other biracial people I have spoken to. I have found myself many times being classified as Asian because I have predominantly Asian features and therefore do not seem "white enough." Similarly, I am often classified as white because I do not have enough Asian characteristics. [My friend said it best] "You're constantly trying to find a home, somewhere you 'belong.'" (Sim, 2017)*

A number of multiracial individuals experience *racial identity invalidation*; people try to fit them into a *monoracial* box based on the way they look or how they behave (Franco & O'Brien, 2017). It is hurtful when people deny an aspect of one's identity, especially when the rejection comes from someone of the "minority" (Franco & Franco, 2016). A person who is Asian, White European, American Indian, and African may not be completely accepted by any of these groups. It is not uncommon for people to be told they are "not enough," as in "you are not Asian enough" or "Black enough." *Multiracial* people may thus encounter prejudice and discrimination from all sides (Sanchez et al., 2009). Experiencing *racial identity invalidation* is related to greater racial identity challenges such as not feeling like one belongs to any racial group; these challenges are in turn related to having more depressive symptoms (Franco & O'Brien, 2017).

Although *monoracial* minority group members experience many of the issues faced by *multiracial* individuals the latter, in addition to dealing with racism, are likely to experience unique stressors related to their multiple racial/ethnic identities. For example, most *monoracial* minorities find their own groups receptive and supportive of them. *Multiracial* individuals may be placed in the awkward situation of not being fully accepted by any group. Likewise, *monoracial* minority group children can expect psychological and emotional support from their parents—the parents share common experiences with their children, can act as mentors, and relate to the experiences their children encounter with respect to minority status. However, *multiracial* children are likely to have *monoracial* parents who do not understand the challenges facing them (Townsend, Markus, & Bergsieker, 2009). Common problems for *multiracial* youth and adults include communication difficulties with their parents about racial identity issues, reactions of peers and society to their identity, and pressure to assume a *monoracial* identity (Jolivette & Gutierrez-Mock, 2008). The following are guidelines for working with *multiracial* clients.

greater tolerance and understanding of people, a greater ability to deal with racism, and a greater ability to interact and build alliances with diverse people and groups (Sanchez et al., 2009; Saulny, 2011).

A Multiracial Bill of Rights

> *Countless numbers of times I have fragmented and fractionalized myself in order to make the other more comfortable in deciphering my behavior, my words, my loyalties, my choice of friends, my appearance, my parents, and so on. And given my multiethnic history, it was hard to keep track of all the fractions, to make them add up to one whole. It took me over 30 years to realize that fragmenting myself seldom served a purpose other than to preserve the delusions this country has created around race. Reciting the fractions to the other was the ultimate act of buying into the mechanics of racism in this country. (Root, 1996, pp. 4–5)*

These words were written by Maria Root, a leading psychologist in the field of *multiracial* identity and development, who expressed concerns about the way in which society has historically relegated *multiracial* persons to deviant status or ignored their existence because they do not fit into a *monoracial* classification. In her personal and professional journey, Root (1996) developed a Bill of Rights for Racially Mixed People that asserts their right not to justify their existence or ethnic legitimacy, their right to self-identity rather than assume the identity expected by others, and their right to identify with more than one group of people.

Implications

Root's assertions have major implications for mental health providers, because they challenge our notions of a *monoracial* classification system, reorient our thoughts about the many myths of *multiracial* persons, make us aware of the systemic construction and rationalizations of race, warn us about the dangers of fractionating identities, and advocate freedom of choice for the *multiracial* individual.

IMPLICATIONS FOR CLINICAL PRACTICE

Although *monoracial* minority group members experience many of the issues faced by *multiracial* individuals, the latter, in addition to dealing with racism, are likely to experience unique stressors related to their multiple racial/ethnic identities. For example, most *monoracial* minorities find their own groups receptive and supportive of them. *Multiracial* individuals may be placed in the awkward situation of not being fully accepted by any group. Likewise, *monoracial* minority group children can expect psychological and emotional support from their parents—the parents share common experiences with their children, can act as mentors, and relate to the experiences their children encounter with respect to minority status. However, *multiracial* children are likely to have *monoracial* parents who do not understand the challenges facing them (Townsend, Markus, & Bergsieker, 2009). Common problems for *multiracial* youth and adults include communication difficulties with their parents about racial identity issues, reactions of peers and society to their identity, and pressure to assume a *monoracial* identity (Jolivette & Gutierrez-Mock, 2008). The following are guidelines for working with *multiracial* clients.

1. Become aware of your own stereotypes and preconceptions regarding interracial relationships and marriages. When you see a racially mixed couple, do you pay extra attention to them? What thoughts and images do you have? Awareness of your own biases will help you avoid imposing them upon your clients.
2. When working with any client, do not assume their racial background or personal racial identity. Allowing *multiracial* people to self-define and share their racial story or stories can combat a history of *racial identity invalidation*. This means being cautious about the "What are you?" question. It is important to emphasize the positive qualities of the total person rather than seeing them as a collection of parts.
3. Remember that being a *multiracial* person can mean coping with isolation resulting from external factors related to prejudice. Hence, mixed-race persons can experience forced-choice situations and strong feelings of loneliness, rejection, anger, and guilt/shame as a result of not fully integrating all aspects of their racial heritage.
4. Identify the strengths associated with a multicultural identity and the resources available to the client, rather than focusing only on challenges.
5. With mixed-race clients, emphasize the freedom to choose one's identity. There is no one identity suitable for everyone. It is important to note that identities are often changing and fluid rather than fixed.
6. Remain open to exploring the forces of oppression and racism related to the client's experience as a multiracial person. The counselor can empower clients to take an active part in formulating their identities.
7. Recognize that family counseling may be especially valuable in working with mixed-race clients, especially if they are children. Frequently, parents (especially those who are *monoracial*) are unaware of the unique challenges related to their child's *multiracial* journey. Interracial couples should also be assessed to see if differing cultural values and expectations may be impacting their children in a negative manner. Parents can be taught to empower their children to explore the meaning of their racial identity, without labeling it for them.
8. When working with *multiracial* clients, ensure that you possess basic knowledge of the history and issues related to *hypodescent* thinking (the *One Drop Rule*), ambiguity (the "What are you?" question), and marginality. The knowledge cannot be superficial, but must entail a historical, political, social, and psychological understanding of the treatment of race, racism, and *monoracialism* in U.S. society. In essence, these four dynamics form the context within which the *multiracial* individual operates on a continuing basis.
9. Remember that many multicultural individuals are proud of their identity or have resolved their identity in a healthy manner and that their *multiracial* identity is not a factor in their presenting problem.
10. Educational institutions should provide support services for *multiracial* students and opportunities to increase awareness and understanding of *multiracial* issues in the curriculum (Ingram, Chaudhary, & Jones, 2014).

SUMMARY

Multiracial people are often ignored, neglected, and considered nonexistent in educational materials, media portrayals, and psychological literature. *Multiracial* individuals are faced with "What are you?" questions because society and even groups of color see race as *monoracial*. Others may invalidate their racial identity, which can lead to a discrepancy between their own self-identity and that imposed by others. Mental health professionals often receive little training in working with *multiracial* clients who