Building Up and Breaking Down: Youth Cultural Identity Development

Sarah H. Arshad, MD, Jaclyn Datar Chua, DO, Lauren P. Baker, MD

he population of the United States is becoming increasingly culturally diverse; the US Census Bureau reports that almost half of US children are from minority backgrounds and by 2044, minorities will comprise half of the US population.1 It is therefore crucial to recognize patients' cultural identities as a part of normal identity formation in their mental health evaluations. In this piece, we first define the concept of cultural identity and discuss some identity factors in young children, demonstrating how this process begins as early as toddlerhood. Then we discuss cultural identity as a developmental milestone for adolescents incorporated with their normal transition to adulthood. Finally, we highlight the importance of intersectionality, or the interplay of different individual identity factors and how they affect each other, to more holistically understand an individual's cultural identity.

Cultural Identity in Young Children

The Outline for Cultural Formulation (OCF), introduced in the DSM-IV, asks providers to first assess for the "cultural identity of the individual," including understanding factors such as race, ethnicity, religion/spirituality, sex, gender identity, socioeconomic status/access to resources, migrant status, and language ability.2 Children begin to make observations about cultural factors, and therefore begin their cultural identity formation, at a young age. Studies show that infants as young as 6 months old begin to consider and differentiate between the race and sex of the faces they see, that 2-year-old children use 'racial categories' when they consider behavior, and that 3- to 5-year-old children identify themselves and others using racial specifiers.3 Moreover, these racial beliefs are not always reflective of caregiver or household beliefs but are also learned from sociocultural norms and observation. For example, Black and White toddlers show pro-White bias when

selecting potential playmates as young as 3 years of age.³ As young children make observations within their families, neighborhoods, or classrooms, they make sense of the world based on the social information they gather and also begin their own cultural identity formation. This includes the color and sex of the people around them, as well as those they see in media and as authority figures. This identity formation continues as a part of normal development, informed by a unique set of factors depending on each child's circumstances.

Cultural Identity and the Adolescent Transition

As children transition into adolescence, their primary psychological developmental task is identity formation.4 While providers often consider vocational, romantic, and educational aspirations, this complex task is also influenced by many personal, familial, community and societal factors including race, ethnicity, sexual orientation and religion. Both self-identified and externally perceived identity can affect the way adolescents navigate the world.5 Several models have been developed to describe the process of identity consolidation for specific social groups such as certain racial or ethnic minorities, individuals with migration histories, gay/lesbian/bisexual individuals, and White/dominant cultural members.6 The Integrative Model of Racial Identity Development combines many of these notions into a single model of identity development with parallel processes for minority and majority cultural groups.7 It highlights how initial acceptance of majority cultural norms moves into questioning one's own and other cultural norms, then recognizing one's own involvement in those norms and assumptions. Accepting a unique identity for oneself is the culmination of acknowledging positive and negative aspects of multiple cultures. Negotiating these stages begins in youth and progresses over

the lifespan. While the model focuses on racial identity, the theory can also be extrapolated to other identities which often evolve over adolescence. For example, a child may initially operate within a birth-assigned gender, but as they begin to individuate, they may consider alternatives across the gender spectrum. Someone born into a family with certain religious beliefs may explore other perspectives before establishing their unique faith system. This journey to accept, reject or modify the assumed identity can be fraught with emotional turmoil. Understanding how adolescents move through these stages can help providers better support adolescents through the conflicts they face.6

Intersectionality

Intersectionality is defined as a "theoretical framework for understanding how multiple social identities such as race, gender, sexual orientation, socioeconomic status, and disability interact at the micro level of individual experience to reflect interlocking systems of privilege and oppression (ie, racism, sexism, heterosexism, classism) at the macro social-structural level."8 The term encompasses the interplay of different identities within one individual. Culture is transmitted and revised within family and social systems, allowing for the creation of a model for normative expectations,² often defined by the dominant culture. That dominant culture influences a child's identity formation. At the same time, the many aspects of their dynamic individual identities including race, religion, nationality, education, and gender all "interact and influence one another."5 For example, familism is a common Latinx value associated with strong feelings of loyalty, reciprocity and solidarity that may lead to residing close to other family members.9 Thus, conflict may naturally arise when identity becomes increasingly self-selected and influenced by factors outside of the family's identity, such as balancing heritage with peer group identity. This interplay of multiple identity experiences is crucial in the conceptualization of each child's presentation and allows for a more accurate, personalized framework.6

Conclusion

In an increasingly diverse society, incorporating children's and adolescents' cultural identities as part of all mental health evaluations is critical. Cultural identity formation begins at a young age, as toddlers observe the world around them, and continues through development. Many factors should be considered including race, ethnicity, sexual orientation, gender identity, religion/ spirituality, socioeconomic status, migrant status, and language ability, as well as how these cultural identities interplay for each individual. Seeing children and adolescents through an intersectional lens allows for a healthcare provider to best support the many stages of identity development for a child as well as the family system in which the child lives.

Take Home Summary

Cultural identity formation starts at a young age and continues throughout normal development. It's important to empower patients to share their narratives and experiences to understand their cultural identity, how this impacts them, and how it relates to their mental health journey.

References

- 1. Colby SL, Ortman JM. Projections of the Size and Composition of the U.S. Population: 2014 to 2060.; 2015. Accessed December 19, 2020. https://www.census.gov/ content/dam/Census/library/publications/2015/demo/ p25-1143.pdf
- 2. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. American Psychiatric Association; 2013.
- 3. Winkler E. Children Are Not Colorblind: How Young Children Learn Race. All rights reserved PACE. 3(3). Accessed December 19, 2020. https://inclusions.org/ wp-content/uploads/2017/11/Children-are-Not-Colorblind.pdf
- 4. Saddock B, Sadock V, Ruiz P. Theories of personality and psychopathology. In: Kaplan and Sadock's Synopsis of Psychiatry Behavioral Sciences/Clinical Psychiatry. 11th Ed. Wolters Kluwer; 2015:p. 151-91.Fortuna LR, Porche MV, Alegría M. A Qualitative Study of Clinicians' Use of the Cultural Formulation Model in Assessing Posttraumatic

- Stress Disorder. Transcultural Psychiatry. 2009;46(3):429-450. https://doi.org/10.1177/1363461509342948
- 5. Arshad S. Chua J. Baker L. Diversity and Culture. In: Chan V, ed. Transition Age Youth Mental Health Care: Bridging the Gap Between Pediatric and Adult Psychiatry. Springer Publishing; 2021:419-438.
- 6. Summary of Stages of Racial Identity Development. https://www.racialequitytools.org/resourcefiles/Compilation_of_Racial_Identity_Models_7_15_11.pdf
- 7. Bowleg L. The problem with the phrase women and minorities: intersectionality-an important theoretical framework for public health. American Journal of Public Health. 2012;102(7):1267-1273. https://doi.org/10.2105/ ajph.2012.300750
- 8. Sabogal F, Marín G, Otero-Sabogal R, Marín BV, Perez-Stable EJ. Hispanic familism and acculturation: what changes and what doesn't? Hispanic Journal of Behavioral Sciences. 1987;9(4):397-412. https://doi. org/10.1177/07399863870094003

About the Authors

Sarah H. Arshad, MD, is an Assistant Professor of Clinical Psychiatry at the University of Pennsylvania School of Medicine, and a child psychiatrist at the Children's Hospital of Philadelphia. She is interested in diversity and cultural issues in psychiatry, including South Asian and Muslim mental health, as well as mental health training and education.

Jaclyn D. Chua, DO, is an Assistant Professor of Clinical Psychiatry at the University of Pennsylvania School of Medicine, and a child psychiatrist at the Children's Hospital of Philadelphia. She is interested in diversity and cultural issues in psychiatry, including Asian mental health.

Lauren P. Baker, MD, is a second-year child psychiatry fellow at the Virginia Commonwealth University. She is interested in diversity and cultural issues in psychiatry.

The authors have reported no funding for this work.

The authors would like to thank AACAP's Diversity and Culture Committee, especially co-chair Cheryl S. Al-Mateen, MD, of Virginia Commonwealth University, for her mentorship and guidance.

Disclosure: Drs. Arshad, Chua, and Baker have reported no biomedical financial interests or potential conflicts of interest.

This article was edited by Cheryl S. Al-Mateen, MD.