Biracial Identity Part I: Development Models From Deficit to Integration

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Forty-two percent of the 6.8 million people who self-identified as biracial in the 2000 census were under the age of 18.1.2 Thanks to genetics, I am in a unique position to talk about biracial identity development. I am blond-haired, green-eyed, and fair-skinned. And black—when forced to pick. As the daughter of a white mother raised in a trailer park and an Ivy League-educated black father, I am biracial, although I add the caveat that I have a "comfort zone" of black. In this article I discuss biracial identity models in the US and, at the same time, examine how I felt I was perceived and treated by society, often influenced by these models.

Is There a Conflict in Me?

Prior to the 1990s, biracial individuals were by and large expected to subscribe to monoracial or deficit identity models based on a principle of hypodescent: the principle that posited that mixed-race children should be categorized according to the racial group of the "lower status" parent.³⁻⁵

In 1990, however, Poston proposed a Biracial Identity Model based on the tenet that proper development consisted of conflict and maladjustment.⁶ His model was broken down into 5 stages: 1) personal identity: the child has a personal identity of selfhood that exists independent of racial criteria; 2) choice of group categorization: external forces such as parents, community, school, and peers push the child to endorse one racial group; 3) enmeshment/denial: the child becomes embarrassed about their denial of the other racial group and develops "pseudo-identification" with both groups; alternatively, the guilt can develop into self-hatred; 4) appreciation: the pseudo-identification is cultivated, and the individual learns about the previously ignored

group; and lastly, 5) integration of both races into a healthy multiracial identity.

From birth until around age 18 (when Poston's model was prominent), society expected me to go through all 5 stages and viewed it as "strange" and "unhealthy" when I did not. At the current age of 27, I identify as biracial but would consider black as a reference group. If you forced me to choose a side, I would say black. This is for several reasons: 1) I am more connected to my father's black heritage and history, and 2) it means more to society, specifically children looking for role models, to be a black female future doctor than a white future doctor. In this sense, although I believe I have reached stage 5, I continue to be drawn back to stage 2.

There were only a few times when I felt external pressure to choose a side. One of these times occurred when I was 9 and wanted to play with kids in the Pittsburgh Jack and Jill Club. The goal of Jack and Jill is to "... create a medium of contact for children which will stimulate growth and development and provide children constructive educational, cultural, civic, health, recreational and social programs." My parents applied for what would surely be acceptance into the club given that my father was a past Pittsburgh NAACP president. We were denied, and even at that young age, I innately knew it was because my mom was white.

When Should I Start to See Race?

Two years later, Kich returned to the stage model but unlike Poston, his proposed stages were based on age (Hall CC, unpublished doctoral dissertation, 1980). His model begins when children enter school and start peer interactions. In this stage they learn that they are "different." Although there are many similarities between the models proposed by Kich and Poston, Kich's model focuses more on the incongruity between self and

external perceptions and self-acceptance, whereas Poston focuses more on external influences and the effects of these external influences. In addition, Kich does not address the guilt that serves as the basis for Poston's stage 3.

In the same year, Jacobs proposed a different stage model based upon doll-play methodology. Stage 1 is pre-color constancy. Children begin to see color differences but do not understand the significance or that skin color is stable. Stage 2 is post-color constancy, in which children reject both racial groups. In stage 3, the child learns that skin color does not determine racial group membership but rather that they are related. It could be argued that Jacobs' stage 1 could be a stepping stone between Poston's stage 1 and 2. Jacobs, however, proposes a stage that neither Poston nor Kich addresses: rejection of both racial groups.

Wardle (1992) proposed an age-dependent biracial identity model that integrated five ecological components, specifically family, community, minority context, majority context, and group antagonism.^{8,9} In stage 1, similar to pre-color constancy by Jacobs, children identify differences including hair texture and skin color, but they do not make the connection between these differences and being a part of a racial minority. They also begin the process of understanding societal interpretation of race. The second stage is similar to Erikson's psychological initiative versus guilt stage.^{10,11} The adolescent takes the initiative to experiment within the greater social world. The guilt is largely formed by the positive or negative influence that external forces, such as parents, have on the exploration.

Do I Have to Pick a Side?

Similar to Kich and Wardle, Kerwin and Ponterotto (1995) base their models around age. They propose 6 stages: 1) preschool stage: initial recognition of differences similar to Jacobs' pre-color constancy; 2) entry-to-school stage: adoption of monoracial identification when in presence of other groups of children (one can see the influence of Poston's stage 2; however, Poston would argue that Kerwin and Ponterotto's stage 3

occurs prior to stage 2); 3) preadolescence stage: first awareness of societal labels; 4) adolescence: need to identify with the parent of color; 5) college/young adult-hood: increasing awareness while maintaining monoracial identity; 6) adulthood: exploration of both races and adaptation in each racial niche. Unlike other models, Kerwin and Ponterotto do not end their model with an acceptance of a single mixed-race identity.

Much of the work of Poston, Kirk, Kerwin, and Ponterotto focuses on development through the lens of conflicts between the races, naturally reflecting, perhaps, a long history of racial antagonism. More recently, Henriksen (1997) proposed the Black/White Biracial Identity Model based on the individuals' perception of the positivity vs. negativity of their interactions with other groups. 13 Similar to Root's model, this model is fluid, and an individual can revisit any stage based on current experiences. The first stage is neutrality, where the individual is not cognizant of race. This is similar to Poston's stage 1. Then there is acceptance, where individuals are made aware of racial differences but may not grasp the significance of these differences. This is most similar to Jacobs' pre-color constancy and Wardle's stage 1. Awareness then occurs when an individual understands their racial heritage and that they do not have a racial reference group. The last stage is experimentation, where interactions define identity.

While these models have many strengths, such as identifying being biracial as a unique state, not merely an addition of black and white, there are still shortcomings. In general, the models tend to assume that a fully integrated biracial identity is the healthy end point. But identity is a fluid and dynamic process without a defined "healthy" endpoint, and the assumption that this will be reached with a final equivalence between the two heritages is not necessarily valid.

In the Continuum of Biracial Identity model (COBI), Rockquemore and Laszloffy attempt to address this issue. They argue for a unique identity located along a continuum where the parents' racial compositions are the poles. This model states that it is "possible for any singular identity to be valid and rational choice and can

result in a well-adjusted individual with high self-esteem."14 This strays from Rockquemore's earlier model with Brunsma in which they define identity as the individual's self-understanding of what and where he or she is socially.15 In this sense, it relies on the perceptions of others and internal perception. They proposed 4 identity categories: 1) singular: monoracial identification; 2) protean: changing and shifting according to the group of people they are with and social context; 3) border: existence in a border between 2 distinct groups as a hybrid; 4) transcendent: individuals consider racial identity a false identification and do not consider being a part of any race.

In terms of the differences between the models, first, protean identity becomes situation identity. A protean identity where individuals change their identity to fit the social needs at the time was considered healthy. In contrast, a situational identity is unhealthy: "The difference between a healthy situational identity and an unhealthy situational identity is that in an unhealthy situational identity a person's racial identity changes instead of his or her behaviors."16 I believe that for my whole life, I have been more representative of the COBI model. I have a "blended identity" but an emphasis on blackness. It is not the final label but rather the pathway that the COBI model considers healthy or unhealthy. My pathway has been one of self-pride and internal and external acceptance. They contend, however, that it is more likely for individuals to go through an unhealthy pathway characterized by denial and self-hatred if 1) an individual phenotypically looks only like one race or 2) if there is a negative relationship with one parent. As stated previously, I look 100% white.

Is It Natural to Feel Like a Chameleon?

Rockguemore and Laszloffy describe situational identity as a positive thing. According to my friends, although unintentional and unnoticed, I speak differently when around predominantly white vs. black crowds. Miville proposed the "chameleon" experience in which "participants expressed that their approach to social relations was one with flexible, rather than rigid, social group boundaries, and they emphasized their ability to adapt to the cultural norms or demands of the situation."17,18 The chameleon experience is similar to Kerwin and Ponterotto's stage 6, where fluidity is an awareness and adaptability to certain situations. An individual is not changing his or her identity, just selectively portraying certain aspects. In contrast, Root and Henrickson would argue that fluidity is one's ability to evolve and change one's identity based on certain situations.

A participant in the Miville study explained, "I think a lot of us are chameleons. We can sit in a group of white people and feel different, but still fit in. ... But we can turn around and sit in a group of black people and feel comfortable, even though we are not black in the same way."19 I have a clear identity but can engage in race "shifting" depending on the environment. Rockquemore and Laszloffy further explain this phenomenon by stating that what "changes is [the biracial individual's] presentation of self, not his fundamental self-understanding. Code-switching is used from one context to another because in order to literally play different roles, one must shift his or her self-presentation enough to fit others' expectations."20 I change my behaviors but not my identity, and according to Rockguemore and Laszloffy, that is the key to a healthy situational identity. I noticed a change in societal views relating to my situational identity changes from pre- and post-18 years old. Prior to when I was 18 (when the Rockguemore and Laszloffy model was proposed), any situational identity changes were viewed as my trying to escape or run away from my "biracialness." It was seen as confusion, as if I were unable to pick a side. From around age 18 on, however, those with whom I would interact began to realize situational identity switching is normal and also a healthy practice.

What Should Guide Me on This Journey?

Miville introduced the concept of critical people, critical places, and critical periods.²¹ Miville's critical periods seem to model the identity development models by Erikson, Kerwin, and Ponterroto.²² I was very active in the Black Student Union in high school. When I went to college, however, I was afraid and uncomfortable joining the Black Student Union. I was concerned about

being rejected or questioned. I never did join. In medical school, however, I made my decision to join the Student National Medical Association (SNMA), the oldest and largest student-run organization devoted to the needs of minority medical school students. I later became school SNMA president and am now national vice president. Without any doubt, I would say that my critical period centered on attending my first local SNMA meeting.

In general, the most influential critical people are the parents. I was raised in a home where my parents let me explore my own identity. Miville suggested that children identify with the race of the most "dominant" family member or whom they feel closest to. A biracial individual in their study that identified as Chinese said, "She [his mom] was like the God figure in the house.... I would say my mother has been a very strong influence, in identifying [as] primarily foreign Chinese.... Our house is decorated primarily like I said in Chinese type decorations."23 While neither parent was "dominant" in my family, my father did have a dominant identity. He had a black identity, whereas I would describe my mom's identity as non-black but also not strongly white. Hers was more of a void of something unique.

My father was born in 1929 with a silver spoon in his mouth and potential to open all doors. The caveat to this, however, was that those doors were not only locked, but labeled "For Whites Only." His dad was Homer S. Brown, Pittsburgh's first black judge. My father attended undergrad and law school at Yale. He even eventually maneuvered his way to be recognized as one of Pittsburgh's "most eligible bachelors."

On the other hand, my mom was raised without any luxuries. She is the daughter of a single mother, as my mom's dad left them the day she was born. In their community, the word n***** was commonplace and finishing high school was a major accomplishment. My mom broke the mold and ended up in graduate school. When she brought my dad back home so she could have him meet her family, grandma's first reaction was, "You always did go for the underdog."

It would be inaccurate to state that all biracial children have trouble with identity development. Even those with a healthy identity from the beginning, however, have to face issues from society such as stares, lack of acceptance in peer groups, and comments about being the "other." Although my parents tried to protect me from such harm, it was not always possible. While walking with my mom as a child and holding a black baby doll, a stranger shouted out of the car window, "Get that girl a white baby doll like she deserves." More recently, I attended medical school interviews. At most interviews there is a separate informal "meet and greet" for minority applicants. On 10 out of 15 interviews, upon my walking to the meet and greet, a current student or applicant would assume I was lost and comment, "You do know this is for the minority applicants, right?" These individuals were not trying to be disrespectful or harmful. They are, however, the future doctors of America and if such highly educated and worldly people are making these assumptions, how do you think that will translate into patient care?

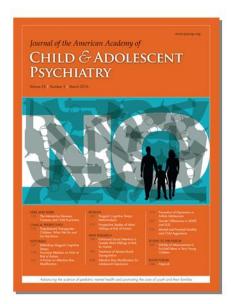
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