Professional Issues

Using the Multiple Lenses of Identity:
Working With Ethnic and Sexual Minority
College Students

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The authors discuss the complexities of working with clients with dual minority status (i.e., sexual orientation and ethnicity). The authors explore the multiple contexts that influence ethnic and sexual minority clients' self-concept. A case illustration of a Puerto Rican lesbian college student is presented, and suggestions for implementing multiple lenses in counseling dual minority clients are offered.

Researchers report that lesbian, gay, and bisexual (LGB) individuals seek counseling services at a higher rate than do their heterosexual counterparts, with 50% of LGB individuals, as compared with 6% of their heterosexual counterparts, stating that they have had some experience with counseling (Nystrom, 1997). In contrast to the high use of services by the LGB population, underutilization of counseling services by ethnic minorities has been a concern for many clinicians (Atkinson, Morten, & Sue, 1997; Brinson & Kottler, 1995). In a recent study of utilization of services by ethnic minorities at a university counseling center, Davidson, Yakushka, and Sanford-Martens (2004) found that only 2.4% of ethnic minority students sought out counseling services. Researchers have hypothesized that the underutilization of services may be due to the biased nature of counseling services (Sue & Sue, 2003). As the counseling field aims to provide culturally competent services, it is crucial for counselors and clinical supervisors to understand and address the societal obstacles that interfere with and affect both ethnic minorities and LGB clients' quality of life (Israel, Kristi, Detire, & Burke, 2003; Sue & Sue, 2003). Additionally, it is important for counselors and supervisors to understand the complexities of multiple dimensions of identity within and across multiple minority clients (e.g., ethnicity, sexual orientation, gender; Reynolds & Pope, 1991).

The demands surrounding being both a visible and invisible minority can prove highly stressful (Greene & Boyd-Franklin, 1996). For example, some members of ethnic/cultural communities find the concept of LGB iden-
tification and the LGB lifestyle to be “westernized White middle-class phenomena” (Harper, Jernewall, & Zea, 2004, p. 188), thereby viewing LGB people of color as individuals who have rejected their own cultural values in favor of being seen as more “White.” A high incidence of intolerance of LGB persons in ethnic communities often compounds the distress for ethnic sexual minorities, who may choose one identity over the other as a coping mechanism (Fassinger, 1998; Morales, 1990). Given the inability to hide one’s race or ethnic features, ethnic sexual minorities may often choose to “pass” for heterosexual members of their ethnic communities (Fukuyama & Ferguson, 2000).

Sexual minority individuals may also struggle to be at peace with their sexual identity as a result of larger social messages that proclaim them to be “flawed or sinful” (Palma & Stanley, 2002, p. 77). Oppressive and discriminatory messages of racism, homophobia, and heterosexism have been found to be psychologically harmful because they lower self-esteem, increase self-loathing, foment internalized racism, and increase self-helplessness (D’Augelli, Hershberger, & Pilkington 1998; Miville, Koonce, Darlington, & Whitlock, 2000). Counselors are encouraged to be aware of social identity, isolation, prejudice and oppression, and family issues in their work with LGB clients (Palma & Stanley, 2002; Rutter & Leech, in press). In addition, clinicians need to acknowledge the sociocultural context and power arrangements that intersect and limit the life stories of both therapists and sexual minority clients (Estrada, Frame, & Williams, 2004; Helms & Cook, 1999; Laird, 1994; Sue & Sue, 2003). Estrada (2005) suggested that both clinicians and clinical supervisors dedicate time to reflect on the personal impact of existential sociopolitical forces (e.g., ethnicity, gender, sexual orientation) in the therapeutic process.

In this article, we explore the multicultural counseling focus on increasing understanding of clients’ worldviews, coming-out processes, acculturation processes, and culturally bound family dynamics and its application to a clinical case. We present the case of a Puerto Rican female college student who self-identified as lesbian, describing her struggles with the identity integration process. The client presented to a university counseling center with symptoms of anxiety and poor academic performance. In reading the following case illustration, counselors should ask themselves what they need to be aware of in order to be sensitive to sexual orientation issues within a cultural perspective, given the need for awareness, knowledge, and skills in serving multiple minority populations.

Case Illustration

Teresa is 27-year-old Puerto Rican woman who self-identified as lesbian. She was of a working-class background; and although she was raised Catholic, she was not currently practicing her religion. At the time she presented for counseling, Teresa was seeking a bachelor’s degree at an urban university. Teresa was assessed by her counselor to be in the introspection stage of ethnic identity development as exhibited through conflictual feelings between cultural values and
self values. Teresa was proud of her nationality and customs; however, at the same time, she felt anxious about some of the values her culture prescribed, specifically those dealing with sexual identity and gender roles. When asked where she saw her acculturation level on a scale of 1 (mostly identifying with Puerto Rican culture) to 5 (mostly identifying with U.S. culture), Teresa stated that she saw herself at Level 3 (a mixture of both cultures).

Teresa presented to the university counseling center with symptoms of anxiety as exhibited through rapid speech, shortness of breath, difficulty concentrating, and poor academic performance. After Teresa began counseling, she disclosed that she was having a difficult time preparing for a trip home to Puerto Rico where she would be visiting her father. Teresa’s parents are divorced. After the divorce, Teresa stayed with her father while her mother moved to New York. In her late adolescence, Teresa decided to leave Puerto Rico and move in with her mother. Reflecting on that period, Teresa stated that she was becoming aware of her sexual identity and felt “uneasy” around her father. She described her father as a man who was always attempting to prove his “manhood.” She reported that her father was intimately involved with several women, all of whom he treated poorly.

When she was in her early 20s, Teresa came out to her mother. She described this experience with her mother as one that allowed for continued connection. Teresa said her mother was shocked initially but “tolerant” of her daughter’s sexual identity. Although Teresa maintained contact with her mother, she did not feel particularly close to her.

Teresa reported that she had not come out to her father. She further stated that he would not be accepting of her sexual orientation. From a cultural perspective, Teresa described views of gender roles and sexuality as being traditionally rigid. Although she desired to come out to her father during her upcoming visit to Puerto Rico, she feared his reaction to her sexual orientation. Her anxiety had increased as she prepared for the holiday trip to Puerto Rico and her ensuing coming-out conversation with her father.

A unique set of stressors apply to Teresa’s case. How could Teresa navigate the coming-out process within a patriarchal system? How could she integrate her lesbian identity and her Puerto Rican identity with a sense of pride in both? How would she navigate her lesbian identity formation in the context of being reimmersed in Puerto Rican culture?

Teresa was seen for 10 sessions at the university counseling center. Teresa’s struggle involved individual, familial, and societal stress. These external stressors and her internalized fear of rejection could have precluded her ultimate goal of coming out to her father. This anxiety was compounded by Teresa’s hope that her father would respond in a loving and accepting manner.

Strategies for Enhancing Treatment of Dual Minority Clients

Counseling Teresa involved applying multiple lenses that influenced her identity and self-concept. College counselors should consider the inter-
weaving effects of the following contextual factors on Teresa’s life: (a) identity processes, (b) family issues, and (c) acculturation issues. The process is inclusive of reflective questioning as the college counselor addresses the many layers that influenced Teresa’s struggle in therapy. It is important to keep in mind that the counseling process is not linear. Instead, counselors should consider the interweaving effects of these contextual factors on Teresa’s life.

Identity Processes

Researchers (Atkinson et al., 1997; Fassinger, 1991) have developed various models of racial identity development and lesbian/gay identity development. These models have been developed to look at identity processes through separate lenses (Reynolds & Pope, 1991). The Racial/Cultural Identity Model (Atkinson et al., 1997) includes five stages that aid the therapist’s understanding of culturally diverse clients’ attitudes and behaviors in their journey to understand the similarities and differences between their own culture and those of the dominant culture (Sue & Sue, 2003).

The model developed by Atkinson et al. (1997) includes the following five stages: conformity, dissonance and appreciating, resistance and immersion, introspection, and integrative awareness. The conformity stage is defined by a lack of awareness in which minority individuals identify with the majority group and reject their own culture. In the second stage (dissonance and appreciating) cultural beliefs are challenged and confusion and conflict emerge. In the third stage (resistance and immersion), minority cultural values are embraced and majority cultural values are rejected. During introspection, the fourth stage, narrow views of the previous stage are questioned and conflict between loyalty to self values and one’s own culture arises. Finally, in the more flexible stage of integrative awareness, minority and majority cultural values are accepted or rejected on the basis of merit or the individual’s personal experience.

Teresa’s racial and cultural identity was discerned through a series of questions that provided the counselor with a window into her ethnic world. Issues the counseling team, counselor, and supervisor (the first author) found important to address included the client’s migration history, her national identity (i.e., Puerto Rican), and her level of acculturation. These contextual variables provided the backdrop for further discussion of Teresa’s identification as a Latina. Was Teresa’s peer group composed of only Latino/as? Euro-Americans? A mixture of both? Did she embrace Latino/a cultural celebrations? Was her self-concept oriented toward a White-oriented racial identity? All of these questions allowed us to contemplate the impact of social oppression and racist ideology on the ego identity of minority clients.

Teresa expressed pride in her Puerto Rican heritage. Her peer group included White and Latino/a individuals. However, she described a greater sense of connection with her Latino/a peers while simultaneously feeling anxious around them because of prescribed cultural views of sexual orientation. The counseling team hypothesized that she was in the introspection stage of her cultural identity (Atkinson et al., 1997). At this point, it is important
to consider how Theresa’s sexual identity influenced her level of anxiety within her ethnic cultural peer group. Mohr and Fassinger (2003) suggested that therapists use multiple lenses of identity development (e.g., gender, cultural identity, sexual orientation) in their conceptualization of clients’ worldviews. Teresa described both a sense of greater comfort with her Latino/a peers and a sense of greater apprehension regarding their views about her sexual orientation. This paradox is not uncommon. Rosario, Schrimshaw, and Hunter (2004) found that among LGB people of color, Latino/a youth had a similar level of comfort with others knowing about their sexual orientation, as compared with their White counterparts, but tended to disclose to fewer people.

Fassinger (1998) developed an inclusive model of lesbian/gay identity formation. This stage-based model is multifaceted, reflecting dual aspects of development addressing individual sexual identity and group membership identity. The following four stages make up Fassinger’s model of lesbian/gay identity formation: (a) awareness, (b) exploration, (c) deepening commitment, and (d) internalization/synthesis. Fassinger defined the awareness stage from an individual perspective as the realization that one is different from one’s heterosexual peers and from a group perspective as the recognition that people have differing sexual orientations. The exploration stage is defined on an individual level as the process in which individuals explore their emotions and erotic desires for people of the same gender and on the group level as the process in which individuals determine how they might fit into gay culture as a social group. The third stage concerning deepening commitment is defined on an individual level as a personalization of the knowledge and beliefs about same-sex sexuality. On the group level, it encompasses three areas: (a) personal involvement with a nonheterosexual reference group, (b) realization of oppression and consequences of verbalizing nonheterosexual identity, and (c) socially participating with nonheterosexuals. The fourth stage, internalization/synthesis, is defined on the individual level as an integration of same-sex sexuality into one’s overall identity, and on the group level, it involves conveying one’s identity as a member of a minority group across social contexts.

As the counselor began to investigate Teresa’s stage of identity in her coming-out process, she kept certain questions in mind: What was so significant about coming out to her father at this time? Was her urgency due to external or internal pressures? The counseling team knew that as LGB clients increase the number of people to whom they disclose their sexual orientation, their confidence in their sexual identity and accompanied intolerance for heterocentric oppression increases (Fassinger, 1991). This journey is one that Teresa sought to travel, bravely, with the accompaniment of her counselor. In this journey, the counselor’s ability to acknowledge this struggle, along with the knowledge that the coming-out process can have numerous outcomes, is of great importance (Fassinger, 1998; Palma & Stanley, 2002).

On the basis of the information Teresa provided, the counselor hypothesized that she was in what Fassinger (1998) described as the third stage or “deepening commitment stage” (p. 14). Teresa was tolerant of her identity as a lesbian.
She had come out to some members of her family and community but still feared being rejected. Teresa believed that her father would see her as an abomination, a sin, and feared that he would reject her. Her lack of security in her sexual identity, combined with her cultural and religious roots, made coming out to her father a particularly dangerous process for her self-esteem. Her own internalized homophobia accompanied by the potentially negative responses from her father had a significant impact on her self-concept (McCarn & Fassinger, 1996). Teresa had begun cautiously exploring the group contexts of her sexual minority status, both within the contexts of her Latino/a culture and her family (Fassinger, 1991; Gomez & Fassinger, 1994).

**Family Issues**

For many ethnic clients, the family is the central unit of society. This reality is particularly evident in Latino/a culture (Greene, 1994). For this culture, "family" extends beyond the nuclear family and includes extended family as well as non-blood-related family (García-Preto, 1996). Latino/a families are generally structured hierarchically so that family members show respect and loyalty to their elders. Patriarchal family organizations in which men are the head of the household and women are submissive are also found in many Latino/a families (Altarriba & Bauer, 1998).

In Puerto Rican families, a sense of family respect is so highly valued that the norm is a willingness to sacrifice oneself for the welfare of the group (Marín & Marín, 1991). This point was particularly relevant in understanding Teresa's anxiety about coming out to her father. This cultural value was based on the idea that each family member has the responsibility to maintain the family's reputation. In this cultural context, Teresa's father may see her sexual orientation as a blow to the family's reputation because it breaks cultural norms (Mohr & Fassinger, 2003).

Teresa's family had experienced several departures from traditional Puerto Rican cultural norms. Her parents were divorced, and her mother had moved away, leaving Teresa in her father's custody, an unusual arrangement in a culture that traditionally views women as mothers and primary caregivers for children. According to Teresa's reports, however, other gender roles remained in place. Her father was the social authority figure who was the head of the family. He viewed women as second-class citizens who should obey and care for the males in the family. Although Teresa and her father had never discussed sexual orientation, she was certain that LGB individuals were viewed by her father as third-class citizens, at the very least. Teresa's case is a perfect example of the intersection of oppression based on gender, race, and sexual orientation (Israel et al., 2003). Altarriba and Bauer (1998) stated that a "sense of self-confidence often arises from the family bond" (p. 391). In the counseling process, an exploration of family expectations based on family and gender roles served to further develop a sense of preparedness in coping with the coming-out process. Teresa was also caught in a double bind of being a member of two communities that emphasized a different
family value. Whereas her Latino/a culture placed her family-of-origin as a core to her sense of self, lesbian culture favored family-of-choice.

**Acculturation Issues**

Acculturation is a process of culture learning and behavioral adaptation that takes place as a result of exposure to a nonnative culture (Berry, 1980). One of the difficulties for ethnic minority families living in foreign host cultures is how to manage the varying pace of its members in the process of acculturation. Researchers (Roizblatt & Pilowsky, 1996; Sciarra & Ponterrotto, 1991) found that children who migrated tended to acculturate at a faster pace than did their parents because of higher levels of exposure to host cultural values in schools and within peer groups. Other researchers (Allen, Amason, & Holmes, 1998; Smart & Smart, 1995) have suggested that the rate of acculturation is different for males and females.

In working with Teresa, it was important for the counselor to assess her level of acculturation and that of each family member. In this case, Teresa’s father remained in the country of origin, Puerto Rico, whereas her mother had migrated to the U.S. mainland. The counseling team hypothesized that Teresa’s father was highly acculturated to Puerto Rican culture and that her mother had become more acculturated to U.S. culture. Interestingly, Teresa had come out to her mother, who had spent time in a more contextually liberal culture.

**Therapeutic Outcomes**

By the end of her treatment process, Teresa had learned some practical coping mechanisms (e.g., relaxation exercises and visual imagery) to aid in decreasing the symptoms of anxiety. From a process perspective, Teresa explored her multiple levels of identity as an ethnic sexual minority. Teresa’s comfort level increased through a series of role plays in which she discussed her sexual identity with her father. This series of role plays facilitated therapeutic conversations that addressed the complexity of issues surrounding cultural identity, gender roles, sexual identity, and family expectations.

Through the process of therapy, Teresa enhanced her peer group connections, thereby increasing the quality of her support system. It is also important to note that Teresa found herself being attracted to her female counselor. This was a wonderful opportunity for the counselor to address her own issues of homophobia and heterosexism in the therapeutic relationship. Both counselor and client discussed the normalcy of clients developing feelings of attraction for counselors in a therapeutic relationship that offers comfort and acceptance.

**Conclusion**

Racial/ethnic identity, sexual identity, family issues, and acculturation are all areas of potential conflict, oppression, and continued marginalization for
LGB clients of color. These areas must be explored in order to better understand clients’ worldviews. Only through understanding these various contexts can counselors appreciate clients’ courage and struggle in the developmental process. Counselors working with ethnic and sexual minority populations must explore and not assume the presence of traditional cultural norms (McCarn & Fassinger, 1996). Indeed, one of the biggest challenges for counselors is to determine when ethnic and sexual minority client issues should be addressed through the lens of social oppression and when these issues should be left in the background of the therapeutic conversation. Finally, when all of the various contexts are taken seriously, counseling ethnic and sexual minority college students can become true multicultural counseling.

References


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