Racial Identity and Self-Esteem: Problems Peculiar to Biracial Children

MICHAEL R. LYLES, M.D., ANTRONETTE YANCEY, M.D., CANDIS GRACE, M.D., AND JAMES H. CARTER, M.D.

This report illustrates several identity problems peculiar to a child of black and white parentage, who was reared by a white maternal grandmother in the South. The pervasive racial bigotry of the child's family and community is contrasted with the child's intrapsychic struggle for positive identity and self-esteem. The course of dynamic psychotherapy with this child is portrayed, with pertinent treatment issues delineated and recommendations for therapy proposed.


The development of a positive sense of identity is a major task of childhood and adolescence. Erikson (1956) suggested that one of the factors important in this process was the child's perception and internalization of the definitions of self offered by significant and generalized others of the larger society. If those definitions were affirming, a positive identity adaptation was likely. If disparaging or mixed messages were communicated, a less healthy identity often resulted. Erikson (1968) later related ego identity and self-esteem development to racial identity, emphasizing that deprecatory and ambiguous messages regarding race may place black children at risk for developing "negative identities."

The task of positive identity formation in black children thus becomes complex. It involves the perception of racial differences, identification of the self as a member of an often stigmatized racial group, and a concomitant emergence of a positive sense of self-esteem (Spurlock and Lawrence, 1979). Several authors have demonstrated the development of racial awareness and preferences in children by the age of 5 (Clark, 1963; Goodman, 1964), with Davey (1977) submitting that societal pressures toward categorization promote racially aware children to subdivide and classify themselves in manners which can demean blacks. Other writers have described how these negative attributions result in black children encountering a difficult task when attempts at positive self-acceptance and identity formation are ventured (Pierce, 1974; Poussaint and Atkinson, 1972). Thus, protective buffers against these negative influences are needed. The family and other institutions of the black community are proposed to serve this role by transmitting positive attitudes, values, role models and norms regarding being black (Barnes, 1980; Lyles and Carter, 1982).

While research on identity formation in black children has been active, corollary efforts to understand identity formation in biracial children have been sparse. The predominant focus has been on the adoption and placement of children, many of whom are biracial, in racially dissimilar homes (Ladner, 1977, 1982). The literature regarding identity issues in the biracial child reared in his or her biological white family has been particularly sparse. This paper enlarges upon this subject by presenting the case of a biracial girl reared within the environment of a white maternal grandmother. This patient was brought into treatment with a black male therapist due to disciplinary problems and poor academic performance.

Case Presentation

Mary (a pseudonym) was 11 years old at the time her grandmother asked for a psychiatric evaluation. Two years prior to this referral, she had developed disciplinary problems at home and school after definitively learning of her biracial status. Her perceptive grandmother postulated that Mary's growing racial awareness had precipitated the increasing behavioral disturbances. Grandmother found Mary to be a "mixed-up kid who needs someone to help her sort out her feelings about being biracial."

Mary's white mother had dated Mary's black father for several months before her pregnancy despite the stigma of biracial romances in their rural southern community. Ironically, the pregnancy was discovered soon after Mary's mother had terminated the relationship with Mary's father. Nonetheless, she attributed
the pregnancy to a new white boyfriend for several months before acknowledging to her family that the former black boyfriend was the father. Grandmother ascribed the pregnancy to an incident when Mary's mother became drunk with Mary’s father and subsequently exhibited poor judgment.

The revelation precipitated a family dilemma, with several relatives proposing an abortion as the solution. Opposing the abortion, grandmother agreed to “raise the child” if her daughter completed the pregnancy. This informal transference occurred after Mary's birth, with mother becoming depressed and rejecting of both Mary and grandmother. Thus, grandmother became the only family member to accept Mary “without getting hung up on this color thing.”

Throughout her early years, Mary's obvious racial physical features were a constant source of embarrassment to the family. Grandmother described family members as frequently and subtly teasing and ostracizing Mary because of her skin tone and hair texture. Additionally, Mary encountered racial taunts at her predominantly white elementary school where she had been enrolled, at the principle's insistence, as black. Grandmother vehemently opposed this designation, proclaiming “she's biracial . . . not black.” Despite the sensitivity to racial differences and the preferential treatment conferred upon her white peers at school, grandmother had decided to defer discussions about race with Mary until she asked. When, at the age of 9, Mary asked about her race, grandmother's retort was, “Are you sure that you want me to tell you?” Grandmother proceeded to describe Mary's conception as the result of Mary's mother being coerced by a black male friend to become intoxicated. It was during the period of intoxication that Mary's mother not only became pregnant, but the black friend subsequently disappeared, according to grandmother. With this explanation, Mary is reported to have understood her difference in skin color, leading grandmother to quickly assure her that, “We love you, Mary, not your skin color.”

Ultimately, Mary openly began questioning if her family's love for her had diminished because of her blackness. It is reported that she also began drawing pictures of herself that were sometimes black, sometimes white, but always sad. Out of concern about these new developments, grandmother asked Mary if she would prefer living with a black family. In grandmother's opinion, Mary's presence was not only “disrupting” the family, but Mary also seemed to be comfortable with her black friends. The discussion about being placed with foster black parents was met with resistance and replies from Mary that her present family was dear to her and the only acceptable family to her.

Mary presented as a very shy, slightly obese, fair-complexioned adolescent who wore moccasins and displayed an Afro hairstyle. She introduced herself as being a sports fan whose favorite athlete was “a white wrestler who has beautiful long blonde hair and beats up everybody.” Without any apparent reluctance, she began discussing the racial features of several other favorite athletes (all of whom were white), finally admitting that race was a problem for her because, “I'm a mixed-up child.”

She shared with the therapist that her father was a mean, violent, part-black and part-Indian man who had raped her mother at knife-point, resulting in her being triracial. She described other members of her family as being “all white” and thus leading her to feel ridiculed and embarrassed when seen with her family in public. She also spoke of disliking white men, because they are “ugly” and assumed her black male therapist to be part-Indian and part-black. Later she confided that it would be easier for her to talk with a black therapist than it would have been with a white therapist.

In a subsequent session, she introduced a picture of her cousin Missy to the therapist. She spoke of having preferred to stay home with Missy instead of coming to the appointment, because Missy was her best friend. She described Missy's blonde hair and blue eyes, and with a smile stated that there was a physical similarity between her and Missy. Missy was further described as being the person with whom Mary discussed her therapy sessions. Missy reportedly “thought” the therapist to be excessively ugly, after Mary had described the therapist as being a mean man who bit people and scared little girls. Missy's deprecations of the therapist were expressed but when Mary was asked regarding her “thoughts” about the therapist, she changed the subject.

Mary arrived late to her next session, attributing it to her mother's detaining her. She had brought a book on health with her and proceeded to read a poem about identity to the therapist which she summarized as saying, “I can be no one but me and must always be me, because you are important to yourself.” She also read about skin from her favorite chapter, admitting her curiosity about skin.

Pausing from her reading, she playfully whispered to the therapist that a boy had kissed her at school, leading her to slap him in retaliation because “he was ugly with big lips and ears.” Mary described with hesitation that her mother had in jest stated that the therapist was Mary’s boyfriend. The patient responded to this insinuation by informing the therapist that he was not her boyfriend. Rather, her boyfriend was white and very jealous.

Several weeks later, she broke an appointment and
expressed surprise when her therapist spoke of having missed seeing her. Following a brief period of silence, she returned to the theme of her skin color, expressing the wish that physically she looked different. Tearfully she stated, “My skin is light, but I don't like it the way that it is. Everybody kids me and calls me ‘mixed zebra,’ ‘red-faced dog’ and ‘black-eyed pea.’ I laugh, but it hurts. Black and white kids pick on me. A girl called me a bitch today because she doesn’t like mixed people. It’s rough being mixed. People don’t understand that being mixed is not bad. It doesn’t mean that I should not have friends.”

Appearing dejected, she paused and this allowed the therapist to comment that she seemed to be struggling with feelings about herself. The patient replied, “I could feel sorry for myself and I used to, but Grandma told me that being mixed was special, and she treats me special. My mother even takes me out now and then.”

Observing a forlorn expression to her face as she stared at the floor, the therapist proceeded to encourage her to express her feelings. Mary dropped her purse to the floor and began to talk obsessively about its contents. As she picked up her wallet from the floor, Missy’s picture was exposed, prompting Mary to inform the therapist that Missy did not like for her to come to therapy. Seemingly Missy was under the impression that the therapist was filling the patient’s head with “junk.”

Grandmother was seen after this visit and related her concern that Mary was being rejected by several members of the family, especially Melissa (Missy). Missy had been reared with Mary and they were good friends until recently. It was apparent that Missy was beginning to respond to her white peers’ opinion of her having a black friend. Out of frustration from increased rejection of Mary, grandmother indicated that the “whole family needed to be hauled into therapy in a pickup truck.” Nonetheless, she recognized that this was merely wishful thinking. Grandmother had now entered therapy with hopes of better understanding her feelings about Mary and herself. However, she suffered a myocardial infarction subsequent to our visit and was on a strict rehabilitative program for several months. Upon completion of her recuperation, she and Mary felt their situations had improved and both declined the invitation to continue in treatment. The therapist’s effort to encourage their continuation with therapy was fruitless.

Discussion

Families are instrumental in protecting black (Barnes, 1980) and biracial (Ladner, 1977) children from the bigotry of society. This case is illustrative of a family that lacked the adaptive qualities to assist a biracial family member in her quest for identity integration. While Mary received deprecations at school and in the community, the family failed to offer an alternative. She believed her birth was the result of a drunken indiscretion, associated with violent and sadistic overtones. She was subjected to maternal rejection and racial taunts in her early developmental history. Only her grandmother provided her with a sense of safety, but even this was shattered when grandmother considered placing her in a foster home.

Thus, grandmother also struggled with emotional conflicts about Mary’s biracial identity. She reacted violently to Mary’s being classified as a black child, denying the reality that children of black and white parentage are often classified as black. Grandmother’s failure to orient the patient to the reality of her biracial roots and the reality of racism in contemporary America reflects her personal emotional pains and unresolved feelings about Mary’s blackness. At no point was Mary told that it was good to be black.

Grandmother was to be commended for her willingness to enter therapy herself and to recognize Mary’s underlying conflicts and depression. Though grandmother had difficulties accepting Mary’s birth into this white family, she did provide Mary with food, clothing, and a consistent physical home, in the midst of significant family opposition. She also provided Mary the effective experience of feeling “special” as a biracial child in a way that was otherwise unavailable to Mary.

Mary presented a picture of confused racial identity. Her confusion is seen by her having stated her favorite athletes were white, yet she described white men as “ugly.” Most marked, however, was her rapid development of a paternal transference, with great ambivalence toward the therapist. Seeming afraid to express her feelings more directly, she projected her hostile feelings for the cruel and mean surrogate father (therapist) onto her cousin Missy and spoke of these feelings in a metaphorical manner. After venting her rage toward the therapist and breaking appointments, she seemed surprised and moved that her surrogate father would not reject her, but instead spoke of missing her. Following this episode, the patient seemed less afraid to ventilate feelings about herself.

This case affirms that rearing a biracial child in a society tainted with racism does indeed present unusual challenges. First, the child should be given accurate age-appropriate explanations of his or her parental roots, with an emphasis on the positive. Second, transmission of information regarding race should begin when the child is becoming racially aware and concerns are raised. Third, biological or adoptive parents should be aware of their racial prejudices. Otherwise, denial of race and culture or overcompensation
by excessive cultural involvement may occur (Ladner, 1977). Finally, the family should avoid interpreting developmental struggles of the child, overtly or latentely, in a negative racial term (e.g., the child's “bad side”).

Treatment Considerations

A major goal of therapy with the biracial patient is to help the individual realize a greater sense of his or her roots and to take pride in being a member of a people worthy of respect (Carter, 1972). To do this, it is imperative that therapists working with biracial families be aware of the unique struggles which many of these families face. The therapist must possess a willingness to work through racial animosity and identity confusion with a basic knowledge of how issues of race can impact upon treatment (Griffith, 1977; Jackson, 1973). The therapist will need to constantly monitor their own countertransference feelings and to recognize how those feelings may affect treatment (Carter, 1979). Finally the therapist must be able to discern which issues may be related to racial issues, as opposed to other developmental and psychological issues which impinge upon patients of all races. If properly trained, therapists can aid racially conflicted patients and their families to achieve a positive and undistorted appreciation of their personal and racial histories, while actualizing a secure sense of identity, efficacy and self-esteem.

References