

## Vulnerability Among Multi-Racial Families

Research Article

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## Introduction

Vulnerable is defined according to the Cambridge Dictionary as something that is able to be easily hurt, influenced or attacked. Given this definition we know that a vulnerable family is one that is at risk for maladaptive behavior, which cause them to be susceptible to mental health disorders.

When analyzing multi-racial-families we are faced with a plethora of disadvantages. Historically, multi-racial families were deemed illegal, until federally overturned in 1967. Until that date, most US senate banned marriages and relationships between white and non-white people. Biracial and multi-racial children were thus once considered illicit results of such illegal marriages and relationships (Root, 1996). According to Chen, 2010, roughly nine million Americans identify themselves as mixed-race, and it is estimated that the mixed-race population in the U.S. will reach 21% by 2050.

## Discussion

Although there is a tremendous growth in mixed and multi-racial families [2] and multi-racial children are now the largest demographic group among U.S. citizens under the age of 18 [6], multi-racial families are still vulnerable to emotional, psychological and sociological disadvantages.

Multi-racial people in the media are often depicted as monoracial (CNPAAEMI, 2009; Dalmage, 2000; [7]) a phenomenon that causes them to have emotional stress, especially when they are forced to identify with one culture and felt obligated to reject the other culture, which is part of their being. This harsh reality faced by many, often throws them into deep depression, because many feel less then or simply rejected within their own culture. Adolescents who do not have a stable racial identity show lower self-esteem [7]. Some private, public and government job applications are not welcoming to the multiracial people. Many

schools do not permit multiracial students to choose more than one race on their demographic forms [1, 3, 5, 7]. These systematic gaps are among the disadvantages that categorize multi-racial families as vulnerable families.

It is imperative for one to know the strength of each culture in order to redirect a client whose been affected by the system's rejection unconsciously. It is equally important to know the biases. As providers, it is our responsibility to help elevate our clients' mood by adopting different psychotherapeutic modalities such as cognitive behavioral therapy, but we must at least have a basic knowledge in cultural sensitivity. A research completed with adults has shown that an integrated multiracial identity is a protective factor that helps psychological well being. Therefore, it is important to acknowledge patients' belief system when evaluating them.

An important aspect to consider when treating multi-racial families is the perception of each culture within the family dynamic with regards to mental health disorders. For example what one culture might view as a mental deviance can simply be a normal phenomenon for the other culture. In an industrialized country, one may view binge eating as mental disorder, whereas someone from a third world or developing country, may view it just as a normal behavior. The language preference at home is extremely an important factor to be aware. Although there might be more than one language spoken at home, providers must inquire about the language families feel more comfortable with. Members of the family may not fully understand the medical terminology in English. Hence providers must identify the preferred language prior to continue on with their evaluation.

Considering each culture's view on treatment modalities is also important. Some cultures view mental health disorders as a curse, hence will be ambivalent with pharmacotherapeutic approaches, instead will gear toward the spiritual aspect of healing.

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Additionally, we must emphasize the biological factors. Hereditary factors are implicated in countless patients with mental health disorders. Because not all genetically vulnerable family members develop mental disorders, it is presumed that factors such as resilience help in avoiding the development of mental disorders. Multi-racial children and adolescents are resilient [7]. Another factor to consider is the psychological factors. The coping skills used by a person with the demands and expectations of the environment depicted the person's temperament. As providers, we must question their style of behavior used under stressful situation in order to intervene to teach them ways to modify their maladaptive behaviors.

Finally, considering investigating the social aspect is critical in order to identify the interpersonal relationship of the multi-racial families within and outside of their environment. Witnessing violence is traumatizing and a well-documented risk factor for many mental health problems, including depression, anxiety, post traumatic stress disorder (PTSD), aggressive and delinquent behavior, drug use, academic failure, and low self-esteem [4]. We must know the bio-psychosocial aspect in order to formulate an appropriate treatment plan for this specific family.

Providers must be multi-culturally sensitive. We must create a therapeutic or working alliance with this type of family. Since members of the multi-racial families are prone to low-self-esteem and rejection, focusing on their strengths and enhancement of skills in the area of values identification and goal setting. Other useful techniques such as role-plays, storytelling and journaling, having them focus only on the positives of their racial identity are proven to be effective.

## Conclusion

Reading through the articles about multi-racial families make us discover that as providers, we must be willing to learn about

others culture in order to be more sensitive culturally, which will decrease a sense of assumption in our practice. Assumptions in health care can be fatal, therefore to prevent such deadly act, it is important that we learn from others way of life. Nurse theorist, Dr. Madeleine M. Feininger started transcultural nursing. She believes when taking care of patients, we must acknowledge their cultural background in order to deliver quality care.

Often questions arise such as how can one possibly learn about everybody's culture? If Dr. Feininger was still around she would reply the following, "having knowledge and experience and interaction with different cultures is sufficient in knowing how to take care of them." Therefore, it is important for all of us to learn and ask questions about multi-racial families in order to deliver quality care to all without any assumption.

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