Multiple Minority Identities

Applications for Practice, Research, and Training
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Rochelle Balter, PhD, JD, has been involved in disability issues including image and advocacy since her graduate school days. She has brought knowledge from both her clinical and law degrees to her presentations and writings on this subject. Dr. Balter teaches (as an adjunct) in the Forensic Psychology program at the John Jay College of Criminal Justice in New York City where she again uses both her degrees to their best advantage, and also sees patients in a CBT private practice. She has served on the APA Committee on Disability Issues in Psychology and chaired that Committee, and has also served on APA’s Policy and Planning Board. She has served on the Boards of Div. 22, Rehabilitation Psychology and Div. 46, Media Psychology and is a past-president of Division 46. She is also past-president of the Manhattan Psychological Association and a past Parliamentarian for the New York State Psychological Association. She has published on disability issues, especially on how disability is portrayed in the movies, on disability-related legislative issues, and on therapy with clients with disabilities, as well as having co-authored a book on Performance Anxiety.
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Editors
This book is dedicated to the memories of James Bayton, PhD, Martha Bernal, PhD, Tamara Dembo, PhD, Albert Ellis, PhD, Carolyn Payton, EdD, Virginia Sexton, PhD, and Betsy Zaborowski, PhD, all pioneers who helped to open the doors that made conceptualizing and writing this book possible. They encouraged us in many ways to become visible and speak out when necessary on behalf of minority issues.
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Census figures and other demographic data demonstrate that the United States is becoming increasingly diverse. In the foreseeable future, there will no longer be a clear racial/ethnic majority in this country. Diversity does not only refer to racial and ethnic identification. Diversity also includes sexual orientation, physical disability status, and other factors such as religion, socioeconomic status, and age. Although there is a growing literature concerning race/ethnicity, to date only a small number of works address the intersections between race/ethnicity, same-gender sexual orientation, and physical disability. Learning of the experiences of those whose identities include these intersections helps to deepen our understanding and competencies in working with marginalized populations.

This publication advances our understanding of multicultural psychology and minority group membership. The concept of “multiple minority identity” breaks new ground and helps to move the fields of multiculturalism and multicultural psychology forward to the recognition of the complexities involved in cultural diversity. Readers of this volume will be able to think more broadly and in more complex ways when the concept of minority groups is discussed. In this way, providers of health and mental health services will no longer think of Lesbian, Gay, Bisexual, or Transgendered (LGBT) individuals and people with disabilities without considering their racial and ethnic identities. Generally, previous literature on multiculturalism focused on racial and ethnic minorities to the exclusion of other marginalized groups. In this volume the minority status of other stigmatized and disenfranchised groups, specifically key issues associated with people with disabilities and LGBT populations, is recognized and addressed. Although the older paradigm focused on between-group differences; the paradigm in this volume focuses on both within-group and between-group differences. Thus, the presence of more than one minority identity for a given individual is recognized as a multiple minority identity, and is kept in focus throughout this book.
Coeditors Nettles and Balter are well qualified to edit this book. Their previous scholarship and their many years of experience with the disability, same-gender sexual orientation, and ethnic minority communities have helped to shape and inform this book. Both have been active in the American Psychological Association (APA) and are past chairs of the Committee on Disability Issues in Psychology. They have also been active in ethnic minority and lesbian, gay, and bisexual affairs within APA as well. Their personal and clinical perspectives have shaped the selection of topics for the various chapters, and they have selected an outstanding array of thoughtful and scholarly authors to write the various chapters included. The introductory and concluding chapters by the editors develop and provide a strong rationale for the innovative multicultural paradigm put forth in this book. Their concluding chapters help us to look forward to future directions in our increasingly diverse cultural landscape.

This volume brings together the writings of noted and widely published authors who come from a broad range of theoretical orientations. The authors not only address intersections of identities, but assist the reader to understand the principles of working with those with multiple minority identities. The authors illustrate key issues with examples and case material, and offer practical suggestions that help make this a user-friendly volume.

The three major sections provide the reader with research, clinical, and training perspectives. The research section provides a rich array of points of view from noted scholars in the field. In the clinical section, cognitive behavioral, psychoanalytic, positive psychology, and interpersonally oriented group works are represented. The context of education and training represents another important domain in which multiple minority identities are included, but the focus is often on one minority group to the exclusion of the within-group differences that may be present.

Inclusion of key points of the APA’s Multicultural Guidelines in the appendices is also an important contribution. Their inclusion here underscores the need for a fresh look at future directions of multiculturalism. In many quarters, as is pointed out in this book, the numerical “minority” has already become the numerical “majority.” The impact of these changes is important to address. As is suggested by this important volume, issues such as stigma, power, and privilege will become increasingly important in understanding the individuals and groups with whom we work, as we look to a more diverse cultural landscape.
The book will be a helpful resource for graduate students and professionals in counseling, psychiatric nursing, psychology, social work, and a variety of other fields as well as for researchers, diversity trainers, and educators interested in learning about and incorporating diversity into their practices. It includes not only important psychological science and theory, but also the practical aspects of working with individuals who identify with more than one minority group. If we understand diversity through this very interesting and friendly lens, we will gather some insights as to how those with multiple minority identities may be better served.

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When asked to speak about multiple minority issues in group psychotherapy at the Mid-Atlantic Group Psychotherapy Society conference in the spring of 2007, I was both excited and apprehensive. These feelings were similar to the ones I had experienced in 1998 when asked to discuss multiple minority issues as part of a panel at the American Psychological Association’s Annual Convention. This told me that scholars and researchers were finally taking notice of the issues that I had come to know about, both personally and professionally. For me, having multiple stigmatized identities was a part of everyday life for almost as long as I could remember.

As a child, I knew that there were prejudices that individuals with these minority identities (race, disability, same-gender sexual orientation) experience. It was not until much later that I realized how pernicious these prejudices are. In academia and practice these prejudices still exist when members of diverse cultural groups are considered. Recognizing this ignited a passion in me to educate professionals about diversity, and especially about the within-group differences that are part of multiple minority identity issues.

An understanding of multiple minority identities is vitally important to effective psychotherapy. Clinicians often struggle with how to respond to individuals who are members of minority groups. Most have had little training or guidance in working with the within-group differences that are a part of treating minority clients. Although clinicians became sensitive in the 1990s to the identity issues concerning racial/ethnic minorities, same-gender sexual orientation, and physical disabilities, only a few authors addressed the reality that individuals often identify with more than one minority group simultaneously.

Individuals who identify with more than one marginalized group are often faced with the task of integration that involves not only aspects of the self, but also the individual’s relationships to the larger majority as well as to other minorities. The challenge to clinicians in beginning to understand the interactive effects of these combined group memberships or identities and their impact on psychological functioning and service delivery is infinitely more complex when
within- and between-group differences are considered simultaneously (Greene, 2007).

Multiple minority issues cannot be adequately addressed by reading the literature on single minorities and adding them together. Cultural competence has become part of professional competence, yet when Hansen et al. (2006) conducted surveys on how many practitioners had integrated multicultural approaches into their work, they found that few had done so. There are a number of reasons for this, including being unfamiliar and concerned about not knowing the literature; not having had diversity training and therefore being fearful of the unknown; or even being concerned about one’s own attitudes toward people who identify with more than one minority group.

At a variety of conferences, where I have been invited to speak about multiple minority issues, I have found that attendees, no matter what their profession, have difficulty in recognizing the differences between stigmatized identities and other individual differences (e.g., age, gender, religious preference, and level of education achieved). Attendees often ask, either during or after my presentation, whether an aspect of themselves qualifies as a minority status. These questions are a constant reminder that professionals do not yet have a grasp of what stigmatized groups are, why they are important, and how multiple minority identification differs from single minority identification.

We hope that this book will be a first step in addressing multiple minority identities in an integrated manner as it highlights how multiple minorities are conceptualized and some of the problems they face. It also looks at some of the approaches used when working with individuals who integrate more than one marginalized identity. Lastly, the book highlights the necessity of ongoing supervision, consultation, and diversity training.

This book will address the above issues. Hopefully students and professionals alike will gain some reassuring information on working with multiple minority individuals, be it in treatment in academia or in health settings. We hope that this will be a useful tool for students, academics, researchers, and practitioners and will excite some of you into joining those of us who do work in this field.
REFERENCES


I (R. N.) would like to acknowledge Donald H. Clark, PhD, as an openly gay psychologist, role model, and mentor, and Nina Nabors, PhD, who in 1998 recognized the importance of diversity within racial and ethnic minority groups and invited me to give my first presentation on multiple minority identities.

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In the United States, minority populations are increasing at a much faster rate than the dominant Euro-American culture. The newest census data (2010) indicate that whereas the Asian and Latino cultures increased by 43% each, and the African American minority increased by almost 13%, the dominant culture has remained stable with little to no growth indicated. These data, as well as data from the 2000 national census (Sue, 2003), indicate to some that in 15 to 40 years there will no longer be a single dominant culture.

What do these census data mean for the mental health and health professions? Will we be going through another sea change? Do we need to change our beliefs to deal with the new face of America? The answer is a resounding “Yes.”

What is a “minority” group? The term “minority,” as used in this book, refers to groups that have been stigmatized, disenfranchised, and subjected to prejudice and discrimination. The term itself, according to Paniagua (2006), is out of favor with the ethnic minority groups to which it had previously been applied, in part because of its connotation of inferior status relative to the dominant culture. “Minority” also implies the concept of less. Yet as we again see from the census numbers, many “racial minority cultures” may be the majority culture in certain geographic areas. The dominant culture in the United States is still the Euro-American or White culture; however, as Sue (2003) noted, a number of locales such as Washington, DC, have an African American dominant group (70% of the population, 2000 Census).

**TERMINOLOGY**

There are a number of concepts that the reader will encounter in this book that relate to minority identities. One of the earliest, as it existed in both the Bible and ancient Greece, is stigma. Goffman (1963) stated
that the ancient Greeks defined stigma as a mark that labeled the individual as inferior or immoral and that distinguishes the stigmatized individual from other citizens. It can be seen as a “handicap” or a “failing.” Goffman (in Nabors, Chapter 2, this book) identified three types of stigma: (a) blemishes of character, including “homosexuality” and addictions; (b) tribal stigmas, based on race or religion; or (c) physical deformities such as disabilities. According to Goffman (1963), families pass stigmatizing beliefs down from one generation to the next.

Oppression is another concept that is discussed throughout this book. Banks (see Chapter 3, this book) defines oppression as occurring through a sense of privilege. Those who hold the privilege classify those who do not based on difference and demographic information such as race. The dominant group will rate groups with characteristics different from theirs as being inferior, based on said characteristics. White, heterosexual, nondisabled males are seen as privileged. Such a group would rate a Latino with a disability based on race and disability as being inferior. The disability would probably incur a more negative rating than race.

Some populations in this book are defined as being underserved populations. This means that, for some reason, they do not receive the same quality of health and mental health services that other populations receive. Some of this lack of services may be due to socioeconomic status, but it is more likely due to accessibility of services (distance, staffing) and group characteristics. If there is mistrust between the health service providers/mental health service providers and the minority populations that are the focus of this book, clients will not seek services, fearing that they will be mistreated or labeled. The latter possibility would intensify minority group members’ feelings of ostracism and being in a nonfavorable or oppressed population. An example would be an Asian family whose chosen language is Mandarin Chinese, seeking health services at a local health center where no one on the staff speaks Mandarin and where the staff believes that not learning English reflects on the family’s ability to function in this country. If this is perceived by the family, they will leave and not receive the health care they need.

Stereotyping is used by people in everyday life; however, when it is done based on race, ethnicity, same-gender sexual orientation, or disability, it becomes discrimination. Stereotyping is a shorthand way that humans use to classify or make group statements about other humans. Statements that begin with “all you people” or all of “them” are almost definitely stereotypes because this type of statement classifies a group of people based on only one or two characteristics that they share. When you hear someone say “Well, you know, all of those people are lazy, or don’t like to work for a living” … or
“Because those disabled can’t walk, they are happy to have the state support them,” you know that you are witnessing stereotyping.

All of the groups that are the focus of this book also experience discrimination and discriminatory attitudes. This connotes that others look at these groups as “different from” and “lesser than” themselves. Racial discrimination is judging people based solely on the individual’s race.

“Disenfranchised” is an interesting term, which means “without a vote.” When people are disenfranchised as a group, it means that they have no voice in what happens in society and in how they are perceived by others or in what happens to them. Individuals with disabilities are often considered disenfranchised. Decisions are made about them, without their input. If you go to a restaurant with a friend who uses a wheelchair, the server may sometimes ask you, not your friend, “What does s/he want to order?” This is based on old stereotypes that people with disabilities are also unable to engage in cognitive tasks such as reading.

The use of pejorative language is also an indication of discrimination and oppression because this type of language devalues the person or group that is considered the “out” group. Examples of derogatory language used with people with disabilities include “cripple,” “invalid,” “handicapped,” and “retarded.”

MULTIPLE MINORITY FOCUS

This book’s focus is on the interaction of race/ethnicity, same-gender sexual orientation, and disability—three minority statuses. Each of these groups has been subjected to violence, discrimination, abuse, oppression, and stereotyping at the hands of the dominant culture. Hierarchies exist even within minorities. Racial minorities are the most integrated into society of the three being discussed. One cultural means of ascertaining this is how the media, especially television and films, portray the groups in question. When the Civil Rights Act of 1964 was enacted, African Americans, Asians, and Latinos were portrayed stereotypically in roles ranging from servants to criminals to “ne’er do wells.” By the 1970s, African Americans were portrayed in more comedic (and satiric) ways (e.g., Fred Sanford who was prejudiced against all races but his own), but as time passed more admirable images developed (Dr. Huxtable, The Cosby Show). Asians are still portrayed as villains and aliens (e.g., The Dragon Lady), murderers, and female sex objects, or as one-dimensional (Mok, 1998).
Latinos were under-represented in relation to the number of Latinola viewers, but when seen Latinos were portrayed as criminals or police and Latinos were portrayed, in sexualized female roles, or as buffoons (Mastro & Behn-Morawitz, 2005). As newscasters on local and network news programs, reporters of color are prominent. Google searches regarding stereotypic media portrayals of each racial minority yielded over one million hits.

When we examine same-gender sexual orientation, the number of Google entries is much smaller (283,000 approximately). Lesbian, gay, and bisexual portrayals have usually been denigrating, stereotypic, and comical. The comedic front often hides a tragic life such as in Priscilla, Queen of the Desert. On television, the character Jack in Will and Grace again spoofed gay males and portrayed this character as ditzy, fashion involved, and “out there,” whereas Will, a lawyer, was conservative and “passed.” Other gay roles such as the director and his assistant in The Producers, and the role of the fashion assistant in The Devil Wears Prada, again portray gay males as weak and sometimes ridiculous. Lesbians do not fare much better, often being portrayed as rough and unattractive. In the Kids Are All Right, lesbians finally were seen as being normal parents with different problems.

Individuals with physical disabilities receive the least attention. People with disabilities were not considered to be members of an insular minority group until after the Americans with Disabilities Act (ADA) was signed into law in 1990. Part of the narrative included in the Act points out that those with disabilities have suffered from discrimination and abuse. When we “google” stereotypes of physical disability in film, we find that there are only approximately 8,000 entries, a huge difference from the other groups discussed, and a difference that reinforces the idea that those with physical disabilities are invisible in American society. Until the passage of the ADA, those with physical disabilities were portrayed as “lonely and struggling against incredible odds, or sweet innocents who may be granted miraculous cures” (Norden, 1994, p. 3). They were also portrayed as evil and cunning (e.g., Dr. Strangelove), but were rarely seen as normal everyday characters. The disabled “superhero” a favorite stereotype (e.g., Little Donny Dark, the blind boy who could fly, created to support the hero in Butterflies Are Free) was also a popular but unrealistic theme (Balter, 1999). After the passage of the ADA, roles for people with disabilities were normalized but less prominent. They were portrayed as secretaries in background scenes or as office receptionists with minor speaking parts. In the 1999 film Notting Hill, Bella, a woman who uses a wheelchair and who is married to the hero’s
best friend, plays a major positive role in moving the plot forward using her professional skills and intelligence to save a romance (Balter, 2010). In the movie *X-Men*, one of the protagonist scientists, who is on the side of right, uses a wheelchair. These, however, are the exceptions to the rule. Characters with physical disabilities in today’s television and film play small roles or are used as one-dimensional background. This group has actually marched backwards into invisibility (Balter, 1999).

Because this book focuses on the intersections between the three mentioned minority groups, it would be interesting to see if the intersections are portrayed by the media, but the search terms do not allow for this. This is still too new a topic to find much popular coverage about.

LEGAL PROTECTIONS

As previously mentioned, two of the three minority groups of interest had their civil rights affirmed through legislation. The Civil Rights Act of 1964 was probably one of the best-known enacted laws in history. It pertained not only to protection for African Americans but also Title VII of the Act forbade discrimination against women. This Civil Rights Act had powerful effects, especially when associated with the 1954 *Brown v. Board of Education* of Topeka decision that desegregated education. However, as noted above, discrimination still exists.

The ADA was not the first legislation enacted to protect those with disabilities. Most of the descriptive language as well as the definitions in the 1990 Act are taken from the 1973 Rehabilitation Act, which only applied to organizations receiving federal monies. The language was updated and the word “handicapped” was changed to “persons with disabilities.” The ADA applied to equal access to employment, transportation, communications, and services. Exceptions to the Act could be requested based on hardship (it was too costly for facilities to comply), and small businesses (having under 15 employees) were exempted from having to comply with the terms of the ADA. The resulting problems are that enforcement is rare and spotty and access to many facilities and services is still limited.

The only federal legislation passed to protect those of same-gender sexual orientation is a hate crimes bill that also applies to ethnic minorities and those with disabilities.
IMPORTANCE OF MULTIPLE MINORITY GROUPS

Differences between racial and ethnic minority groups formed a basis for the early multicultural literature. Understanding differences between groups of people becomes increasingly complex as we recognize the burgeoning number of within-group identifications. As the cultural contours of disability and same-gender sexuality have been recognized, our understandings of “multiculturalism” need to also evolve. It is at this juncture that addressing within-group differences becomes essential. A Latino male who is gay and has a physical disability is quite likely to have a different experience than a White male who is gay and has the same physical disability.

How we understand an African American man in a clinical, research, or educational setting will vary as particular within-group differences emerge. Stereotyped notions of various ethnic minority groups can lead members of the lay public into denial of the diversity within those groups. The stigma associated with membership in the minorities addressed in this book can also lead to denial or hiding of these aspects of identity. Mental health professionals, educators, and researchers have the responsibility of teaching people about the existence of within-group differences. They also have the responsibility of supporting the best possible outcomes for people with multiple minority identities as well, through appropriate professional response. This book seeks to fill some of the void that exists in addressing within-group differences as well as between-group differences that are part of the multicultural landscape.

The topic of multi-minority identities is in itself under-addressed in the psychological literature, in research, and in practice. Many psychologists may actually fear the idea of working with individuals who identify with more than one marginalized group. There is a fairly large literature on the characteristics of specific racial groups and ethnic groups. The American Psychological Association (APA) has issued a number of guidelines for working with members of specific minority groups and for multicultural work in general (Guidelines on Multicultural Education, Training, Research, Practice and Organization Change for Psychologists, APA, 2003). Sue and Zane (2009) pointed out that few practitioners will be able to master all of the intricacies of working with more than one minority group because this is not a one-size-fits-all approach, and Hansen et al. (2006) demonstrated that even psychologists who have had diversity training rarely use these acquired skills in their work with diverse populations. This book also hopes to bridge that gap and to
reduce the fear factor by presenting the work of various practitioners, which will help to demystify working with clients who identify with more than one marginalized group.

**HOW THIS BOOK IS ORGANIZED**

This book is organized so as to assist the reader in understanding the complexities of multiple minority identities. In the first section, Nabors (Chapter 2) discusses stigma, its history, how it has been applied, and how it is significant to those who identify with more than one marginalized group. This chapter also includes research on stigma. Banks (Chapter 3) begins by discussing stigmatized individuals, but concentrates more on the concept of oppression and its application to those with multiple minority identities. The chapter also focuses on disparities in health and mental health care for these groups. In the area of research, Banks looks at the applicability of evidence-based practices with minority/multiple minority individuals and asks whether changes need to be made to accommodate cultural issues. Leigh (Chapter 4) brings the concepts discussed by both Nabors and Banks to life within Deaf culture. She points out the intersections between race and deafness, ethnicity and deafness, and how the within differences can be complex for people who are deaf as well as for their non-deaf family members. She also illustrates the discrimination that can result because of misunderstanding about both the medical diagnosis of being deaf or hard of hearing and the Deaf culture. She invites the reader in to get an idea of how these concepts impact minority group members. Greene (Chapter 5) presents an overview of the concept of intersectionalities. She discusses the power hierarchy and offers insights into within-group marginalizations and their impact.

The second part of this book is the Practice section. The chapters contained herein focus on different schools of psychotherapy and their approaches to multiple minority identity individuals and issues. Nettles (Chapter 6) introduces the reader to the interpersonal model of group psychotherapy and illustrates group work using examples involving multiple minority individuals, which gives the reader insight into the advantages of using a group psychotherapy approach. He demonstrates how group therapies differ from individual therapies. Nettles emphasizes examining both within-group and between-group differences in individuals who are treated in group psychotherapy. Balter (Chapter 7) discusses cognitive-behavioral therapies, how they came into being, the various techniques they employ, and how they
can be adapted to work well with minority clients or those who identify with more than one minority group. In Chapter 8, Olaoye discusses the new Positive Psychology movement, with its focus on resilience. Her chapter illustrates how Positive Psychology assessments and exercises can be used as valuable adjuncts to other therapeutic approaches. Olaoye also gives examples of ways to increase resilience to benefit those clients with multiple minority identities. Both Ruth (Chapter 9) and Holmes (Chapter 10) (although part of Section III because of her focus on supervision) discuss the features of contemporary psychodynamic thinking and psychoanalytic psychotherapy. Ruth’s chapter illustrates the place that contemporary psychodynamic techniques have within affirmative and empowerment-oriented psychotherapies for persons with multiple minority identities. He also addresses some of the historical underpinnings of his approach.

The last section of this book concentrates on diversity training, a vital part of learning to work with minority/multiple minority students, clients, and colleagues. Holmes (Chapter 10) is the first chapter in this section, even though it would also be appropriate to the clinical section of the book. Holmes, using illustrative case material, discusses the “isms” that occur in psychodynamic psychotherapy, training, and supervision. She tells us that didactic programs stressing cultural diversity may not have made clinicians more competent when working with clients who identify with more than one minority group. Green (Chapter 11) uses the metaphor of the kaleidoscope to describe the gradual unfolding of multiple minority identities in group relations training conferences. Green summarizes the group relations approach and describes the developmental path of training groups, self-study, and case-in-point perspectives. He focuses on the role of the consultant and how consultants need training to become diversity sensitive. Haldeman (Chapter 12) gives an excellent overview of diversity training as it exists, and its strengths, its weaknesses, and its potential. He suggests that diversity training be integrated into the educational process at the earliest opportunity and be ongoing. He also clearly demonstrates why this is important to students, clinicians, and educators.

Balter and Nettles (Chapter 13) provide an overview of the important issues presented in this book. Because this work is meant to be user friendly, summaries of each part of the book with accompanying recommendations are provided. The chapter ends with a list of “cautions” that all working with multiple minority identity individuals will benefit from.

We hope the reader finds this a useful tool that will help demystify the emerging area of multiple minority identities in research, practice, and training.
REFERENCES


