Chapter 4
The Observing Professional and the Parent's Ethnobiography

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Black and Indigenous families of color have experienced much racial wounding. The words of popular children's tunes about a wonderful day in the neighborhood may not describe the physical environment of some parents[1] or primary caregivers. Frequently, the childhood communities of Black Indigenous parents of color are segregated, underresourced, urban, and rural neighborhoods (Fitzgerald et al., 2019; Murry & Brody, 2002; Shonkoff et al., 2021). Parents may silently and emotionally bury experiences of racial wounding to protect and ensure the survival of their children (Lewis, 2019), rightly understanding – as the American Psychiatric Association and recently stated (2019) – that young children are impacted by racism. Overwhelming evidence from research documents the effects of racism on children (Fitzgerald et al., 2019; Shonkoff et al., 2021).

As discussed in the preface of the book, the current social context includes urban violence, the stress and isolation of the COVID-19 pandemic, and repeated police shootings (Ashing et al., 2017). Additionally, racial stressors can directly impact the mental health and well-being of parents of color and their children (National Academies of Sciences, Engineering, & Medicine, 2019; Shonkoff et al., 2021). The socioemotional impact of these chronic and familiar stressors can shape the quality of the growing parent–child attachment relationship. A therapist or other helping professional must include in their formulation how race-based oppression may be at play within family dynamics and relationships, potentially increasing risk, coping, and unhealthy parenting styles. Understanding a family's traumatic or

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[1] Parent or primary caregiver references the child's primary attachment figure.

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affirming race-based experiences, defined as the family's *ethnobiography*[2], broadens the therapist's understanding of factors that may shape routine parent–child interactions. The *ethnobiography* captures the story of a parent's cultural, ethnic, and racial experiences that shape their beliefs and attitudes about racial features of skin tone and hair type, including both risk, resiliency, and positive protective factors (Narayan, Rivera, Bernstein, Harris, Lieberman, in press). By assessing the family's ethnobiography through a cultural and racially informed lens, the observing helper may gain a deeper understanding of the care a parent gives a young child through interactions during hair combing routines.

Both the parent and young child experience responses from others triggered by their skin tone or hair type (Fitzgerald et al., 2019). For example, Regina[3], the mother described in Chap. 1, may face veiled microaggressions from coworkers at her workplace associated with her natural hair style of dreadlocks. Aware that she is the only employee in the office wearing her hair in this manner, she is hypervigilant for remarks about her "ghetto fabulous" hair style. She sometimes finds herself working extra hard to dispel any myths that she is taking advantage of government assistance. As with any chronic stressor, the sight of her daughter's bushy hair, stereotyped in the media for centuries as "ugly" and "bad," may trigger a harsh response as she combs her daughter's hair. Thus, a parent of color's *ethnobiography* may influence interactions with the developing infant or toddler during the task of combing hair (Lewis, 2013, 2016; Lewis & Swift, 2014).

Traditional assessment tools of childhood trauma now include urban experiences related to an urban context, such as witnessing community violence, being bullied, felt discrimination, or living in foster care. More recent attention has been given to the positive benevolent experiences in childhood leading to resilience and positive developmental outcomes (Briggs et al., 2021). These benevolent experiences included having at least one adult caregiver with whom they felt safe. Having adults in their family or community who provided them with support or advice to make sense of racial events such as the police murder of George Floyd in 2020 and frankly answer their questions are included in positive childhood experiences.

The therapist may offer a nonthreatening way to begin a conversation with the parent or caregiver about the community they live in and the community the parent grew up in as a child. The ethnobiography provides a conversational, semistructured "storytelling" tool the clinician may use to understand the sociocultural context of the developing parent–child relationships. The therapist should be mindful that talking through these experiences with a parent may raise awareness of long buried traumas related to racial characteristics (See Lewis & White, Chapter 16, on broaching the topic of race). This assessment may give insight into a parent's behaviors, attitudes, and beliefs that may be triggered during hair combing interactions with their child. This tool provides a window into how a parent was socialized into the

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[2] Copyright pending for the term "Ethnobiography" to M. L. Lewis & D. Weatherston 2021.

[3] All names and other personal identifiers included in clinical stories/vignettes in this chapter have been changed to protect privacy and confidentiality.

culture of their ethnic group. For Black, Indigenous, and people of color (BIPOC), this tool provides information on their racial socialization (Congress & Kung, 2013), their current racial and ethnic identity, and several internalized stereotypes they hold about their racial group included in the assessment. A parent's ethnobiography includes childhood experiences of racial protection and acceptance as well as fragments of memories of rejection by their primary attachment figures including extended family, teachers, peers, and strangers in the grocery store.

Table 4.1 presents various sources of childhood race-based trauma memories and experiences that compose their unique ethnobiography. Column 1 of Table 4.1 lists the sociocultural factors that shape the group's experience. From the family, the individual's quality of attachment or physical resemblance to specific family members or absent caregiver may serve as a trigger during the hair combing task. Their family's access to resources to meet their basic survival needs may also form an important part of the assessment. Column 2 of Table 4.1 describes the individual factors unique to the parent's ethnobiography.

Table 4.1 Sociocultural factors of the developmental niche and the family ethnobiography

Sociocultural factors of the caregiving environment	Family ethnobiography
Phenotype of biological racial group	Individual phenotypic: skin color, hair texture, nose & lip size
Status of racial, ethnic, religious, or immigrant group as minority/dominant within the host society: ♦ Group experiences of historical trauma, targeted for oppression and violence ♦ Social and economic power of group	Quality of family resources available to meet basic developmental needs: ♦ Housing ♦ Employment/welfare support ♦ Medical care ♦ Education
♦ Socialization into traditions, values of cultural group ♦ Racial socialization ♦ Emotional display rules ♦ Customs of childcare within family and community ♦ Communication styles	♦ Degree of acculturation to their childhood cultural group ♦ Ethnic Identity: subjective identification with the group What stage of racial identity development is your client?
Family Ethnobiographies: ♦ Family secrets ♦ Physical characteristics of family heroes/scapegoats/spouse ♦ Family stress (financial, social, marital/partner violence, mental health: Adverse Childhood Experiences (ACEs)	♦ Quality of attachment to primary caregivers ♦ Birth order, temperament, and personality ♦ Toxic physical resemblance to specific family members or absent parents ♦ Social support resources
♦ Stereotypes or privileges associated with status of group	♦ Degree of internalization of stereotypes about groups
♦ Childrearing practices of racial acceptance and rejection associated with racial features	♦ Experiences of positive, negative, or ambivalent messages from family, friends, or strangers

Sociocultural Factors of the Caregiving Environment

A family's ethnobiography stems from sociocultural factors that define the racial or cultural group experience. These group factors include the racialized phenotypic characteristics including skin color, hair type, nose, or lip size. The historical social status, including experiences of historical trauma and general stress experienced by BIPOC families in the form of poverty, employment, housing discrimination, education, etc., may be shaped by racial disparities in the social determinants of health (Brave Horse, 2000; National Academies of Sciences, Engineering, and Medicine, 2019; Tribal Behavioral Health, 2018). Ethnic or racial group factors can include the general stereotypes about the group. Over time, these group stereotypes may be diminishing, such as "all Native Americans are alcoholics" or reflect a stereotype of a "model minority," such as "all Asians are good at math."

The culture of the group provides another level of factors contributing to the broad category of the ethnobiography of the group. The cultural niche includes socialization into the traditions, values, and rules for displaying emotions (Rogoff, 2003). The cultural background of the group may also influence communication styles between and among family members.

The Parent's Ethnobiography

The Parent's Childhood Neighborhood

A parent's unique individual ethnobiography includes an additional set of ecological factors. These factors include the neighborhood and community that the parent or primary caregiver grew up in as a child, racial disparities in the parent's quality of housing during childhood, access to medical care, and the quality of segregated or underresourced education. Another potential factor is if the parent spent their childhood in a community with historical practices with origins in racism: for example, the practice of "red-lining" city blocks or neighborhoods with a high percentage of people of color and denying mortgages to these families or historical practices that kept out African Americans (or sometimes Chinese Americans, Jewish Americans, etc.) by force, law, or custom. These communities were known as "sundown towns," because there were posted signs at their city limits reading, "N-word, don't let the sun go down on you in [name of town]."

Childhood Experiences of Racial Acceptance and Rejection (CERAR).

Included are the parent's childhood experiences of racial acceptance and rejection by their primary attachment figures (Wilson et al., 2018). The ethnobiography provides the therapist with ideas about how the parent was socialized into their culture

of origin, their current racial and ethnic identity, and the ethnic pride and racial stereotypes they may have internalized about their ethnic groups (Lewis, 2001). These childhood experiences include positive and affirming, as well as negative messages, from any member of their developmental niche, including extended family, teachers, and peers (Narayan et al., in press). Hurtful messages include off-hand remarks about their hair texture as "bad," from strangers in the grocery store as they stand in a check-out line.

The caregiver's CERAR may also include intergenerational legacies of historical trauma and messages about racial features, which could come from loved ones as well as the impersonal media images. Off-hand remarks and comments from grandma about the value of one skin color over another or the beauty of one hair type over another may evolve into a racial trauma that stems from internalized stereotypes and implicit racial bias. There may be patterns of practices of favoritism to lighter- or darker-skinned children by specific relatives within the extended family network. Intergenerational messages related to family secrets may be associated with racial features of children (Neal-Barnett et al., 1996). For example, a lighter-skinned child in a family of dark-skinned members may be a reminder of a past indiscretion of the parent. There may be entire sets of cousins who are of a lighter-skinned tone than their darker-skinned cousins, an unspoken reminder of traumatic legacies of rape throughout slavery. Finally, specific family members across generations may be held as family heroes or family failures and a source of pride or shame within the family systems.

> A 'colored Creole' writes: *"My mother says I am Creole. My teacher says I am Negro. Some Europeans say I am Colored, and others call me 'N----.' Who am I?"*
>   Aline St. Julien (Penner & Ferdinand, 2009)

These early messages of acceptance or rejection based on skin color and hair type become part of the parent's internal working model of relationships. These mental models of racial hurts and remembered wounds may subtly guide the parent's behaviors during the hair combing task. The positive, protective, and affirming messages may be the foundation for resilience and thriving recalled by the parent about their childhood racial experiences (Gonzales et al., 1995; Hill, 1972; Norton, 1993).

Positive and Affirming CERAR Messages

The broad scope of the individual ethnobiography must provide an opportunity for the description of the positive and affirming experiences. The ethnobiography includes the experiences of racial acceptance, protective parenting (Lewis, 2019), and positive benevolent adults such as coaches, teachers, or an understanding extended family member such as an uncle or aunt. These childhood experiences lead to resilience and positive developmental outcomes (Briggs et al., 2021). In addition, racial socialization by the parent that prepares the child for coping with racial prejudice and discrimination becomes part of the adult's internal working models of relationships and concept of self (Collins, 1990; Lewis & Craddock, 2019; Lewis et al., 2018).

Racial Identity, Personality, and Temperament

A child's unique temperament may impact his or her response to the hair combing experience, impacting the formation of their racial identity, and have implications for their process of racial identity formation (McAdoo, 1985; Peters, 2002). From birth, a child may be described as having an *easy*, *slow to warm up* or *difficult* temperament (Chess & Thomas, 1989). How a child responds to external stimuli will be influenced by natural personality factors. At the level of personality, the individual's ethnobiography also includes their level of ethnic identification with their group. In the theory of racial identity formation, William Cross (2002) describes the African American's process of assimilation into the enormous standards of the dominant group. He identified five stages of an individual's process in embracing identification as a member of the Black racial group. At each of these stages, the individual shows a growing awareness of psychological issues significant for Black people. (See Box 4.1)

> **Box 4.1**
> Five stages of (Cross et al., 2002)
> 1. **Pre-encounter**: Seeks to assimilate into the dominant culture. 2. **Encounter**: Individual is forced to acknowledge his/her differences through a single or series of events.   3. **Immersion/Emersion:** Strong desire to surround oneself with visible symbols of one's racial/cultural identity.   4. **Internalization:** Individual is secure in their racial/cultural identity and seeks to establish meaningful relationships of one's racial/cultural identity.   5. **Internalization-commitment**: The individual discovers ways to communicate their commitment to the concerns/needs of their own racial/cultural group.

Two of specific stages in the parent's ethnobiography are important to understand. In the first stage, the *pre-encounter* stage, a person seeks to assimilate into the dominant culture by denying the importance of race or remaining oblivious to interactions with different racial group members. A person of color may emulate and endorse stereotypes of other Black people or even family members. They are referred to by friends or same race acquaintances, as an "Oreo" – "black on the outside and white on the inside" – at times in their life. The second stage, the *encounter* stage, is where a person is forced to acknowledge the felt experience of racial difference through an event. For example, a person may experience a micro-aggression, when a waiter at a restaurant jokingly remarks, "*And what will you have, sir? I know we don't have any chitlins or soul food on the menu, but the ham sandwiches are pretty good.*" These types of encounters with the reality of racial group membership triggered by their skin color or hair type can remain buried by parents dealing with the daily stress of their lives.

As a therapist, you might explore whether a parent had ever experienced micro-aggressions where they felt that the person responded to their skin color in a stereo-typic way or treated them as if they were invisible.
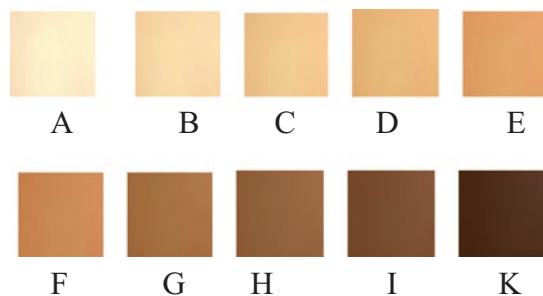
Skin Color and Parent's Ethnobiography

Physical features that infants are born with categorize them into a racial group. Skin color and hair type are the most visible of these characteristics. Skin color may range from very light to very dark brown skin tones. As discussed in the introduction, the experiences of colorism, where lighter skin tones are valued over darker skin tones, may lead to experiences of racial acceptance or rejection for children, parents, other caregiving adults, and other family members. Figure 4.1 presents the standardized skin tone color bar (Spencer, 2005), used in the research on colorism (Lewis et al., 2021). The participants in this online inquiry used the color bar in Fig. 4.1 to select their skin tone.

The skin color of a newborn child is of great concern in some families of color. Informal reports from audience members at presentations on colorism and from parents during parenting group sessions share stories of being asked at birth about their child's skin color or hair type. The question begins with, 'What color is the baby's ears or the skin around their fingernails?' Many African-American babies are born with lighter skin tones and straight hair. As they develop, their skin tone darkens to the color of their ears and fingers. Likewise, during the first few months of life, the newborn's straight or wavy hair curls up to the texture it will remain for their life.

Thus, each family's attitudes toward colorism may create negative experiences as part of a parent's ethnobiography of skin tone. In the Colorism study, participants used the a chart of different types of hair to select their hair type (https://www.medicinenet.com/what_are_the_four_types_of_hair/article.htm). Their hair textures may range from very straight to wavy to very curly.

Fig. 4.1 The visual inventory for skin tone assessment (VISTA) (ColorBar) (Spencer, 2005). (Place your finger beside the color bar and then select the box that best matches your skin tone. [Letter _____])

Hair Type and Parent's Ethnobiography

The everyday task of combing hair has long been the focus of toxic negative stereotypes, and even shame. Conversely, feelings of racial pride emerged during the Civil Rights era, with big Afros and cornrows symbolizing political stances as well as connection with African culture (Mbilishaka, Chap. 13). Anthropologists and journalists, Harris & Johnson (2001), compiled an entire book of essays by diverse African-American women recalling their early experiences of getting their hair combed. The emotions they recalled spanned the continuum from anxiety to anger, contented to excited. The emotions associated with these experiences may be important indicators of the general quality of the evolving parent–child relationship. As part of an assessment, the therapist may explore the emotions the parent shared in the "neck-up drawing" (Lewis & White, Chap. 16).

Tender-Headed Scalp

According to research by dermatologists and nursing (Aronow et al., 2003; Tiwary, 1997), tender-headed condition is the degree of sensitivity to the scalp. There is little research on this condition familiar to many women of all racial groups. There is a medical condition in a review of the literature on the medical condition of *trichodynia* (hair pain), a condition where a person experiences a painful sensation of their scalp (Rebora, 2016). The pain is sometimes described as burning. In a meta review of the literature, Rebora (2016) reported that there is an underlying psychosomatic cause, such as stress, depression, or anxiety. Only a few studies have been conducted on this condition. A theory behind the condition is that nerves innervating scalp hair follicles send pain messages back to the brain when the follicle no longer has a hair in it, in a similar way to "phantom limb" pain. Another theory is that people who have this condition (sometimes called "ponytail syndrome") have supersensitive nerves in their scalp.

A young child who is tender headed may not be believed by their caregiver as there is no other visible physical indicator to account for the child's physical state. A parent with a tender-headed scalp or with a child with a tender-headed scalp may have negative memories of getting their hair combed. This childhood condition becomes part of the parent's individual ethnobiography and an area that the counselor or therapist may inquire to understand the origins of the emotional response of combing hair. A new screening tool, *'The Tender Headed Rating Scale'* (Lewis, 2020), is included in the Appendix. This ten-item tool provides questions on the degree of physical pain the person experienced as a child while having their hair combed and the response by the adult hair comber. These areas may be explored by the therapist in conjunction with the emotions used to describe the person's feelings about hair combing.

In the following example from the AMDIS-1[4] study, the researcher asks the mother about any differences in her two daughters' responses to getting their hair combed. She first has the mother rate the level of tender headedness of each on a scale of 1 to 5 with one being not tender headed at all and five being very or extremely tender headed. The mother rates her youngest daughter as a "1" and the oldest daughter as a "5" on the tender-headed rating scale. The mother describes the response of the tender-headed daughter:

> *My oldest daughter is very, very tender headed. So I mean, the hair combing process is totally different. With my oldest daughter, I would comb her hair like every three days, trying to wrap it up, you know, trying not to get into it all really, but you know you can't avoid it. With A'lia, we do it every day, sometimes twice a day, you know, depending on what we are doing, where we're going. It's just totally, it's like day and night really.*

These factors, related to the client's ethnobiography, provide several windows for exploring the internal working models of a parent's early relationships (Bowlby, 1969). The childhood experiences of racial acceptance or rejection may be carried forward as an unconscious basis for their caregiving behaviors with a young or growing child during hair combing time.

The Observing Professional

We invite the reader to explore race through the lens of ethnobiography, awakening thoughts about experiences, subtle or intentional, of racial trauma, discrimination, and prejudice. The awareness of the evocative nature of these memories we carry introduces the reader to consider the power of the racial past. Together the parent and helper may explore how these racial memories shape parental caregiving and the interpersonal relationships in the present. Extending an invitation to parents for a psychological safe space to explore their lived history of racial trauma, including the everyday microaggressions from family, friends, and coworkers to, the racial inequities of neighborhood, offers an extraordinary pathway to growth. Unearthing memories of healthy racial coping strategies in response to childhood experiences of racial trauma, as well as identifying those positive and protective adults who served as role models for coping will support this growth trajectory.

The ethnography offers a profound examination of family and parent or primary caregiver experiences, which may influence nurturing and hair combing routines. The assessment, using the ethnobiography, can help parents and professionals alike understand the ghosts and angels in a nursery, offering new strategies for intervention, hope, and repair.

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[4] AMDIS-1 refers to the African-American Mother–Daughter Interaction Study-1 described in Chapter 3 of this book. The name of the child is a pseudonym.

Reflections

Assessing a family's race-based experiences broadens the understanding of risk and resiliency and offers a pathway to greater understanding and more effective clinical work. The family's ethnobiography captures the cultural, ethnic, and racial experiences that shape caregiver beliefs and attitudes about racial features of skin tone and hair type. Further, these cognitive beliefs impact their behaviors including their parenting styles and interactions with their infants and young children. With the family ethnobiography in mind, the observing professional can witness a parent's exchange with a child through the intimate hair combing experience, to ask questions, and engage in personal conversation. The observation experience becomes a rich platform for remembering and storytelling, evocative for both the parent and professional (See Wright, Chap. 8; Wilson, Chap. 9; and Hill, Chap. 10).

Key Questions for Racially Informed ReflectionKey questions to encourage professional and personal growth through reflective practice for readers from diverse ethnic and cultural backgrounds.

1. As an observing professional, what did you find yourself thinking about as you read this chapter about race and the use of *Ethnobiography* as an assessment tool with families?
2. What cultural, ethnic, and racial experiences have shaped your beliefs and attitudes about race, especially skin tones and hair types of Black, Indigenous People of Color (BIPOC)?
3. Did memories about your early life, the neighborhood you lived in, the social class and status of your family, the schools you went to, and the friends you had, come alive for you as you read this chapter?
4. Did memories about your hair type or skin color come to mind as you read this chapter?
5. How might your personal, cultural, and racial experiences shape your work with *children and families* who are from the same or different cultural group?
6. How might your personal cultural and racial experiences shape your work *as a member of a team* or with other students, faculty, professional colleagues who are from the same or different cultural group?
7. How do your cultural and racial experiences impact your ethnic identity?
8. Growing up, did you have at least one parent or primary caregiver with whom you felt safe?
9. Did you have good neighbors?
10. Was there an adult (not a parent/caregiver or the person from #9) who could provide you with support or advice about racial events or questions?
11. How might you manage the thoughts and feelings aroused in you after reading about racial hurts, trauma, microaggressions, or inequities?
12. Did anything in this chapter surprise you?

Clinicians and other helping professionals are encouraged to enter into a formal relationship with a racially informed and culturally aware supervisor who can listen to the thoughts and feelings awakened as they carry out emotionally charged work with children and families. Consistent and reliable relationship-based supervision will support personal and professional growth of helpers leading to best practice with families and self-awareness (Garcia et al., 1999; Heffron et al., 2007; Stroud, 2010; Van Horn, 2019). (See Chap. 6 for more discussion about culturally informed Reflective Supervision).

Reflective Questions
1. Do the neck-up exercise in the Appendix. What was your hair and skin tone growing up? What emotion words did you select? What stories come to mind about your hair or skin tone and what feelings are evoked as you recall them?
2. Complete the tender-headed rating scale. Were you tender headed as a child? What did this mean to you long ago and what does this mean to you now?
3. Go to the website and search the "sundown" states database to determine if the town you grew up or currently reside was a sundown town. As you reflect on this term, what thoughts and feelings are aroused? https://sundown.tougaloo.edu/sundowntowns.php
4. Is the term "sundown town" new to you? What thoughts and feelings does the term evoke? Are you from or currently live in a former "sundown town"?

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