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Mixed Signals: Examining Ethnic Affirmation as a Factor in the Discrimination-Depression Relationship with Multiracial and Monoracial Minority Adolescent Girls

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Mixed Signals: Examining Ethnic Affirmation as a Factor in the Discrimination-Depression

Relationship with Multiracial and Monoracial Minority Adolescent Girls

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Abstract

      Multiracial adolescents are a growing segment of our population, but not much is known about their ethnic-racial identity development. The current study examined ethnic affirmation, a dimension of ethnic-racial identity, and race socialization and their influence in the relationship between perceived group discrimination and depressive symptoms among multiracial ($n = 42$) and monoracial minority Black ($n = 29$) and Latina ($n = 95$) adolescents ($M=15.4$ years). Results showed that there were no mean differences between multiracial and monoracial adolescents in ethnic affirmation, maternal race/ethnic socialization, or depressive symptoms. Multiracial adolescents reported significantly less perceived discrimination. There was also evidence that the indirect effect of perceived discrimination on depressive symptoms via ethnic affirmation differed between multiracial and monoracial adolescents. Implications of these results for treatment and research are discussed.

Introduction

Twenty years ago, Garcia Coll and colleagues (1996) conceptualized an integrated model for understanding child development within families of color. This model incorporates aspects of development thought to be universal, as well as constructs that are particularly relevant in families of color, including parental racial/ethnic socialization and children's ethnic-racial identity. The model provides a framework that is not deficit-based, yet at the same time recognizes that social position factors including race, ethnicity, gender, and socioeconomic class, influence developmental pathways. In particular, the ongoing occurrence of racism, prejudice, discrimination and segregation for African-Americans and Latinos in the United States means that children from these backgrounds will be exposed to messages of group devaluation and are likely to experience personal discrimination. One important aspect of the Garcia Coll et al. (1996) model is that it incorporates ways that parents and communities adapt to racism and discrimination in order to function normally despite their oppression. Parental race/ethnic socialization in these families often includes efforts to address potential discrimination. Children who receive such socialization develop individual characteristics, such as ethnic-racial identity, that enable them to cope with discrimination.

Consistent with Garcia Coll et al.'s model (1996), there is strong empirical evidence that racial/ethnic socialization and children's ethnic racial identity impact a range of psychosocial and academic outcomes (Rodriguez, Umaña-Taylor, Smith, & Johnson, 2009). There is also evidence that ethnic racial identity may also help reduce the negative impact of perceived discrimination on the psychological well-being of youth and adults (Branscombe, Schmitt, & Harvey, 1999; Brittian et al., 2015; Jackson, Yoo, Guevarra, & Harrington, 2012). Although numerous studies have studied discrimination, ethnic racial identity, and parental race/ethnic socialization in

monoracial youth of color, much less is known about these factors among multiracial youth and families. The goal of the current study is to examine aspects of these constructs in multiracial versus monoracial minority adolescent girls.

Multiracial youth in the United States

Much of American society is organized around the concepts of race and ethnicity. Throughout childhood and adolescence, membership in a specific racial or ethnic group is reified formally (e.g., school records) and informally (e.g., racial homophily in friend groups in schools). Youth with mixed heritage[1] often do not fit into these reified categories, which may have implications for their relationships and mental health.

The U.S. Census did not allow more than one selection for race until 2000, when people who identified with more than once race made up 2.4% of the population (Humes, Jones, & Ramirez, 2011). The estimated multiracial population increased to 2.9% in the 2010 U.S. Census. Although the increase between 2000 and 2010 in the percentage of the population that is multiracial seems small, it was in fact a 32% increase in the multiracial population and this population is projected to triple by 2050 (Bernstein & Edwards, 2008; Humes et al., 2011). Moreover, there are geographical areas in the U.S. in which the percentage of multiracial youth is much greater than overall national rates (Brunsma, 2006; Charmaraman, Woo, Quach, & Erkut, 2014). Despite this substantial and growing population, there has been limited research on multiracial people within the U.S., and particularly the distinct challenges faced by multiracial children and adolescents. Research on race often adheres to traditional views of race that ignores people with mixed heritage.

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[1] In research, the terms mixed-race, mixed-heritage, multiracial, and biracial are used interchangeably to refer to people who have a background with more than one racial or ethnic group. This study will refer to these people as multiracial.

More research on the multiracial population is needed due to the possibility of their greater clinical risk. Multiracial youth have been found to be at higher risk than White youth for depression, anxiety, behavior problems, school problems, somatization, and lower self-worth, and are more likely than all monoracial adolescents (minority and majority) to be receiving some sort of mental health care (Fisher, Reynolds, Hsu, Barnes, & Tyler, 2014; Milan & Keiley, 2000; Shih & Sanchez, 2005). Wong, Sugimoto-Matsuda, Chang, and Hishinuma (2012) found that multiracial adolescents were second only to Native Hawaiian/Pacific Islanders in their suicide risk. Despite this greater risk and use of mental health services, not much is known about the unique clinical needs and characteristics of multiracial people.

It is particularly important for clinical research to understand how issues related to race and ethnicity contribute to psychological adjustment for multiracial people. Qualitative studies have suggested that psychopathology in multiracial people can be impacted by issues surrounding their mixed heritage, such as rejection from both culture communities, confusion about identity, lack of role models, and diminished connection to families (Crawford & Alaggia, 2008; Nuttgens, 2010; Shih & Sanchez, 2005). In contrast, other studies have demonstrated that the greater racial/ethnic flexibility among multiracial people can lead to lower anxiety in social interactions and can act as a buffer against some of the negative psychological effects of discrimination (Gaither, 2015). While there is inconsistency in studies of how issues of race and ethnicity relate to psychological adjustment in multiracial adolescents, existing research highlights that the ways these factors operate in monoracial youth of color may not generalize to multiracial youth.

Given the dearth of research on multiracial adolescents' psychological adjustment, it is not surprising that there is even less research on the unique factors associated with female

multiracial adolescents. Indeed, most studies either do not report on gender in their studies or control for gender effects (Shih & Sanchez, 2005). Intersectional theorists argue that people with intersectional identities, such as being both female and multiracial, have distinctive experiences that must be considered separately from their individual identities (Else-Quest & Hyde, 2016; Hill Collins, 2009). Consistent with this perspective, there is evidence that multiracial females are at more risk for anxiety and depressive symptoms and may be more sensitive to the social exclusion associated with being multiracial (Doyle & Kao, 2007; Fisher et al., 2014; Gillem & Thompson, 2004; Phillips, 2004).

Ethnic-Racial Identity

Ethnic-racial identity (ERI), is a well-researched construct that includes the beliefs, attitudes, and affect one has about one's ethnic and/or racial group and one's membership within that group (Umaña-Taylor et al., 2014). However, ERI has only recently been investigated among multiracial samples (French, Seidman, Allen, & Aber, 2006; Pahl & Way, 2006; Shih & Sanchez, 2005). Research in the past has made a distinction between ethnic identity, which is based in culture, heritage, and traditions and tends to be most researched in ethnic groups (e.g. Latino and Asian), and racial identity, which tends to be most researched in racialized groups (e.g. Black). Due to the conceptual and construct overlap, Umana-Taylor et al (2014) have advocated to combine these constructs into one meta-construct, ethnic-racial identity or ERI.

ERI has been conceptualized as a multidimensional construct with dimensions like public regard, exploration, salience and centrality (Umana-Taylor et al, 2014). While all of these dimensions are important, the affirmation dimension has been particularly well-researched in minority populations. Affirmation refers to the affective dimension of ERI, specifically the positive feelings one has toward one's ethnic/racial group. Affirmation has been linked to

outcomes such as self-esteem, self-efficacy, lower depressive symptoms, academic outcomes, less alcohol use, etc. (Rivas-Drake et al., 2014).

Adolescence is a particularly important time in the development of ERI as it is part of general identity development, one of the most important tasks of adolescence. ERI has been associated with mostly positive outcomes in adolescence, such as higher self-esteem, lower depressive symptoms, positive coping strategies, lower stress, less antisocial behavior, academic achievement and engagement, and body appreciation (Bracey, Bámaca, & Umaña-Taylor, 2004; Cotter, Kelly, Mitchell, & Mazzeo, 2015; Rivas-Drake et al., 2014), but has also been associated with some negative outcomes (i.e. lower academic achievement and negative health-related behavior; Rivas-Drake et al, 2014). Adolescents of all races/ethnicities (including White) experience increases and changes in their ERI (French et al., 2006; Pahl & Way, 2006), but this identity is particularly important and salient for minority adolescents (Bracey et al., 2004).

While many studies have shown that ERI is related to positive outcomes in monoracial adolescents of color, much less known about ERI in multiracial adolescents. Studies have shown that ERI development and outcomes differ by race/ethnicity (French et al., 2006; Pahl & Way, 2006; Shih & Sanchez, 2005), suggesting that there may be differences for multiracial adolescents. Given that they fall outside of traditional racial categories, it is especially important to understand the impact of ERI on psychological symptoms in this population. The few studies that have examined ERI among multiracial adolescents, those that have found that it is an important factor for their psychosocial adjustment. Bracey et al (2004) found that biracial adolescents tended to be higher in ERI and self-esteem than White monoracial adolescents, but were lower on ERI than monoracial minorities (i.e. Black, Latino, and Asian) and were lower in self-esteem than Black and Latino adolescents. Phillips (2004) found in a study of multiracial

adolescent girls that levels of self-esteem, self-perceived physical attractiveness, perceived social acceptance, and psychological stress significantly differed by racial identification (i.e. identifying as White, multiracial, or minority) and by racial heritage (e.g. Hispanic/White or Asian/White) such that multiracial girls who self-identified as biracial reported greater self-evaluation and overall well-being than those who identified as White and Hispanic/White girls tended to have better outcomes across the racial self-identification. Brittian, Umana-Taylor, and Derlan (2013) examined the dimensions of ERI, including affirmation, among biracial Latino/White and Asian/White students and found that greater ethnic identity affirmation was related to fewer depressive symptoms and greater self-esteem.

Parental Race/Ethnic Socialization

Parental racial/ethnic socialization includes messages to children that are meant to either promote a sense of racial or ethnic affirmation or address potential discrimination and existing disparities (Rodriguez et al., 2009). From this perspective, parents play a critical role in how their children understand and respond to personal discrimination or group devaluation (i.e., preparation for bias) and in what their children understand and feel about membership in their racial or ethnic group (Umaña-Taylor, Bhanot, & Shin, 2006; Wang & Huguley, 2012). The nature and importance of different parental race/ethnic socialization messages for children of color, particularly adolescents, is well established (Wang & Huguley, 2012). Parental race/ethnic socialization may have different effects for multiracial adolescents. It has been shown that multiracial adolescents' ERI benefit from having discussions about ethnicity with their parents (Brittian et al., 2013), but parents of multiracial adolescents often find it particularly difficult to fulfill this role. Crawford and Alaggia (2008) interviewed biracial adults about their family experiences and found recurring themes of a perceived lack of understanding by parents about

the unique social challenges that come with being biracial and parents who did not discuss race at all, thereby creating confusion and sending indirect, negative messages. Many interviewees whose families either did not discuss race or actively avoided the topic reported feeling lonely, confused, and silenced. Mawhinney & Petchaur (2013) theorized that, in combination with experiences of discrimination outside of the family, silence by parents on the subject of race could be interpreted by multiracial children as rejection of their mixed race heritage.

Silence about race may be a result of the ideology that parents have regarding diversity. Studies have shown that one's diversity ideology can impact intergroup interactions (Rattan & Ambady, 2013). The two most common diversity ideologies are colorblindness, the belief that all people are equal regardless of race and therefore race-based distinctions should be minimized, and multiculturalism, the belief that differences between cultures should be recognized and celebrated in order to promote equality. While Whites are more likely to hold a colorblind ideology and minorities are more likely to hold a multicultural ideology, both are prevalent throughout the United States (Rattan & Ambady, 2013; Ryan, Casas, & Thompson, 2010; Ryan, Hunt, Weible, Peterson, & Casas, 2007). Both colorblindness and multiculturalism have been linked to decreasing stereotyping and prejudice, but researchers recently have suggested that colorblindness can also be used to undermine or disguise racial inequality (Rattan & Ambady, 2013).

These ideologies can impact the way that parents socialize their children regarding their race/ethnicity. Rollins and Hunter (2013) coded interviews with mothers of biracial children to find common themes of racial/ethnic socialization. Some parents supported the colorblind ideology by emphasizing the development of individual characteristics over group characteristics, promoting the acceptance of all people regardless of race, or using silence to

deemphasize the salience of race. Other race/ethnic socialization themes that were found were minority socialization to provide children with strategies to cope with experiences of racial discrimination and cultural socialization to pass on traditions, values, and history of the parent's culture. White mothers with colorblind ideology have been shown to avoid discussing race with their children or neglect to contradict their children's biased remarks (Pahlke, Bigler, & Suizzo, 2012). This study suggests that parents who hold a colorblind ideology are more likely to be silent about the topic about race with their children, although this finding needs to be explored in a more diverse sample.

The impact of colorblind race/ethnic socialization ideology has not been researched on minority youth or multiracial youth in a quantitative study. Presumably, this is because colorblind ideologies and socialization has traditionally been associated with White people, but studies have shown that people of color can also have colorblind race ideologies and may pass this onto their children through colorblind race socialization (Rattan & Ambady, 2013). It is particularly important to explore the impact of colorblind race socialization on multiracial youth due to the challenges they face in developing ERI. Studies that focus on racial/ethnic socialization tend to use samples in which the heritage of the parents matches the heritage of the child, but differing heritage between parents and children may pose additional challenges on race/ethnic socialization for multiracial families, thereby affecting their development of ERI. Brittain et al. (2013) found that family race/ethnic socialization in general was positively associated with greater ERI exploration and resolution in a sample of biracial college students. It is possible that multiracial adolescents are more likely to receive colorblind race/ethnic socialization messages from their parent(s) due to many reasons, such as the parents' discomfort around their non-traditional family, lack of understanding of the importance of race/ethnic

socialization, lack of knowledge regarding the adolescents' other culture(s), etc. The colorblind socialization may manifest in egalitarian messages from parents or silence and avoidance of the topic of race. According to qualitative research, silence in particular may be interpreted by multiracial adolescents as rejection (Mawhinney & Petchauer, 2013).

Perceived Discrimination and Mental Health

Within the United States, most adolescents of racial and ethnic minority background experience some acts of perceived personal discrimination through middle- and high-school (Hughes, Del Toro, Harding, Way, & Rarick, 2016). Members of certain groups are also likely to be exposed to messages of group devaluation through school curriculum, media, and their physical environment. Both perceived personal discrimination and group discrimination have a clear negative impact on the mental health of minorities (for a meta-analysis, see Schmitt, Branscombe, Postmes, & Garcia, 2014) and have been shown to interact with each other to have a negative impact on self-esteem (Armenta & Hunt, 2009). Among adolescents, perceived discrimination is related to physical health problems, academic problems, and mental health problems including greater depressive symptoms, and less overall wellbeing (Hope, Hoggard, & Thomas, 2015; Lopez, LeBrón, Graham, & Grogan-Kaylor, 2016; Schmitt et al., 2014; Wong, Eccles, & Sameroff, 2003).

Multiracial adolescents face unique social challenges that may impact the frequency or nature of exposure to discrimination. Some have suggested that multiracial people face double rejection, both from the mainstream culture due to their minority status and also from their minority culture(s) due to their mixed heritage. Qualitative studies suggest that some perceive discrimination as a result of their multiracial status, while others believe it is due to their general minority status (Renn, 2000; Shih & Sanchez, 2005). Additionally, multiracial adolescents may

experience both personal and group perceived discrimination. Both forms of discrimination have been shown to have a significantly negative impact on psychological well-being (Schmitt et al., 2014). Multiracial adolescents may experience unique forms of personal perceived discrimination through being forced to identify with one group over another due to family or social obligations (Shih & Sanchez, 2005) or feeling excluded from their family or community due to their mixed heritage(Crawford & Alaggia, 2008; Nadal, Sriken, Davidoff, Wong, & McLean, 2013). They may experience unique forms of group perceived discrimination through lack of representation in the media and negative cultural attitudes toward interracial and interethnic families.

A large body of research on the role of discrimination experiences on well-being has focused on the role of ERI. Specifically, ERI is hypothesized to counteract the negative outcomes from discrimination because of the positive affect with regard to their group identity (Branscombe et al., 1999; Sellers & Shelton, 2003). Some studies have suggested that the affirmation dimension of ERI may be particularly important to this protective effect (Brittian et al., 2015; Romero & Roberts, 2003). The process by which ERI protects against depressive symptoms and other negative outcomes, however, has not been clearly established. There are two hypotheses that have both received empirical support: 1) the Rejection-Identification Model (RIM) and 2) the ERI Buffering Model (EBM).

The Rejection-Identification Model (RIM) states that experiences of discrimination pose a threat to the individual because it signifies rejection and exclusion from the larger group. Humans have a fundamental need maintain a sense of belong to the larger group, which makes perceived social exclusion a threat to well-being (Baumeister & Leary, 1995). According to RIM, when individuals experience the rejection of discrimination, they will identify more

strongly with their cultural in-group as a means of counteracting the potential negative outcomes, such as depression and less life satisfaction (Branscombe et al., 1999; Giamo, Schmitt, & Outten, 2012). Branscombe et al. (1999) hypothesized that experiences of discrimination makes the devalued group member's inclusion in the majority group questionable, and thus the best possible strategy to maintain psychological wellbeing is to identify with the devalued group to enhance belongingness. In this way, an increase in ERI after an experience of discrimination is a coping strategy to reduce negative outcomes. Support for RIM has been found in several minority groups, including African Americans, Mexican Americans, and international students (Armenta & Hunt, 2009; Branscombe et al., 1999; Ramos, Cassidy, Reicher, & Haslam, 2012). The RIM has been demonstrated longitudinally and also in experimental studies (Jetten, Branscombe, Schmitt, & Spears, 2001; Ramos et al., 2012).

Conceptually, the RIM is hypothesized to be a mediation model, meaning that the relationship between perceived discrimination and depressive symptoms is both direct and indirect (mediated by ERI), and that the ERI increase after an experience of perceived discrimination is a causal relationship (Branscombe et al., 1999). Statistically, this means that the magnitude of the observed total effect between discrimination and depression may appear smaller than the actual association between these two factors because the direct effect between perceived discrimination is depressive symptoms is positive (i.e., higher discrimination predicts more symptoms) while the indirect effect is negative (i.e., perceived discrimination predicts greater ethnic group affiliation which in turn predicts fewer symptoms).

In contrast to this mediation model, there has also been evidence that ERI protects against the negative effects of discrimination through a moderation model. This model, subsequently called the ERI Buffering Model (EBM), involves the same factors but specifies a different

process. This model states that individuals with higher ERI will be more "protected" when they experience discrimination (Sellers & Shelton, 2003). In this model, ERI is viewed as more of a trait or preexisting characteristic that contributes to differential vulnerability in the face of a similar stressor. In the RIM, in contrast, ERI is hypothesized to fluctuate according to the situation. Studies have found support for EBM model among monoracial minorities. Wong, Eccles, and Sameroff (2003) found that for African Americans who had a stronger identification with their ethnic group, greater perceived discrimination was associated with smaller decreases in self-ability, school achievement, perception of friends' positive characteristics, and smaller increases of problem behavior. There has also been longitudinal and experimental evidence for the EBM (Neblett & Carter, 2012; Sellers & Shelton, 2003), and one study suggested that the EBM was a more applicable model than the RIM for Latino adolescents (Armenta & Hunt, 2009).

Although both RIM and EBM have some support in the literature, it is less clear how ERI may influence the discrimination-distress relationship in multiracial adolescents. To date, only a few studies have examined this question. Giamo, Schmitt, and Outten (2012) tested the RIM with multiracial adults using a multidimensional measure of group identification. They found that more discrimination was related to lower life satisfaction, but self-stereotyping, or the ability to see oneself as an average member of a group, mediated the relationship between discrimination and life satisfaction. Jackson, Yoo, Guevarra, and Harrington (2012) tested the EBM with multiracial adults and found that individuals who were more comfortable with identifying with two or more races tended to have lower negative affect, in comparison to those who experienced more conflict about their multiracial identity, if they had experienced discrimination. This finding suggests having a strong multiracial ERI could act as a buffer

against the negative effects of discrimination. More broadly, however, the application of the either RIM or EBM to multiracial people may not be as straightforward due to less ERIfor multiracial in comparison to monoracial minorities (Bracey et al., 2004; Shih & Sanchez, 2005). There has yet to be any research comparing the potential protective effects of ethnic/racial identification in the discrimination-depression link between monoracial minority and multiracial adolescents.

It is worth noting that the relationship between perceived group devaluation and feelings of group affirmation may be more complex than either the RIM or the EBM. For example, Leach and colleagues (2010) have shown that responses to group devaluation contribute to increases in pre-existing positive group identification, particularly group membership satisfaction. In other words, group identification following group devaluation is not an initiated coping response to deal with rejection coming from perceived devaluation, as suggested by the RIM model. Rather, holding a positive group identity influences the extent to which an action is seen as group devaluation and increased group identification following experiences of devaluation reflects the reaffirmation of this pre-existing positive identity.

The Current Study

The purpose of the present study is to further explore aspects of ERI, parental racial socialization ideology, and perceived discrimination in monoracial minority and multiracial adolescent females drawing from existing research on both groups, and to test how these factors may relate to depressive symptoms. Each of these constructs includes multiple components; however, only specific aspects of these constructs are included in the current study based on previous findings. Ethnic affirmation is used because it is the aspect of ERI most strongly associated with responses to perceived discrimination (Brittian et al., 2015; Romero & Roberts,

2003). Perceived group discrimination is used as one aspect of discrimination because it may be more strongly associated with ethnic affirmation than personal discrimination among adolescents (Armenta & Hunt, 2009). This study focuses specifically on adolescent females because of the larger study from which the data are based on, and because adolescent females are at greater risk for depressive symptoms (Fisher et al., 2014). Moreover, as described earlier, processes associated with racial and ethnic identity may depend on both gender and race/ethnicity given the intersectionality of identities.

The first objective of the study is to examine mean group differences in ethnic affirmation, mothers' racial socialization ideologies about parenting, and perceived group devaluation. The hypotheses are: a) Multiracial adolescents will report less ethnic affirmation in comparison to monoracial minorities; b) Mothers of monoracial minority adolescents will be more likely to hold the colorblind ideology than multiracial minority adolescents; and c) Monoracial and multiracial adolescents will report similar levels of perceived group discrimination.

The second objective of the study is to examine the discrimination-depression relationship in monoracial versus multiracial adolescents, and particularly the role of ethnic affirmation in reducing the potential impact of group devaluation on depressive symptoms. Within existing literature, there is support for both the EBM (in which ethnic affirmation would moderate the relations between discrimination and depression) and RIM (in which ethnic affirmation would mediate the relation between discrimination and depression) among monoracial minority youth. The applicability of both of these models will be compared in multiracial versus monoracial adolescents. The hypothesis is that affirmation will neither

moderate nor mediate the relationship between group perceived discrimination and depressive symptoms for multiracial adolescents, but will for monoracial adolescents.

Methods

Participants

The participants in this study are a subset of a larger study investigating the cultural and relational context of health disparities among adolescent girls in a mid-sized, low-income city in the Northeast United States. All adolescent girls entering 9th through 11th grade in the city and their mothers (95.8%) or female caregivers were eligible for participation. One hundred ninety-four mother-daughter dyads were recruited through city schools, community centers, YWCA, local media outlets, and word-of-mouth. The average age was 15.4 years (SD = 1.05; Range = 13.8 – 17.8) for the daughters and 41.6 years (SD = 8.04; Range = 20.8 – 66.4) for mothers/female caregivers.

Adolescents self-reported their race/ethnicity, but mothers/female caregivers also reported the maternal and paternal race/ethnicity of the target adolescent. In terms of adolescent-identified race, 52.6% identified as Latina, 16.5% as African American/Black, 16% as White/European American and 14.9% as multiracial. In terms of maternal-identified race, 14.9% of adolescents were identified as multiracial, but 13 of these adolescents were not identified as multiracial by adolescent-report. This means that, while the number of adolescents who were identified as multiracial by their mothers/female caregivers was equal to the number of adolescents who self-identified as multiracial, these were not the same adolescents.

Participants included in the current study were monoracial Black and Latina adolescents and multiracial adolescents. For the purposes of this study, multiracial adolescents were adolescents who self-identified as multiracial and/or had mixed heritage based on parental

ethnicity (i.e., had biological parents of two different racial or ethnic groups). Table 1 displays self-identified race/ethnicity and maternal identified multiracial adolescents. The total number of multiracial adolescents was 42 and the total number of monoracial minority adolescents was 124 (Black $n = 29$, Latina $n = 95$) for a total sample $n = 166$. Due to the small size of the multiracial group, we were not able to analyze differences within the multiracial group by racial/ethnic background. The average age for the participants used in this study was 15.4 years (SD = 1.05; Range = 13 - 17.8) for daughters and for mothers/female caregivers was 41.9 years (SD = 7.9; Range = 20.9 – 66.4).

Procedure

Mothers and daughters attended one interview session, which included a semi-structured, audio-recorded interview, participation in a videotaped dyadic task, and self-report measures completed via ACASI. Mothers and daughters completed measures privately. Interviews were conducted by trained research assistants in English and Spanish (20%) based on participant preference. Interviews with the mothers consisted of questions about their ethnotheories, or what they believed parents should and can do for their children to raise them to be successful adults within their cultural context (Super & Harkness, 1999), and also covered questions about health and daily activities. Spanish interviews were translated into English by native Spanish speakers and all interviews were transcribed for coding analysis. Measures previously validated with Spanish-speaking populations were used when possible. All other measures were translated and back-translated and then piloted with local residents. The session lasted approximately 2 hours and participants were paid $40 each for their time. All procedures were approved by the University of Connecticut's Institutional Review Board.

Measures

Demographics. Both mothers and daughters completed several demographic questions, including their race/ethnicity and age. Mothers reported their current marital status, education level, whether their daughters received free/reduced lunch, and the race/ethnicity of their daughters' biological father.

Adolescent ethnic affirmation. Adolescent ethnic affirmation was assessed via self-report with items from the Multi-Group Ethnic Identity Measure-Revised (MEIM; Phinney & Ong, 2007). The full scale consists of 12 items and includes three subscales: affirmation, resolution, and exploration. Each item is rated on a scale from 1 (strongly disagree) to 4 (strongly agree). The full scale MEIM was piloted in this population and was found to only have two factors, therefore the MEIM used in the current study was shortened to five items, two from the exploration scale and three from the affirmation subscale ("I am happy that I am a member of the group I belong to," "I have a strong sense of belonging to my own ethnic group," and "I have a lot of pride in my ethnic group."). Previous research has suggested that the affirmation subscale is particularly important in the discrimination-depression relationship, therefore we only used the items from the affirmation subscale (Brittian et al., 2015; Romero & Roberts, 2003). Ethnic affirmation demonstrated good internal consistency with both the full sample (α = .8) and within each of the ethnicities (Black, α = .84, Latina, α = .82, multiracial = .72).

Perceived Group Discrimination. Adolescent experiences with discrimination were measured using self-report of four questions that were developed for the study. These items were: "People from my ethnic group are sometimes looked down on by other people," "I have experienced discrimination because of my race or ethnicity," "People from my ethnic group have to deal with a lot more stressors than other people," and "People from my ethnic group are sometimes treated unfairly." The items were rated on a scale from 1 (strongly disagree) to 4

(strongly agree). Perceived discrimination demonstrated good internal consistency (full sample, $\alpha = .80$; Black, $\alpha = .84$; Latina, $\alpha = .78$; multiracial, $\alpha = .76$).

Depressive Symptoms. Adolescent depressive symptoms were measured using the depression subscale of the Adolescent Psychopathology Scale-Short Form (APS; Reynolds, 1998). The APS is a commonly used measure that has been shown to be valid among diverse populations and has three subscales: eating problems, depression, and sleep problems. The depression subscale has 15 items that are rated on a scale from 1 (never or almost never) to 3 (nearly all the time) for symptoms experiences in the previous two weeks. Some items on this subscale are: "I felt like I had no energy" and "I felt like the things I used to like to do were no longer fun." Depression demonstrated good internal consistency with both the full sample ($\alpha = .90$) and within each of the ethnicities (Black, $\alpha = .88$; Latina, $\alpha = .90$, multiracial $\alpha = .87$).

Maternal Race/Ethnic Socialization Ideology. Each mother answered the question, "As a Black/White/Latina/etc. woman, how do you think your race or ethnicity has affected your parenting?" This question was asked as part of a larger open-ended interview about maternal theories about expectations and goals for their daughter. Interviewers followed up the question with probing questions when necessary. Spanish interviews were translated and all responses were transcribed. In order to establish maternal race/ethnic socialization ideology, answers to the target question were coded such that comments that indicated that the participants believed all races/ethnicities are equal and that differences between races should not be emphasized were coded as *colorblind*. The quote below received a colorblind code:

"Well, because I don't think my race has anything to do with the way I raise my child because I don't see race as a way – just because you are this race does not mean you raise your kid that way."

Comments that indicated that the participant notices and/or celebrates her culture or race were coded as *multicultural*. The quote below received a multicultural quote:

> And, um, my daughter, they're all raised that way, because we have my father's background, you know. And, we all, um, go on that route, so we're, she'll go to her friends' house and say, "Oh they don't do stuff like that" or this, or "We don't do those holidays" or, you know, stuff like that…

In addition to these two codes, responses were also coded if they indicated the mother/female caregiver focused on preparing the adolescent for experiences of racism. Research has suggested that, while racial socialization is generally useful, a focus on preparing youth for experiences of discrimination can have a deleterious effect on ERI development and academic outcomes (French, Coleman, & DiLorenzo, 2013; Hughes, Witherspoon, Rivas-Drake, & West-Bey, 2009). Comments that indicated that the participant instills awareness of and coping skills for experiences of prejudice and discrimination were coded as *preparation for racism*. Interrater agreement was tested using Cohen's κ, which indicated good agreement (κ = .68). Many interviews did not receive any code and there were some missing interviews, making the number of coded interviews much smaller than the sample size (*n* = 84).

Data Analytic Plan

Differences in ethnic affirmation, perceived group discrimination, and depressive symptoms between multiracial and monoracial minority adolescents were tested using t-tests. The distribution of maternal racial/ethnic socialization ideologies between multiracial and monoracial minority adolescents' mothers/female caregivers was examined using a chi-square tests and a factorial ANOVA was used to examine the impact of maternal racial/ethinc socialization ideologies on adolescent ethnic affirmation. Preliminary tests show that there were

not enough participants in each cell of the chi-square test in order for it to be valid, due to a lack of *preparation for racism* codes ($n = 3$). This code was dropped from analysis in order for the chi-square test to be valid. There was one participant who received both codes. It was decided among the coders that they should be included in the colorblind group, as the response contained more colorblind themes. Power analysis demonstrates that, given a moderate effect size $d = 0.5$, a sample size $n = 102$ with 51 participants per group is required. The current study measured ethnic affirmation in 153 participants, with 115 in the monoracial minority group and 38 in the multiracial group. Given our data, the study was underpowered to detect a moderate effect due to lack of participants in the multiracial group, but has sufficient power for larger effects.

A series of regression models using process macros (Hayes, 2013) were used to test the EBM and RIM, and whether these models differed between multiracial and monoracial minority adolescents. Figures 1 and 2 show the hypothesized models. Regression estimates were used to determine the statistical significant of specific parameters. In addition, bootstrapped estimates of the total, direct, and indirect effects were used to test the RIM. Research has commonly advised a participant-parameter ratio to be 10:1 in order to detect any differences. Given the eight parameters that are to be estimated in the mediation model, the sample size required would be $n = 80$. The study measured ethnic affirmation, perceived discrimination, and depressive symptoms in 144 participants, indicating that there will be enough power to estimate the hypothesized model.

<div align="center">**Results**</div>

Preliminary Analyses

Preliminary analyses tested for racial/ethnic group differences in demographics. An ANOVA indicated that maternal age varied significantly by race, $F (2,163) = 3.19$, $p = .04$. Post

hoc tests revealed that there were no significant differences, but that AA and Latina mothers' age difference was approaching significance, $p=.053$. Pearson correlations indicated that maternal age was not significantly associated with any of the outcome variables, so it was not included as a control variable in further analyses. A chi-square test indicated that the number of families who received free or reduced lunch varied significantly by race $\chi^2 (6, N = 192) = 27.86, p < .001$, but no longer varied significantly when White mothers were excluded from the sample $\chi^2 (4, N = 159) = 4.13, p = .4$.

There were no statistically significant group differences in adolescent age, biological mother status, marital status, or a socioeconomic status risk composite (a combination of no high school degree, living in public housing, and receipt of free lunch). Mothers of Latina adolescents reported significantly less overall education, $\chi^2(2) = 7.52, p = .02$, and were significantly younger, $F(2,163) = 3.19, p = .04$, than mothers of African American or biracial adolescents. The chi-square test for maternal education should be interpreted with caution, however, because there were not enough African American mothers who had received less than a high school education ($n = 4$) for the test to be valid. Maternal education or maternal age were not significantly related to the outcomes of interest, and thus were not included as control variables. Table 2 presents the distribution and demographics of the full sample by race/ethnicity.

Test of Mean Differences in Ethnic Affirmation, Perceived Discrimination, and Maternal Socialization Ideology between Monoracial and Multiracial Adolescents

A t-test was run to test for differences between multiracial and monoracial adolescents in ethnic affirmation, perceived discrimination, and depressive symptoms. The t-tests indicated that there were no significant differences between the two groups in ethnic affirmation $t(160) = .17, p = .87$, or depressive symptoms, $t(164) = .78, p = .44$. There was, however, a significant,

moderate difference in perceived discrimination, $t(161) = 2.06$, $p = .04$, $d = -.42$, with monoracial adolescents reporting more group discrimination than multiracial adolescents. The means, standard deviations, effect sizes, and t-tests for each of these variables by multiracial status is presented in Table 3.

Maternal socialization ideology is presented in Table 4 and 5 by group status. The likelihood of responding with a colorblind and multicultural ideology was tested through two chi-square tests to determine if there were differences by group in the likelihood of endorsing one of these strategies. Both codes were analyzed separately as dichotomous (yes/no) variables. In these analyses, interviews who did not receive any code or were coded as *preparation for racism* were included. Additionally, the one participant who originally received both codes was included in both analyses. There was no difference between multiracial and monoracial adolescents in their mother's endorsement of colorblind ideology, $\chi^2 (1, N = 154) = .01$, $p = .92$, or multicultural ideology, $\chi^2 (1, N = 154) = .11$, $p = .74$. Across the sample, only about half of all women gave a response that contained either of these codes. One final chi-square analysis was conducted including only mothers whose responses included either one of these codes (Table 6). There was no difference between groups, $\chi^2 (1, N = 84) = 0.00$, $p = 1$. In fact, the percentage of mothers who endorsed the colorblind vs multicultural ideologies was equal across group (colorblind: 24%, multicultural: 76%). Finally, a 2 (multiracial vs. monoracial) X 2 (colorblind vs. multicultural) factorial ANOVA indicated that there was no significant main effect of race/ethnic socialization ideology on ethnic affirmation, $F(1,75) = .03$, $p = .87$, and the interaction between race socialization ideology and group status was not significant, $F(1,75) = .73$, $p = .4$.

Test of Ethnic-Racial Identity Buffering Model

In order to test the applicability of the EBM model, regressions were computed predicting depressive symptoms from perceived discrimination, ethnic affirmation, and the interaction between them. For monoracial adolescents, the overall model was statistically significant, $F(3, 129) = 6.82$, $p < .001$, $R^2 = .12$, and the main effects of perceived discrimination, $\beta = .26$, $p = .003$, and ethnic affirmation, $\beta = -.33$, $p < .001$, were both significant. The interaction between perceived discrimination and ethnic affirmation, however, was not significant, $\beta = .04$, $p = .62$.

For multiracial adolescents, the model was not significant, $F(3, 129) = 1.3$, $p = .29$, $R^2 = .05$. Neither ethnic affirmation, $\beta = .12$, $p = .46$, perceived discrimination, $\beta = .26$, $p = .2$, nor the interaction, $\beta = .009$, $p = .95$, significantly predicted depressive symptoms. Thus, the buffering hypothesis was not evident for either group. The tested model for both monoracial and multiracial adolescents is represented in Figure 3 and Table 7. Because the interaction effect was not statistically significant for either group (in support of the EBM model), there was no reason to further test whether these values differed by group.

Test of Rejection Identification Model

In order to test if ethnic affirmation mediated the relationship between perceived discrimination and depressive symptoms, and whether this differed for monoracial and multiracial adolescents, a model of moderated mediation was used to determine whether the direct and indirect effects differed for monoracial versus multiracial adolescents (process model 58). Table 8 shows results from this analysis. As shown, perceived discrimination was a significant predictor of ethnic affirmation (path a); however, the interaction between discrimination and multiracial/monoracial group status predicting ethnic affirmation was not significant. In addition, ethnic affirmation was a significant, negative predictor of depressive symptoms (path b), but the interaction between ethnic affirmation and group status in predicting

depressive symptoms was not statistically significant, although it was approaching significance (*p* = .06). Results indicated that the direct effect was statistically significant across the sample, 1.82, 95% CI = .54 to 2.91, *p* < .01). In contrast, the conditional indirect effect of perceived discrimination and depressive symptoms via ethnic affirmation was significant for monoracial adolescents at -.43, 95% CI=-1.04 to -.07, but not for multiracial adolescents at .12, 95% CI= -.19 to 1.04. The index of moderated mediation (i.e., a test of whether the magnitude of indirect effect differs by group) was .55, 95% CI .03 to 1.5. This indicates that the magnitude of indirect or mediated effects differed statistically in monoracial versus multiracial adolescents.

For monoracial adolescents, as seen in Figure 4, there was a significant positive relationship between perceived discrimination and ethnic affirmation, *β* = .23, *p* =.01, a significant positive relationship between perceived discrimination and depressive symptoms, *β* = .28, *p* = .002, and a significant negative relationship between ethnic affirmation and depressive symptoms. *β* = -.29, *p* = .001. For multiracial adolescents, the relationship between perceived discrimination and depressive symptoms, *β* = .26, *p* = .10, perceived discrimination and ethnic affirmation *β* = .18, *p* = .25, and the relationship between ethnic affirmation and depressive symptoms, *β* = .12, *p* = .45 were not significant.

Total, direct, and indirect effects were estimated and tested for statistical significance based on bias-adjusted 95% confidence intervals calculated using a bootstrap estimation approach with 5000 samples (see Table 9). The total, direct and indirect effects were significant for the monoracial adolescents but not the multiracial adolescents. These results indicated that the indirect effect was statistically significant for monoracial adolescents at ˉ.44, SE = .25, 95% CI = ˉ1.06, to .06, but was not significant for multiracial adolescents, at .13, SE = .28, 95% CI =-.21 to 1.08. The direct effect, 1.78, SE = .74, 95% CI = .32 to 3.24 of perceived discrimination

on depressive symptoms was significant for monoracial adolescents but the total effect was not total effect, 1.34, SE = .74, 95% CI = -.12 to 2.81. However, for multiracial adolescents, neither the total, direct, nor indirect effects were significant. The total effect of perceived discrimination on depressive symptoms was approaching significance, and may have been significant with more power, 1.67, SE = .92, 95% CI = -.19 to 3.54. This finding suggests evidence of the rejection-identification hypothesis in monoracial adolescents but not in multiracial adolescents.

Discussion

The purpose of this study was to investigate potential differences between multiracial and monoracial adolescent girls on factors that have been considered important in the development of youth of color. Specifically, this study addressed the following research questions: 1) Do monoracial and multiracial adolescents differ in ethnic affirmation, maternal race socialization ideology, and perceived discrimination? 2) Does the potentially protective role of ethnic affirmation in the relationship between perceived discrimination and depressive symptoms differ for monoracial and multiracial adolescents?

The first hypothesis, that multiracial and monoracial adolescents would differ in their endorsement of ethnic affirmation was not supported; there was no statistically significant difference in ethnic affirmation between multiracial and monoracial adolescents. This result is in contrast to Bracey et al. (2004), who found that multiracial adolescents had significantly lower ERI in comparison to Black, Latino, and Asian-American peers. It is possible that the same result was not replicated because the measure used in this study was an abbreviated version of the MEIM that only contained items from the affirmation subscale, which assesses the extent to which one has positive affect toward their ethnic-racial group (Rivas-Drake et al., 2014). Bracey et al. (2004) used the full-scale MEIM, which also includes the exploration subscale, which

assesses the extent to which one has considered the meaning of their ethnic-racial group, and the resolution/commitment subscale, which assesses the extent to which one has integrated their ethnic-racial identity (Rivas-Drake et al., 2014). It is possible that multiracial adolescents have lower exploration or resolution/commitment, especially considering that multiracial people's self-reported identity and its integration tends to change over time and depending on the situation (Doyle & Kao, 2007; Townsend, Fryberg, Wilkins, & Markus, 2012; Wilton, Sanchez, & Garcia, 2013). It is also possible that there was no difference in ethnic affirmation because the sample was recruited from an area that is diverse and where multiracial youth were fairly common. Further studies on ERI of multiracial adolescents should use multidimensional measures to understand if they are significantly lower on specific domains. Despite this important caveat, the results of this study suggest that multiracial adolescents may not differ from monoracial adolescents in their positive feelings about their ethnicity or race. Given this lack of mean differences in ethnic affirmation, there should have been no difference in the potential protection that ethnic affirmation would provide in relation to perceived discrimination through the EBM.

It was also hypothesized that parents of multiracial adolescents would be more likely than parents of monoracial adolescents to hold the colorblind ideology. This hypothesis was not supported by the data, as there was no difference in ideology endorsement by multiracial group status. This finding was surprising, but may be explained by the characteristics of the mothers in our sample. While White people are more likely to engage in colorblind ideologies than Black people, most of the mothers in this sample were either Black or Latina (69% Latina, 26% Black) who are more likely to hold multicultural ideologies (Ryan, Casas, & Thompson, 2010; Ryan et al., 2007). It is also possible that rather than being colorblind, mothers who engage in interracial

relationships are particularly adept at being open-minded and respecting their and other's cultures.

This lack of difference in socialization ideology may also be due to the large proportion of mothers in the sample who were either single or divorced/separated from the biological father of the target adolescent. There is some evidence that women tend to be viewed as the carriers of culture, such that mothers feel the burden to pass their cultural beliefs and traditions to their daughters (Phinney, 1990; Umaña-Taylor & Guimond, 2010). It is possible that mothers who were not in a relationship with the biological father raised their multiracial children in the maternal culture, especially for mothers who were not White. This possibility should explored in future studies. It is also important to note that maternal race/ethnic socialization ideology was assessed using an open-ended question about how their race/ethnicity impacts their parenting rather than directly asking about their ideology about socialization. While this qualitative data allowed for a richer understanding of the mothers' thoughts about race/ethnicity and parenting, a validated self-report measure may have attained data that was more targeted to their race/ethnic socialization ideology. Additionally, many mothers struggled to answer this particular question. This may have occurred because of fears of being perceived as racist by the interviewer or because parents who hold colorblind ideologies may be particularly uncomfortable or inexperienced with discussing race (Pahlke et al., 2012).

The second goal of this study was to examine the role of ethnic affirmation as a potential protective factor against depressive symptoms in relation to perceived group discrimination among multiracial and monoracial adolescents. Two models were tested, a buffering model (EBM) and the rejection-identification model (RIM). The EBM states that an individual's feeling of connectedness to their ethnic/racial group will compensate for the negative effects of

discrimination (Sellers & Shelton, 2003). That is, ethnic affirmation should moderate the relationship between perceived discrimination and depressive symptoms. This hypothesis was not supported by the data.

The interaction between perceived discrimination and ethnic affirmation was not significantly related to depressive symptoms for neither monoracial nor multiracial adolescents. In other words, there was not support of EBM in either group. This contradicts studies with Black and Latino monoracial participants that find that the interaction between ERI and perceived discrimination is a significant predictor of depressive symptoms such that high ERI is a protective factor against depressive symptoms (Sellers & Shelton, 2003; Torres & Ong, 2010). Although these current results do not support the EBM, this should not be interpreted as meaning that pre-discrimination levels of ethnic affirmation do not matter for how adolescents deal with discrimination, but rather these results suggest that the EBM may not be a complex enough to encapsulate the full contribution of ERI to protecting against depressive symptoms. It is possible that the relationship between perceived discrimination and ERI is more dynamic (Leach et al., 2010).

The RIM hypothesizes that individuals respond to perceived discrimination by increasing their in-group identification in order to feel connectedness and counteract the feelings of rejection associated with discrimination (Branscombe et al., 1999). In other words, there are both direct and indirect effects of perceived discrimination on depressive symptoms, with direct effects negative and indirect effects being positive, thereby making the total effect seem smaller in magnitude. For monoracial adolescents, results showed a significant positive direct effect of discrimination on depressive symptoms and a significant negative indirect effect via ethnic affirmation. Because these effects are in different directions, there was a non-significant total

effect of perceived discrimination on depressive symptoms. Among the multiracial group, neither the relationships between perceived discrimination and ethnic affirmation nor the relationship between ethnic affirmation and depressive symptoms were significant. Although the ability to test statistical significance in this group was reduced because of the smaller sample size, the magnitude of relationships for the indirect paths was smaller. While the total effect of perceived discrimination and depressive symptoms was not significant for multiracial adolescents, it was approaching significance and may have been significant with a larger sample. What is noteworthy, however, is that the total effect for multiracial adolescents came from the direct effect from discrimination to depressive symptoms; there was no "off-setting" indirect effect. Consistent with this interpretation, the significant index of moderated mediation indicated that the indirect effect between perceived discrimination and depressive symptoms (via ethnic affirmation) significantly differed between multiracial and monoracial adolescents. In other words, ethnic affirmation may counteract some of the negative impact of perceived discrimination for monoracial adolescents, but multiracial adolescents may not experience this same effect. These results suggest that although monoracial and multiracial adolescents did not vary in how much ethnic affirmation they reported feeling, the function of ethnic affirmation may differ in these two groups.

It is also worth noting that the statistical difference between monoracial and multiracial adolescents in the magnitude of the mediated path from perceived discrimination to depressive symptoms resulted primarily from a group difference in the second part of this path, from ethnic affirmation to depressive symptoms. From the perspective of RIM, this would mean that ethnic affirmation may be equally likely as a response to discrimination for monoracial or multiracial

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adolescents, but the extent to which higher ethnic affirmation predicts less depressive symptoms may differ.

The results of this study contradict the findings in Giamo et al. (2012), which also investigated the RIM among multiracial adolescents and found that one dimension of group identification, self-stereotyping or the extent to which one sees the self as an average member of the group, mediated the relationship between perceived discrimination and life satisfaction. There are, however, some key differences between that study and the current study. Giamo et al. (2012) only measured discrimination in relation to participants' identity as multiracial, while this study measured general discrimination without specifying the target group. This is an important distinction, as multiracial people could experience discrimination for being multiracial but also for the identity of their parents depending on their self-identification and phenotype (Renn, 2000; Shih & Sanchez, 2005). Another key difference between the current study and Giamo et al. (2012) is in dimensions of ERI or group identity. This study measured ethnic affirmation while Giamo et al. only found that the RIM was present when self-stereotyping was the mediating variable. While these two dimensions are related, self-stereotyping focuses on one's feeling as though they are a member of a group while ethnic affirmation focuses on affect toward one's group. This is particularly important with regard to the assumptions of RIM. Specifically, RIM posits that discrimination is experienced as a threat because it invokes a sense of exclusion from a social group. Identifying with one's own group is conceptualized as a coping strategy in response to this potential rejection or exclusion because it provides a sense of belonging to a social group. Feeling that one belongs to a specific group (e.g., that one is "typical" of that group) is different from feeling satisfied or proud to belong to that group, and these two aspects of ERI may be differentially related to perceived discrimination or group devaluation. More

broadly, if perceived discrimination is not experienced as a threat or rejection from one group, there may not be a need to identify with another group as a coping response (e.g., Leach et al., 2010).

Other studies have found different dimensions of ERI function differently in relationship to discrimination. Brittian et al. (2015) found that the resolution and affirmation dimensions of ERI mediated the relationship between discrimination and depressive symptoms for Black and Latino college students. Leach, et al. (2010) found that group identity satisfaction increased after group devaluation in contrast to other dimensions of group identity. It is possible that, while multiracial adolescents do not differ in positive affect toward their group, this positive affect may not be as effective in reducing depressive symptoms for multiracial versus monoracial adolescents. This difference may be a result of reduced feelings of solidarity or cohesion for multiracial adolescents toward their ethnic/racial group. Studying the many other dimensions of group identity may shed more light on how adolescents respond to perceived racism.

Clinical Implications

Perceived discrimination is an important predictor of negative mental health outcomes and should always be considered by clinicians working with any minority client, including multiracial clients. While multiracial adolescents may not differ in their ethnic affirmation, this positive affect about their group may not counteract the negative effects of perceived discrimination as effectively as it does for monoracial adolescents, leaving multiracial adolescents particularly vulnerable. This might be one contributing factor to the greater psychological distress and mental health service use among multiracial youth (Fisher et al., 2014; Milan & Keiley, 2000; Shih & Sanchez, 2005; Wong et al., 2012). These results suggest that multiracial adolescents might need interventions to develop effective coping skills in response to

discrimination, and these interventions should include alternatives to simply increasing one's ethnic affirmation.

While this study did not find mean differences in ethnic affirmation for multiracial youth, clinicians should continue to encourage families of multiracial youth to seek out multiracial peers and diverse settings in order for them to have positive experiences and affect toward their ethnic/racial in-group. This study was recruited from a very diverse area where many adolescents had mixed heritage, therefore reducing the potential for multiracial youth to feel isolated. Multiracial adolescents reported significantly less perceived discrimination compared to monoracial adolescents, but also appear to have reduced resources for coping with discrimination if ethnic affirmation is viewed as a coping response. The lack of an offsetting "counter" effect of ethnic affirmation may have resulted in elevated depressive symptoms if these adolescents had experienced more perceived discrimination. Clinicians should work with families of multiracial youth to promote feelings of belongingness and acceptance, especially in response to experiences with discrimination.

Limitations

This study has some important limitations. The measurement of ethnic affirmation did not ask which group the respondent was thinking about as they responded. This is especially important for the multiracial participants, as there is evidence that multiracial people often self-identify as monoracial (Doyle & Kao, 2007). While the current study was able to ascertain multiracial heritage by parent report of race/ethnicity, whether multiracial participants endorsed ethnic affirmation for their multiracial identity or the heritage of one of their parents is unknown. Future studies should examine if affirmation or ERI regarding a monoracial identity differs from

that of a multiracial identity in the relationship between discrimination and depressive symptoms.

The current study did not have a large enough sample to analyze the multiracial sample by ethnic background (i.e. analyzing the Black-White multiracial adolescents separately from the Black-Latina adolescents). This will be an important distinction for future studies to make as the multiracial population is heterogeneous and differences in self-esteem and psychological stress has been found among multiracial adolescent girls depending on their racial heritage and identification (Phillips, 2004). Many results also appear to have been affected by a lack of power in this study, as some were very close to statistical significance. A common issue among studies of multiracial adolescents is that one must recruit a very large sample size in order to adequately examine this large and heterogeneous population (Charmaraman et al., 2014), which is one reason why the multiracial population is understudied.

While the interviews with mothers were coded reliably, many interviews were either not available or did not contain either code. This was mainly due to the nature of the secondary data analysis – the interview question was not specifically designed to elicit the mothers' race/ethnicity socialization ideologies. While it is certainly possible that mothers of multiracial adolescents do not differ from mothers of monoracial adolescents in their endorsement of colorblind or multicultural ideologies, differences in race socialization among multiracial youth should be further investigated with both qualitative and quantitative methodologies. Future research should also distinguish between adolescent and maternal report of cultural socialization; past research found that only adolescent report of socialization predicted ERI (Hughes, Hagelskamp, Way, & Foust, 2009).

Another limitation of this study is that it was cross sectional, therefore conclusions regarding directionality or potential causality cannot be made. Although one generally should not argue that mediation occurs without longitudinal data, there is past research supporting RIM in longitudinal data on different samples (Cronin, Levin, Branscombe, van Laar, & Tropp, 2012; Ramos et al., 2012; Stronge et al., 2016) and some limited data demonstrating RIM in experimental studies (Jetten et al., 2001; Redersdorff, Martinot, & Branscombe, 2004). While no longitudinal nor experimental research with the RIM on a multiracial sample has been conducted, there is good evidence for the directionality and causality in the RIM. It must also be acknowledged that there is longitudinal evidence supporting the EBM (Hoggard, Byrd, & Sellers, 2015). Indirect effects have been shown to be inflated when using mediation on cross-sectional data (Maxwell & Cole, 2007). While this is an important caveat to findings, the inflated effects would exist for both multiracial and monoracial groups, and thus not contribute to differences between groups.

Future Directions

Despite these limitations, this study has implications for the future study of multiracial ERI, discrimination, and depression. This study demonstrated the importance of studying multiracial adolescents separately from monoracial adolescents rather than including them with the monoracial minority sample or excluding them from analysis, as is normally done (Charmaraman et al., 2014). Some studies may examine for mean-level differences in ERI before combining multiracial and monoracial samples, but this study demonstrates that multiracial adolescents may differ in how some dimensions of ERI function rather than mean level scores. Future studies should test for differences in moderating and mediating variables when examining ERI and should examine differences between the subgroups of multiracial adolescents.

The current study also demonstrates the importance of studying the many dimensions of ERI and group identification separately, especially with regard to multiracial samples. Bracey et al. (2004) found that multiracial adolescents had lower overall ERI, but this study demonstrates that this might not be the case when looking the affirmation dimension of ERI. Other studies suggest that the different dimensions of ERI may function differently within the RIM (Brittian et al., 2015). Studying different dimensions of group identification will allow researchers to better understand the mechanisms by which RIM functions. For example, Leach et al. (2010) found that satisfaction with one's in-group increases after group devaluation, suggesting that this increase functions to assert positivity in one's social identity in contrast to the negative social identity that is asserted through discrimination. This stands in contrast to the theory behind the RIM, which states that group identification increases after discrimination to provide a sense of belonging and acceptance within the group.

Future studies should address sources of discrimination as a factor in increasing depressive symptoms among multiracial adolescents. Research suggests that multiracial adolescents may face discrimination from the mainstream for having heritage from a devalued minority group, from their minority ethnic/racial group for their mixed heritage, and also from their own family for their ethnic difference (Crawford & Alaggia, 2008; Renn, 2000; Shih & Sanchez, 2005). Each of these sources of discrimination, in addition to institutional discrimination, may have different effects on ERI and depressive symptoms.

Due to the cross-sectional nature of this study, the results could not speak to the specific mechanisms of group identification and its impact on the discrimination-depression relationship. Future studies should use longitudinal and/or experimental methods to identify the process and mechanisms by which multiracial youth engage with their ERI in response to perceived

discrimination. Future studies should also measure multiple dimensions of ERI in order to specifically identify how they may differ between multiracial and monoracial minority adolescents.

Conclusion

Multiracial adolescents are a growing segment of the population. There are distinct aspects of this group that may affect psychopathology, thus more research on this population is warranted. This study did not find mean-level differences in ethnic affirmation or maternal race socialization ideology between multiracial and monoracial minority adolescents, but found possible differences in the mechanisms through which ethnic affirmation may be related to depressive symptoms associated with discrimination. Although most studies either exclude multiracial participants from analysis or groups them with monoracial minority groups, this study highlights the importance of considering these issues among multiracial youth specifically. Not much is known about the unique clinical needs of multiracial adolescents, despite their growing numbers. In light of ever increasing diversity, further studies focusing on multiracial youth should be conducted in order to better treat this population.

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Table 1.

Multiracial Adolescents as Identified by Self- and Mother-Report

	Adolescent-Report	**Multiracial by mother report**
Latina only	102 (52.6%)	7 (7%)
African American only	32 (16.5%)	3 (9%)
White only	31 (16%)	3 (10%)
Multiracial	29 (14.9%)	16 (55%)
Total	194	29

Table 2.

Full Sample Demographics by Race/Ethnicity

Race/Ethnicity	Adolescent Age	Maternal Age	Biological Mother	Free/Reduced Lunch	Maternal Education (less than high school)
Latina *n* = 95	15.5 (1.1)	39.8 (7.5)	95.7%	94.4%	32.6%
African American *n* = 29	15.5 (0.9)	44.8 (6.6)	96.6%	85.7%	13.8%
Multiracial *n* = 42	15.1 (1)	41.17 (9.9)	92.7%	96.4%	14.3%
Total *n* = 166	15.4 (1.05)	41.9 (7.9)	95.8%	87.8%	24.7%

Table 3.

Mean Level Differences in Target Variables by Multiracial Status

Variables	Multiracial	Monoracial	T-test
	$n = 42$	$n = 124$	
Ethnic Affirmation	2.96 (.68)	2.99 (.77)	$t(160) = .17, p = .87, d = -0.04$
Discrimination	2.28 (.76)	2.60 (.76)	$t(161) = 2.06, p = .04, d = -0.42$
Depressive Symptoms	18.55 (5.1)	19.3 (5.05)	$t(164) = .78, p = .44, d = -.15$

Table 4.

Colorblind Ideology Codes by Multiracial Status.

Group	Not Colorblind	Colorblind	Total
Monoracial	99 (87%)	15 (13%)	114
n = 124			
Multiracial	35 (87%)	5 (13%)	40
n = 42			
Total	134	20	154

Table 5.

Multicultural Ideology Codes by Multiracial Status.

Group	Not Multicultural	Multicultural	Total
Monoracial	65 (57%)	49 (43%)	114
n = 124			
Multiracial	24 (60%)	16 (40%)	40
n = 42			
Total	89	65	154

Table 6.

Maternal Socialization Ideology Codes by Multiracial Status.

Group	Colorblind	Multicultural	Total
Monoracial	15 (24%)	48 (76%)	63
n = 124			
Multiracial	5 (24%)	16 (76%)	21
n = 42			
Total	20	64	84

Table 7

Regression Analyses Testing EBM Model Predicting Depressive Symptoms in Monoracial and Multiracial Adolescents

	Monoracial		Multiracial	
Variable	*B*	*SE B*	*B*	*SE B*
Perceived Discrimination	1.72**	0.57	1.55	0.92
Ethnic Affirmation	-2.21***	.57	.77	1.02
Discrimination * Affirmation	.31	.62	.07	1.3
F, R2	$F(3,129)=6.82**$; $R^2=.12$		$F(3,40)=1.30$; $R^2=.05$	

*p < .05. **p < .01.*

Table 8

Regression Analysis Testing of RIM (moderated mediation)

Variable	Outcome: Ethnic Affirmation (mediator)		Outcome: Depression	
	B	*SE B*	*B*	*SE B*
Perceived Discrimination	.20*	.09		
Group Status	.02	.14		
Discrimination * Group Status	-.07	.20		
Ethnic Affirmation			-1.2*	.56
Perceived Discrimination			1.72**	1.39
Group Status			.35	.82
Affirmation * Group			2.58	1.39
			p=.06	
F, R2	F(3,159)=1.98 R²=.05		F(4,158)=3.67**; R²=.12	

*$p < .05$. **$p < .01$.

Table 9.

Bootstrapped Estimates of Unstandardized Total, Direct, and Indirect Effects from Perceived

Discrimination to Ethnic Affirmation and Depressive Symptoms.

Group	(total)	<direct>	{indirect}
Monoracial	1.34 (-.12-2.81)	1.78 (.32-3.24)	-.44 (-1.06 - -.06)
n = 124			
Multiracial	1.67 (-.19-3.54)	1.55 (-.56-3.65)	-.13 (-.21-1.08)
n = 42			
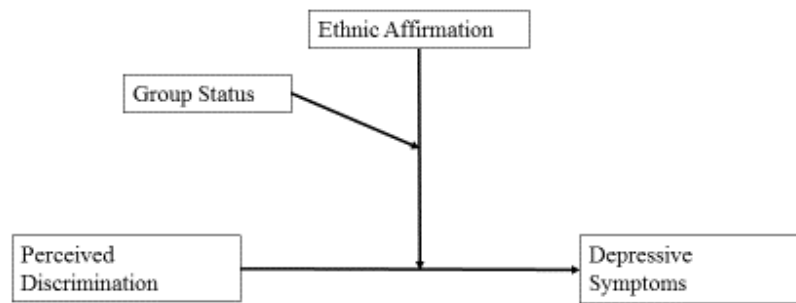
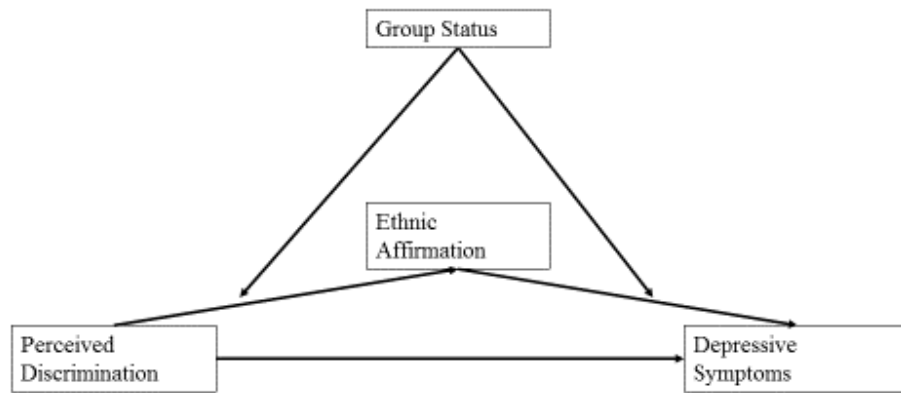*Figure 1.* Conceptual model for the ERI Buffering Model (EBM; Moderation)

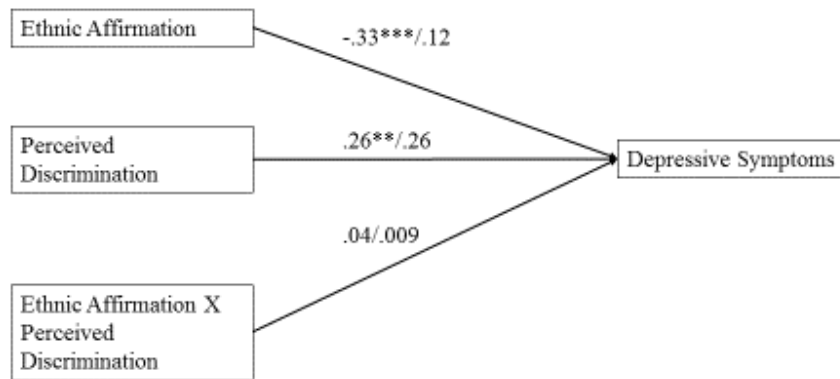*Figure 2.* Conceptual Model for Rejection-Identification Model (RIM; Mediation)

Figure 3. ERI Buffering Model (Moderation Model).

Note. Values before the slash are parameter estimates for monoracial adolescents. Values after the slash are parameter estimates for multiracial adolescents.
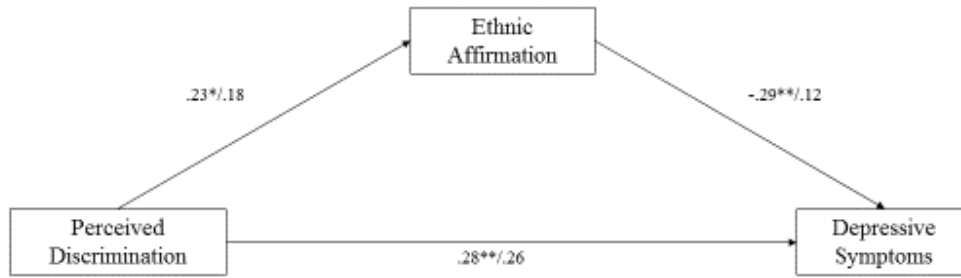
*p < .05. **p < .01. ***p < .001.

Figure 4. The Rejection Identification Model (Mediation Model).

Note. Values before the slash are standardized parameter estimates for monoracial adolescents. Values after the slash are parameter estimates for multiracial adolescents.

$*p < .05.$ $**p < .01.$