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## The Effect of Intrafamilial Racism on Biracial Identity Conflict

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LOYOLA UNIVERSITY CHICAGO

THE EFFECT OF INTRAFAMILIAL RACISM ON BIRACIAL IDENTITY CONFLICT

A THESIS SUBMITTED TO  
THE FACULTY OF THE GRADUATE SCHOOL  
IN CANDIDACY FOR THE DEGREE OF  
MASTER OF ARTS

PROGRAM IN APPLIED SOCIAL PSYCHOLOGY

BY  
LAUREN N. TAN  
CHICAGO, IL  
MAY 2023

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## ABSTRACT

This study aimed to describe the relation between experiences of intrafamilial racism (i.e., racism perpetrated by family members against other family members), caregiver support, and identity conflict in biracial individuals. Identity conflict is defined as perceived incompatibility with two or more aspects of one's identity (Sarno et. al., 2015) and is an experience likely to be common among biracial individuals. Regression analyses were conducted to determine the relation between intrafamilial racism, caregiver support, and identity conflict. Moderation analyses were performed to determine the impact of intrafamilial racism on identity conflict at different levels of caregiver support. We hypothesized that intrafamilial racism will have a main effect on identity conflict, such that higher levels of intrafamilial racism will lead to higher levels of identity conflict – this hypothesis was supported by the data. Furthermore, we posited that caregiver support would moderate the relation between intrafamilial racism and identity conflict such that caregiver support would buffer effects of intrafamilial racism on identity conflict. This hypothesis was also supported, suggesting that caregiver support does indeed provide a buffer against identity conflict at low levels of intrafamilial racism, especially for participants with more support from their caregivers. Future studies should include qualitative instruments to deepen understanding of the findings detected here.



## THE EFFECTS OF INTRAFAMILIAL RACISM ON BIRACIAL IDENTITY CONFLICT

Biracial individuals are the fastest growing population in the U.S. and are projected to account for approximately 21% of the U.S. population by the year 2050 (Albuja et. al., 2020; Livingston, 2017; U.S. Census, 2012). Even so, the biracial population remains understudied. While some existing literature focuses on the biracial experience, much of it examines how non-biracial people perceive biracial individuals, and the stereotypes non-biracial people associate with biracial individuals (e.g., Skinner et. al, 2019). Even fewer have looked at the biracial experience through their own eyes. Furthermore, while research on the impacts of racism and prejudice on individuals of color is fortunately healthily studied, this research usually takes on a public lens (e.g., peers, employers, strangers) and not necessarily a private lens (e.g. within the home). This leaves prejudicial experiences in private scenarios relatively unstudied, which can be a common experience among mixed race individuals. In an increasingly complex world, it is crucial to understand the unique experiences and outcomes of biracial individuals in order to better inform health practitioners, policymakers, educators, clinicians, and parents of biracial children. By understanding these experiences and the impacts on biracial individuals' identity, we can begin to shape a world in which their experiences – and their identities, however complex they may be – are validated and valued.

This project aims to describe the impact of racism on biracial identity conflict, specifically when this racism is perpetrated by family members. High identity conflict has been shown to be associated with a slew of negative mental, emotional, and physical health outcomes

in individuals with multiple social identities (e.g., race, culture, sexual orientation) that may conflict with one another (Albuja, Sanchez, & Gaither, 2019; Albuja et. al., 2019; Sarno et. al., 2015). It is clear that experiencing identity conflict and other negative identity-related experiences can be extremely damaging; when coming from family members, the impact has the potential to be exponentially greater. This study seeks to measure the prevalence of racially prejudiced experiences perpetrated by (extended) family members against biracial individuals. It also seeks to examine the relation between these experiences and biracial individuals' resultant identity conflict, and how caregiver receptivity to engage in conversation about these experiences may moderate that relation.

### **Racism and Prejudicial Attitudes Against Biracial Individuals**

Racial discrimination, defined as unfair, differential treatment on the basis of race, is pervasive and heavily intertwined with American history (Burrow & Ong, 2010). It is a relatively common occurrence for racial minorities in the United States (Williams & Williams-Morris, 2000). Though most racial discrimination literature focuses on major life events, subtle forms are also pervasive in minorities' everyday experiences and have been shown to be damaging to psychological health (Burrow & Ong, 2010). For example, studies done with Black participants found that experiences of everyday racial discrimination is associated with greater psychological distress and psychopathology, as well as physical health problems (Burrow & Ong, 2010).

Biracial individuals have unique experiences with everyday racism as their public perception and consequent racial categorization is highly dependent on their phenotypicality and, to a lesser extent, the surrounding context (Nicolas & Skinner, 2017). Thus, while biracial individuals experience racism and discrimination differently than monoracial individuals, little to

no research has looked at how it is different and how it might impact them differently.

Furthermore, while research has found that some stereotypes about biracial individuals are universal across biracial groups (one of which is *not belonging/not fitting in*), there are unique stereotypes attributed to biracial children of different groups (Skinner et al., 2019). As such, biracial children have the unique position of not only being potentially subjected to the stereotypes from their parents' monoracial groups, but also a specific group of stereotypes against their biracial identity.

Also unique to biracial individuals is the potential for these stereotypes and prejudicial attitudes to be perpetrated by family members. To the author's knowledge, there is currently no research on experiences of intrafamilial racism (i.e., racist attitudes perpetrated by family members against other family members). The current research seeks to measure how prevalent these experiences are in biracial individuals' lives. As mentioned above, exposure to racism both major and subtle can be extremely harmful to one's mental and physical health; when perpetrated by family members, the harm is expected to be exponential, especially in some cultural contexts where the importance of the family unit is emphasized (e.g., with *familismo* in Latinx cultures; Chavez-Korell et. al., 2013).

Research on the self and its development has found that an individual's sense of identity is made up of more than just that individual – rather, it is a complex and overlapping network of people, places, activities, and relationships (see James, 1890; Leary et. al, 2008). Researchers have theorized that the self can be conceptualized in a multitude of ways, but most agree that people's self-construals can be classified into three primary sets which reflect individual, relational, and collective aspects of identity (Leary et. al, 2008). While research has been mixed,

some argue that one's relational self – that is, the self that relates to one's relationships and social attachments – has an elevated role in one's fundamental sense of self (i.e., their motivational primacy; Gaertner et. al, 2008).

As such, it is easy to imagine that negative remarks from close others – especially racist remarks from members of one's family, as mentioned above – can be profoundly damaging. Studies have shown that rejection from peers (who comprise another close subject to the self and are related to social and group identity) not only creates a great deal of suffering in the rejected individual in the short term, but also predicts negative emotional and behavioral outcomes in the future (Kupersmidt, et. al, 1995; Prinstein & Aikins, 2004; Smart et. al, 2009). Furthermore, research done using Tesser's (1988) self-evaluation maintenance (SEM) model found that threats to the self from close others can result in withdrawal and avoidance as well as the expected negative emotions, potentially resulting in strained relationships later (Smart et. al, 2009). If a mixed-race child were to experience similar rejection from family members with little intervention or support, the results could likely include negative outcomes in both the immediate and long term.

### **Caregiver Social Support and Receptivity**

The importance of parents and/or caregivers to a child's identity development and psychosocial well-being has been well documented in the literature, playing a key role in children's self-esteem (De Hart et. al, 2006; see also Ainsworth, 1978; Kaniušonytė & Žukauskienė, 2018; Schacter & Ventura, 2008; Costigan & Dokis, 2006). In developmental psychology, it is widely accepted that one's identity develops within a wider context; that is, development is an ongoing co-constructed process occurring between the active individual and

his or her active context (Ford & Lerner, 1992). Additionally, as discussed above, parents are close others who are often the most enmeshed in a child's sense of self; a study using Lord's (1980, 1987) paradigm of incorporating others into the self found that participants treated recall tasks using their parents (specifically, their mother) more - as if that person were somehow themselves (Aron et. al, 1991). In other words, tasks involving caregivers were more easily recalled by participants than tasks done by themselves. Parents also play key roles in their child's later life outcomes; young adults who rated their parents as nurturing displayed higher implicit self-esteem even when controlling for explicit self-esteem.

As expected, child socialization is recognized in psychology as a product of the bidirectional interactions between a child and its socializers (e.g., parents and caregivers); this includes child ethnic socialization (Destin et. al., 2019; Schacter & Ventura, 2008; Kuczynski, 2003b). Research on acculturation and child ethnic identity has found that maternal and paternal caregivers can have a direct and significant role on their child's ethnic identity, which has been shown to promote positive adjustment outcomes (Davey, Fish, Askew, & Robila, 2003; Costigan & Dokis, 2006).

Indeed, parents and caregivers are important and crucial influences in their child's life and can help them navigate various negative life events. For ethnic or racial minority children, this includes helping them prepare for and navigate through experiences of racism, as parents can be a key source of social support to process discriminatory events (Aldoney, 2016; Ajrouch et al., 2010). For biracial children specifically, this can even include discussing experiences of racism perpetrated by family members. However, this has rarely been studied.

Seeking social support is an approach-oriented coping behavior and is known to buffer the negative consequences of discrimination (Ajrouch et al., 2010). The two types of social support – emotional and informational – both serve to assist the seeker in processing the experience of discrimination, either serving to validate their emotional response or providing more information to help contextualize the experience and prepare for future experiences (Ayre & Leaper, 2013). Research has found that children are more likely to seek social support as they grow older, and adolescents rely on their parents for both types of support (Seiffge-Krenke, 1995; Malecki & Demaray, 2003; Ayre & Leaper, 2013). In a study conducted with adolescent girls of different ethnicities and races, most girls indicated that they sought and received social support from parents after a discriminatory event; in these situations, parents offered messages about coping with discrimination, emotional reassurance and validation, and general discussions of discrimination at large, including sharing their own stories of discriminatory experiences (Ayre & Leaper, 2013). In these situations, the aim is to provide youth with tools for effective coping and to protect against the potential negative effects of racial discrimination on youths' self-concept (Hughes et al. 2006; Richardson et. al., 2015).

As such, caregiver social support and receptivity is a key aspect of coping with discrimination. The absence of caregiver social support and coping assistance is suggested to have deleterious effects on a child's outcomes that can span long-term; without a framework with which to understand and counter such stigmatizing experiences, youth may be at increased risk for internalizing those experiences as they develop a sense of their personal and racial identity (Richardson et al., 2015). In a longitudinal study with Black adolescents, it was found that across gender, adolescents who experience racial discrimination but receive fewer caregiver

supports for negotiating and coping with discrimination may be at heightened risk for internalizing stigmatizing experiences or identity conflict (Richardson et al., 2015).

Thus, while it should be noted that parents themselves are capable of holding racial biases that can be perpetrated against their children, in cases where parents *do not* perpetrate racist attitudes against their children, caregiver receptivity to these conversations is expected to help buffer against the harmful and damaging impacts of intrafamilial experiences of racism.

### **Identity Conflict**

Research has identified that discussions about race and culture are important elements of parenting for ethnic minority families as prejudice and oppression are likely to be everyday experiences (Elmore & Gaylord-Harden, 2012; Hughes, 2006). Racial socialization processes that form racial identity can be either indirect or direct, verbal or nonverbal, and covert or overt; as mentioned above, they can have positive impacts on a child's outcomes in later life (Elmore & Gaylord-Harden, 2012; Davey, Fish, Askew, & Robila, 2003; Thornton et al. 1990).

The social identity complexity theory presented by Roccas and Brewer (2002) suggests that one's multiple identities can be viewed on a spectrum from overlapping and complementary to separate and conflicting (Albuja et al., 2019; Roccas & Brewer, 2002). Identity conflict occurs when different aspects of one's identity are felt by the individual to be separated and uncomplementary. In other words, when identities are highly overlapping, they are seen as highly integrated; high identity integration has been shown in the literature to be associated with better life outcomes, positive adjustment, and overall well-being (Chen et. al, 2008; Chang & Lee, 2009). Biracial individuals, as members of multiple groups, must then manage these identities and their potentially competing norms, cultures, values, and expectations (Hirsch &

Kang, 2016). Identity conflict results when group identities are perceived by the self to be far apart or separate, or when others challenge or negate this identity. Research done with minority-white participants has shown that low identity integration (i.e., high identity conflict) individuals reported greater stress, lower self-esteem, lower life satisfaction, greater depressive symptoms, and poorer physical and emotional health (Albuja, Sanchez, & Gaither, 2019; Albuja et al., 2019).

Literature on identity integration and conflict often mentions identity denial and identity questioning as important mechanisms by which identity conflict takes place (see Albuja et al., 2020). Identity denial (i.e., being told to identify differently than one's identity) and identity questioning (i.e., being questioned about one's background) can take many forms and is associated with lower autonomy, lower belonging, and greater identity conflict (Albuja et al., 2020). They can appear in several different contexts, from interpersonal interactions (e.g., asking an Asian American where they are "*really* from") or institutional settings (e.g., filling out a form in which one can only choose a single ethnic or racial identity; Murphy et al., 2018). These experiences can have a detrimental impact on those who experience them; one study found that in minority-white individuals, identity denial and questioning was associated with greater stress, lower self-esteem, greater depressive symptoms, and poorer physical and emotional health (Albuja et al., 2020). When enacted by a family member, who (as previously discussed) can be considered a close other, the effect on identity conflict – and, as follows, the effect on psychological and emotional well-being – are expected to be even more impactful. However, parental figures who support their child after these experiences can help manage these impacts.



Indeed, such support may buffer long term effects on identity conflict and other negative outcomes.

### **The Current Study**

The purpose of this nonexperimental study is to examine and describe the dynamic and potentially conflicting nature of biracial identity, and the impacts on this identity when exposed to intrafamilial racism. We plan to measure the extent to which biracial individuals experience racism from family members and examine the impact of experiences of intrafamilial racism on identity conflict, as well as determine the extent to which caregiver support moderates the link between intrafamilial racism and identity conflict. We posit that (a) intrafamilial racism will have a main effect on identity conflict, such that higher levels of intrafamilial racism will lead to higher levels of identity conflict, and (b) that caregiver support will buffer the effects of high intrafamilial racism on identity conflict.

## METHODS

### **Participants**

Participants consisted of a sample of 204 adult biracial individuals living in the United States, who were recruited online using Amazon's Mechanical Turk (MTurk). Each participant was compensated \$5 USD for completing the study and received compensation via Amazon MTurk's payment software. Participants were 58.7% female-identifying (N=122), 37.5% male (N=78), and 1.9% nonbinary (N=4). They were all adults with an average age of about 33 years (range = 18-63 years). Regarding education, 34.1% of participants had a high school diploma, 22.1% of participants had an associate degree, 30.8% of participants had a bachelor's degree, and 9.9% had a master's degree or higher. Regarding employment, 56.1% of participants were

employed full- or part-time, and 68.3% earned \$50,000 or less annually. Additionally, 58.2% of participants grew up in a two-caregiver home.

## **Procedure**

After gaining approval of the institutional review board, participants were recruited online using Amazon's Mechanical Turk (MTurk). The study took place in the form of an online survey. Before beginning, participants were asked to fill out a short demographic survey where they were asked their age and racial and ethnic identity to ensure that all participants are indeed biracial, as well as questions regarding their family life (see Appendix A). They were then asked to complete a series of surveys measuring their levels of identity conflict, their perceptions of their parents' receptivity and support, and their experiences of racism within their family. Finally, participants were asked to fill out a free response question asking them to describe their experiences in their own words. There was no time limit imposed on participants. At the end, participants were thanked for their time and sent financial compensation (as described above) online.

## **Measures**

### ***Control Variables***

A demographic questionnaire was administered at the beginning of the survey which assessed participants' age, gender identity, racial/ethnic identity, education, marital status, income, dependents, language, religion, and the presence of biracial/mixed race siblings or other family members (see Appendix A).

### ***Identity Conflict***

Identity conflict was measured using an adapted version of the Conflicts in Allegiances scale (Sarno et. al., 2015). This 10-item scale originally measured the perceived conflicts of queer individuals with another cultural group of importance to them (ethnic, religious, etc.). In other words, it measured the perceived incompatibility between one's racial/ethnic and sexual orientation identities. For the current study, this measure was adapted to measure the perceived conflict between the participants' two most salient racial/cultural identities (e.g., "I separate my two cultural identities" and "I feel as if my sense of my first cultural identity is at odds with my second cultural identity"; see Appendix B for the adapted version). They are asked to rate their level of agreement with a statement from 1 (*strongly disagree*) to 7 (*strongly agree*). The Cronbach's alpha for the adapted scale was  $\alpha = .68$ .

### ***Intrafamilial Racism***

Intrafamilial racism was measured using an adapted version of the 20-item Everyday Life Experiences subscale of the Racism and Life Experiences scale (Harrell, 1997). Originally, this scale was developed to measure the frequency of everyday racism experienced by Black individuals. Individuals were asked to rate the frequency of experiences on a Likert-type scale where 1= Once a year or less and 5= Once a week or more; an example item includes "being treated as if you were 'stupid,' being 'talked down to'" (Harrell, 1997). For the current study, this was adapted to specify the familial context of these experiences (e.g., "being treated as if you were 'stupid,' being 'talked down to' *by family members*"; see Appendix C for the adapted version). Three items from the original scale were not included in the adapted version as they

pertained specifically to interactions with strangers. The Cronbach's alpha for the adapted scale was  $\alpha = .94$ .

### ***Caregiver Support***

The above-mentioned Racism and Life Experiences scale was adapted by Ong et. al (2021, in press) to include a two-item subscale related to the sharing behaviors and perceived support of Black participants towards their partner. Participants are asked about the likelihood of sharing these experiences with their partner, and the likelihood that their partner will be receptive. Individuals were asked to rate the likelihood of sharing on a Likert-type scale where 1 = *never* and 7 = *all of the time*, and to rate their partner's receptiveness on a scale where 1 = *not at all receptive* and 7 = *very receptive*. This measure was adapted for this study to ask participants about sharing and support with regards to their parents or caregivers (see Appendix C; e.g., "When you share these types of events with your parents/caregivers, how responsive are they?"). The Cronbach's alpha for the adapted scale was  $\alpha = .94$ .

## RESULTS

### **Preliminary Analyses**

This study aimed to examine and describe the dynamic and potentially conflicting nature of multiracial identity, the impacts on this identity when exposed to intrafamilial racism, and the significance of caregiver support during these experiences. Correlation analyses examined the relation between intrafamilial racism, caregiver support, and identity conflict, as well as many demographic variables (e.g., age, gender, education, income). These results are displayed in Table 1. Results indicated that intrafamilial racism and identity conflict were significantly positively correlated, as hypothesized. Interestingly, caregiver support and identity conflict were

also significantly correlated, in a negative direction. Additionally, intrafamilial racism and caregiver support were also significantly correlated in a negative direction. Interestingly, when asked whether they had ever experienced prejudice or discrimination from their own family, 57% of participants responded “yes” (38.5%) or “maybe” (18.78%).

### **Regression Analyses**

Next, we examined whether caregiver support moderated the relation between perceived intrafamilial racism and identity conflict. The predictors in the model were (a) intrafamilial racism (continuous), (b) caregiver support (continuous) and (c) the intrafamilial racism x caregiver support interaction predicting identity conflict. We centered the continuous predictor variables by subtracting the sample mean from each score. The centered predictors were used in all analyses. We also controlled for age, income, gender, childhood home status, marital status, education, employment, and whether or not they indicated having mixed race family members.

The results of this regression analysis are detailed in Table 2. Results indicated a significant main effect of intrafamilial racism on identity conflict. Participants who reported more racism from their family also reported increased identity conflict. Furthermore, there was a significant intrafamilial racism X caregiver support interaction. This suggests that the relation between intrafamilial racism and identity conflict is different for participants with higher versus lower in perceived caregiver support.

To examine the significant intrafamilial racism x caregiver support interaction, the procedures outlined by Aiken and West (1991) for testing interactions in multiple regression were followed. Simple slopes analyses were then conducted to determine the nature of the predicted significant intrafamilial x caregiver support interaction. We determined the nature of

Table 1. Descriptive statistics and correlations.

Variable	M	SD	1	2	3	4	5	6	7	8	9	10	11	12
1. Intrafam. Racism (DLE)	.809	.950	-											
2. Caregiver Support	2.07	1.23	-.273**	-										
3. Identity Conflict	3.56	1.17	.331**	-.209**	-									
4. Age	33.1	8.66	-.009	.007	-.050	-								
5. Gender	1.38	.487	-.097	.208**	-.169*	-.105	-							
6. Education	3.16	1.06	-.042	-0.23	.024	.122	.012	-						
7. Employment	2.46	1.76	-.027	-0.21	-.049	.036	.062	-.280**	-					
8. Income	2.16	1.25	-.076	.078	.000	-.014	.055	.332**	-.423**	-				
9. Marital Status	1.53	.661	.013	-.014	-.053	.357**	-.219**	-.021	.019	.000	-			
10. Children	1.61	.488	-.194**	-.058	-.119	-.264**	.253**	-.025	.047	-.029	-.308**	-		
11. Caregivers in Childhood Home	1.76	1.14	.098	.001	-.002	.219**	-.162*	-.168	.150*	-.125	.019	-.106	-	
12. Mixed Family	1.19	.391	-.001	-.109	.007	.056	.002	.041	-0.68	-.052	.072	.072	.013	-

Note. N = 204. \*p < .05, \*\*p < .001. Gender was recoded such that 1 = female and nonbinary, 2 = male. Employment was recoded such that 1 = unemployed, 2 = employed. Marital status was recoded such that 1 = not married, 2 = married. Childhood home was recoded such that 1 = one parent/caregiver in the home, 2 = two parents/caregivers in the home. Education was coded such that higher scores = more education. Income was coded such that higher scores = more income.

the significant intrafamilial racism x caregiver support interaction by calculating two variables to represent participants one standard deviation above (i.e., high caregiver support) and below (i.e., low caregiver support) the mean on trait caregiver support (see Figure 1). Simple slopes tests revealed that for participants who reported higher levels of caregiver support, intrafamilial racism was positively related to identity conflict ( $B = .71, \beta = .59, t = 4.98, p < .001$ ). A similar effect was found for participants who reported low levels of caregiver support, although this effect was significantly weaker ( $B = .21, \beta = .18, t = 2.15, p = .03$ ). This provides support for our second hypothesis, suggesting that caregiver support provides a buffer against identity conflict at low levels of intrafamilial racism, especially for participants who report higher levels of caregiver support.

Table 2. Regression: intrafamilial racism and caregiver support predicting identity conflict.

	B	$\beta$	t
Intercept	3.662		45.052
Age	-.007	-.053	-.750
Income	.079	.084	1.108
Childhood Home	-.174	-.089	-1.243
Marital Status	.092	.040	-.576
Education	-.088	-.079	-1.078
Employment	-.029	-.045	-.618
Mixed Family	.029	.010	.142
Intrafamilial Racism	.464**	.386	5.051
Caregiver Support	-.091	-.096	-1.336
Intrafamilial Racism x Caregiver Support	.199*	.212	2.873

Note. \* $p < .05$  \*\* $p < .001$ .

### Exploratory Analyses

We tested age, gender, education, employment, income, number of caregivers in the home during childhood, and number of mixed-race family members as additional moderators in a

three-way interaction. Analyses revealed few significant results and no consistent patterns except in analyses with education (which was significant) and age (which was marginally significant).<sup>1</sup>

To determine the nature of the significant three-way interaction with education, conditional moderator variables were computed to represent participants who were one standard deviation above (i.e., more educated) or below (i.e., less educated) the mean education level of the sample; Based on the means of the sample, 'more educated' indicates a bachelor's degree, while 'less educated' indicates a high school diploma (for clarity, education levels will be reported as 'high' and 'low' respectively). Then, multiple regression analyses were conducted, substituting the computed conditional moderator variables into the regression equation one at a time in place of the original education variable.

These tests revealed that the two-way intrafamilial racism X caregiver support interaction predicting identity conflict levels among multiracial individuals with low education was only marginally significant,  $B = -.37$ ,  $\beta = -.39$ ,  $t(183) = -1.81$ ,  $p = .07$ . However, among those high in education, the interaction was significant, ( $B = .84$ ,  $\beta = .89$ ,  $t(183) = 3.69$ ,  $p < .001$ ).

To further explore the marginally significant two-way intrafamilial racism x caregiver support interaction for participants low in education (see Figure 2), we found that for those low in caregiver support, a marginally significant effect of intrafamilial racism predicted identity conflict ( $B = .61$ ,  $\beta = -.50$ ,  $t(183) = -1.90$ ,  $p = .06$ ). This effect was not significant for those low in education and high in caregiver support ( $B = -.29$ ,  $\beta = -.24$ ,  $t(183) = -.76$ ,  $p = .45$ ). Next, we further explored the significant two-way intrafamilial racism X caregiver support for participants

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<sup>1</sup> A regression analysis was performed where the three-way interactions with education and age were pitted against one another. Results indicated that the three-way interaction with age was no longer significant; however, that of education remained significant. Therefore, we are only presenting the results for education.



who were high in education (see Figure 3). Results indicated that for those with high education but low caregiver support, intrafamilial racism was unrelated to identity conflict ( $B = -.25$ ,  $\beta = -.21$ ,  $t(183) = -.69$ ,  $p = .49$ ). However, for those with high education and high caregiver support, intrafamilial racism was positively related to identity conflict ( $B = 1.81$ ,  $\beta = 1.50$ ,  $t(183) = 4.27$ ,  $p < .001$ ). This once again suggests a significant buffering effect of caregiver support against the detriments of familial racism; however, the effects are much stronger when the participant is exposed to lower levels of intrafamilial racism and has more education.

## DISCUSSION

The purpose of this nonexperimental study was to examine and describe the dynamic and potentially conflicting nature of biracial identity, and the impacts on this identity when exposed to intrafamilial racism. We also sought to examine the significance of caregiver support during these experiences. We hypothesized that intrafamilial racism will have a main effect on identity conflict, such that higher levels of intrafamilial racism will lead to higher levels of identity conflict. We found that more frequent experiences of intrafamilial racism were indeed associated with higher overall levels of identity conflict among multiracial individuals. Furthermore, we posited that caregiver support would moderate the relation between intrafamilial racism and identity conflict such that caregiver support would buffer some of the effects of intrafamilial racism on identity conflict – the data supported this as well. This suggests that caregiver support does indeed provide a buffer against identity conflict at low levels of intrafamilial racism, especially for participants with more support from their caregivers.

Further exploration into this effect found that for those high in education (i.e., a college degree), intrafamilial racism was significantly and positively related to identity conflict only

when participants were also high in caregiver support. For those low in education (i.e., a high school diploma), intrafamilial racism was only marginally significant in relation to identity conflict when participants reported low caregiver support. These results suggest a significant buffering effect of caregiver support against the detriments of familial racism; however, the effects are much stronger when the participant is exposed to lower levels of intrafamilial racism and has more education and more caregiver support.

### **Intrafamilial Racism on Identity Conflict**

Our results indicated that experiences of intrafamilial racism and identity conflict were positively associated. That is, more frequent experiences of intrafamilial racism were associated with higher overall levels of identity conflict among multiracial individuals. This aligns with previous literature which states that identity conflict results when one's group identities are perceived by the self to be separate, or when others challenge or negate one's identities (Albuja et al., 2019). In this situation, then, it is very plausible that multiracial individuals' experiences of their family members' discriminatory behaviors towards them would exasperate feelings of identity conflict. Especially when one is young, one's family can be one of the first and most significant contexts in which one develops their identity; if this environment is not perceived as safe, this can serve as a powerful obstacle to healthy identity development. Importantly, this seems to be a common occurrence among multiracial individuals and their families. As mentioned earlier, 57% of participants in this study responded "yes" or "maybe" when directly asked if they had ever experienced prejudice or discrimination from their family members. While it is possible that higher levels of identity conflict can lead one to be more perceptive of discrimination, this is an unlikely direction of events. Those low in identity conflict can still be

very aware of racially based prejudice and discrimination; for example, those with healthy ethnic-racial socialization will be aware of the bias and discrimination their group may face, but are well-equipped to cope with these stressors (see Wakefield & Hudley, 2007).

### **Caregiver Support**

Regardless of one's experiences with their family at large, we proposed that having caregiver support would help attenuate some of the negative effects of harmful family experiences. We found this to be the case – up to a certain point. Our data suggests that caregiver support provides a buffer against identity conflict at low levels of intrafamilial racism, especially for participants who report higher levels of caregiver support. However, at higher levels of intrafamilial racism, there no longer appears to be a difference in identity conflict between those with high or low caregiver support. As their first teachers, parents and caregivers play a key role in the development of a child's ethnic and racial socialization. As such, they are tasked with exposing their children to their heritage culture(s) and discussing issues relevant to this group membership – including both pride in one's identity and preparation for coping with bias (Wakefield & Hudley, 2007). Proper engagement between caregiver and child in this process will lead to a slew of positive social and developmental outcomes for the child across the lifespan. In fact, researchers have suggested that caregivers work collaboratively with schools (another important socializing entity) through culturally competent caregiver education programs to bring schools, caregivers, and adolescents together during a developmentally important time (Wakefield & Hudley, 2007).

## Education

Our results indicated that the association between experiences of intrafamilial racism and identity conflict were significantly moderated by caregiver support only when subjects reported being highly educated (i.e., bachelor's degree). As mentioned above, links between education and racial identity have been healthily explored in psychological literature, and the importance of schools as secondary sites for ethnic-racial socialization has been well documented (see Aldana & Byrd, 2015; Saleem & Byrd, 2021). Indeed, while caregivers are of course a child's first and primary socializers, schools are important environments in which to examine the transmission and effects of ethnic-racial socialization, as individuals spend a significant amount of their time there; the importance of the school context increases as youths move from childhood to adolescence to young adulthood (Saleem & Byrd, 2021).

According to the School ERS (ethnic-racial socialization) Transmission Model proposed by Saleem and Byrd (2021), teachers and peers are named as two key transmitters of ethnic-racial socialization. Teachers can communicate beliefs and values about race and ethnicity both explicitly (e.g., through curriculum and speech choices) and implicitly (e.g., avoiding conversations about race, "not seeing color," or teaching racism as a "thing of the past"; Saleem & Boyd, 2021). Research suggests that most schools take on what they term a "color-evasive" approach; in other words, avoiding discussions of race and racial issues as much as possible (Saleem & Boyd, 2021). Peers, too, can inform each other about race; schools can potentially give opportunities for both interracial and same-race friendships to bloom, which can significantly impact the ways in which an individual thinks about their own relation to their racial identity as well as the role of race in society (Wang & Atwal, 2015; Saleem & Boyd, 2021).

While most of the research above has been conducted in a sub-collegiate setting, the conclusions drawn from this research can be applied to collegiate levels as well. While many college campuses in the United States are historically white, upper-middle-class spaces, they can also serve as hubs for new experiences, exposure to new curriculum and schools of thought, and spaces for interactions with people from around the globe, all of which can inform one's identity as one transitions into a place of greater independence for what may be the first time. Critical consciousness, a useful tool by which to understand the results of this study, is an educational pedagogy developed to eradicate systemic inequity via increased awareness of said inequity by the masses. In other words, it is increased knowledge and awareness of the systems of oppression – as well as their own place within that system (Jemal, 2017). Higher education serves as a natural environment for these reflective processes to take place.

Indeed, with increased ethnic diversity (for example, on campus or when relocating to a university in a larger city), individuals now interact across racial and ethnic lines in their communities and schools, which can make ethnic similarities and differences more visible (Wakefield & Hudley, 2009). Individuals must now consider the extent to which they will identify with their group, negotiate how that may impact their standing in the dominant society, and navigate their relationships with others in similar situations in relation to dominant society, a dilemma coined the “triple quandary” for adolescents and young adults of color (Wakefield & Hudley, 2009); for mixed race individuals, this quandary can become four-fold, as one considers one's own multifaceted identity in relation to other mono-racial minority groups. One possible explanation of this study's results, then, could be that an increased understanding of or stronger relationship with one's racial identity as a result of exposure to higher education and potentially

more diverse environments could assist caregiver support in buffering the effects of intrafamilial racism.

Another possible explanation for the effect found in this study may be that individuals who have stronger ethnic-racial socialization – potentially from their parents, and potentially as an extension of that caregiver support – are more likely to go on to complete higher education. A meta-analysis of 37 studies on the effects of caregiver ethnic-racial socialization found that overall, ethnic-racial socialization was positively related to academic performance, motivation, and engagement, with motivation being the strongest outcome (Rivas-Drake, 2011; Wang et. al., 2019).

### **Limitations and Conclusion**

This study and others like it can be inherently limited as the intersecting complexity of the family unit and identity can make it difficult to capture the necessary context quantitatively. Future research will be needed to attempt to capture more necessary aspects of the narrative, including qualitative instruments in order to capture a fuller, richer picture of the multiracial experience in the United States. Additionally, there are several limiting factors to correlational studies such as this one. For example, while correlational studies can certainly show a relationship between two variables of interest, it cannot prove any causality between variables. Any outcomes found in correlational studies would need to be further explored in order to make claims about causality. Another inherent limitation in studies such as this one is that experimental studies exploring this topic would be time consuming and could easily be deemed unethical; designing a study in which one manipulated the level of racism one was exposed to, or amount of caregiver support one had access to, could have deleterious effects on the subjects.

This study specifically had a slightly disproportionate representation of female participants, and a relatively short measure of caregiver support; additionally, while the authors attempted to capture as many important variables as possible, the complexity of the topic means that one could not possibly account for all potential covariates at play (Asomoah, 2014). Future studies should attempt to recruit a more balanced sample of participants, and may want to incorporate a longer measure of caregiver support that captures a more nuanced picture.

However, this research offers many insights into a topic that is currently under-researched in psychological literature. This research provides information about the relation between intrafamilial racism and identity conflict in mixed race individuals. As a result, researchers will have a greater understanding of outcomes and levels of identity conflict of biracial individuals as it relates to experiences of intrafamilial racism. In an increasingly complex world, it is crucial to understand the unique experiences and outcomes of biracial individuals in order to better inform health practitioners, policy makers, educators, clinicians, and parents of biracial children. By understanding these experiences and the impacts on mixed-race individuals' identity, we can begin to shape a world in which their experiences - and their identities, however complex they may be - are validated and valued.

APPENDIX A  
DEMOGRAPHIC QUESTIONS



1. What is your age?
2. What is your gender?
  - a. Female
  - b. Male
  - c. Nonbinary
  - d. Other [Short answer]
3. What are your most salient racial identities? Select all that apply.
  - a. White
  - b. Black/African American
  - c. American Indigenous/Alaska Native
  - d. Asian
  - e. Native Hawaiian/Other Pacific Islander
  - f. Hispanic/Latino
4. What is the highest level of school you have completed?
  - a. Less than a high school diploma
  - b. High school diploma or equivalent (GED)
  - c. Associate's degree
  - d. Bachelor's degree (e.g. BA, BS)
  - e. Master's degree (e.g. MA, MS, MEd)
  - f. Doctorate (e.g. PhD, EdD, PsyD)
  - g. Other
5. What is your employment status?
  - a. Employed full-time
  - b. Employed part-time
  - c. Unemployed
  - d. Student
  - e. Retired
  - f. Self-employed
6. What is your personal annual income?
  - a. Less than \$25,000
  - b. \$25,000-\$50,000
  - c. \$50,001-\$75,000
  - d. \$75,001-\$100,000
  - e. \$100,001-\$125,000
  - f. \$125,001-\$150,000
  - g. \$150,001-\$175,000
  - h. \$175,001-\$200,000
  - i. Over \$200,000
7. What is your marital status?

- a. Single
  - b. Married/Partnered
  - c. Divorced/Widowed
  - d. Other
8. Do you have children?
- a. Yes
  - b. No
9. How would you describe your childhood home growing up?
- a. Two parents/caregivers
  - b. One parent/caregiver
  - c. Two parents/caregivers in a multigenerational home
  - d. One parent/caregiver in a multigenerational home
  - e. Prefer to self-describe [Short answer]
10. What is your caregiver's relation to you?
- a. Mother
  - b. Father
  - c. Brother
  - d. Sister
  - e. Aunt
  - f. Uncle
  - g. Grandparent
  - h. Cousin
  - i. Friend
  - j. Other [short answer]
11. What is your caregiver's racial identity
- a. White
  - b. Black/African American
  - c. American Indigenous/Alaska Native
  - d. Asian
  - e. Native Hawaiian/Other Pacific Islander
  - f. Hispanic/Latino
12. Have you ever experienced racial discrimination or been the target of racial remarks from this parent/caregiver?
- a. Yes
  - b. No
13. Do you have siblings [or other family members?] who also identify as mixed-race?
- a. Yes
  - b. No

14. If yes, how many family members are mixed-race?

15. If yes, select their relation to you [select all that apply]:

- a. Brother
- b. Sister
- c. Aunt
- d. Uncle
- e. Grandparent
- f. Cousin

APPENDIX B  
CONFLICTS IN ALLEGIANCES (ADAPTED)

These questions focus on the relationship between two of your cultural identities. Think of two of your most salient cultural identities. Please indicate the extent to agree or disagree with the following statements.

RACIAL/ETHNIC IDENTITY 1: \_\_\_\_\_

RACIAL/ETHNIC IDENTITY 2: \_\_\_\_\_

	Disagree strongly						Agree Strongly
1. I feel little or no conflict between my first and my second racial identities.	1	2	3	4	5	6	7
2. I have personally experienced racial prejudice from my first racial identity against my second racial identity.	1	2	3	4	5	6	7
3. I have personally experienced racial prejudice from my second racial identity against my first racial identity.	1	2	3	4	5	6	7
4. I have not yet found a way to integrate being a member of my first racial group with being a member of my second racial group.	1	2	3	4	5	6	7
5. It is easy for me to be both a member of my first racial group and a member of my second racial group.	1	2	3	4	5	6	7
6. I am angry at the way my first racial community treats members of my second racial community.	1	2	3	4	5	6	7
7. I am angry at the way my second racial community treats members of my first racial community.	1	2	3	4	5	6	7
8. I separate my two racial identities.	1	2	3	4	5	6	7
9. I have found my first racial identity to be embracing of my second racial identity.	1	2	3	4	5	6	7
10. I have found my second racial identity to be embracing of my first racial identity.	1	2	3	4	5	6	7
11. I have felt rejected by my first racial identity because of my second racial identity	1	2	3	4	5	6	7
12. I have felt rejected by my second racial identity because of my first racial identity.	1	2	3	4	5	6	7
13. I often feel like I'm betraying my first racial identity at the expense of my second racial identity.	1	2	3	4	5	6	7
14. I often feel like I'm betraying my second racial identity at the expense of my first racial identity.	1	2	3	4	5	6	7
15. I feel as if my sense of my first racial identity is at odds with my second racial identity.	1	2	3	4	5	6	7

APPENDIX C  
DAILY LIFE EXPERIENCES SURVEY (ADAPTED)

How often do these experiences happen to you because of your race or because of racism?	Once a year/ Never				Once a Week or More
	1	2	3	4	5
1. Being ignored, overlooked, or not paid attention to (at a family event, etc.)	1	2	3	4	5
2. Being treated rudely or disrespectfully by family	1	2	3	4	5
3. Being accused of something or treated suspiciously by family members	1	2	3	4	5
4. Family members reacting to you as if they were afraid or intimidated	1	2	3	4	5
5. Being treated as if you were "stupid," being "talked down to" by family members	1	2	3	4	5
6. Your ideas or opinions being minimized, ignored, or devalued by family members	1	2	3	4	5
7. Overhearing or being told by family members an offensive joke, story, or comment	1	2	3	4	5
8. Being insulted, called a name, or harassed by family members	1	2	3	4	5
9. Family members expecting your work to be inferior	1	2	3	4	5
10. Not being taken seriously by family members	1	2	3	4	5
11. Being left out of conversations or activities by family members	1	2	3	4	5
12. Being treated by family members in an "overly" friendly or superficial way	1	2	3	4	5
13. Being stared at by family members	1	2	3	4	5
14. Being laughed at, made fun of, or taunted by family members	1	2	3	4	5
15. Being asked to speak for or represent your entire racial/ethnic group (e.g.	1	2	3	4	5

Parental/Caregiver Receptivity	Never						All the time
	1	2	3	4	5	6	7
1. When the events mentioned on the previous page occur or occurred because of your race, how likely are you to share these experiences with your parent(s)/caregiver(s)?	1	2	3	4	5	6	7
2. When you share(d) these types of events with your parent(s)/caregiver(s), how responsive were they?	1	2	3	4	5	6	7
3. When you share(d) these types of events with your parent(s)/caregiver(s), how likely were they to be reassuring or help you to feel better?	1	2	3	4	5	6	7
4. When you share(d) these types of events with your parent(s)/caregiver(s), how likely were they to share advice and guidance to cope with the event?	1	2	3	4	5	6	7
5. When you share(d) these types of events with your parent(s)/caregiver(s), how likely were they to understand why you were upset by what your family member did or said?	1	2	3	4	5	6	7
6. When you share(d) these types of events with your parent(s)/caregiver(s), how likely were they to validate your feelings about the experience?	1	2	3	4	5	6	7
7. When you share(d) these types of events with your parent(s)/caregiver(s), how likely were they to act in your defense (e.g. asked them to not say it again, or tell them it was not appropriate)?	1	2	3	4	5	6	7

APPENDIX D  
FREE RESPONSE



Have you experienced prejudice or discrimination from your own family? If yes, feel free to describe some experiences you remember. If no, feel free to leave this section blank or share other thoughts on experiences you may remember growing up.

If so, from who? [Check all that apply.]

- i. Mother
- ii. Father
- iii. Grandma
- iv. Grandpa
- v. Aunts
- vi. Uncles
- vii. Cousins
- viii. Other [short answer]

Was it explicit (i.e. blatant, obvious) or implicit (i.e. subtle, hidden)?

How did this make you feel?

How do you feel these experiences shaped who you are today?

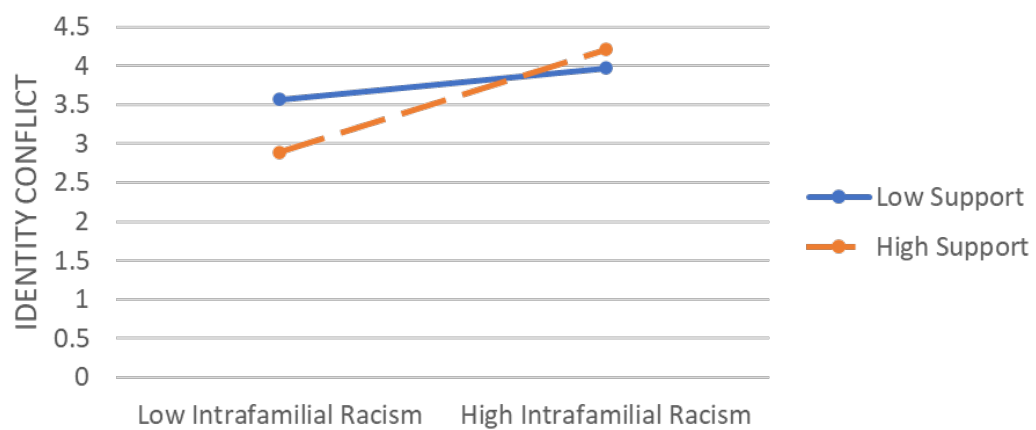
Did you feel free to talk to your parent(s)/caregiver(s) about this? If so, how did they respond? If not, why did you feel you couldn't talk to them?

Feel free to share any final thoughts or, if you'd like, some words on how you would describe what it is like to be mixed-race/biracial.

APPENDIX E

FIGURE 1

Figure 1. Identity Conflict Moderated by Low vs. High Caregiver Support



APPENDIX F  
FIGURE 2 AND 3

Figure 2. Intrafamilial racism and parental support predicting identity conflict for participants low in education.

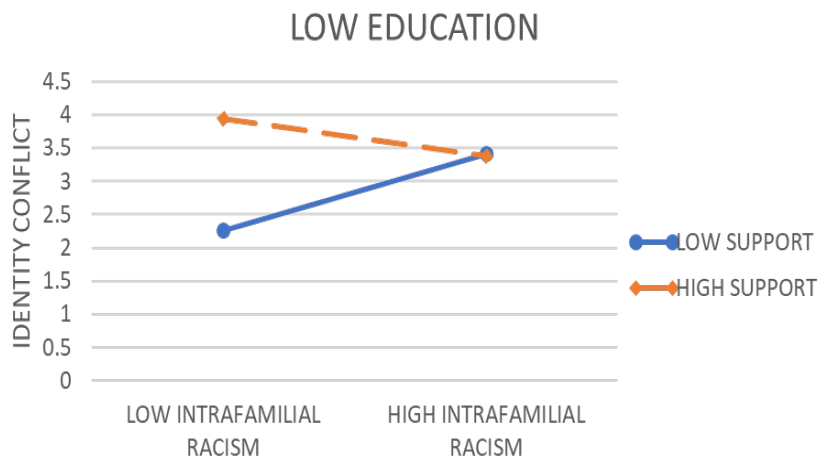
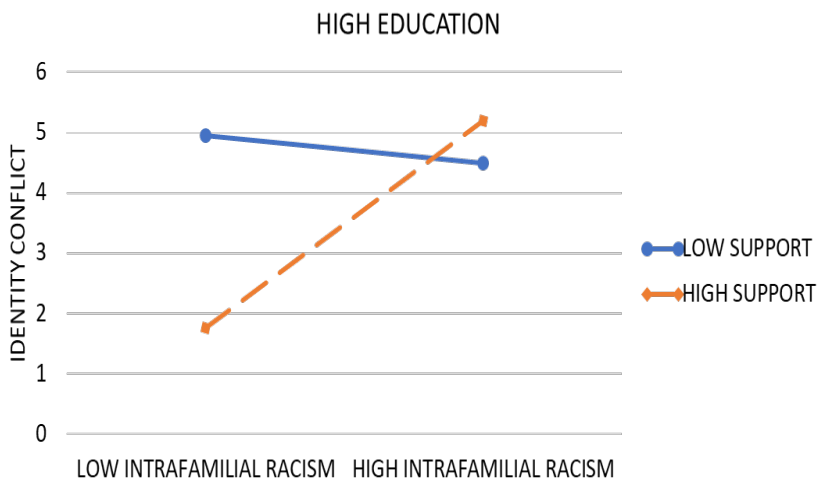


Figure 3. Intrafamilial racism and parental support predicting identity conflict for participants high in education.



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## VITA

Lauren Tan was born in Apple Valley, California, but was raised in the glittering city of Las Vegas, Nevada. She attended Loyola University Chicago from 2016 to 2020 for her undergraduate career, where she earned a Bachelor of Science in Psychology and a Bachelor of Arts in Anthropology, while also minoring in both Spanish and Art History.

While attending Loyola for her Masters degree, Ms. Tan was secretary of Enhancing Diversity in Graduate Education (EDGE), and served on a committee for Loyola's Black Lives Matter conference in 2021.

Currently, Ms. Tan resides in Chicago with a living room full of plants, and hopes to one day adopt a dog.