Racism, mental health and the role of racial conflict for multiracial people

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Racism, Mental Health and the Role of Racial Conflict for Multiracial People

by

Christina M. Martin

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Abstract

Objective: This study examined the moderating role of racial conflict among the relation between experiences of racial discrimination and mental health (psychological distress and psychological well-being) for the multiracial sub-group. Furthermore, this study was among the first to also explore how multifaceted identity choice/racial self-identification was associated with racism, racial tension, and mental health. Methods: Two hierarchical multiple regressions were conducted to assess the potential moderation effect of racial conflict on the relationships between racism and mental health for 242 multiracial adults using survey design and recruitment methods through Amazon’s Mechanical Turk and social media. Results: As predicted, experiences of racial discrimination were negatively associated with psychological well-being and positively associated with psychological distress. Contrary to hypothesis, racial conflict did not serve as a protective factor but amplified the negative relationship between perceived racial discrimination and psychological well-being. Additionally, there was an absence of moderation between experiences of racism and psychological distress. Lastly, as was hypothesized, participants’ multifaceted identity choice varied and there were significant within-group differences between identity choice and racial conflict. Conclusions: There is increasing versatility in the racial self-identification of multiracial people and its subsequent impact this may have on racial conflict and mental health. Improving a better understanding of the experiences of racial discrimination, identity development and overall effect on mental health for the multiracial population is necessary. Future scholarly and clinical implications based on prior and current theory are addressed.

Keywords: multiracial, racial discrimination, racial conflict, identity choice, mental health
# Table of Contents

Acknowledgements ........................................................................................................ii

Abstract .......................................................................................................................... iv

Table of Contents ........................................................................................................... v

Part I: Literary Review .................................................................................................. 1
  Definitions ....................................................................................................................... 3
  Theoretical Underpinnings ............................................................................................ 3
  Historical Overview of Identity
  Development ............................................................................................................... 6
  Study Variables .............................................................................................................. 9
  Confounding Variable:
    Global Pandemic ..................................................................................................... 13
  Research Questions ...................................................................................................... 14

Part II: Methods .......................................................................................................... 15
  Procedure ...................................................................................................................... 15
  Participants ................................................................................................................... 16
  Instruments .................................................................................................................... 17

Part III: Results ........................................................................................................... 21
  Preliminary Analyses .................................................................................................. 21
  Major Analyses .......................................................................................................... 25

Part IV: Discussion ...................................................................................................... 28
  Limitations ................................................................................................................... 34
  Implications and Future Directions ............................................................................ 37

References .................................................................................................................... 42

Appendix A: Social Media Recruitment ....................................................................... 51
Appendix B: Screening Questionnaire ......................................................................... 52
Appendix C: Informed Consent .................................................................................. 53
Appendix D: Perceived Ethnic Discrimination Questionnaire .................................... 55
Appendix E: Multiracial Identity Integration (MII-Conflict) ......................................... 57
Appendix F: Mental Health Inventory .......................................................................... 58
Appendix G: Demographic Questionnaire ................................................................... 66
Appendix H: Figures and Tables ................................................................................ 69
Racism, Mental Health & The Role of Identity Conflict for Multiracial People

Racial discrimination is associated with poorer mental and physical health outcomes (Brody et al., 2006; Carter, Lau, Johnson & Kirkinis, 2017). Research has documented that those who self-report experiences of racial discrimination often have greater physical health problems (Beydoun et. al., 2017; Paradies et. al., 2015) and psychological distress (Banks, Kohn-Wood, & Spencer, 2006). The current literature has focused on the relationships between perceived racial discrimination and negative health outcomes in several racial groups, including Asian-American’s (Lee & Ahn, 2011), African-Americans (Mouzon, Taylor, Woodward & Chatters, 2017; Pieterse, Todd, Neville, & Carter, 2012), Latinx (Lee, & Ahn, 2012) and Native-Indians (Chae & Walters, 2009). Few quantitative studies, however, have examined the relationship between multiracial people’s perceptions of racial discrimination and their mental health. Pedrotti and scholars (2008) noted two content analyses were conducted over the course of 20 years, across four major counseling journals, which found there were less than 10 articles pertaining to multiracial populations. Yet, the multiracial population has been considered the fastest growing population in the U.S. (Hummes, 2011) growing at a rate three times as fast as the general population (Parker et al., 2017). Although scant, studies have acknowledged a relationship between perceived racial discrimination and mental health outcomes of multiracial individuals, however results should be analyzed with caution due to mixed findings because of methodological flaws including inadequate operational definitions of multiracial identity, skewed population samples and psychometric measurements of constructs. This neglect of empirical literature with the multiracial population is a cause for concern, and it calls to action the need for more rigorous quantitative research focusing extensively on the relationship between perceived racial discrimination and mental health outcomes for multiracial people.
Interracial dating and marriages have been increasingly on the rise (Root, 1996) since the anti-miscegenation laws were overturned in the late 1960’s following the U.S. Supreme Court civil rights case *Loving v. Virginia* (Wallenstein, 1995). Thus, the number of people in the U.S. who identify as biracial; which is defined as identifying with being a member of two racial groups (i.e., biological parents are of different racial backgrounds; Poston, 1990) or multiracial; identifying with two or more racial groups (Renn, 2008), continues to rise. Even though the multiracial population is ever-growing, estimates are still considered conservative, due to the historical exclusion of biracial and multiracial identity on the U.S. Census prior to 2000, thus skewing the percentage. However, little research has investigated the unique mental health needs of multiracial individuals (Gale, 2017; Giamo, Schmitt, & Outten, 2012; Jackson, Yoo, Harrington, & Guevarra, 2012).

Research suggests that the experiences of racism (Poston, 1990), racial invalidation (Rockquemore & Brunsma, 2004), as well as the impact of sociopolitical constructs (Mivelle et. al., 2005) are a few factors that influence one’s decision to adopt a single racial identity. Multiracial identity is also fluid (Pedrotti, Edwards & Lopez, 2008) and may change over time and/or across situations (Rockquemore et al., 2009), yet studies examining the impact of discrimination for multiracial individuals’ have often failed to acknowledge the multifaceted nature of the identity development process. This study, therefore, aimed to expand on current literature by exploring the associations of varying multiracial group identification and experiences of perceived racial discrimination, racial tension, and overall mental health.
Definitions

For the purpose of this study, the term *multiracial* was used to describe individuals of a mixed-race background. Multiracial is used to be inclusive of individuals who also identify as biracial; identifying as two racial groups (Jackson et al., 2012), as well as those who identify with two or more racial heritage groups. It is important to note, that Latinx was also included as a racial category due to the longstanding history of Latino origin used to identify one’s racial group within the United States (Hirschman, Alba & Farley, 2000). Further, existing research on racism of multiracial people, the Latinx population is found to share similar experiences of racial discrimination (Jiménez, 2004). Lastly, both biracial and multiracial literature will be referenced throughout, however the two terms are not synonymous.

Theoretical Underpinning: Rejection Identification Model & Multiracial People

Perceived racial discrimination is defined as one’s perception of being mistreated by others due to their racial group (Clark, Anderson, Clark, & Williams, 1999). Existing literature acknowledges an association between perceived racism and adverse psychological health outcomes among racial minority groups, (Gee et al., 2007; Kaholokula et al., 2017; Mouzon et al., 2017; Pieterse, Todd, Neville, & Carter, 2012; Williams, Neighbors & Jackson, 2003), however the support for this connection within the multiracial population has rarely been addressed empirically (Giamo et al., 2012; Jackson, Yoo, Guevarra Jr., et al., 2012). Multiracial individuals, comparable to their monoracial counterparts, experience racial discrimination (Giamo, Schmitt, & Outten, 2012; Rockquemore et al., 2009) and study findings indicate that racial discrimination may even be more prevailing for multiracial people (Brackett et al., 2006) which can lead to detrimental effects on overall health and wellbeing.
A review of the literature suggests a strong sense of racial identity can defend against the vulnerabilities of perceived racism for minority groups (Branscombe, Schmitt, & Harvey, 1999; Yip, 2018; Yip et al., 2019). This phenomenon largely stems from the rejection-identification model (RIM; Branscombe, Schmitt, & Harvey, 1999) which predicts: (a) experiences of rejection from an outside group can harm psychological well-being, and (b) perceptions of one’s discrimination against their ingroup will likely increase one’s identification with that ingroup. This becomes beneficial for those of marginalized groups because it creates a sense of belonging (Branscombe, Schmitt, & Harvey, 1999; Giamo, 2012) thereby providing a greater sense of purpose and psychological well-being (Pieterse & Carter, 2010). Therefore, like other marginalized racial groups, perceived discrimination among multiracial people may encourage individuals to identify with other multiracial people and create a collective identity around being an individual from multiple racial backgrounds.

Scholars, Giamo, Schmitt & Outten (2012) were the first to test the rejection-identification model with the multiracial population and examined the mediating role of multiracial group identification on perceived group discrimination and life satisfaction for 252 participants. Perceived discrimination was related to several aspects of multiracial group identification, however only one dimension (self-stereotyping) was found to be a protective factor for life satisfaction. Giamo and colleagues (2012) operationally defined multiracial identity through Leach et al.’s., (2008) multidimensional model of group identification. Leach and scholars (2008) recognized five dimensions of in-group identification across two domains

self-definition, which refers to one’s perception of being similar to or having commonalities with in-group members (i.e., self-stereotyping and in-group homogeneity) and self-investment, which acknowledges individuals’ positive feelings and level of importance attributed to that in-group
membership (i.e., solidarity, satisfaction and centrality). Giamo and colleagues (2012) adapted these in-group dimensions to reflect multiracial group-identification for the purposes of their study which included: (a) Self-stereotyping defined as the extent to which an individual perceives themselves as similar to the average in-group multiracial group member, (b) In-group homogeneity, which represented individuals who perceive themselves to be similar to the multiracial group as an entity, and viewing the population as distinct from other out-groups (Leach et al., 2008) (c) Solidarity, defined as one’s commitment and psychological bond to the multiracial group identity, (d) Identity Satisfaction, which referred to one’s positive feelings about the multiracial sub-group and their membership within it, and (e) Centrality defined as the salience and importance of that group-membership to one’s sense of self. Although Giamo et al., (2012) were one of the first to expand multidimensional group identification with the multiracial population, this definition is limited for a few reasons. First, research consistently reports that multiracial people often feel torn between the monoracial groups that comprise their racial heritage (C.-Y. Cheng & Lee, 2009; Shih & Sanchez, 2005) and can also experience discrimination from one’s ingroup (Albuja, Sanchez, Cipollina, Gaither & Straka, 2019), therefore causing tension between their racial identities. As such, multiracial people’s identification with the multiracial subgroup may vary (Rockquemore, Brunsma, & Delgado, 2009) based on the level of discrimination, sociopolitical context, forced choice (Shih & Sanchez, 2005), and subsequent conflict experienced through the integration of their multiple racial compositions. Studies with multiracial individuals have been largely criticized for not acknowledging the racial identity formulation for this population, the affect that has on racial identity commitment, and its subsequent role as a protective factor on well-being. Second, this definition of group identification focuses more on one’s feelings and commitment towards the
multiracial sub-group but does not consider the increasing versality of racial self-identification for this population. For example, individuals who do not identify with the multiracial in-group, or may have positive feelings surrounding this sub-group and yet still identify as something other than multiracial. This study therefore builds on Giamo and colleagues (2012) work by offering an alternative, non-traditional view of multiracial self-identification, which acknowledges that identity choice extends beyond the classification of “multiracial” for this diverse group.

Taken together, the proposed study aimed to further expand the RIM by investigating the impact of perceived racial discrimination on the psychological well-being of multiracial individuals. Additionally, this study is the first to explore to this writer’s knowledge, from a quantitative lens, the association between the racial tension of multiracial adults and their multifaceted identity choice. The aim is to explore whether racial identity commitment is a protective factor for this population, as well as expand on the definition of group identification for multiracial people.

A Historical Overview of Identity Development

Due to the recent acknowledgement of multiracial people as an existing race less than twenty years ago (Humez et al., 2011) many scholars are left confused and unaware of the complexities and unique experiences of racial identity development for multiracial people. Therefore, to address these concerns, it is important to provide a historical overview of racial identity development approaches for the multiracial population.

Racial identity can be defined as how individuals relate to the groups, they share racial designation with, and developmental approaches therefore reflect the growth process of evolving racial attitudes occurs over the lifespan (Tatum, 1992). Earlier models of multiracial identity presented as early as the 1930s (Stonequist, 1937) were largely criticized because of the
emphasis on internal conflict between the racial compositions of one’s two worlds. In the decades following, theorists established stage-based conceptualizations of the identity development process, the problem approach, equivalent approach, and the variant approach (Rockquemore, Brunsma, & Delgado, 2009). The problem approach, which mirrors that of Stonequist (1937) reflects that being a multiracial person is troublesome because they struggle to hold more than one racial identity and experience rejection, isolation, and stigma from both racial groups, which often lead to feelings of confusion and distress (Rockquemore et al., 2009). Multiracial identity development theories further developed from the problem approach of multiracial identity to the equivalent approach (Rockquemore et al., 2009), which considered multiracial and monoracial people of Color as equivalent and viewed racial identity development as only meaningful when embracing a strong monoracial identity. Comparable to the problematic approach, the equivalent approach is an incomplete conceptualization of the multiracial identity experience (e.g., rejecting one’s racial group) and therefore problematic. For this reason, scholars developed a variant approach to multiracial identity development (Rockquemore et al., 2009), where healthy multiracial identity is viewed as the integration of dual racial and/or cultural identifications of one’s racial background (Poston, 1990). This racial developmental approach acknowledges multiracial identity integration as an individual difference factor that may account for complexities on the psychological outcomes of multiracial groups.

**Multiracial Identity Integration: A Closer Look at Racial Conflict**

Founded through the variant approach, multiracial identity integration is conceptualized as a person’s perception of the relationship between their multiple racial identities (Cheng & Lee, 2009). Specifically, multiracial identity integration (MII) includes two constructs, *racial identity conflict* and *racial identity distance* (C.-Y. Cheng & Lee, 2009). Racial identity conflict
refers to the perceived feelings of tension between differencing racial identities, whereas racial identity distance is the perceived separation between one’s different racial identities (C.-Y. Cheng & Lee, 2009). Therefore, high multiracial identity integration would indicate low levels of racial distance (i.e., there is little separation between multiple racial identities) and racial conflict (i.e., there are few contradictions between the norms and values of multiple racial backgrounds). Higher endorsement of multiracial identity integration is theorized as a healthy psychological outcome for multiracial identity development (C.-Y. Cheng & Lee, 2009).

Extant literature, although scant, has examined multiracial identity integration (MII) as a protective factor for perceived racial discrimination or as a predictor of overall negative mental health effects such as psychological adjustment (Jackson, Yoo and Guevarra et al., 2012), physical health and substance use (Gale, 2017), but research has conveyed mixed results. In each study previously mentioned, racial distance consistently showed low reliability estimates, and did not hold as a protective factor as predicted. Scholars Jackson, Yoo and Guevarra et al. (2012), were the first to test the moderating role of MII on perceived racial discrimination and psychological adjustment of 263 multiracial adults. Results found that multiracial identity integration was only a significant moderator when related to racial conflict, for the relationship between perceived racial discrimination and negative affect for multiracial individuals. Thus, racial conflict as a construct (i.e., feeling “torn” between racial identities) may be better suited as a protective factor compared to racial distance and warrants further examination. Conversely, Gale (2017) examined the moderating role of MII on racism, health and substance use among 249 multiracial adults, however a moderating effect was not supported by the findings. Although multiracial identity integration theory posits that MII serves as a protective factor (C.-Y. Cheng & Lee, 2009), further research is warranted to test this theory because of inconsistent empirical
results. Further, research has yet to examine racial conflict as a unique moderator between perceived racial discrimination and mental health outcomes for multiracial people, which may better discern if multiracial identity integration or if racial conflict is more of a protective factor.

The current study therefore built on studies that have examined multiracial identity integration (MII) as a moderator between perceived racial discrimination and adverse health outcomes (Gale, 2017; Jackson et al., 2012). This study served as an extension and modification by examining racial conflict as a unique protective factor for this population as well as expanding on the definitions of psychological distress (depression, anxiety, loss of emotional and/or behavioral control) and psychological well-being (positive affect and emotional ties) more comprehensively, as related mental health factors.

**Multifaceted Multiracial Identity Choice**

The assumption that multiracial people have a singular understanding of their racial identity masks the fact that multiracial identity development is complex based on navigating multiple racial backgrounds (Root, 1998). For centuries, the U.S. has carried the belief that there are stark differences between races, thereby creating socially constructed norms to stratify racial groups. The multiracial identity development process has been theorized to be further complicated by multiracial individuals’ interactions with racial oppression, including experiences of discrimination within one’s own family (Nadal et al., 2013) and amongst groups that represent their heritage (Albuja, Sanchez, Cipollina, Gaither & Straka, 2019). Recent models of multiracial identity acknowledge this level of complexity, while also pointing out that identity development is a process that is not linear or unilateral but multifaceted (Rockquemore & Brunsma, 2002; Root, 2003). In particular, Root (1998; 2003) developed an *ecological approach* which posits that multiracial people can choose their identity with various multiracial group choices, based on
factors such as socio-cultural environment, personal history, family and other demographic factors. Taken together, one of the most prominent features to emerge from newer theories pertaining to multiracial identity development is that racial identity varies and is fluid (Rockquemore, 2009).

Some scholars have found that individuals who are biracial identify themselves as monoracial and would continue to do so even if presented with the “mixed-race” or “biracial” categories (Williams, 1995). Others will blend to create a hybrid identity, some will shift between identities depending on location and whom they are interacting with, and others still refuse to identify as any racial category (Rockquemore, 2009). This variation has been best documented through qualitative research examining Black/White identity (Roquemore & Arend, 2002), however, this phenomenon is not exclusive to the Black/White demographic and extends to other mixed-race groups. There has only been one quantitative study, known to this author, that found multiracial identity is related to well-being. Binning et al., (2009) found that multiracial high school students who identified with multiple groups had better psychological well-being and social engagement compared to those who identified exclusively with a monoracial group. Based on the limited empirical support, it is critical when examining functions of racism and racial identity for multiracial people, that identity is not viewed unilaterally, and this multifaceted nature of the identity development process is considered.

The existing research on multiracial identity development, however, has failed to consider how racial identity choice might affect experiences of racial tension, despite empirical demand to include this demographic with the multiracial population (Rockquemore, 2009; Townsend et al., 2009), which may account for conflicting results in identifying accurate protective factors for this population. Giamo (2012) operationally defined group identification as
how strongly one identifies with the singular category of “multiracial” and did not account for differences among racial self-identification. Other studies have either excluded participants who identified as monoracial (Gale, 2017) and/or consisted of participants that were largely skewed towards people that were interested in multiracial identity (i.e., members of multiracial listservs; Jackson et al., 2012). This current study aimed to address this gap by being the first, to this writer’s knowledge, to explore quantitatively the associations and group differences between multifaceted multiracial identity choice, perceived discrimination, identity conflict and mental health for multiracial adults.

**Perceived Racial Discrimination**

Existing empirical research has largely focused on the association between racial discrimination and the positive and negative, physical, and mental health outcomes for monoracial minority groups (Brody et al., 2006). Similarly, literature has shown multiracial individuals have encountered experiences of racism that include: verbal attacks concerning one’s racial identity (Sue et al., 2007), social exclusion and feelings of pressure from within the family and others to adopt a single racial identity, also known as forced choice (Sanchez, 2010) which lead to negative health consequences such as poor self-esteem (Coleman & Carter, 2007), psychological distress (Townsend, Markus, & Bergsieker, 2009) and depression (Sanchez, 2010). Although the literature examining experiences of racism and the negative mental health effects among multiracial individuals is evident, it is also rather new within the field of psychology. Moreover, to build upon extant theory, replication attempts are necessary to establish foundational theory, which is the aim of science. This study will represent a conceptual replication of Jackson et al., (2012) and Gale (2017), through the examination of the adverse effects of perceived discrimination for multiracial people, while also expanding on the definition
of multiracial group identification (Giamo, 2012) and its subsequent impact on this relationship. Mental health professionals and counselor educators would benefit from this research to increase their awareness and advocacy efforts surrounding the impact of racism on multiracial individuals.

**Racial Identity – Moderating Discrimination and Well Being**

While there is extensive research examining the relationship between perceived discrimination and negative health outcomes (Brody et al., 2006; Paradies et al., 2015; Williams & Williams-Morris, 2000), there is also a plethora of literature that addresses what may be considered protective factors of this relationship. Research illustrates there are both external and internal factors that influence the impact racial discrimination will have on overall well-being (Schmitt et al., 2014). External factors include receiving social support from either the intragroup (i.e., individual, and organizational support from within one’s racial/ethnic group) or intergroup (i.e., feeling a sense of safety, security, environmental and institutional support from dominate group; Schmitt et al., 2014). Internal mediators include factors that are person-centered (i.e., racial identity commitment; Schmitt et al., 2014). Researchers have assumed that a strong identification with one’s racial group can serve as a psychological buffer against perceived prejudice and discrimination (Cross, 1991; Phinney, 1990, 1996) which stems from the rejection-identification model (Branscombe et al., 1999). Components of this model acknowledge that rejection and prejudice presented by the dominant racial group results in a direct and negative effect on well-being, and that there are positive effects on well-being that are mediated by minority group identification. Many empirical studies have tested this theory across various minority groups (i.e. African American; (Branscombe et al., 1999); Latinx Americans, (Cronin et, al., 2012), and international students, (Schmitt, Spears & Branscombe, 2003). However, there
are only a few empirical studies that have examined the moderating hypothesis among biracial/multiracial populations and the findings have been inconclusive (Giamo et al., 2012; Jackson et al., 2012).

**Confounding Variable: 2020 Pandemic**

In March of 2020, the World Health Organization issued a public health emergency because of the novel coronavirus disease (COVID-19). As the COVID-19 cases and related deaths in the U.S. continued to rise, health disparities and institutional racism, made the pandemic far worse for African Americans and people of Color (Louis-Jean et al., 2020). To slow the spread of the contagious disease, stringent social distancing restrictions were enforced that resulted in a global economic fallout (Blustein et al., 2020). Shortly after the pandemic began, the resurgence of anger at long-standing racism and racial inequalities created a scene of national civil unrest. It has been well established within the literature that these socioeconomic and racial/ethnic divides have contributed to the adverse psychological and physiological outcomes for people of Color (Galea & Abdalla, 2020). Taken together, it was critically important to address the COVID-19 pandemic as a confounding variable within this study given the potential impact on the psychological status of the current participants.

**Significance of the Study**

Extending nuanced literature is necessary in order to support and validate any worthwhile theory (Serlin, 1987). The review of the literature on the impact discrimination of racial minorities has on their well-being, testing the rejection-identification model, and the dearth of literature on biracial people’s experiences of perceived discrimination as well as the dynamic nature of their multifaceted identity choice, highlight the importance of further analyzing this work. The current research therefore was designed to examine the moderating role of multiracial
identity conflict on the associations between (a) perceived racial discrimination and (b) psychological well-being and psychological distress. This study also explored how variant multiracial identity interacts with predictor, moderator, and dependent variables.

**Research Questions**

Based on the foregoing review of the literature (e.g., C.-Y Cheng & Lee, 2009; Giamo et al., 2012; Jackson et al., 2012; Rockquemore, 2009), five hypotheses were posed. First, perceived racial discrimination was hypothesized to be uniquely and negatively associated with psychological well-being. Such that multiracial individuals who experience perceived racial discrimination will have lower levels of psychological well-being. Second, perceived racial discrimination would positively be associated with psychological distress (i.e., multiracial people who have more experiences with perceived racial discrimination would report higher levels of psychological distress). Third, multiracial racial identity conflict would moderate the relation between perceived discrimination and psychological well-being (i.e., low levels of multiracial identity conflict should weaken the negative association between perceived racial discrimination and psychological well-being). Fourth, multiracial identity conflict would moderate the relation between perceived discrimination and psychological distress, meaning higher levels of multiracial identity conflict would strengthen the positive association between perceived racial discrimination and psychological distress. Lastly, the fifth hypothesis although exploratory in nature, it was predicted there would be variability in participants’ multifaceted identity choice, as well as group differences among predictor, moderator, and criterion variables based on racial self-identification.
Methods

Procedure

This study was approved by the Institutional Review Board (IRB) at the University at Albany, SUNY in May 2020. Due to the detrimental social effects of COVID-19 (Pfefferbaum & North, 2020) and social restrictions, most participants were recruited through Amazon’s Mechanical Turk (MTurk). There has been a tremendous increase in literary support, across multiple disciplines, for survey research because you are able to access unique, large range of populations that may otherwise be difficult to obtain in a time sensitive way (Wright, 2005).

Although most of the data collection was through Amazon’s Mechanical Turk (MTurk), participants were also recruited through social media (i.e., Facebook, Instagram; see Appendix A). A link to the online study was provided in the recruitment email. Once participants followed the link, they were directed to the online study via a web-based software PsychData where they were initially screened for the study via a brief eligibility questionnaire (Appendix B). Participants that did not meet the initial inclusion criteria, were directed to a letter that informed them of their ineligibility to participate in this study and thanked them for their interest. Participants that did meet the inclusion criteria, were directed to the electronic informed consent (Appendix C), which included a description of the study, potential risks and benefits of participating with this study, confidentiality of participants and data and the voluntary nature of participation. Furthermore, participants were notified that they cannot skip any items from the measures, however they were welcomed to leave the study at any time. The investigator’s contact information was provided as well as the investigator’s advisor.

To reduce the potential for order of effects, measures were counterbalanced by PsychData software, and two instructional manipulation checks were used to assess participants’
attention to instructions. Through a comparison of means, differences between sources of data collection were examined, of which no significant differences were found. Upon completing the questionnaires, participants ended with a page thanking them for their time. Participants who were not from Mechanical Turk, were also sent a separate page to voluntarily enter their contact information (i.e., email address) to enter a drawing to win a one out of ten $10 gift cards. Participant contact information were kept separate from the web-based questionnaire responses to ensure confidentiality.

**Participants**

A sample of 464 multiracial individuals initially completed the informed consent (Appendix C). Cases that were missing more than 5% of data were removed from the study, of which 25 participants were removed. An additional 222 participants were removed from the study because they did not meet inclusion criteria (e.g., have parents of differing racial backgrounds), leaving 242 participants eligible. Most participants identified as male (51.7%) with only (47.1%) of participants identifying as female and (1.2%) as transgender, non-binary/gender nonconforming and fluid, aged 18-64 (M = 32.33, SD = 9.63). Participants varied regarding sexual orientation with 78.9% identifying as heterosexual, 17.9% as bisexual, and 4.1% as gay, lesbian and fluid. Additional demographic information (i.e., socioeconomic status, relationship status, religion, etc.) can be found at Table I. Covariates were chosen based on their overall association with dependent variables. Although socioeconomic status (i.e., income) and level of COVID distress were the only statistically significant covariates, age was also entered as a covariate within each model based on past research (Townsend, Fryberg, Wilkins & Markus, 2012). Racial distribution of the final sample was as follows (Table 2): 56% identified with two races, 9.3% with three or more races, and 34.7% identified with only one race but noted differing
racial backgrounds of their parents. Lastly, participants ranged in COVID-19 levels of distress, where 7% of participants reported they were not at all stressed by the pandemic, 24.4% indicated they were a little stressed, 31% stated they were moderately stressed, 14.5% were more stressed than not and 21.1% indicated they were extremely stressed.

**Measures**

The Brief Perceived Ethnic Discrimination Questionnaire (PEDQ-CV). The Brief PEDQ-CV (Brondolo et al., 2005; See Appendix D) consists of 17-items and was used to measure participants’ experiences of racial discrimination. Participants were instructed to rate on a 5-point Likert scale (1 = never happened, 5 = happened very often) the degree to which they have experienced racism because of their multiracial background in their lifetime. Following previous literature using the PEDQ-CV with the multiracial population, all items were revised to begin with the phrase “Because of your multiracial background.” (Brondolo et al., 2005; Gale, 2017; Jackson, Yoo, Guevarra, & Harrington, 2012). Sample items include: (How often…) Have people not trusted you? and (How often…) Have others made you feel like an outsider who doesn’t fit in because of your dress, speech, or other characteristics related to your ethnicity?. Scores range from 17-85, with higher scores indicating more experiences of perceived discrimination. Brondolo et al., (2005) reported that the subscales are intercorrelated (rs: 0.55-0.72). Additionally, Jackson and colleagues (2012) assessed how multiracial identity integration moderates the relation between perceived discrimination and psychological adjustment, the PEDQ-CV full scale had an internal reliability estimate of .92. These findings provide support for using the PEDQ-CV full-scale score for this study. The PEDQ-CV also correlated with psychological adjustment (Depression Anxiety Stress Scale – Short Form – DASS -21) and the
Conflict subscale of the Multiracial Identity Integration Scale (MII). The Cronbach’s Alpha for this measure with this sample was .94 (Jackson et. al., 2012).

The Brief PEDQ-CV was also shown to be correlated with the Perceived Racism Scale (PRS; McNeilly, Anderson, Robinson, et al., 1996), another well-known and empirically supported measure of perceived racism. Specifically, the PEDQ-CV demonstrated significant correlations with the Black \(r = .61, p < .001\) and Latino \(r = .57, p < .001\) versions of the PRS. Thus, the convergent validity of the PEDQ-CV has been supported through the association with measures of perceived racial discrimination. In the current study the mean item score of the PEDQ-CV was 43.08 (SD = 15.92) with an internal reliability of \(\alpha = .96\).

**Multiracial Identity Conflict (MII-Conflict).** Identity conflict was assessed using the racial conflict subscale of the Multiracial Identity Integration measure (MII; C.-Y. Cheng & Lee, 2009; see Appendix E). The MII consists of 8-items with two subscales that describe multiracial identity integration: racial conflict and racial distance. Respondents report the extent to which each statement reflects their experience on a 5-point Likert scale ranging from 1 (completely disagree) to 5 (completely agree). The MII is one of the only existing measures that captures the complexity of identity formation for multiracial people (C.-Y. Cheng & Lee, 2009) and has adequate psychometric properties (Jackson et al., 2012). Additionally, the MII was chosen because it is not limited to one multiracial subgroup (e.g., Black/White) but instead encompasses all multiracial identities (i.e., Black/White, Asian/White, Black/Latino, etc.) when assessing multiracial identity formulation. A pre and post-test analysis, reported that reliabilities were high in both the pre (Racial Conflict \(\alpha = .74\)) and post administrations of the scale (Racial Conflict \(\alpha = .70\)). In addition, past research has identified racial conflict, as compared to racial distance, is a
stronger moderator of perceived racial discrimination and psychological health of multiracial people living in the U.S. (Jackson, et al., 2012) with a reported internal reliability estimate of .81. In the current study the mean score of MII-Conflict was 11.93 (SD = 3.69) with an internal reliability of $\alpha = .65$. Scores could range from 4-20 with higher scores indicating greater racial conflict (tension experienced between norms and values of multiple racial demographics).

Sample items include: *I am conflicted between my different racial identities* and *I do not feel any tension between my different racial identities*. Therefore, lower scores on the racial conflict subscale translate to having few contradictions between one’s racial demographics norms and values.

**The Mental Health Inventory (MHI).** The Mental Health Inventory (MHI; Veit & Ware, 1983; See Appendix F) was implemented to measure psychological distress and wellbeing and is a 38-item self-report measure that produces three indexes—psychological distress, psychological well-being, and global mental health. The MHI was selected due to its superb psychometric properties, as well as its frequent use on non-clinical samples (Pieterse & Carter, 2007; Veit & Ware, 1983). There are three scale formats for the MHI. The first format consists of five factors (anxiety, depression, loss of behavioral/emotional control, general positive affect, and emotional ties). The second format has two scales: psychological distress (PSD), which is the combination of anxiety, depression, and loss of behavioral control/emotional control, and psychological well-being (PWB), which consists of general positive affect and emotional ties. The third format is the global index of mental health. While there are three scale formats for the MHI, the second scale with two factors of psychological distress (PSD) and psychological well-being (PSW) was used for the purposes of this study due to the substantial loss of information that is associated with a single score and poor model fit for a five-factor model (Veit & Ware,
1983) and the extensive support for the practice of scoring the MHI as a two-dimensional model (Manning, Newhouse, & Ware, 1982).

Items are rated on a 6-point Likert-type scale (1 = all of the time) to (6 = none of the time) and scores could range from 38-226. Higher scores on the psychological distress scale (PSD), which consists of 22 items, indicate negative states of mental health during the past month. Example items include: (During the past month…) Have you been in firm control of your behavior, thoughts, emotions, feelings and (During the past month…) Have you felt so down in the dumps that nothing could cheer you up? Higher scores on the psychological wellbeing scale (PSW), compiled of 16 items, indicate positive states of mental health during the past month. Sample items include: (How much time, during the past month…) Have you felt emotionally stable? and (How much time, during the past month…) Have you felt cheerful, lighthearted? Veit and Ware (1983) reported internal consistency reliability estimates from large samples (N=5,089) for psychological distress as .96 and psychological well-being as .92. Several studies have also provided evidence of content, concurrent, and constructive validity of the MHI (e.g., Pillay, 2005).

Due to the scarce quantitative literature on the multiracial population, the MHI has yet to be examined with this population, to this author’s knowledge. However, it is important to note that the MHI has demonstrated strong reliability and validity across different racial minority groups (Franklin-Jackson & Carter, 2007; Miller, Yang, Farrell & Lin, 2011). For this reason, the proposed study added to the existing literature by further extending the use of the MHI with the multiracial population. In the current study, the mean item score for Psychological Well-Being (PSW) was 62.75 (SD = 14.09) with an internal reliability of α = .94. Psychological Distress (PSD) had a mean score of 70.93 (SD = 22.35) with an internal reliability of α = .92.
**Multiracial Identity Choice:** To assess multifaceted identity choice Rockquemore’s (2009) five categories of multiracial identity were used. R1: *I consider myself exclusively one race*, R2: *I sometimes consider myself one race, sometimes my other race, and sometimes biracial depending on the circumstances*, R3: *I consider myself Biracial, but I experience the world as:*, R4: *I consider myself exclusively as Biracial/Multiracial* and R5: *Race is meaningless, I do not believe in racial identities*. Consistent with extant qualitative literature, results indicated that multiracial people, when given the choice, acknowledged there are varying levels of multiracial identity (Rockquemore et al., 2009; Rockquemore & Arend, 2002). In total, 9.9% of participants considered themselves exclusively one race (R1), 24% reported that sometimes they consider themselves one race and sometimes another (R2), 25.63% noted they consider themselves biracial, but they experience the world as another race (i.e., Black, White; R3), 31.8% indicated they exclusively consider themselves as Biracial/Multiracial (R4) and 6.6% stated race is meaningless and did not believe in racial identities (R5).

**Demographics.** Demographic questionnaire items (see Appendix G) assessed participants’ gender, age, sexual orientation, socioeconomic status, education level, relationship status, student (part-time/full-time/undergraduate/graduate student) or university staff member status and religion/spirituality. To further examine multifaceted identity choice, a demographic questionnaire was adapted from Rockquemore (1999) that asked participants to describe their multiracial identity amongst five different domains. One additional item was created to assess the level of distress regarding the COVID-19 global pandemic.

**Preliminary Analyses**

An a-priori power analysis was conducted to determine an adequate sample size to retain a power level of .80 with study wise $\alpha = .05$, across 2 statistical tests based on the effect sizes
from previous relevant literature. Prior research found that effect sizes for the relationship between perceived discrimination and psychological well-being were in the medium range (i.e. $R^2_{\text{adj}} = .05$; Sellers et al., 2003) and psychological distress (i.e., $R^2_{\text{adj}} = .043$; Meyers et al., 2010). As such, a medium effect size was implemented for a power analysis which indicated a total sample size of 220 participants were needed. Therefore, the sample size of 242 rendered sufficient power.

Although there were 242 participants eligible for the study, there were 65 participants that had missing data from study variables. Given that eliminating these cases would have significantly reduced power and provided incomplete results, accounting for missing data was critical. Multiple imputation was the method used for analyzing missing data, because it has been widely used within the field of psychology, especially with survey research (Rubin, 1996). Multiple imputation procedure for this study generated imputations for only predictor, moderator and criterion variables and were not imputed for demographic variables. Extant research acknowledges that three to five imputations are sufficient to obtain excellent results (Rubin, 1987), thus five imputation datasets, were computed, within the current study. Although results were consistent across each dataset, only one imputation (dataset #5) was reported for all main analyses.

Next, for demographic, predictor (perceived racial discrimination), dependent (psychological well-being and psychological distress) and moderator (racial conflict) variables frequencies, means, medians, standard deviations, and alphas (Table 3) were calculated. Outliers were then detected by examining graphs, as well as inspecting DFBETA (threshold value: $2/\sqrt{n}$; Cohen, West & Aiken, 2014), to test that no cases overly influenced the regression line. Cook’s distance was also examined to measure that no individual cases heavily influenced the model.
(threshold value: greater than 1; Cook and Weisberg, 1982). Results indicated there were no significant outliers or influences on data.

To handle assumptions, multicollinearity, linearity, normality, homoscedasticity, and independence of data were tested. Scatterplots of standardized residuals were graphed to examine the residuals constructed for the independent variable (Perceived Racial Discrimination; PEDQ-CV) and dependent variables (Psychological Well Being; PSW and Psychological Distress; PSD). Results revealed that the data met the assumptions of linearity. Skewness and kurtosis were analyzed and indicated that the assumption of normality was met as all scores from the PEDQ-CV, Racial Conflict, PSW and PSD fell within the range of -2 to +2 (Tabachnick & Fidell, 2013). In addition, q-q plot residuals indicated assumption of normality had been met for most variables. Histograms of standardized residuals indicated a negative skew for PSW and a slight positive skew of PSD, indicating that altogether, participants endorsed higher scores on psychological well-being than psychological distress. There was also a positive skew for PEDQ-CV, which indicated most participants scored within the lower range of perceived racial discrimination. Multiple regression, however, is robust to the violation of the assumption of normality within large sample sizes and should be interpreted in conjunction with all normality tests. Thus, considering the large sample size for this study amidst a global pandemic, it is not surprising that the assumption of normality was violated. Further, because transformation of data would substantially complicate the interpretation of results (Tabachnick & Fidell, 2012), transformed data were not used for the major analyses.

Multicollinearity was examined by viewing Tolerance and VIF (Cohen, West & Aiken, 2013; Field, 2013). VIF scores that were greater than 10 were indicative of a violation of this assumption, and Tolerance scores that were below 0.1 and/or were greater than or equal to 0.8
were considered unacceptable. Although covariates age (.92), income (.89) and COVID-19 (.87) displayed Tolerance scores that exceeded the .8 threshold, their VIF scores were well below 3 with VIF scores of 1.01, 1.12 and 1.12 respectfully. Multicollinearity was also examined through the correlations between the major variables. Correlations did not exceed .70, and therefore did not violate the multicollinearity assumption. Taken together, the assumption of multicollinearity was met for all variables.

Lastly, homoscedasticity was analyzed by examining the residual plots and assumptions had been met. The assumption of independence of data was assumed as participants were instructed to take the survey no more than once. Independence of errors were also tested with the Durbin Watson test and values that were close to 2 indicated a lack of correlation. Counterbalancing measures further protected the assumption of independence.

**Multifaceted Multiracial Identity.** Following the ecological framework of multiracial identity theory, multifaceted identity choice was assessed by creating an adaptation of Rockquemore’s (2009) classification of identity for multiracial people. To compare identity across study variables, a one-way ANOVA was conducted (Field, 2013) and reported means and standard deviations were computed for each subgroup (Table 4). Results indicated there was a statistically significant difference between groups $F(4, 230) = 2.592, p = .04, R^2 = .04$. A further examination of between group differences through Tukey HSD post-hoc test of significance revealed that there was a difference between (R2) *I sometimes consider myself one race, sometimes my other race, and sometimes biracial depending on the circumstances* and (R5) *Race is meaningless, I do not believe in racial identities.*, $p = .031$. Specifically, individuals who described their racial identity as R2, endorsed higher scores of multiracial identity conflict than participants who identified as R5 as well as all subsequent multiracial identity subgroups (Figure
Furthermore, those who identified their racial identity as R5, displayed the lowest multiracial identity conflict scores. On the other hand, results showed there was not a statistically significant difference between groups for participants’ multiracial identity and their experiences of perceived racial discrimination, $F(4, 230) = .653, p = .63, R^2 = .01$, psychological well-being, $F(4, 230) = .166, p = .96, R^2 = .00$, and their psychological distress, $F(4, 232) = .268, p = .90, R^2 = .00$. In short, the only significant difference between multifaceted identity choice groups was with racial conflict.

Main Analyses

All the correlation coefficients between covariates, predictor, moderator, and criterion variables were significant, $p < .05$ (see Table 3). Two hierarchical multiple regressions were conducted to examine the potential moderation effect of multiracial identity conflict (MII-C) on the relationships between perceived racial discrimination and the two respective dependent variables (psychological well-being and psychological distress). All continuous variables were mean centered to reduce multicollinearity (Cronbach, 1987). The results for the multiple regression models for hypotheses are reported in Table 6.

Psychological Well-Being. In Step 1, age, income, and global health pandemic related stress were entered as covariates to control for their significant correlations with the dependent variable. Results of the multiple regression analysis revealed Step 1 was a statistically significant model fit, $R^2 = .07, F(3, 231) = 6.03, p < .001$. Results demonstrated COVID-19 distress was a statistically significant predictor for psychological well-being, $\beta = -.23, p < .01$ indicating an inverse relation between COVID-19 stressors and psychological well-being. In other words, as participants level of COVID-19 distress increased their psychological well-being decreased.
Even after controlling for covariates, Step 2 displayed a statistically significant model fit of main effects (i.e., Perceived Discrimination and Racial Conflict) on Psychological Well-Being, $R^2 = .10$, $F (5, 229) = 5.095, p < .001$. Consistent with the first hypothesis, perceived racial discrimination had a significantly negative association with psychological well-being, ($\beta = -.160, p = .026$). However, racial conflict was not a statistically significant predictor for psychological well-being ($\beta = -.027, p = .702$). In Step 3, consistent with the third hypothesis, the model of main effects (i.e., Perceived Discrimination, Racial Conflict, and the interaction effect between Perceived Discrimination X Racial Conflict) on Psychological Well-Being was statistically significant, ($R^2 = .13; R^2_{\text{change}} = .029$) $F(6, 228) = 5.633; p = .000$. In contrast to Step 2, the incremental main effect of racial conflict was a statically significant predictor for psychological well-being when controlled for all other variables ($\beta = -.483, p = .008$) indicating an inverse relationship with psychological well-being. Furthermore, consistent with the hypothesis, the incremental effect of the one-way interaction term (i.e., Perceived Discrimination x MII-Conflict) was statistically significant ($\beta = .925, p = .006$).

The one-way interaction effect was further examined by conducting a simple slope analysis through Hayes PROCESS (Field, 2013). It is important to note, that since covariates such as age and income were not statistically significant predictors for psychological well-being, they were not included in the simple slope analysis. Level of COVID-19 distress was the only statistically significant covariate and was therefore included within the analysis. A simple slope analysis uncovered that the slope for perceived racial discrimination on psychological well-being was significantly different from zero when the conditional value for multiracial identity racial conflict was either low or average (Figure 4). For participants who scored within 1 $SD$ below the mean for multiracial identity conflict (MII-C), the expected relationship between perceived racial
discrimination and psychological well-being was statistically negative, $b = -0.341$, 95% CI $[-0.511, -0.170]$, $t = -3.931$, $p = .000$. At the mean value of MII-C, there was a significant negative relationship between perceived racial discrimination and psychological well-being, $b = -0.149$, 95% CI $[-0.267, -0.031]$, $t = -2.485$, $p = .014$. In contrast, when participants scored 1SD above the mean for racial conflict, there was not a statistically significant relationship between perceived racial discrimination and psychological well-being, $b = 0.043$, 95% CI $[-0.108, 0.193]$, $t = 0.557$, $p = .578$. Interestingly, when MII-C was 2SD above the mean, the direction between perceived racial discrimination and psychological well-being became positive, such that as experiences of racism and racial tension increased, there was also an increase in psychological well-being (Figure 4). The boundaries of the zone of the significance were also examined through the Johnson-Neyman method (see Table 9). The thresholds for significance for multiracial identity conflict were from $-7.9196$ to $0.5639$ ($p = .05$) and $7.3527$ to $8.0651$ ($p = .05$).

**Psychological Distress.** The second multiple regression tested whether multiracial identity conflict (MII-C) acted as a buffer between psychological distress and perceived racial discrimination, such that individuals who endorse less MII-C would also report lower levels of psychological distress irrespective of experiences of racial discrimination (Table 6). In Step 1, covariates were entered to control for their effects on criterion variables and results indicated the model was statistically significant, $R^2 = .125$, $F(3, 231) = 10.965$, $p < .01$. Specifically, COVID-19 distress $\beta = .278$, $p < .01$ and income had a significantly positive associations with psychological distress, $\beta = -.159$, $p < .01$. With respect to the second hypothesis, Step 2 showed the incremental main effects (i.e., Perceived Discrimination and Racial Conflict) on Psychological Distress was a statistically significant model $F(5, 229) = 20.22$, $R^2 = .306$; $\Delta, p < .001$. Specifically, perceived discrimination indicated a positive relation between experiences of
racism and psychological distress, when controlled for covariates $\beta = .39, p < .01$. Hence the second hypothesis was supported. Moreover, when the interaction term was controlled in Step 2, multiracial identity conflict became a statistically significant predictor of psychological distress ($\beta = .381, p = .013$) indicating a positive relationship with psychological distress. Conversely, in Step 3, inconsistent with the hypothesis, the incremental effect of the one-way interaction term (i.e., Perceived Discrimination x MII-Conflict) was not statistically significant ($\beta = -.547, p = .06$) indicating an absence of moderation.

**Discussion**

Over the last few decades, in comparison to their monoracial counterparts, prevailing research suggests that multiracial people experience adverse health effects because of the challenges of being newly classified as a racial group (Shih & Sanchez, 2005). However, there has been an absence of empirical research examining the relationship between multiracial people’s perceptions of racial discrimination and their mental health (Gale, 2017; Jackson, Yoo, Harrington, & Guevarra, 2012). Based on the rejection identification model, this study tested whether perceptions of racial discrimination negatively impact mental health and encourages identification (i.e., less racial tension) with one’s multiracial identity (Branscombe, Schmitt, & Harvey, 1999).

As expected, individuals who experienced racial discrimination due to their multiracial background reported lower levels of psychological well-being, therefore supporting the first hypothesis. This finding was inconsistent with prevailing literature (Jackson et. al., 2012) which posited discrimination did not inhibit the positive affect of multiracial individuals. One plausible explanation for this contrast is that the current measure of psychological well-being (i.e., The Mental Health Inventory; MHI) was a more comprehensive assessment because it defined
psychological well-being as the integration of positive affect, as well as the strength of emotional ties experienced within the last 30 days. Therefore, the current study’s definition of psychological well-being may have better captured the construct of psychological well-being through more accurate psychometric measurement. Lastly, considering the lingering effects of U.S. civil unrest and COVID-19, that took place during the data collection process, participants wellness may have been directly tied to experiences of racial discrimination and the strong desire for emotional connection more so than in years past.

Results indicated the second hypothesis was also supported that perceived racial discrimination is positively associated with psychological distress, after controlling for their level of racial conflict and COVID-19 distress. These findings are consistent with prior research and theory that suggests racial discrimination is a significant risk factor that has unfavorable effects on mental health and well-being of multiracial sub-groups (Coleman & Carter, 2007; Giamo et al., 2012; Jackson, Yoo, Guevarra Jr., et. al., 2012, Gale, 2017).

The third hypothesis, which suggested multiracial racial identity conflict would buffer the negative association between perceived racial discrimination and psychological well-being, was not supported. Although racial conflict moderated the relationship between perceived racial discrimination and well-being, the pattern of this relationship displayed an enhancing interaction such that the effect of perceived racial discrimination and multiracial conflict (either below or at the mean) together had a stronger effect than an additive one on the negative relationship with psychological well-being. One possible explanation for this finding is the range and diversity in multifaceted identity choices of participants. Twenty four percent of individuals noted their racial identity depends on social context or the racial composition of the group they are interacting with (i.e., I sometimes identify as this race, sometimes the other, etc.), and showed
significant within group differences (i.e., displaying the highest levels of racial tension).

Furthermore, 25.6% of participants shared they consider themselves Biracial, but experience the world as another race, which may indicate experiences of racial invalidation, defined as the misalignment between an individual’s self-identified racial identity and the way others perceive them (Rockquemore & Brunsma, 2004; Rockquemore et al., 2009). Moreover, another study defined racial invalidation to also include when others feel pressured to identify as monoracial (Buckley & Carter, 2004), and within the context of this study 9.9% of participants stated they consider themselves exclusively one race. Studies have consistently shown that racial invalidation can have detrimental effects on psychological health (Coleman & Carter, 2007; Rockquemore & Arend, 2002), for multiracial people. Taken together, because there is substantial variation in how multiracial people identify and its significant negative correlation to racial conflict, the strengthening of this moderation effect may indicate that contrary to extant theory, racial conflict does not in fact serve as a protective factor but instead as a subsequent predictor to psychological well-being when reflecting on experiences of racism.

On the other hand, results also showed that when racial conflict approached +2SD above the mean, there was a shift in the direction of the relationship between perceived racial discrimination and psychological well-being (refer to Figure 4). Such that, as experiences of racism and racial tension increased, there was still an upward trend in psychological well-being. One explanation can be found within natural disaster literature which posits humans have an innate ability to enhance their positive adaptative capacities under adverse conditions (Reich, 2006). Resilience is another common and predominant response to disasters (Bonanno, 2004), which is defined as the ability to adapt or “bounce back” despite the challenges or threats to survival (Mason & Pulvirenti, 2013). Furthermore, extant literature related to experiences of
racism report that when confronted with racial discrimination, a person can often maintain pride, resilience, and avoid adverse health outcomes (i.e., social isolation). Moreover, the data within the current study was positively skewed towards psychological well-being. This could further be explained with natural disaster research that suggests the notable characteristic for people to band together and establish even stronger bonds with loved ones and strangers alike (Reich, 2006). Thus, the role of social support could have acted as a protective factor against adversity and therefore played a significant role in multiracial individuals’ level of psychological well-being. The changes of this interaction, however, are small and were only reflective of 1.6% of the participant sample whose MII-C scores were in the upper region of significance, indicating the possible non-clinical relevance of this moderation effect.

Contrary to the fourth hypothesis, racial conflict did not significantly mitigate the relations between racism and psychological distress (i.e., depression, anxiety, and loss of emotional/behavioral control). This result is however in congruence with extant literature that also failed to detect a significant moderation effect between perceived racial discrimination and psychological distress (Gale, 2017; Jackson et al., 2012). There are, however, plausible explanations for this finding that will be further addressed below.

First, it may be possible that racial conflict serves as a protective factor for multiracial people who experience racial discrimination, however within the context of our current climate factors such as distress related to the global pandemic (Kumar & Nayar, 2020) may be a stronger predictor of depression, anxiety, and loss of emotional/behavioral control. In all stages of the hierarchical regressions, when other variables were controlled, COVID-19 distress remained a significant predictor of psychological well-being and psychological distress. Hence, there may inherently be more salient factors that would moderate the relationship between racial
discrimination and psychological distress (i.e., physical health, social connection/interaction, family support) that extended beyond the scope of this study. On the other hand, racial conflict may not serve as a protective factor and/or function differently across various multiracial identity choices. For example, it is noteworthy that there were 6.6% of participants in the current study who classified “Race is meaningless, I do not believe in racial identities”. As such, it may be possible that these individuals view racial identity as a less salient factor amidst the relationship of racial discrimination and psychological distress.

The role of racial conflict varied substantially in relation to experiences of racism and psychological well-being and psychological distress, which begs into question the functionality and/or ordering of this variable within the presented model. Results indicated racial conflict (either below or at the mean) amplified the relationship between racial discrimination and psychological well-being. Thus, racial conflict may not protect against racism but operate as an outcome to experiences of racism. In other words, racial conflict may be better understood as a criterion variable, examining how one’s formative experiences around racism influences levels of racial conflict (Cheng & Lee, 2009). Moreover, results indicated multiracial conflict was not an individual predictor of either psychological well-being or distress, until the incremental effect was present. Multiracial conflict, therefore, may have less of an impact on mental health, which was also supported by the absence of moderation between racial discrimination and psychological distress. However, if racial tension was instead examined as an outcome of racial discrimination, future research could focus their efforts on analyzing moderators or buffers of said relationship (i.e., mental health, biracial socialization). Multifaceted identity choice should also be examined as a potential moderator in relation between experiences of racism and racial conflict, due to its possible unique influence on both variables. For example, experiences of
racial discrimination may impact how an individual chooses their racial self-identification, which then in turn may influence the level of racial tension one experiences.

Another plausible explanation for this study’s curious results are the 6.6% of participants who identified themselves as R5: Race is meaningless, I do not believe in racial identities. Results indicated participants that chose R5 displayed the lowest scores of racial tension, which would indicate racial conflict is not as much of an influential construct for this sub-group as compared to other identity choices, and may leave one to question: If there is not a belief in racial identities, how can one experience racial tension among them? For this reason, future research should examine the unique impact each identity choice (R1-R5) has on predictor, moderator, and criterion variables through a main analysis.

As suggested by newer theories of multiracial identity development (Henriksen, 2000; Rockquemore et al., 2009; Root, 2003), the fifth hypothesis was supported, and results found that multiracial identity varies and displayed a significant negative correlation with racial conflict. Participants were incredibly diverse in how they chose to identify their multiracial identity (Table 1) and participants who noted their multiracial identity as either: R2 (sometimes one race, sometimes the other and sometimes biracial) and R5 (race is meaningless), had significant associations between moderator, criterion, and predictor variables. Additionally, there were significant differences between these groups, such that individuals who identified as R2 endorsed higher levels of multiracial identity conflict as compared to R5. Taken together, the construct and function of racial conflict may vary not only for different multi-racial subgroups (i.e., Black/White, Asian/White) but also the nature of racial self-identification. Moreover, lower multiracial identity conflict may serve as a protective factor, but only for certain multiracial subgroups (i.e., “race is meaningless”) as compared to others (i.e., “sometimes one race,
sometimes the other, etc.”). Further research is needed to examine the interrelations between and within these group differences for multifaceted identity choices and racial conflict.

In addition, results displayed a positive skew towards perceived racial discrimination, indicating that overall participants reported lower experiences of racial discrimination. Although the PEDQ-CV has not been tested substantially with the multiracial population, the current study also represented a unique sample (i.e., predominately men, variation in racial self-identification) as compared to other studies. Therefore, perceived racial discrimination may not have had a stronger hold on psychological distress, indicating there may not be protective benefits for racial conflict as it relates to experiences of racism. Taken together, further research is warranted on measurement development of multifaceted identity choice, especially over the course of the life span (Phinney, 2000) with special attention to how social and cultural factors influence identity development (Rockquemore et al., 2009).

**Limitations**

Several study limitations are noteworthy. First, is the ex post facto design which does not allow for inferences of causality or temporal changes. Without the use of an experimental or longitudinal design, it is not possible to determine the direction of the relations between factors or how variables may change over time. Second, all measures were self-report and therefore may be subject to mono-method bias which affects the internal validity of the study. Self-selection bias is another limitation, as the participants for the study were likely comprised of individuals who were interested in racism and multiracial identity issues. Moreover, although the preliminary associations and group comparisons between multiracial identity choice and study variables were examined, interrelations between constructs were not. A psychometric examination of the approach used to assess multifaceted identity was not undertaken and was
only the writer’s adaptation to Rockquemore’s theory of multiracial identity development (Rockquemore, 2009). Therefore, without the proper scale construction and development process (Ellis & Blustein, 1991; DeVellis, 2017), the extent to which this approach accurately operationalized multiracial group identification is limited. Furthermore, the multiracial identity choice measure may not have captured all multiracial identity attitudes. For example, 1.6% of participants chose “Other” from Rockquemore’s multiracial identity choice measure and responses included but were not limited to: “Multiple Ethnicities”, “I sometimes consider myself Black, mostly Biracial, but never consider myself solely Latina”, monoethnic (i.e., “Irish” or “Trinidadian”) and “Mixed”, to name a few.

Another salient limitation to this study is the racial discrimination questionnaire (PEDQ-CV; Brondolo et al., 2005) used to assess discrimination for multiracial people because there were no published discrimination measures known to this author tailored to the multiracial population. The PEDQ-CV has not been used widely among multiracial individuals, therefore components unique to the multiracial population as it relates to experiences of racial discrimination may not have been accurately captured. For example, multiracial people often experience racial invalidation (Rockquemore & Brunsma, 2004), identity denial (Albuja, Sanchez & Gather, 2019), pressure to choose only one race (Townsend et al., 2009), as well as and double rejection and microaggressions from not only out-groups but with friends and family (Shih & Sanchez, 2005). This study was limited therefore by the inability to capture the nuances of multiracial experiences of stigma and discrimination through the PEDQ-CV. Furthermore, there was also a discrepancy with the use of the PEDQ-CV, which assesses experiences of racial discrimination in one’s lifetime and The Mental Health Inventory (MHI) which only reflected on psychological distress and psychological well-being within the past month. Thus, the extent that
participants’ mental health was directly impacted by experiences of racial discrimination may be misleading. Taken together, future research should focus on psychometric scale development related to capturing the unique discrimination challenges of the multiracial sub-group, as well as the longitudinal effects of these experiences on one’s mental health and well-being.

Another limitation of the current study was the use of the multiracial identity integration (MII) scale, specifically the nuance of solely using the racial conflict subscale, despite the limited empirical support for this measure. The internal reliability estimates for racial conflict were acceptable, but low compared to previous studies that have used this scale, which may help to explain the small moderation effect found with this study. While it is possible poor internal reliability estimates were due to the lack of construct representation of the Multiracial Identity Integration Scale, it is also notable that this population was more diverse from previous studies (i.e., predominately male, representing majority-minority) and therefore racial conflict may function differently for variant multiracial subgroups. There has also been recent literature bridging the gap between bicultural (broadly defined as individuals who are navigating between dual cultural heritages; Benet-Martínez & Haritatos, 2005; Benet-Martínez, Leu & Leu, 2006) and biracial populations navigating common identity challenges (Albuja, Sanchez & Gather, 2019). A few of these similar identity challenges include identity variation, identity denial and questioning (Albuja et al., 2019). The overlapping similarities in experiences for biracial and bicultural people are what set the theoretical foundation for multiracial identity integration theory, in particular, the Multiracial Identity Integration Scale (Cheng & Lee, 2009) was based on Benet-Martínez & Hariatos’ (2005) Bicultural Identity Integration theory and scale developed for bicultural identity. As such, future studies may benefit from extending the nuance of identity integration for multiracial people within the bicultural framework. For example, using an
adaptation of the Bicultural Identity Integration Scale – Version 2 (BIIS-2; Huynh, Benet-Martínez & Nguyen, 2018) which consists of two components (cultural blendedness vs. compartmentalization and cultural harmony vs. conflict) may better assess the measurement of identity integration for multiracial people.

**Implications and Future Directions**

Although the current study had several limitations, there were also numerous strengths and contributions this study provided, which is important in further developing any worthwhile theory (Kerlinger & Lee, 2000). First, by examining the impact of perceived discrimination on psychological well-being and distress of multiracial people, the study expands on existing literature, which as stated previously is fairly limited in breadth and depth. This study provides further evidence of perceived racial discrimination as a risk factor for deleterious psychological health effects (Pieterse, Todd, Neville, & Carter, 2012) and specifically for multiracial groups (Shih & Sanchez, 2010). Results from this study also showcased how experiences of perceived racial discrimination can have a significant negative impact on psychological well-being for multiracial people, which was inconsistent with extant literature (Jackson et. al., 2012). Although the presented study was a conceptual replication of Jackson and scholars (2012), the current study was the first to expand the construct of psychological well-being to include an assessment of emotional ties, as well as positive affect, across a longer timespan than one week as was presented by Jackson and scholars. As such, integrating a more comprehensive definition for mental health (Veit & Ware, 1983), helps to expand on existing theories such as the rejection identification model (Branscombe, Schmitt, & Harvey, 1999) which posits those experiences of racism impact mental health of multiracial people, in particular their psychological well-being.
The present study was also the first to reveal that racial conflict may not act as a buffer, but rather amplify the relationship between perceived discrimination and psychological well-being. Consequently, implications for future research would be that scholars continue to unravel the nuance of multiracial identity conflict and expand into other possible protector factors for this population (i.e., biracial socialization, variation in group identification and social support). Future studies should also examine racial conflict as a possible outcome of racial discrimination, as well as how mental health (psychological well-being and distress) helps to either protect the predicted negative relationship between experiences of racial discrimination and racial tension. It is pivotal that scholars reassess the theoretical framework of multiracial identity integration therefore, to strengthen the assessment measurement and theory (C.Y. Cheng & Lee, 2009), which in turn would create better tools for dismantling racism for the multiracial population.

Second, scholars have demanded a call to action for research to acknowledge and address the impact of multifaceted identity for multiracial people on their experiences of racism, identity development and overall health effects (Jackson et al., 2012; Rockquemore et al., 2009), however studies have failed to include this concept within their research. It is pivotal that study samples mirror the population as closely as possible to ensure the reliability of the underlying factor structure and generalizability (DeVellis, 2017). Therefore, this study aimed to be the first, to this writer’s knowledge, to explore the multidimensional framework of identity to better account for its complexities and examined the preliminary associations between multiracial identity choice, racism, racial tension and subsequent mental health variables. Participants in the current study indicated that when given the choice, multiracial people will choose a racial category beyond the term “multiracial” which further supported current models of the multiracial identity development process that it is multifaceted and fluid (Pedrotti, Edwards, & Lopez,
2008). Results showed that there were significant associations between study variables and identity group choice (i.e., R2: “I identity as sometimes one race, sometimes another race” and R5: “I think race is meaningless”) as well as within group differences for those who identified as R2 and R5 (Figure 4). Furthermore, this study provided a meaningful contribution to the literature by starting to bridge the gap between multiracial identity integration theory and multifaceted identity development processes. More research should address how differences in multiracial identity choice function in the protection of mental health effects for multiracial people amidst racial discrimination. For example, is identifying with one racial group over the other in certain social contexts less of a protective factor than having little racial tension between one’s racial compositions and/or not identifying with either racial group? Additionally, scholars should examine how the theoretical construct of multiracial identity conflict applies across multiracial sub-groups over-time to further establish causality of these relationships.

Although data was collected during a global pandemic, it is noteworthy that even when controlled for COVID-19 distress, hypotheses were still accepted, except for the moderating role of racial conflict between racism and psychological distress. Notably, racial conflict significantly moderated the relationship between experiences of racism and psychological well-being.

A strength of this study is the generalizability of the sample. In contrast to prevailing literature, where participants were largely skewed towards women, most participants in this study identified as male and results held consistent among gender differences. This study is the first therefore to examine the experience of racism, mental health, and racial conflict for predominantly multiracial men which expands on the generalizability of multiracial identity theory (C.Y. Cheng & Lee, 2009). Furthermore, although participants mostly identified as heterosexual, there was also a significant number of participants who identified as bisexual
compared to past literature, further expanding the results of the study towards sexual minority groups. Participants were also mostly recruited via Amazon’s Mechanical Turk (MTURK), a data collection method that has not yet been examined for the multiracial population, and social media platforms. The generalizability of this sample provides a substantial contribution to the literature by providing stronger psychometric support for the measures used with this study and should continue to be examined.

Lastly, due to the increasing population growth of multiracial people in the U.S., mental health professionals (i.e., social workers, counselors, and psychologists) will most likely begin to see an increase in the number of people who identify with more than one race in practice. This study highlighted not only the versatility and changing nature of multiracial identity in the U.S., but the possible impact this can have on the level of racial tension one experiences and subsequent mental health effects, thereby further supporting the complexity of the multiracial identity development process and solidifying that a greater understanding of this phenomena is necessary. This study also provides considerable clinical implications for mental health professionals, such as calling to action the importance of educating oneself about the challenges and unique issues related to multiracial client’s mental health (Pedrotti, Edwards & Lopez, 2008). Psychologists can also develop a stronger therapeutic alliance with multiracial clients’ by intentionally conducting an exploration of how the client understands and relates to their racial self-identification that may extend beyond the traditional classification of this racial group (i.e., only identifying as biracial/multiracial; Rockquemore & Arend, 2002). In addition, counselors should further explore the extent to which a client acknowledges or experiences racial tension among their varying racial heritage groups and what function this serves in relation to ones’ experiences of racism and psychological functioning. On the one hand, a client may disclose
minimal racial tension, yet experience less positive affect amidst experiences of racism, as compared to someone who reports higher racial tension but overall positive psychological adjustment, which may also vary depending on multiracial group identification. Consequently, therapists working with multiracial clients should refrain from assuming that multiracial identity group identification is unilateral, racial tension functions similarly across variant multiracial subgroups, and that multiracial clients are seeking services for issues that are solely related to their racial status, which could severely harm the working alliance. Counseling interventions therefore should empower clients to recognize the strength and resilience in navigating and reclaiming their own narrative around dynamic multiracial identity and how this exposure can foster unique coping strategies to encountering experiences of racism and psychological well-being. In sum, professional psychologists should become knowledgeable of extant theory to better understand the impact of racial discrimination, as well as the protective and predictive factors of mental health to be better equipped to provide the most culturally competent treatment services for this population.
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Appendix A: Social Media Recruitment

Identify as Biracial?

I am inviting you to participate in my dissertation research that helps to understand the experiences of Biracial or Multiracial adults related to their perceptions of racism, multiracial identity, and mental health. The study is expected to take up to 30 minutes.

You may be eligible to participate if you:

❖ Identify as biracial or multiracial
❖ Are a resident of the United States
❖ Are at least 18 years of age

My name is Christina Martin, and I am a doctoral student in the Division of Counseling Psychology at the University at Albany, State University of New York. This research is being conducted for my dissertation under the faculty supervision of Dr. Alex Pieterse Ph.D.

There is an opportunity at the end of the survey to choose to enroll in a drawing where you will have a chance to win one out of ten $15 Amazon gift cards

The link to complete the survey is: https://www.psychdata.com/s.asp?SID=189290

Thank you for your time, consideration and participation!
Appendix B: Screening Questionnaire

1. Are you 18 years of age or older?
   Yes
   No

2. Are you a citizen and/or native (or raised around) of the United States?
   Yes
   No

3. Do you identify as biracial/multiracial?
   Yes
   No
Appendix C: Informed Consent

Title of the research project
Racism, mental health and the role of identity conflict for multiracial people

Description of the research
This study aims to assess biracial or multiracial individual’s personal experiences of racism, multiracial identity and how that is related to one’s overall mental health. This study asks that you provide demographic information and answer three questionnaires. It is estimated that this study will take at most 35 minutes to complete.

Description of human subject involvement
Participation in this study involves completing an online questionnaire that consists of demographic questions and three questionnaires. The questionnaires are about multiracial identity integration, perceived racism and general mental health. It is expected that this one-time process will take at most 35 minutes.

Risks and discomfort related to participation
It is not anticipated that there will be any risk in your participation to this study other than you may become uncomfortable answering some of the questions. It is possible that the information about personal experiences with racism may trigger distress.

However, if you do experience any distress related to your participation in this study, you are encouraged to contact mental health counseling services.

If you have questions about this study, please contact the researchers (contact information below).

Measures to be taken to minimize risks and discomforts:
You have the option to withdraw your consent to participate in the research study at any time by exiting the survey.

Expected benefits to subjects or to others:
Participant may not receive direct benefit from participation, however, others may ultimately benefit from the knowledge obtained from this research. Based on the scientific knowledge gained from this study, there are potential substantial benefits for society (i.e., contributing to a better understanding of multiracial experiences). As a token of gratitude for your time in completing the study, you will have the opportunity to enter a drawing for a 1 out of 10 (XX) gift cards.

Confidentiality of records/data
All information obtained in this study is strictly confidential unless disclosure is required by law. In addition, the Institutional Review Board, the sponsor of the study (e.g. NIH, FDA, etc.) and University or government officials responsible for monitoring this study may inspect these records.
Because name and contact information are not required, all participants will be anonymous. To ensure participant confidentiality, all data from the online collection, including IP addresses, will be deidentified and encrypted.

Names of Researchers and Contact Information

**Principle Investigator:** Christina Martin, BA; University at Albany, Counseling Psychology, cmartin6@albany.edu.

**Faculty Advisor:** Alex L. Pieterse, PhD; University at Albany, Counseling Psychology, apietserse@albany.edu.

Your Rights as a Research Participant

**IRB contact about your rights in the study or to report a complaint:**
This study has been approved by the University at Albany Institutional Review Board (IRB). If you have any questions concerning your rights as a participant or if you wish to report any concerns about the study, you may contact University at Albany Office for Pre-Award and Compliance Services at 1-866-857-5459 or hsconcerns@albany.edu.

**Voluntary nature of participation**
You may choose not to answer any questions and may refuse to complete any portions of the research you do not wish to for any reason.

**Withdrawal of subjects and data retention.**
Your participation in this project is completely voluntary. Even after you agree to participate in the research or begin the questionnaire, you may decide to leave the study at any time without penalty or loss of benefits to which you may otherwise have been entitled. We will retain and analyze the information you have provided up until the point you left the study unless you request that your data be excluded from any analysis and/or destroyed.

**Consent of the subject**
I have read, or been informed of, the information about this study. By clicking “next”, I hereby consent to participate in the study. If you do not wish to participate in this study, please decline participation by closing the window.

Continue ONLY when finished. You will be unable to return or change your answers.
Appendix D: Perceived Ethnic Discrimination Questionnaire (PEDQ-CV; Brondolo et al., 2005)

Think about your ethnicity/race. How often have any of the things listed below happened to you, because of your ethnicity?

BECAUSE OF YOUR MULTIRACIAL BACKGROUND...

<table>
<thead>
<tr>
<th>How often...</th>
<th>Never</th>
<th>Sometimes</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you been treated unfairly by teachers, principals, or other staff at school?</td>
<td>1</td>
<td>2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>2. Have others thought you couldn't do things or handle a job?</td>
<td></td>
<td>2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>3. Have others threatened to hurt you (ex: said they would hit you)?</td>
<td>1</td>
<td>2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>4. Have others actually hurt you or tried to hurt you (ex: kicked or hit you)?</td>
<td></td>
<td>2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>5. Have policemen or security officers been unfair to you?</td>
<td></td>
<td>2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>6. Have others threatened to damage your property?</td>
<td></td>
<td>2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>7. Have others actually damaged your property?</td>
<td>1</td>
<td>2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>8. Have others made you feel like an outsider who doesn't fit in because of your dress, speech, or other characteristics related to your ethnicity?</td>
<td>1</td>
<td>2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>9. Have you been treated unfairly by co-workers or classmates?</td>
<td>1</td>
<td>2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>10. Have others hinted that you are dishonest or can't be trusted?</td>
<td>1</td>
<td>2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>11. Have people been nice to you to your face, but said bad things about you behind your back?</td>
<td>1</td>
<td>2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>12. Have people who speak a different language made you feel like an outsider?</td>
<td>1</td>
<td>2 3 4</td>
<td>5</td>
</tr>
</tbody>
</table>
13. Have others ignored you or not paid attention to you?  1  2  3  4  5

14. Has your boss or supervisor been unfair to you?  1  2  3  4  5

15. Have others hinted that you must not be clean?  1  2  3  4  5

16. Have people not trusted you?  1  2  3  4  5

17. Has it been hinted that you must be lazy?  1  2  3  4  5
Appendix E: Multiracial Identity Integration Scale (MII-Conflict; Cheng & Lee, 2009)

1 = Completely Disagree  2 = Somewhat Disagree  3 = Not sure  4 = Somewhat Agree  5 = Completely Agree

1. I am conflicted between my different racial identities
   1  2  3  4  5

2. I feel like someone moving between the different racial identities
   1  2  3  4  5

3. I feel torn between my different racial identities
   1  2  3  4  5

4. I do not feel any tension between my different racial identities (R)
   1  2  3  4  5
Appendix F: Mental Health Inventory (MHI; Viet & Ware, 1983)

The next set of questions are about how you feel, and how things have been for you during the past 4 weeks. Please answer every question. If you are not sure which answer to select, please choose the one answer that comes closest to describing you. Please circle one answer choice.

During the past 4 weeks, how much of the time...

1. How happy, satisfied, or pleased have you been with your personal life during the past month?

   (1) Extremely happy, could not have been more satisfied or pleased
   (2) Very happy most of the time
   (3) Generally satisfied, pleased
   (4) Sometimes fairly satisfied, sometimes fairly unhappy
   (5) Generally dissatisfied, unhappy
   (6) Very dissatisfied, unhappy most of the time

2. How much of the time have you felt lonely during the past month?

   (1) All of the time
   (4) Some of the time
   (2) Most of the time
   (5) A little of the time
   (3) A good bit of the time
   (6) None of the time

3. How often did you become nervous or jumpy when faced with excitement or unexpected situations during the past month?

   (1) Always
   (4) Sometimes
   (2) Very often
(5) Almost never
(3) Fairly often
(6) Never

4. During the past month, how much of the time have you felt that the future looks hopeful and promising?

(1) All of the time
(4) Some of the time
(2) Most of the time
(5) A little of the time
(3) A good bit of the time
(6) None of the time

5. How much of the time, during the past month, has your daily life been full of things that were interesting to you?

(1) All of the time
(4) Some of the time
(2) Most of the time
(5) A little of the time
(3) A good bit of the time
(6) None of the time

6. How much of the time, during the past month, did you feel relaxed and free of tension?

(1) All of the time
(4) Some of the time
(2) Most of the time
(5) A little of the time
(3) A good bit of the time
(6) None of the time

7. During the past month, how much of the time have you generally enjoyed the things you do?

(1) All of the time
(4) Some of the time
(2) Most of the time
(5) A little of the time
(3) A good bit of the time
(6) None of the time
8. During the past month, have you had any reason to wonder if you were losing your mind, or losing control over the way you act, talk, think, feel, or of your memory?
(1) No, not at all
(2) Maybe a little
(3) Yes, but not enough to be concerned or worried about it
(4) Yes, and I have been a little concerned
(5) Yes, and I am quite concerned
(6) Yes, and I am very much concerned about it

9. Did you feel depressed during the past month?
(1) Yes, to the point that I did not care about anything for days at a time
(2) Yes, very depressed almost every day
(3) Yes, quite depressed several times
(4) Yes, a little depressed now and then
(5) No, never felt depressed at all

10. During the past month, how much of the time have you felt loved and wanted?
(1) All of the time
(4) Some of the time
(2) Most of the time
(5) A little of the time
(3) A good bit of the time
(6) None of the time

11. How much of the time, during the past month, have you been a very nervous person?
(1) All of the time
(4) Some of the time
(2) Most of the time
(5) A little of the time
(3) A good bit of the time
(6) None of the time

12. When you got up in the morning, this past month, about how often did you expect to have an interesting day?
(1) Always
(4) Sometimes
(2) Very often
(5) Almost never
(3) Fairly often
(6) Never

13. During the past month, how much of the time have you felt tense or “high-strung”?
(1) All of the time
(4) Some of the time
(2) Most of the time
(5) A little of the time
14. **During the past month, have you been in firm control of your behavior, thoughts, emotions, feelings?**

(1) Yes, very definitely
(2) Yes, for the most part
(3) Yes, I guess so
(4) No, not too well
(5) No, and I am somewhat disturbed
(6) No, and I am very disturbed

15. **During the past month, how often did your hands shake when you tried to do something?**

(1) Always
(4) Sometimes
(2) Very often
(5) Almost never
(3) Fairly often
(6) Never

16. **During the past month, how often did you feel that you had nothing to look forward to?**

(1) Always
(4) Sometimes
(2) Very often
(5) Almost never
(3) Fairly often
(6) Never

17. **How much of the time, during the past month, have you felt calm and peaceful?**

(1) All of the time
(4) Some of the time
(2) Most of the time
(5) A little of the time
(3) A good bit of the time
(6) None of the time

18. **How much of the time, during the past month, have you felt emotionally stable?**

(1) All of the time
(4) Some of the time
(2) Most of the time
(5) A little of the time
(3) A good bit of the time
(6) None of the time

19. **How much of the time, during the past month, have you felt downhearted and blue?**
(1) All of the time
(4) Some of the time
(2) Most of the time
(5) A little of the time
(3) A good bit of the time
(6) None of the time

20. How often have you felt like crying, during the past month?

(1) Always
(4) Sometimes
(2) Very often
(5) Almost never
(3) Fairly often
(6) Never

21. During the past month, how often did you feel that others would be better off if you were dead?

(1) Always
(4) Sometimes
(2) Very often
(5) Almost never
(3) Fairly often
(6) Never

22. How much of the time, during the past month, were you able to relax without difficulty?

(1) All of the time
(4) Some of the time
(2) Most of the time
(5) A little of the time
(3) A good bit of the time
(6) None of the time

23. During the past month, how much of the time did you feel that your love relationships, loving and being loved, were full and complete?

(1) All of the time
(4) Some of the time
(2) Most of the time
(5) A little of the time
(3) A good bit of the time
(6) None of the time

24. How often, during the past month, did you feel that nothing turned out for you the way you wanted it to?

(1) Always
(4) Sometimes
(2) Very often
25. How much have you been bothered by nervousness, or your “nerves,” during the past month?

(1) Extremely so, to the point where I could not take care of things
(2) Very much bothered
(3) Bothered quite a bit by nerves
(4) Bothered some, enough to notice
(5) Bothered just a little by nerves
(6) Not bothered at all by this

26. During the past month, how much of the time has living been a wonderful adventure for you?

(1) All of the time
(4) Some of the time
(2) Most of the time
(5) A little of the time
(3) A good bit of the time
(6) None of the time

27. How often, during the past month, have you felt so down in the dumps that nothing could cheer you up?

(1) All of the time
(4) Some of the time
(2) Most of the time
(5) A little of the time
(3) A good bit of the time
(6) None of the time

28. During the past month, did you ever think about taking your own life?

(1) Yes, very often
(2) Yes, fairly often
(3) Yes, a couple of times
(4) Yes, at one time
(5) No, never

29. During the past month, how much of the time have you felt restless, fidgety, or impatient?

(1) All of the time
(4) Some of the time
(2) Most of the time
(5) A little of the time
(3) A good bit of the time
(6) None of the time
30. During the past month, how much of the time have you been moody or brooded about things?

(1) All of the time  
(4) Some of the time  
(2) Most of the time  
(5) A little of the time  
(3) A good bit of the time  
(6) None of the time

31. How much of the time, during the past month, have you felt cheerful, lighthearted?

(1) All of the time  
(4) Some of the time  
(2) Most of the time  
(5) A little of the time  
(3) A good bit of the time  
(6) None of the time

32. During the past month, how often did you get rattled, upset, or flustered?

(1) Always  
(4) Sometimes  
(2) Very often  
(5) Almost never  
(3) Fairly often  
(6) Never

33. During the past month, have you been anxious or worried?

(1) Yes, extremely so, to the point of being sick or almost sick  
(2) Yes, very much so  
(3) Yes, quite a bit  
(4) Yes, some, enough to bother me  
(5) Yes, a little bit  
(6) No, not at all

34. During the past month, how much of the time were you a happy person?

(1) All of the time  
(4) Some of the time  
(2) Most of the time  
(5) A little of the time  
(3) A good bit of the time  
(6) None of the time

35. How often during the past month did you find yourself having difficulty trying to calm down?

(1) Always
(4) Sometimes
(2) Very often
(5) Almost never
(3) Fairly often
(6) Never

36. During the past month, how much of the time have you been in a low or very low spirits?

(1) All of the time
(4) Some of the time
(2) Most of the time
(5) A little of the time
(3) A good bit of the time
(6) None of the time

37. How often, during the past month, have you been waking up feeling fresh and rested?

(1) Always, every day
(2) Almost every day
(3) Most days
(4) Some days, but usually not
(5) Hardly ever
(6) Never wake up feeling rested

38. During the past month, have you been under or felt you were under any strain, stress, or pressure?

(1) Yes, almost more than I could stand or bear
(2) Yes, quite a bit of pressure
(3) Yes, some, more than usual
(4) Yes, some, about normal
(5) Yes, a little bit
(6) No, not at all
Appendix G: Demographic Questionnaire

1. Age: _______________

2. Gender:
   - ☐ Male
   - ☐ Female
   - ☐ Transgender Man
   - ☐ Transgender Woman
   - ☐ Nonbinary/Gender nonconforming
   - ☐ Other, please specify: ____________________

3. Sexual orientation:
   - ☐ Heterosexual
   - ☐ Bisexual
   - ☐ Gay/Lesbian
   - ☐ Pansexual
   - ☐ Other, please specify: ____________________

4. What is your highest level of education completed?
   - ☐ Some high school
   - ☐ High school diploma or GED
   - ☐ Some college education
   - ☐ Associates degree
   - ☐ Bachelor’s degree
   - ☐ Some graduate or professional education
   - ☐ Master’s degree
   - ☐ Doctoral Degree (Ph.D., Psy.D., Ed.D.)
   - ☐ Professional degree (e.g., JD, MD, DMD, etc.)
   - ☐ Other, please specify: ____________________

5. What is your best estimate of your income or family/household?
   _______________________________

6. Relationship Status:
   - ☐ Single, never married
   - ☐ Partnered
   - ☐ Married
   - ☐ Separated
   - ☐ Cohabitating
   - ☐ Divorced
   - ☐ Widowed
Other, please specify: _________________

7. Student status (you can choose more than one)
   - Student
   - Part-time
   - Full-time
   - Undergraduate
   - Graduate
     Please specify (i.e., Masters, Doctorate or Professional degree, etc.)
     _________________
   - Non-student (i.e., faculty member or university staff)

8. In what state do you currently live (Provide state and postal zip code)? _______________

9. What state did you spend most of your childhood? _________________

10. What is your religious/spiritual affiliation (e.g., Christian, Islamic, Atheist, etc.)? _______________

11. From the list below, please select all that apply to your race/ethnicity:
   - African American/Black
   - Asian American/Pacific Islander
   - Latino/a American or Hispanic American
   - Native American/Alaskan Native
   - White American (non-Hispanic)
   - Other, please specify: ________________________________

12. How would you describe your biracial/multiracial identity? (Adapted from Rockquemore, 2009)
   - I consider myself exclusively one race
     Please specify which race: _________________
   - I sometimes consider myself one race, sometimes my other race, and sometimes biracial depending on the circumstances
   - I consider myself Biracial, but I experience the world as _______________
   - I consider myself exclusively as Biracial/Multiracial
   - Race is meaningless, I do not believe in racial identities
   - Other, please specify:

13. Please select all that apply to your biological mother’s race/ethnicity:
   - African American/Black
   - Asian American/Pacific Islander
   - Latino/a American or Hispanic American
   - Native American/Alaskan Native
☐ White American (non-Hispanic)
☐ Other, please specify: _______________________
☐ Don’t know

14. Please select all that apply to your biological father’s race/ethnicity:
☐ African American/Black
☐ Asian American/Pacific Islander
☐ Latino/a American or Hispanic American
☐ Native American/Alaskan Native
☐ White American (non-Hispanic)
☐ Other, please specify: _______________________
☐ Don’t know
Appendix H: Figures & Tables

*Figure 1.* Hypothesized model I
Perceived Racial Discrimination → Multiracial Identity Integration (MII-Conflict) → Psychological Distress

*Figure 2. Hypothesized model II*
### Table 1

**Demographics Sample Size & Percentage**

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Table 2
Racial Demographics Sample Size and Percentage

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Correlation Matrix and Coefficient Alphas for Demographic Identified Covariates, Predictor, Moderator and Criterion Variables

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Note. SES = household income; COVID = level of stress related to global pandemic; PRD = perceived racial discrimination; MII-C = racial conflict; PSW = psychological well-being; PSD = psychological distress.
* p < .05    ** p < .01
Table 4
Means, Standard Deviations, and Ranges of Scores for Study Variables

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*Note.* PRD = perceived racial discrimination; MII-C = racial conflict; PSW = psychological well-being; PSD = psychological distress.
Table 5
ANOVA Table of Multiracial Identity Conflict for Multifaceted Multiracial Identity across all five multiple imputations

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*Note. *p < .05
Figure 3. One-way ANOVA of Multiracial Identity Conflict for Multifaceted Multiracial Identity

Note. (R1) I consider myself exclusively one race, (R2) I sometimes consider myself one race, sometimes my other race, and sometimes biracial depending on the circumstances, (R3) I consider myself Biracial, but I experience the world as: (R4) I consider myself exclusively Biracial/Multiracial, and (R5) Race is meaningless, I do not believe in racial identities.
Hierarchical Regressions with Covariates, Perceived Racial Discrimination as Predictor Variable, Interaction of Multiracial Identity Integration - Racial Conflict and Psychological Well-Being and Distress as the Criterion Variables [Multiple Imputation Dataset 5]

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<td>.75</td>
<td>.01</td>
<td>.742</td>
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<td>COV</td>
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<td>.75</td>
<td>−.23</td>
<td>.001**</td>
</tr>
<tr>
<td>Step 2 – PRD</td>
<td>−.14</td>
<td>.06</td>
<td>−.16</td>
<td>.026*</td>
</tr>
<tr>
<td>MII-C</td>
<td>−.11</td>
<td>.27</td>
<td>−.03</td>
<td>.692</td>
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<tr>
<td>Step 3 – MII-C</td>
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<td>.69</td>
<td>−.48</td>
<td>.006**</td>
</tr>
<tr>
<td>INT</td>
<td>.04</td>
<td>.02</td>
<td>.93</td>
<td>.005**</td>
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<tr>
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<th>B</th>
<th>SE B</th>
<th>β</th>
<th>p</th>
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<td><strong>Psychological Distress</strong></td>
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<td>Step 1  – AGE</td>
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<td>−.04</td>
<td>.02</td>
<td>−.55</td>
<td>.056</td>
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*Note.* AGE = age of participants, SES = household income, COV = level of stress related to COVID-19 global pandemic, PRD = perceived racial discrimination, MII-C = multiracial identity integration – racial conflict, INT = interaction effect of (PRD X MII-C)

*p < .05  **p<.01

Table 7
Hayes PROCESS, Model of Independent Predictors & Tests of Highest Order Unconditional Interactions for Psychological Well-Being [Multiple Imputation Data Set #5]

<table>
<thead>
<tr>
<th>Model</th>
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<tr>
<td>MII-C</td>
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<td>-.1516</td>
<td>.8796</td>
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<tr>
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<td>[-.5657, .4848]</td>
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<tr>
<td>INT</td>
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<td>.0151</td>
<td>3.4585</td>
<td>.0006**</td>
</tr>
<tr>
<td></td>
<td>[.0225, .0820]</td>
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<tr>
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<td>.7415</td>
<td>-2.6333</td>
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Test of highest order unconditional interaction(s):

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Note. PRD = perceived racial discrimination, MII-C = multiracial identity integration – racial conflict, INT = interaction effect of (PRD X MII-C), COV = level of stress related to COVID-19 global pandemic

*p < .05   **p<.01
Figure 4. One way interaction effect between experiences of perceived racial discrimination and multiracial identity racial conflict on psychological well-being