

Impact of Multiple Ethnic and Racial Identities on Mental Health and Environmental Influences

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ABSTRACT

This study investigates the correlation between biracial and multiracial mental health, emotions, and identity development and the environments they mature. A growing biracial and multiethnic population faces unique challenges, and understanding their development is crucial for tailored support. A survey with 94 participants was conducted on factors such as cultural exposure, discrimination experiences, and family dynamics. Results reveal distinct challenges faced by multiracial individuals, impacting their mental health. Identity confusion is more prevalent among multiracial participants, indicating the complexity of navigating multiple cultural backgrounds. Household experiences vary, with unequal identification linked to disparities in parental cultural exposure. Challenges related to ethnic identity are higher for multiracial individuals, emphasizing the need for resilience and coping mechanisms. Mental health challenges correlate negatively, with Pearson coefficients of -0.45 and -0.23, with family support and cultural exposure, respectively, suggesting the importance of these factors in mitigating difficulties. The study contributes new insights, urging action to enhance mental health programs for individuals from diverse backgrounds.

Introduction

The biracial and multiracial population in the U.S. is rapidly increasing, with the most recent Census calculating a populace of 33.8 million, a 276% increase from the previous decade ([U.S. Census](#)). This major demographic shift represents an increasingly diversifying society in America. With this growth in the mixed-race population, research is uncovering unique challenges and experiences faced by only biracial and multiracial individuals, mainly during adolescence. Biracial and multiracial youth have proven to have a distinct growth process from that of monoracial adolescents. Workplace, school, and household environments of biracial and multiracial teens allow for experiences that trigger various outcomes in these individuals' mental health and identity development, such as feelings of isolation, objectification, etc. Several factors, including societal perceptions, familial upbringing, and peer relationships influence this journey. The differing cultures may cause biracial and multiracial individuals to question their identity, contemplating whether they identify to both, a few, one, or none of their races. Navigating multiple racial identities can lead biracial and multiracial individuals to struggle, often burdened by societal pressures. This intricate process is a stimulus for stress and the development of mental illnesses among biracial and multiracial youth, especially those who lack proper support. As society continues to evolve, understanding the development of biracial and multiracial identity is essential for the mental health and well-being of mixed-race individuals.

In households, relationships between a multiracial individual and their parents have a significant impact on their sense of self. Parental attitudes, family dynamics, and cultural exposure at home all create experiences that play a role in the outcome of a child's self-image and sense of belonging. Parents who embrace the diverse racial makeup of their children create household environments that allow for open conversations about

race and culture, endorsing children's experiences and developing a positive self-image. A supportive household provides a safe space for multiracial adolescents. They can discuss their feelings, experiences, and questions about their culture. For biracial and multiracial individuals, exploring all racial backgrounds and cultures is pivotal for identity discovery. Supportive household environments allow for biracial and multiracial youth to have positive mental health and unbiasedly discover their own identity.

Literature Review

Race, ethnicity, and culture are all complex terms fundamental to studying biracial, multiracial, and monoracial identities. For this document, each of these words will have distinct, non-changing definitions. Race is inherent and ascribed to individuals based on physical traits (Health Disparities in the United States -- Donald Barr). Culture can be all the ways of life of a group of individuals. This could include arts, beliefs and generational traditions and practices (Boston University). Ethnicity reflects cultural heritage and can be defined as a perceived cultural distinctiveness that makes the group into a "people." ([Britannica](#)) The term monoracial will refer to an individual with one racial background. Multiracial individuals are individuals with multiple racial backgrounds. Lastly, biracial individuals are people with two distinct racial backgrounds. In order for an adolescent to be categorized as multiracial or biracial in this paper, they must have two parents or guardians of different races, specifically two different races for biracial youth.

Research has indicated that multiracial individuals navigating their identities often encounter countless challenges that influence the outcomes of their sense of self. Biracial individuals may self-identify in various ways; they may identify more with parent one's ethnicity, parent two's ethnicity, or both Ethnicities. The differing cultural exposure in these environments cause questions of belonging and identity to arise among the adolescent population, who are all still developing. Some studies find a direct correlation between identity-questioning experiences and mental health outcomes. Biracial populations face identity denial in situations where other individuals challenge one racial or cultural identity. In these situations, personal identification is different from how those in an individual's environment perceive an individual. An online survey that targeted both biracial and monoracial individuals found that biracial participants who reported more frequent experiences of identity denial and questioning were less able to choose their own identity. They had trouble with their conflicting identities, which was generally associated with depressive symptoms and increased stress. 46% of bicultural participants reported that denial and questioning experiences came most frequently from strangers, whereas 27% reported acquaintances and close others as perpetrators (Albuja et al. 2018). Questioning is prevalent especially among those who have limited ability to choose identity freely. Conflicts between identities, only being exposed to specific identities, and other factors all cause identity denial and confusion to happen, which leads to increased stress and possible development of mental and psychological disorders. Marginalization, lack of racial role models, and discrimination from racial/ethnic communities add to identity struggles and isolation. Adverse Childhood Experiences (ACEs) have also been linked to mental health conditions among multiracial youth. Referring to experiences with potentially traumatic incidents before the age of eighteen, ACEs have been linked to common mental health conditions among youth, such as depression, anxiety, and attention deficit hyperactivity disorder (ADHD) (Danielson et al. 2018) By analyzing the subpopulation data of multiracial and biracial adolescents between the ages of 12-17 years old, Weller and others found that these youth often have poorer mental health outcomes than their monoracial peers (Weller et al. 2021). As they are shaped by life in different environments, it is crucial for support and intervention strategies for multiracial adolescents in their developing stages.

These various outcomes in identity have a severe impact on the mental wellbeing of biracial and multiracial adolescents. Typically, youth with a strong sense of ethnic identity tend to maintain higher levels of self-esteem, indicating a correlation between self-esteem and sense of identity. When examined without a comparison group, biracial individuals possessed high levels of self-esteem (Gibbs and Hines, 1992). Studies

found higher, lower, or identical levels of self-esteem among mixed-race adolescents, revealing evidence of consistency in self-esteem amongst the multiracial population. In a study done between biracial and monoracial adolescents, an ANCOVA test showed that there is a significant difference in the self-esteem of these two groups with a $p < 0.01$ (Bracey 2004). This variety shows that results have not indicated a clear and consistent correlation between identity and self-esteem among biracial and multiracial individuals. In regards to mental health, multiracial adolescents often have poorer mental health outcomes than their monoracial peers. Campbell and Eggerling-Boeck studied how the mentioned two groups of adolescents compared to each other. They compared and investigated how mixed-race individuals compare to monoracial minority majority groups. It was discovered that multiracial students between grades seven and twelve had average scores of depression significantly higher than those of monoracial white youth with a statistical significance $p < 0.05$. (Campbell and Eggerling-Boeck 2006). Depression, a prevalent mental health disorder among the adolescent population, was found to affect biracial individuals more than monoracial majority groups. However, Campbell and others were not able to generalize the information; there was no consistent evidence that multiracial adolescents as a group face more difficulty in adolescence than members of other racial and ethnic minority groups.

Microaggressions experienced by multiracial individuals in environments, precisely the household, impact mental health, creating feelings of isolation, questioning place within society, emotional distress, a search for identity, and lack of validation. In a study of multiracial microaggressions in family settings, Nadal and others explored the perspectives of several individuals, with participants describing favoritism among extended family members. The study found that there are five major categories of microaggressions that multiracial individuals experience: exclusion or isolation, objectification or exoticization, assumption of monoracial or mistaken identity, denial of multiracial reality, and pathologizing of identity and experiences. Exclusion, also called isolation, was when individuals felt the need to select one race over another. One Asian and White narrative reported witnessing racist actions by White family members toward their non-white mother. The individual recalled, "It's not that they were being overtly racist, but they would either not speak to her or speak to her condescendingly. I just really didn't know where I fit in because I didn't feel that I was being discriminated against but I could see how much [discomfort] they were causing her..." These actions made the individual question their White identity, as they felt targeted by the actions of the family members toward her Asian identity. Common questions that multiracial and biracial individuals receive, such as "What races are you?," can lead one to feel objectification, as if they were exotic or being exhibited. Nadal and others found that participants usually felt the assumption of monoracial identity or mistaken identity occurred when people would speak in languages that were not related to their race or ethnicity or when monoracial family members would make racist comments, unaware of the races of the biracial individual. Denial of multiracial reality emerged within participants who were told to ignore their mixed race. Lastly, Nadal discovered pathologizing of identity and experiences took place when others of their racial backgrounds judged individuals. Some participants even recalled that they were "told they are crazy" due to their heritage (Nadal et al. 2013). Experiences of microaggressions within biracial and multiracial families like these invoke feelings of alienation within individuals, highlighting the impact of family interaction on biracial and monoracial identity as well as the importance of healthy family relationships. Unified parental views positively influence a child's self-identity, and conflicting parental views weaken identity formation. Radina and Coony's research found that father-son relationships within biracial youth are usually strained, containing less emotional closeness and communication in comparison to mother-daughter relationships, where multiracial daughters tend to have more engagement with mothers compared to monoracial girls. Additionally, National survey data found that multiracial females reported more contact with their fathers compared to all monoracial girls while for multiracial boys, there was significantly less closeness in relationships with fathers than did monoracial boys (Radina et al. 2010). Often times, the closer an adolescent is to a parent, the more exposure he/she has had to their culture. This fluctuation in parent relationships with their multiracial children indicates an imbalance in exposure to both sides of the family.

Despite all of these discoveries that have arisen from research, there is still no clear, established pattern or relationship for the development of biracial and multiracial youth in correlation with their environments. There seems to be no single identity that could be applied to all multiracial or monoracial individuals; while some multiracial individuals choose to identify with only one of their races, others tend to identify with multiple. Different research yields distinct outcomes, and existing studies show a dire need for a different approach in assisting multiracial and biracial individuals, different from the ‘universal’ approach for monoracial individuals.

Methodology

In this study, an online survey was conducted for a total of 94 participants via Google Forms with the help of Positly. The overarching goal of the experiment was to determine the correlation between biracial and multiracial mental health, emotions, and identity development and the environments these individuals mature. The age, gender, cultural origins, and country of residence of each participant were collected prior to the experiment. To meet this goal, research participants were asked the following questions: “How do you personally identify yourself?”, “Are your parents from different racial backgrounds?”, “On a scale of 1 to 5, how exposed were you to parent 1’s culture and heritage growing up?”, “On a scale of 1 to 5, how often were you exposed to the cultural traditions, languages, and customs of your parents’ ethnic backgrounds while growing up?”, “On a scale of 1 to 5, how often do you encounter external perceptions or experiences of discrimination related to your biracial/multiracial/mono-racial background?”, etc. Each participant answered these questions and gave optional feedback about the survey. While most of the questions asked were qualitative, allowing for straightforward and numerical data, qualitative questions.

The survey data was collected through Google Forms using random voluntary sampling from a respondent service, Positly. Of the 94 surveyed participants, 72.3% were male, 26.6% were female, and 1.1% preferred not to say. The ages for this experiment ranged between thirteen and seventy years old, with 43.6% of participants being thirty years old. Additionally, 93.6% of participants were located in the United States of America. A large majority of questions in this survey were scale questions, where individuals were asked to rate their stance on a statement within a range of one and five, with the higher numbers representing a stronger belief or sense of agreement. To analyze the data the participant data was divided between multiracial and monoracial individuals. Then, to discover patterns and relationships, distributions and summary statistics were extrapolated, and several t-tests and correlation tests were run. A limitation of this experiment is the narrow geographic diversity among participants. Results are not generalizable because a large majority of participants reside in the United States of America. There is not an equal balance in participants’ age, gender, and race, with most of the participants having similar qualities, there is room for biases in findings due to possible overlap in opinions and beliefs. The means of determining the racial makeup of an adolescent in this survey was the use of parents’ race as reported. As this method was solely used to classify individuals, it served as a limitation to the experiment. Additionally, the sample size is relatively small and not large enough to be representative of the whole population. These survey questions allow for responses that allow studies to be conducted on the correlation between mental health, emotions, and the development of the identity of the biracial and multiracial population and their environments.

Results and Analysis

Demographic Information

The study collected survey data from 94 participants. Of the 94 surveyed participants, 72.3% were male, 26.6% were female, and 1.1% preferred not to say. The ages for this experiment ranged between 13 and 70 years old,

with 43.6% of voters being thirty years old and the average age being 30.41 years. Of the participants, 70.2%, or 66 participants defined themselves as multiethnic or multiracial and the remaining 29.8% identified as monoracial.

Biracial Identity

In the study, participants were also asked if they felt that they were closer to one background than the other. Of the 66 multi-racial participants, 41 participants felt they said that they defined closer to one ethnic identity over the other (sample named: multiracial, unequal) while 25 felt that they identified equally with all of their ethnic backgrounds (sample named: multiracial, equal); the data groups are labeled in table 1 with their criteria. The distribution of identity confusion rating was taken for the multiracial and monoracial samples shown in Figure 1.

Table 1. Data Group Information. The data is divided into monoracial and multiracial groups and within the multiracial group there is a group that identifies unequally with their ethnicities and a group that identifies equally.

Groups	Criteria and Information
Monoracial	Participants that have parents from the same ethnic background.
Multiracial, Unequal	Participants that have parents from different ethnic backgrounds that identify closer to one of their ethnicities.
Multiracial, Equal	Participants that have parents from different ethnic backgrounds that identify equally with all of their ethnicities.

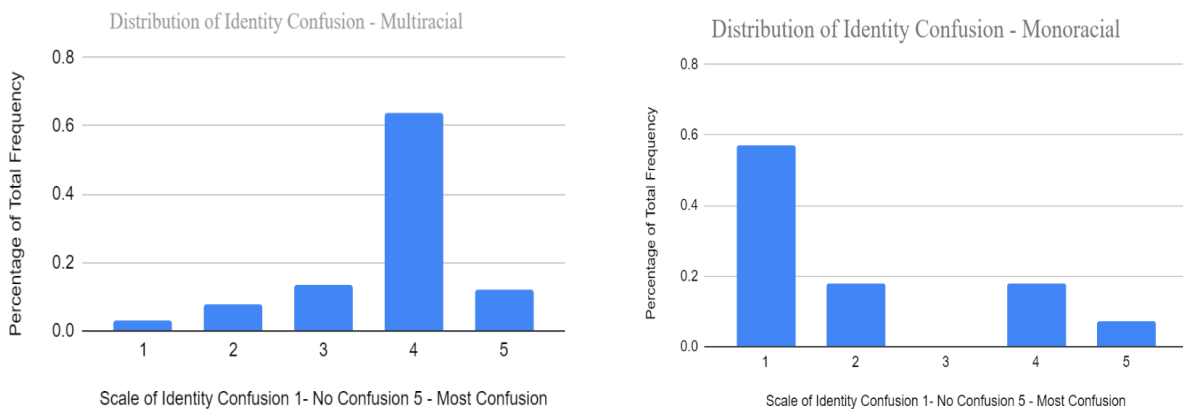


Figure 1. Distribution of Identity Confusion for Multiracial Sample (Left) and Monoracial Sample (Right). The mean of the Multiracial group is 3.74 and the Monoracial group is 2.

Multiracial Household Experience

In this part of the analysis, the data groups, multiracial - equal and multiracial - unequal were looked at. Two paired t-tests were performed on both samples, on the different cultural exposure ratings each parent gave them. For those that identify equally with all of their ethnic identities inherited by their parents the t-test showed no significance in the difference between parent 1 and parent 2's exposure, with a p-value of 0.45. However, for those who identify unequally with all of their ethnic identities inherited by their parents, the t-test gave a p-value of 0.04 which shows that there is a significant difference between parent 1 and parent 2's exposure. Some testimonies said that the food or language spoken at home was unequal or they felt closer to one parent so the exposure levels were generally higher.

Resilience and Coping

The next part of the analysis looked at the following questions: (1) On a scale of 1 to 5, how often do you experience any challenges (bullying, uncertainty, etc.) related to your ethnic identity? (2) On a scale of 1 to 5, how resilient do you consider yourself in facing challenges related to your ethnic identity? The distributions of the responses are graphed below in Figure 2 and Figure 3. Overall there was a higher mean of 3.8 for challenges due to ethnic identity in multi-racial individuals than that of mono-racial individuals, 2.54, as shown in Figure 2.

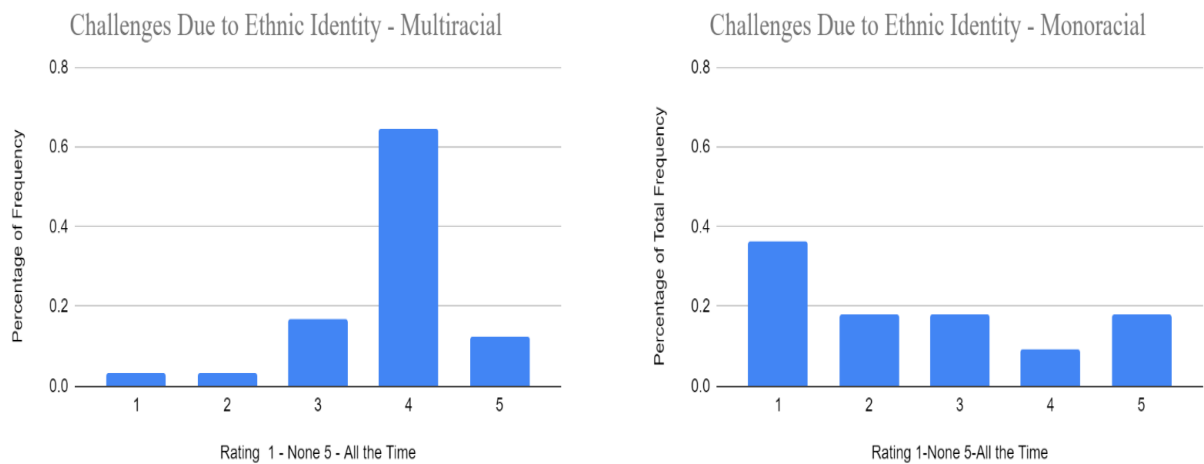


Figure 2. Distribution of Responses of Challenges Due to Ethnic Identity in Multiracial Group (Left) and Monoracial Group (Right).

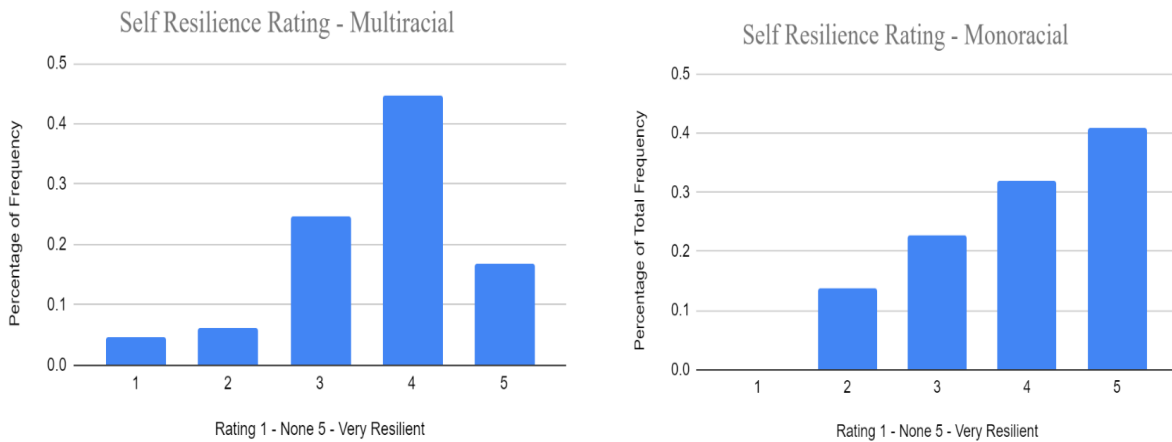


Figure 3. Distribution of Responses to Self-Resilience Rating for Multiracial Group (Left) and Monoracial Group (Right).

Mental Health Challenges

Figure 4 shows the mental health rating distribution of the multiracial group and monoracial group. The mean value of the ratings for the multiracial group is 3.83 and the mean of the ratings for the monoracial group is 2.46. A Pearson’s correlation test was performed on the amount of cultural exposure and mental health challenges and there was it showed a negative correlation with a rho value of -0.45 and a p-value of 0.098. From the testimonies about mental health challenges from the individuals it showed that those who said they had higher mental health challenges were due to the fact that they were not very close to their parents, they were neglected in childhood, or isolated from family and friends and they felt that there was a generation gap between their parents and them. Many also indicated that their parents were immigrants.

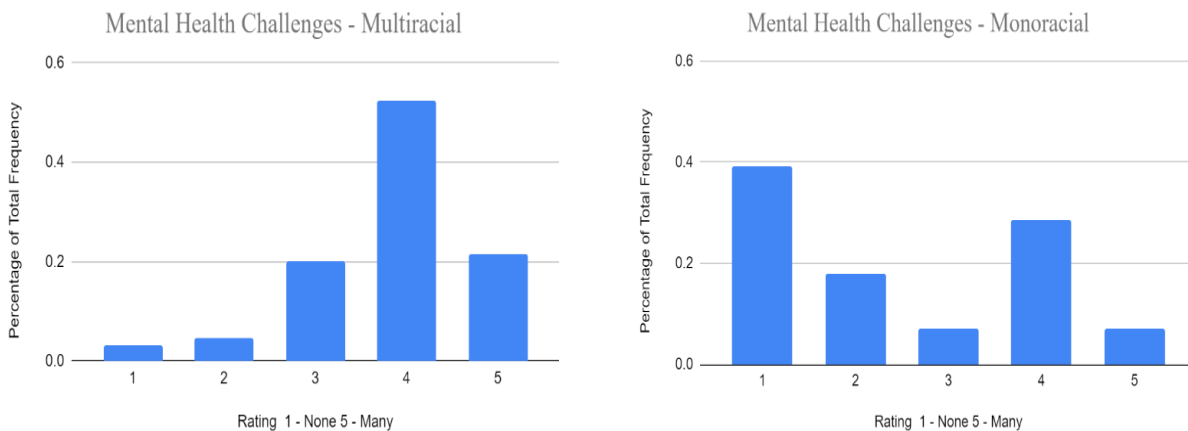


Figure 4. Distribution of Mental Health Challenges for Multiracial Group (Left) and Monoracial Group (Right).

Another correlation test was also performed on family support and mental health ratings. Those who rated higher on family support meant that they had a support system in their family to discuss problems. The

Pearson correlation test showed a rho value that was negative, -0.23, which shows a slight negative correlation between family support and mental health issues.

Conclusion

The study reveals the complexities surrounding biracial and multiracial identity development, mental health, and emotions within various environments. Findings reveal the distinctive challenges faced by individuals of mixed race, or different ethnic backgrounds, highlighting the influential role of societal perceptions, family dynamics, and peer relationships.

The survey also reveals interesting patterns that are notable. A significant proportion identified closer to one ethnic background than the other, while others felt an equal connection to all their ethnicities. The identity confusion ratings, as depicted in Figure 1, illustrated the very different distributions within the multiracial and monoracial groups and the multiracial group experienced larger identity confusion than the monoracial group. For the multiracial household experience, the analysis revealed differences between those who identified equally and those who identified unequally with their ethnic backgrounds. The paired t-tests showed with statistical significance that parental cultural exposure shapes these experiences, with unequal identification often associated with disparities in exposure levels between parents. For resilience and coping, the higher mean of challenges related to ethnic identity for multiracial individuals, as depicted in Figure 2, suggested unique struggles faced by this group due to their ethnic background.

The correlation tests also revealed that there was a negative correlation between family support and mental health challenges and cultural exposure and mental health challenges. This tells us that family support and more cultural exposure for individuals can reduce the mental health challenges that they face due to ethnic identity confusion or any related issues. In conclusion, the findings show that there is an impact on mental health due to the ethnic diversity of individuals. This calls for action to increase mental health programs and infrastructure in the future to help guide those who are from different backgrounds. The nuanced insights gained from this study contribute valuable knowledge for fostering understanding and designing targeted interventions to support the well-being of individuals navigating complex intersections of ethnicity and identity.

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