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MULTIRACIAL IDENTITY DEVELOPMENT:

illuminating influential factors

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The multiracial population is an ever-growing segment of America. In the U.S. Census conducted in 2010, over nine million individuals reported belonging to two or more races. Expansions in civil rights and changes in social conventions over time have played a vital role in the reduction of social distance between people of various racial backgrounds, significantly contributing to the rising multiracial population. Multiracial individuals' historical experience in America is unique in that they were denied racial autonomy via laws that controlled how they could be racially classified.

The goals of this article are to illuminate the historical context and shifting trends surrounding multiracial individuals in America, and to share research findings on factors that influence racial identity development. Recommendations to support multiracial youth and their families will also be described.

HISTORICAL UNDERPINNINGS

A number of historical factors have influenced the rights and social perceptions of multiracial individuals. These include the understanding of race as a social versus biological construct, Jim Crow laws surrounding interracial romantic relationships (miscegenation) and the assignment of multiracial individuals to a subordinate racial group (hypodescent), the landmark Loving v. Virginia case, and changes in how the U.S. Census records racial/ethnic data.

Race is a man-made social construct, conceptualized during the 1700s to subdivide the human species "scientifically" based on geographic region and phenotype (Cameron & Wycoff, 1998). Anthropologists have since confirmed that race does not have biological grounds. Differences in physical characteristics, considered to be "race traits," resulted from migration



and adaptation to climate and geography over time, and more variation exists within than between racial groups (Cameron & Wycoff, 1998).

If race is not a biological classification, what is its function? Race has been used to stratify groups, create a hierarchy to justify one group's domination over another, and perpetuate the demotion of certain groups to a non-human status (Cameron & Wycoff, 1998; Smedley & Smedley, 2005).

Anti-miscegenation laws of the 17th and 19th centuries made interracial romantic cohabitation and marriage illegal. During this time, "Tragic Mulatto" was a label used to describe individuals that emerged from Black/White relationships. This descriptor portrayed offspring of such unions as social misfits due to their ambiguous phenotypes and perceived difficulty fully fitting into the "White world" or the "Black world" (Winters & Herman, 2003).

In the 19th century, the Jim Crow Hypodescent Law, known as the "one-drop rule," was instituted to account for the offspring from interracial unions. It stated that by virtue of a single drop of Black blood, a multiracial person was relegated to the Black race (Herman, 2004; McClain, 2004; Qian, 2004; Rockquemore & Brunsma, 2002). This law was developed to maintain segregation between races and ensure the racial purity of the White race by prohibiting multiracial individuals from assuming a White identity (Colker, 1996). This law also rejected any previous White racial membership, regardless of distance from Black ancestry or ambiguity of phenotype (Cameron & Wycoff, 1998; Rockquemore et al., 2003).

The landmark 1967 Loving v. Virginia Supreme Court case struck down the Virginia statute which made it a felony for White and "Colored" individuals to intermarry, setting in motion a change that would inevitably impact the racial landscape of the U.S. (Colker, 1996). Thereafter, interracial unions increased significantly, resulting in a "biracial baby boom" (Lee & Bean, 2004). The number of interracial unions jumped from 150,000 in 1960, to 1.6 million in 1990, to 9 million in 2010 (Jones & Bullock, 2012).

In 2000, the U.S. Census amended the method of race recordkeeping. Instead of limiting the selection to a single racial category, the Census now allows the selection of multiple categories, resulting in a change from six to 63 possible combinations that can be recorded (Rockquemore & Brunsma, 2001). This historic change officially permitted the recognition of multiracial individuals as a distinct population, and calls attention to the conceptualization of "race" as a contrived social construct.

FACTORS THAT IMPACT RACIAL IDENTITY DEVELOPMENT

Several factors have been found to influence the racial identity development of individuals with multiracial heritage, including phenotype, surname, geographic location, community demographics, generational status, and family and peer supports (Herman, 2004; Lee & Bean, 2004).

FAMILY INFLUENCE

Family has the largest fundamental impact on the individual and their identity, and it is viewed as the primary institution responsible for answering questions about racial identity. Research conducted by LaBarrie (2007) explored family factors that influence racial

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self-identification. Two family factors were found to be significant in multiracial identity development: a caregiver's use of racial labels with youth, and the observed racial predominance within the family (LaBarrie, 2007). When participants were asked to identify the one racial group they most identified with and why they selected that particular race, 33 percent reported family racial predominance as a key reason, followed by phenotype, social labeling, and caregiver labeling (LaBarrie, 2007). An analysis of caregiver racial characteristics revealed a shared race pattern, such that if both caregivers had a shared race, the child identified with that shared race (LaBarrie, 2007).

Strong, supportive relationships between caregivers and multiracial children can foster a healthy identity development process (Radina & Cooney, 2000). Some caregivers take it upon themselves to help their child self-identify with a racial category. Caregivers may label their children's identity to protect them from confusion, racial discrimination, or social stigma. Black and other minority caregivers are more likely to be color conscious and to discuss social ignorance (Cooney & Radina, 2000).

Other caregivers avoid the topic of race. If colorblind attitudes, pollyanna avoidance of racialized experiences, or racial discrimination and slights are perpetuated within the family, they have a negative impact on multiracial youth's feelings of acceptance, belonging, and emotional well-being (Nadal et al., 2013; Nishimura, 1998; Root, 1996).

Some families do not discuss being a multiracial family or the possible challenges multiracial youth may face. In this case, the multiracial child often seeks a role model. If they cannot acquire one, they may feel misunderstood (Gillem, 2001; Radina & Cooney, 2000). This is more often the case in biracial households in which each caregiver identifies monoracially. In this instance, children may believe that their caregivers do not understand what it is like to be biracial (Nishimura, 1998).

Multiracial families have higher divorce rates than monoracial families (Cooney & Radina, 2000), often due to differences in traditions and values between caregivers, and the internal/external discriminatory pressures that influence the relationship. During marital conflicts and divorce, children sometimes feel forced to choose sides, and vouch their loyalty by identifying with the race of the caregiver with greater custody rights (LaBarrie, 2007; Radina & Cooney, 2000). Multiracial children may also feel they are betraying a caregiver by choosing a race.

COMMUNITY INFLUENCE

Community has a highly influential impact on racial identity. Multiple aspects of community have been found to be related to racial identity development, including community diversity and contingent socialization.

LaBarrie (2007) explored the influence of community diversity on multiracial self-identification. A majority of participants reported that their communities directly influenced their self-identification, and participants raised in diverse communities reported fewer negative experiences and more acceptance of their multiracial identity (LaBarrie, 2007). However, participants living in less diverse locations reported experiencing more discrimination, questioning, and/or challenges regarding their racial identity (LaBarrie, 2007).

Most multiracial individuals tend to live in diverse areas with high amounts of immigration and interracial marriage. As of 2010, 38% of the multiracial population resided in the Western region of the U.S. (nearly two million or 20.2% lived in California), while the multiracial population in Illinois was 3.2%. Chicago compromises over 36% of the Illinois multiracial population, making it the U.S. city with the third largest population of multiracial individuals after New York City and Los Angeles (Jones & Bullock, 2012). Alternately, a portion of the American landscape remains characterized by its strong racial divide. Louisiana, Mississippi, Alabama, Tennessee, and South Carolina are areas in which individuals are less likely to label themselves as multiracial and more likely to perpetuate hypodescent rules (Lee & Bean, 2004).

The racial identity and socialization process of multiracial individuals can be contingent on the presence or lack of community diversity. When communities lack diversity or are segregated, multiracial individuals are more likely to experience marginalization. This is due in part because the concept of race is hinged on monoracial standards, such that members of society are often compelled to classify others as monoracial and feel unease if unable to do so. As a result, members in the community may exacerbate the experience of inconsistencies between internal versus external perceptions of racial identity among multiracial individuals. This experience contributes to feelings of confusion, frustration, and marginalization (Rockquemore & Brunsma, 2002).

In more diverse communities, an individual may experience their racial identity as being denied by various racial groups. If the acceptance of one or all races does not occur within the community, multiracial individuals may suffer from not being able to choose the race(s) with which they wish to represent themselves. This indecisiveness may cause feelings of emptiness, alienation, and abandonment (Radina & Cooney, 2000). Stonequist (1937) described this sense of being connected and/or disconnected from racial groups as a kind of "identity purgatory" in which the individual experiences feelings of being in limbo.

MODELS OF RACIAL IDENTITY DEVELOPMENT

Root (1996) challenged previous racial linear identity models, arguing that racial identity is fluid, not fixed. The Multidimensional Model of Biracial Identity (Rockquemore & Brunsma, 2002) is a similar ecological model that views identity development as complex and fluid. The model provides four identification options for biracial individuals. The first option is a Singular Identity, in which only one race is acknowledged. The second is the Boarder Identity, which acknowledges both races. The third is the Protean Identity, which utilizes racial identifications jointly or separately to create three possible identities. This allows the opportunity to switch and adapt within various contexts (McClain, 2004). The fourth option is the Transcendent Identity, in which individuals choose not to ascribe to racial classifications, and do not consider race to be a part of their status (Rockquemore & Brunsma, 2002).

In research by LaBarrie (2007), 60 percent of participants demonstrated fluidity in their racial identity during a six-month period. Twenty-five percent of individuals switched their primary racial identity, and

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RECOMMENDED BOOKS FOR CHILDREN AND FAMILIES

For Children:

- Burnell, C. (2013).
 Snowflakes. Scholastic.
- Kallok, E. (2004). Gem. Tricycle Press.
- Lacapa, K. (1994). Less Than Half, More Than Whole (1st ed.). Northland Publishing.
- Maclear, K. (2010). Spork.
 Kids Can Press.
- Vance, K. R. (2007). My Rainbow Family. AuthorHouse.

For Caregivers and Families:

- Arboleda, T. (2016). Mixed
 Feelings: An Illustrated Guide
 for Biracial and Multiracial Kids
 and Their Families. Entertaining
 Diversity, Incorporated.
- Gaskins, P. F. (1999). What Are You? Voices of Mixed-Race Young People. Henry Holt and Company (BYR).
- Nakazawa, D. J. (2009). Does Anybody Else Look Like Me? A Parent's Guide To Raising Multiracial Children. Da Capo Press.
- Rockquemore, K. A. & Laszloffy, T. A. (2005) Raising Biracial Children. AltaMira Press.

35 percent subtracted one to two races from their racial composition. Of those who subtracted one to two races, the race consistently dropped was White and/or Native American. All individuals who initially reported a primary Black racial identity maintained this primary identity at follow-up (LaBarrie, 2007). A study by Hitlin, Brown, and Elder (2006) similarly found that youth who initially report being multiracial were four times as likely to switch racial self-identification as to report a consistent multiracial identity. Across time, more multiracial adolescents added a racial category (diversification) or subtracted one (consolidation), compared to those that maintained a consistent multiracial self-identity (Hitlin et al., 2006).

IMPLICATIONS AND RECOMMENDATIONS

Caregivers play a key role in identity formation. They can influence the racial identity development of their children through thoughtful discussions, as well as by choosing (as much as is possible) a supportive place to live, school, and culture within which to raise them (Gillem, 2001; LaBarrie, 2007; Qian, 2004). Developing awareness, knowledge, and skills among caregivers and families are key supports for multiracial youth (Kenney, 2002).

Family members benefit from building awareness and challenging their internal attitudes, values, and beliefs about multiracial individuals. It is encouraged that caregivers acquire knowledge about the worldviews and experiences of multiracial individuals. Such knowledge development should include an understanding of several different domains, including historical context,

types of racism experienced, environmental factors, acceptance across racial contexts, and available support networks in the local community and at school (Kenney, 2002).

Caregivers of multiracial youth can utilize *skills* and strategies that support positive identity development. Key strategies include providing a safe and open atmosphere that permits the expression of thoughts and feelings, along with the utilization of active listening to foster trust and understanding. Caregivers should acknowledge their child's racial/ethnic heritage, and acknowledge the differences in heritage between caregiver and child as positive and welcome (Kenney, 2002). Caregivers can also help youth develop positive views of their racial/ethnic heritage, and empower them as they navigate their multiple heritages.

Positive racial identity development tends to reduce either/or thinking and promote both/and thinking (Kenney, 2002). Early appreciation of multiracial heritage can be fostered with books and toys marketed toward multiracial and diverse youth (see text box for recommended books). Youth will also benefit from the promotion of their strengths and abilities, learning effective coping skills for dealing with conflict, opportunities to develop relationships with peers from diverse backgrounds (e.g., integrated schools, neighborhoods), and meeting multiracial role models through participation in social activities or community support groups.

CONCLUSION

In America, the number of interracial couples, multiracial individuals, and multiracial families is expected to grow 180% by 2050 (Bernstein & Edwards, 2008). Correspondingly, the research on this population has grown, along with the visibility of multiracial children, individuals, celebrities, media representation, and the prominence of President Barack Obama.

To adapt to this changing landscape, it is important to be knowledgeable about the history of race, as well as current trends and factors influencing the racial identity development of multiracial individuals. Research clearly shows that individuals who are raised in supportive families, neighborhoods, and social networks, and who attend schools with diverse populations, tend to develop a healthy self-confidence and racial identity (Gillem, 2001; Barrie, 2007). Caregivers, both directly and indirectly, play an essential role in shaping the racial identity of their children. Caregivers often oversee choices regarding which community to live in, the schools their children attend, and provide (or limit) opportunities to discuss and explore racial/ ethnic heritage. Families are encouraged to increase their own awareness, knowledge, and skills, and to support open communication about racial/ethnic heritage. Resources are to help families support multiracial youth in their unique identity development. If problems develop, caregivers might consider counseling for their children, to support positive racial identity development, as well as to help them cope with distress in a supportive environment.

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REFERENCES

Bernstein, R., & Edwards, T. (2008).

An older and more diverse nation by midcentury.

Washington, DC: U.S. Census Bureau News.

Cameron, S. C. & Wycoff, S. M. (1998).

The destructive nature of the term race: Growing beyond a false paradigm. *Journal of Counseling and Development*, 76, 277-286.

Colker, R. (1996).

Hybrid: Bisexuals, Multiracials, and other misfits under American Law. New York: New York University.

Cooney, T. M. & Radina, M. E. (2000).

Adjustment problems in adolescence: Are multiracial children at risk? *American Journal of Orthopsychiatric*, 70, 433-444.

Gillem, A. R., Cohn, L. R., & Throne, C. (2001).

Black identity in biracial Black/White people: A comparison of Jacqueline who refuses to be exclusively black and Adolphus who wishes he were. *Cultural Diversity and Ethnic Minority Psychology*, 7, 182-196.

Herman, M. (2004).

Forced to choose: Some determinants of racial identification in multiracial adolescents. *Child Development*, 75, 730-748.

Hitlin, S., Brown, J. S., & Elder, G. (H., Jr. 2006).

Racial self-categorization in adolescence: Multiracial development and social pathways. *Child Development*, 77(5), 1298-1308.

Jones, N.A., & Bullock, J.J. (2012).

The two or more races population: 2010. U.S. Department of Commerce: Economics and Statistics Administration. Retrieved on January 21, 2017. www.census.gov/prod/cen2010/briefs/c2010br-13.pdf

Kenney, K. R. (2002).

Counseling interracial couples and multiracial individuals: Applying a multicultural counseling competency framework. *Counseling and Human Development*, 35(4), 1.

LaBarrie, T. L. (2007).

Explorations of variables influencing the racial self-identification of multiracial individuals. Symposium conducted at the annual meeting of the American Psychological Association, San Francisco, CA.

Lee, J. & Bean, F. D. (2004).

America's changing color: Immigration, race/ethnicity, and multiracial identification. *Annual Review of Sociology*, 30, 221-242.

McClain, C. S. (2004).

Black by choice: Identity preferences of Americans of black/white parentage. *The Black Scholar*, 34, 43-54.

Nadal, K.L., Sriken, J., Davidoff, K. C., Wong, Y., & McLean, K. (2013). Microaggressions within families: Experiences of multiracial people. *Family Relations*, 62, 190-201.

Nishimura, N. J. (1998).

Assessing the issues of multiracial students on college campuses. *Journal of College Counseling, 1*, 45-53.

Oian, Z. (2004).

Options: Racial/ethnic identification of children of intermarried couples. *Social Science Quarterly*, 85, 746–766.

Radina, M. E. & Cooney, T. M. (2000).

Relationship quality between multiracial adolescents and their biological parents. *American Journal of Orthopsychiatry*, 70, 445-454.

Rockquemore, K. & Brunsma, D. L. (2001).

Beyond Black: Biracial Identity in America.

Thousand Oaks, CA: Sage.

Rockquemore, K. & Brunsma, D. L. (2002).

Socially embedded identities: theories, typologies and process of racial identity among Black/White biracials. *Sociological Quarterly*, *43*, 335-356.

Rockguemore, K. & Laszloffy, T. A. (2003).

Multiple realities: A relational narrative approach in therapy with black-white mixed-race clients. *Family Relations*, *52*, 119-128.

Root, M. P. P. (1996).

The Multiracial Experience: Racial Boarders as Significant Frontier in Race Relations. Thousand Oaks, CA: Sage.

Smedley, A. & Smedly, B. D. (2005).

Race as biology is fiction, racism as a social problem is real: Anthropological and historical perspectives on the social construction of race. *American Psychologist*, 60(1), 16-26.

Stonquist, E. V. (1937).

The Marginal Man: A Study in Personality and Culture Conflict. New York: Charles Scribner's Sons.

Winters, L. I. & DeBose, H. L. (2003).

New Faces in a Changing America: Multiracial Identity in the 21st Century. Thousand Oaks, CA: Sage.

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