

Running Head: FORCED CHOICE DILEMMAS

How do forced-choice dilemmas affect multiracial people?

The role of identity autonomy and public regard in depressive symptoms

Diana T. Sanchez

Rutgers University

Diana T. Sanchez, PhD., Department of Psychology, Rutgers University, New Brunswick, NJ.

Correspondence concerning this article should be addressed to Diana T. Sanchez, Rutgers University, Department of Psychology, 53 Avenue E, Piscataway, NJ 08854-8040 or email: [disanche@rci.rutgers.edu](mailto:disanche@rci.rutgers.edu)

## Abstract

The present study reports on correlational data gathered from an Internet survey to explore why forced-choice dilemma situations relate to depressive symptoms among multiracial people (N = 317). Specifically, a model was tested that explored the role of *identity autonomy* (the extent to which multiracial people feel they can racially identify however they desire) and *public regard* (the extent to which multiracial people think others value their multiracial identity). The results of the model suggest that forced-choice dilemmas predict greater depressive symptoms because forced-choice dilemmas may promote greater beliefs that their multiracial identity is devalued in society and more generally restrict identity autonomy. Implications are discussed in terms of multiracial health and public policies regarding assessments of racial identities.

WORD COUNT = 119

Researchers widely accept that people of multiracial heritage face unique challenges associated with their membership in multiple racial categories. These unique challenges have been proposed as precipitating factors in racial identity development, overall psychological health, and the occurrence of problem behaviors including poor academic performance among multiracial people (Gillem, Kohn, & Throne, 2001; Logan, 1981; Rockquemore & Brunsma, 2002a; Rockquemore & Brunsma, 2002b; Shih & Sanchez, 2005). In a review of work on multiracial health, Shih and Sanchez (2005) proposed that forced choice dilemmas may contribute to multiracial people's psychological well-being. Thus, the present study was designed to empirically examine the possible link between self-reported experiences of forced-choice dilemmas and psychological well-being as well as the mechanisms that may account for the relationship. *Forced choice dilemmas* refer to situations in which multiracial people are asked or pressured to choose between their multiple racial identities rather than being allowed to identify with their multiple racial identities (Standen, 1996).

Because of the difficulties multiracial people face, many theorists erroneously predicted that multiracial people would exhibit worse psychological health and behavioral problems than other racial minorities; however, a review of the literature revealed few differences between multiracial people and other racial minorities on their level of psychological health or behavioral problems (Shih & Sanchez, 2005). One possible explanation for this lack of difference is that multiracial people vary to the degree that they encounter the challenges associated with having a multiracial identity. For example, not every multiracial person will encounter forced-choice dilemmas.

The proposed challenges associated with multiracial identity mostly emerged in theoretical and qualitative work that did not fully explore the implications of forced-choice

dilemmas for psychological health (e.g. Hall, 1992; Herman, 2004; Nakashima, 1992; Sebring, 1985; Standen, 1996). The present study fills this gap by examining whether self-reported forced choice experiences predict psychological health (as measured by depressive symptoms) and the mechanisms that may underlie this link (namely, public regard and identity autonomy). This work will build on current empirical work on multiracial identity as well as the broader literature on identity denial to further understand these phenomena to help build a foundation for future research as well as inform others (teachers, community members, parents, peers, public policymakers) about how forced choice dilemmas may affect people of mixed racial ancestry.

### *Multiple Racial Identities*

From an outsider perspective, multiracial people are difficult to categorize into simple racial categories. A perceiver often cannot assume the racial identification of multiracial people because, for example, multiracial people have racially ambiguous physical appearances. Moreover, even if the perceiver accurately identified the person as multiracial, this information would not necessarily translate into an assumed racial identity because people of multiracial descent may or may not identify with various aspects of their racial background. Being unable to categorize a person into his or her racial identity can create an awkward and uncomfortable social situation as race is one of the primary features people notice about each other (Nakashima, 1992; Omi & Winant, 1986; James & Tucker, 2003). The difficulty others encounter with multiracial people is evidenced in the words of Chela Delgado, a 14 yr. old multiracial girl (Gaskins, 1999; pg. 15), “Being biracial isn’t hard because we’re confused about our racial identity. It’s hard because everyone else is confused. The problem isn’t us—it’s everyone else.”

To understand multiracial identity, it is important to recognize the complexity within multiracial people’s racial identification. Because multiracial people belong to multiple racial

groups, their racial identity choices are far more complicated than singularly raced individuals (Rockquemore & Brunsma, 2002a; 2002b). For example, a multiracial person of Asian/White descent may choose to identify as “Asian,” “White,” or some combination of their multiracial heritages (e.g. “Multiracial,” “Asian/White,” or “Hapa”). Thus, from the perspective of multiracial people, their racial identity process can be complicated, flexible, and unique from other racial minorities. In fact, many theorists have argued that experiencing a sense of freedom with regard to one’s racial identity choices (*racial autonomy*) may be particularly helpful for positive multiracial identity development (Root, 1996). Thus, the present study examines whether forced choice dilemmas are associated with thwarted racial autonomy, which is posited as an important foundation for multiracial identity and health.

#### *Forced Choice Dilemmas*

Multiracial people experience social situations, termed *forced choice dilemmas*, where there is either an implicit or explicit message that they need to pick one racial identity over another (Hall, 1992; Herman, 2004; Standen, 1996). Forced choice dilemmas may make multiracial people feel pressure to deny one part of their racial heritage or feel disloyal towards part of their family (Sebring, 1985; Shih & Sanchez, 2005). These situations can occur when multiracial people are asked to “check one box” on any survey or even in casual conversations when multiracial people are asked to describe themselves in traditional single-race categories. Before 2001, for example, the U.S. Census prohibited indicating more than one racial category, presenting a forced-choice dilemma for people who identified with multiple racial categories. Forced-choice practices continue to pervade in public policies including the analysis and collection of ethnicity data in U.S. K-12 and postsecondary education (Renn, in press).

Self-verification theory suggests that people generally have the desire to be accurately perceived and known by others (Swann, 1983; 1990; Swann, Pelham, & Krull, 1989; Swann, Rentrow, & Guinn, 2002). This holds true for personal identities and characteristics as well as social identities (Barreto & Ellemers, 2002; Bosson, Prewitt-Freilino, & Taylor, 2005; Cheryan & Monin, 2005; LeMay & Ashmore, 2004). People experience great discomfort and anxiety when they fear misclassification into social identities and groups that they do not belong (Bosson et al., 2005; Bosson, Taylor, & Prewitt-Freilino, 2006). For example, Cheryan and Monin (2005) misidentified Asian Americans as non-Americans in a series of experimental studies and found that misidentification caused psychological reactance and hostile moods among those who were misidentified. Forced-choice dilemmas represent situations in which others deny multiracial people the opportunity to indicate their multiple racial identities; thus, forced-choice experiences should predict poorer psychological health among those who identify as multiracial.

To our knowledge, only one study (Townsend, Markus, & Bergsieker, in press) has examined this type of identity denial among multiracial people. Townsend and colleagues (in press) manipulated the race question on a survey with one multiracial group randomly assigned to receive the race question with the directions and restrictions to only “check only one box” and another group was allowed to “check all that apply”. They found that multiracial people forced to check only one box showed lower state performance self-esteem, poorer performance on an achievement word search task, less self-efficacy in possible future selves, and were more likely to re-assert their multiracial identity later compared to those in the “check all that apply” condition. Based on these new findings, experiencing frequent forced-choice dilemmas should relate to greater depressive symptoms because of the tendency for forced choice dilemmas to cause negative feelings about the self. In addition, others imposing forced-choice dilemmas upon

multiracial people should affect depressive symptoms because these experiences restrict multiracial people's personal feelings about the freedom they generally have in any situation to identify how they want (*lower identity autonomy*). Townsend and her colleagues (in press) suggested that multiracial people in forced choice scenarios may feel a lack of control in their environments. Lacking racial autonomy could explain why, when given the opportunity, multiracial people re-assert their multiracial identity after forced-choice situations (Townsend et al., in press). In the present study, we examine whether forced choice scenarios predict feeling less autonomy with regard to how one identified racially.

Forced choice dilemmas may also send the message that one's multiracial background is unacceptable and devalued (*lower public regard*). Thus, forced choice dilemmas were expected to predict greater depressive symptoms through lower public regard and lower identity autonomy. Although the study is correlation in nature, previous work showing that forced choice dilemmas and identity denial (e.g., Townsend et al., in press) cause negative mood, lower state self-esteem, and lower self-efficacy about the future provided support for the hypothesized causal paths in the model (see Figure 1).

### *Racial Autonomy*

Autonomy, generally, refers to the feeling that one's actions are freely chosen, authentic expressions of the self (Deci & Ryan, 1995). In the present study, *racial identity autonomy* refers to the extent to which multiracial people feel as though they can freely choose their racial identification. Unlike forced-choice dilemmas which refer to external situations where multiracial people are not allowed to indicate their multiple identities, racial identity autonomy refers to global, internal feelings about the extent to which an individual feels personal control and freedom over their identity choices. Root (1996) argued that a sense of racial autonomy

among multiracial people was paramount in healthy multiracial identity development yet this contention has never been empirically measured. Feeling the freedom to express one's racial identity freely may make the experience of being multiracial and attitudes towards one's racial identity more positive.

A very-well developed literature has explored the necessity of autonomy in healthy psychological adjustment (see Deci & Ryan, 2000 for review). Researchers propose that autonomy is important for many reasons. Autonomy provides individuals with a sense of control and mastery over their lives and decisions (Deci & Ryan, 1985). Multiracial people who have racial autonomy will feel a greater sense of control over their identity expression. Second, autonomy allows for people to authentically express their true self and desires, which can make people feel more related and connected to others as their relationships feel more authentic (Hodgins, Koestner, & Duncan, 1996). Because of the numerous benefits of autonomy for health and identity as well as Root's contention about the importance of racial identity autonomy for multiracial people, racial autonomy should foster multiracial public regard and psychological health among multiracial people (see Figure 1).

### *Multiracial Public Regard*

Racial minorities and women tend to report lower public regard for their identities than members of valued groups suggesting that they believe others generally devalue their identities more (Katz, Joiner, & Kwon, 2002; Crocker, Luhtanen, Blaine, & Broadnax, 1994). Perceptions of public regard may essentially serve as a proxy of the degree to which devalued group members are aware of their stigmatization. When multiracial people encounter a form that allows them to only check one box for their racial identity, they may interpret this situation as evidence that multiracial people are either impermissible or undesirable in society. When

someone asks a multiracial person to choose one identity, this situation may suggest that the perceiver is either refuting or disapproving of multiracial identification. Thus, greater forced-choice dilemma experiences were expected to predict lower perceptions of public regard for their multiracial identity. In addition, lower public regard was expected to predict greater symptoms of depression (see Figure 1).

No previous empirical work was found that examined the link between public regard and psychological well-being for multiracial people; however, several studies have examined these constructs among racial minorities and women. While public regard does not often predict the self-worth of devalued group members (see Crocker & Major, 1989 for further discussion), lower public regard does predict anxious mood, psychological distress, and depressive symptoms among women and African Americans (Katz et al., 2002; Katz, Swindell & Farrow, 2004; Sellers, Caldwell, Schmeelk-Cone, & Zimmerman, 2003). Thus, perceptions of public regard were expected to predict depressive symptoms (see Figure 1). In addition, multiracial people who perceive their environments as accepting (high public regard) should also feel greater feelings of identity autonomy because feeling that multiple racial identities are valued and acceptable may allow multiracial people to experiment with how they will racially identify.

#### *The Present Study*

The present study examines the links between forced-choice dilemmas experiences, depressive symptoms, multiracial public regard and identity autonomy. The present study represents the first model of the relationships between these variables. Because no previous work examined self-reported forced-choice dilemmas, it was necessary to create items to assess experiences of forced choice dilemmas. The items were based on previous qualitative and theoretical accounts of forced-choice dilemmas (e.g. Hall, 1992; Nakashima, 1992; Sebring, 1985; Standen, 1996). Several hypotheses were explored utilizing structural equation modeling

(see Figure 1): 1) Forced choice dilemmas were expected to predict depressive symptoms. 2) Forced choice dilemmas were expected to predict lower multiracial public regard and lower identity autonomy 3) Lower public regard and identity autonomy was expected to predict greater symptoms of depression, which would fully mediate the original relationship between forced-choice dilemmas and depressive symptoms (Baron & Kenny, 1986). 4) Greater public regard was expected to foster greater identity autonomy.

The current project reports on an Internet-based convenience sample of self-identified multiracial people. Although some debate surrounds the treatment of multiracial population as a group, growing research suggests that multiracial people have common experiences based on their multiracial background (Root, 1992; 1996), which necessitates examining their collective experiences as multiracial people. However, some comparisons within the multiracial population were conducted when sample sizes allowed.

### *Method*

#### *Participants*

Three hundred and seventeen participants completed an Internet survey over a 3 month period (July 2006-October 2006) as part of a larger project on *Multiracial Life and Experiences*. Participants were recruited primarily through Mavin Foundation™ and Swirl Boston™ who are dedicated to serving the multiracial community. All participants had biological parents of different backgrounds and identified as multiracial. Participants ranged in age from 18 to 62 years ( $M = 29.13$ ,  $SD = 9.16$ ), and consisted of 57 males (18%) and 260 females (82%).

#### *Demographic Information*

Participants were asked to report their personal racial identity as well as their biological parents' racial identity. Participants were allowed to indicate more than one racial identity of the

5 census options (1= White, 2= Black or African American, 3 = American Indian or Alaska Native, 4 = Asian including Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, and other Asian, 5 = Native Hawaiian, Guamanian, Chamorro, Samoan or other Pacific Islander, 6 = Other). In addition, participants were asked to indicate whether or not they were Hispanic or Latino. Hispanic/Latino was considered a racial category for the present study.

In total, the sample included 24 different racial combinations. Thirty percent of the participants indicated an Asian/White background, 22% of Black/White heritage, 11% had a Black/American Indian/White background, 6% a Latino/White backgrounds and 5% had an American Indian/White background. The rest of the participants were of other multiracial backgrounds. Participants reported highest educational attainment on a scale from 0 (high school completed) to 6 (PhD, M.D., PsyD or equivalent) with a median of 3, which indicated completion of college. The sample was largely drawn from the United States with 92% of the sample indicating currently living in the U.S and 83% being born in the United States. Exclusion of non-U.S. participants did not alter the results. Of those living in the United States, most were living in the Northwest (49%), Northeast (30%), and Southwest (15%) with only 7% living in the Southeast and 5% living in the Southwest.

### *Materials*

*Forced-choice dilemmas* were assessed with 3 questions. The response scale ranged from 1 (*strongly disagree*) to 7 (*strongly agree*). The items showed strong internal consistency ( $\alpha = .82$ ). An example item is “People have often told me that I should identity with one racial identity over another.”

*Depressive symptoms* were assessed using an abbreviated 10 item version of the Center for Epidemiological Studies Depression scale (CES-D; Radloff, 1977). The final measure was an

average of the responses and had strong reliability ( $\alpha = .88$ ). Participants indicated their frequency of depressive symptoms on a scale from 1 (*rarely or none of the time; less than once a day*) to 4 (*most or all of the time; 5-7 days/wk*). The average score was 1.67 ( $SD = 0.63$ ) suggesting that the sample was, on the whole, well within the range for normal, i.e., not clinically depressed.

*Racial Autonomy* was measured with two items adapted from previously used scales of relationship autonomy (LaGuardia, Ryan, Couchman, & Deci, 2000). Participants indicated their agreement to the following statements on a scale from 1 (*strongly disagree*) to 7 (*strongly agree*): 1) I feel free to racially identify however I want and 2) I feel that I decide how I want to racially identify. The scale was reliable for the entire sample ( $\alpha = .83$ ). The average score was 5.86 ( $SD = 1.20$ )

*Multiracial Public Regard* was measured with 4 items from private regard subscales from the Collective Self-Esteem Scale –Race Version (CSE-R; Luhtanen & Crocker, 1992). The scale was modified such that items measured favorability towards one's multiracial background. An example item is, "Overall multiracial people are considered good by others." Participants were asked to indicate their agreement to the four items on a scale from 1 (*strongly disagree*) to 7 (*strongly agree*). The average score was 5.03 ( $SD = 1.22$ ). The scale was reliable ( $\alpha = .76$ ).

### *Results*

Table 1 shows the zero-order correlations between the variables of interest. All correlations were in the expected directions. While the sample consisted of a disproportionate number of women to men because of the tendency for women to be more likely to volunteer, no gender differences were found on the variables of interest (see Table 2). Notably, there was a direct, significant positive relationship between forced choice dilemmas and depressive

symptoms. The largest groups ( $N > 15$ ) of respondents were of Asian/White ( $N = 94$ ), Latino/White ( $N = 19$ ), American Indian/White (19), Black/White (69), and Black/White/American Indian ( $N = 36$ ) descent. ANOVA revealed that the multiracial groups differed on the frequency of their forced choice dilemma experiences,  $F(4, 234) = 4.08, p < .01$  and public regard,  $F(4, 227) = 6.12, p < .001$ . Follow-up Tukey tests revealed that people of Asian/White descent reported less forced-choice dilemmas ( $M = 4.52, SD = 1.67$ ) than people of Black/White ( $M = 5.32, SD = 1.60, p < .05$ ) and people of Black/American Indian/White multiracial descent ( $M = 5.56, SD = 1.68, p < .05$ ). In addition, people of White/Asian descent ( $M = 5.32, SD = 1.23$ ) perceived higher public regard for their multiracial identity than people of Black/American Indian/White multiracial descent ( $M = 4.63, SD = 1.29, p < .01$ ) and people of American Indian/White descent ( $M = 3.94, SD = 1.22, p < .001$ ). People of American Indian/White descent had lower public regard scores than people of Black/White descent as well ( $M = 5.03, SD = 1.16, p < .01$ ).

To test the a priori prediction that forced choice dilemmas would predict depressive symptoms through lower identity autonomy and public regard, we tested the model shown in Figure 1 using structural equation modeling (SEM). SEM provided the simplest test to examine whether identity autonomy and public regard mediated the link between forced choice scenarios and depressive symptoms. In accordance with SEM using EQS software (Raykov, Tomer, & Nesselroade, 1991), the following goodness-of-fit indices were reported:  $\chi^2/df$ , non-normed fit (NNFI), and comparative fit (CFI). Acceptable fit indices exceed .95 (Bentler & Bonnett, 1980; Raykov et al., 1991). The root mean square error of approximation (RMSEA) was also reported. RMSEA misfit indices should be at or below .06 (Hu & Bentler, 1999) to indicate a good fitting model. Chi-square was used to compare between the hypothesized and alternative models.

In the structural models, each corresponding survey item served as an indicator for forced choice dilemmas, identity autonomy, and public regard. Because the depression measure had several items, the measure was randomly parceled into 2 indicators. Parceling is a common procedure used when factors have several items and the sample size is small. Before testing the fit of structural equation models, it is important to test how well the indicators relate to the latent variables in a measurement model. Measurement models do not include any direct paths between factors but instead essentially test a confirmatory factor analysis of all of the latent variables in the model linked by covariances (Kline, 2005). The measurement model fit the data well (see Table 3). Thus, the structural equation model was tested.

The direct link between forced choice dilemmas and depressive symptoms was tested within a nested model, excluding the paths from identity autonomy and public regard to depressive symptoms. The nested model confirmed what the correlational analyses, forced choice dilemmas predicted greater depressive symptoms ( $\beta = .25$ ; see Table 3). The hypothesized structural model (shown in Figure 1) fit the data well and was a better fit to the data than the nested direct effects model (see Table 3). As expected, forced choice dilemmas predicted lower identity autonomy and lower public regard, which both, in turn, predicted depressive symptoms. As predicted, the original link between forced choice dilemmas and depressive symptoms was no longer significant when the paths from autonomy and public regard to depression were included. This model accounted for 19% of the variance in depressive symptoms and 25% of the variance in public regard among the multiracial respondents.

Several plausible alternative structural models were tested and compared to the hypothesized model (see Table 3). Alternative model 1 tested a model with depressive symptoms as the mediator of the relationship between forced choice dilemmas and identity autonomy, and

the relationship between forced choice dilemmas and public regard (see Figure 2). Comparing the chi-square statistics, the hypothesized model was a better fitting model than alternative model 1,  $\chi^2(1) = 17.96, p < .001$ . Alternative model 2 tested a model with depressive symptoms, public regard, and identity autonomy as simultaneous predictors of forced choice dilemmas (see Figure 3). Comparing the chi-square statistics, the hypothesized model was a better fitting model than alternative model 2,  $\chi^2(4) = 73.39, p < .001$ . Alternative model 3 tested a model with public regard and identity autonomy as predictors of forced choice dilemmas and forced choice dilemmas as the sole predictor of depressive symptoms (see Figure 4). Comparing the chi-square statistics, the hypothesized model was a better fitting model than alternative model 2,  $\chi^2(4) = 67.86, p < .001$ . While these results support the hypotheses, the data are correlational and thus, no causal conclusions can be made.

### *Discussion*

The results of this study were consistent with predictions. Notably, forced choice dilemmas were significant correlated with greater depressive symptoms; however, this relationship appeared to be driven by lower public regard and identity autonomy. Specifically, forced-choice dilemmas predicted perceiving greater disapproval for one's multiracial background and overall feelings of restriction with one's racial identity choices. In addition, having greater positive public regard afforded multiracial people more identity autonomy. Although the data was correlational in nature, these causal paths are consistent with previous work on identity denial (Cheryan & Monin, 2005) and forced choice dilemmas (Townsend et al., 2008) that suggest that denying people identities causes negative self-views and moods. One reason why negative mood may result in situations of denial may be that denying people's identities or forcing them into specific identities may restrict their global feelings of identity

autonomy and send the message that certain identities are devalued. This study is an important step in understanding the experience for multiracial people and why forced choice dilemmas may be psychologically problematic.

### *Forced to Choose*

The present study provides preliminary evidence regarding some of the psychological processes at play that may cause negative mood among multiracial people when they encounter forced choice dilemmas (Townsend et al., in press). Notably, the present study suggests that Black multiracial people may encounter greater forced-choice dilemmas than people of an Asian multiracial background. This is not surprising given the historical treatment of Black identity and heritage. The one-drop rule which has long governed the treatment of mixed-race Black people in the U.S. suggested that any person with any fraction of Black heritage in their blood was considered to be Black (Hickman, 1997; Spickard, 1992). Because of the long history of the one-drop rule regarding mixed-race Black people, many Black multiracial people may be told to identify as Black. Their parents and peers may advise them to because the world will see them as Black. People outside the Black community may reinforce this by seeing and treating people of Black mixed-race backgrounds as Black. Thus, people of Black mixed-race descent may experience the most forced-choice dilemmas because others expect them to identify as Black, not multiracial. Future studies should further explore which multiracial groups experience the most forced-choice dilemmas and resistance to multiracial labels to understand why certain communities and belief systems may be more likely to put specific subgroups of multiracial people in forced choice scenarios.

It is important to note that, while Black multiracial people may have reported greater forced-choice scenarios, they did not report the greatest symptoms of depression suggesting that

they may have adopted some strategies that buffer them against the negative effects of forced choice dilemmas. Future studies should examine whether attributing forced-choice dilemmas to prejudice against multiracial people may, over time, ameliorate the negative effects of these situations. Previous work on racial minorities suggests that attributing mistreatment to prejudice can buffer minorities from the psychological effects of mistreatment and rejection (Crocker & Major, 1989; Sellers, et al., 2006; Sellers & Shelton, 2003). An alternative possible explanation for why greater forced-choice scenarios may not translate into greater depressive symptoms is that Black multiracial people may have multiracial identities that are less salient and thus, forced choice scenarios carry less negative connotations.

### *Identity Autonomy*

No prior research was found examining identity autonomy in multiracial people. Thus, the present study stands to make an important contribution regarding the importance of identity autonomy for multiracial people. Evidence was found that public regard contributes to greater identity autonomy and that greater identity autonomy predicts greater psychological health. This finding is consistent with several other studies demonstrating the widespread psychological benefits of fostering autonomy (e.g., Deci & Ryan, 2000; Hodgins, et al., 1996; Reis, Sheldon, Gable, Roscoe, & Ryan, 2000). Because multiracial people have several identity choices and often change their racial identification (Harris & Sim, 2002; Hitlin, Brown, & Elder, 2006) autonomy with regard to these choices is paramount. These findings support Root's contention (1996) that racial autonomy is an important aspect of healthy multiracial identity development. For example, Root developed a *Multiracial Bill of Rights* to underscore how multiracial people should be treated. Included among these rights is the right for multiracial people to identify however they want (Root, 1996). The results of this study are important in empirically

demonstrating the links between identity autonomy and psychological health. Because autonomy also has benefits for sustaining satisfying relationships with others (Hodgins et al. 1996), identity autonomy may also foster positive intra- and inter- relationships between multiracial people and racially similar and dissimilar others.

### *Public Regard*

An important additional mechanism through which forced-choice scenarios relate to higher depressive symptoms is public regard. Although the data was correlational, it seems likely that forced choice dilemmas could cause people to then perceive their multiracial identity to be devalued or unacceptable. Thus, when multiracial people encounter race questions on college applications, scholarship forms, employment equal opportunity assessments, and other national public assessments of the demography of the U.S., that allow for people to check more than one box, this simple adjustment may send the clear message that the multiracial community is visible and valued. The political movement within the multiracial community has already successfully lobbied for changes in public policies regarding national demographic assessments that previously did not allow for multiple racial identities (e.g. U.S. Census, National Center for Education Statistics). The present study provides empirical support for changes to any public policies that disallows multiracial people to check more than one box. According to the present study's findings, failure to do so may further stigmatize the multiracial community with negative psychological repercussions.

### *Limitations*

Because the study was correlational and based on self-reported Internet data, several limitations apply. Future studies should use experimental techniques to examine the causal paths to the proposed mediators (identity autonomy and public regard). In addition, self-report

measures are vulnerable to socially desirable responding. Moreover, we had a disproportionate number of women to men. Thus, it is unclear whether this model holds reliably for men. In addition, the Internet sample was selective because participants were members of multiracial organizations. Thus, participants in the study were likely strongly identified with their multiracial backgrounds. Forced-choice dilemmas will certainly affect those who highly identify with their multiracial identity more than those who choose single-race identities or are less identified with their multiracial identity. For those who choose single race identities (e.g., Black multiracial people who identify solely as Black) being asked to choose one racial identity may not represent a dilemma. However, forced-choice situations may still send the message that multiracial identities are devalued, but public regard for one's multiracial background may have little effect on the health of single-race identified multiracial populations.

Moreover, participants from multiracial organizations are likely politically and culturally involved with the multiracial community, which means that their multiracial identity is very salient to them. These results may be primarily limited to those multiracial people for whom their multiracial identity is salient. For example, public regard for their multiracial group may be more important to those with salient multiracial identities than other multiracial people. Follow-up studies should examine whether support is found for the model in the current study among more representative multiracial samples and include identification as well as salience as possible moderators.

### *Conclusion*

The present study represents an imperative preliminary exploration of how forced choice dilemmas may come to effect depressive symptoms. Identity autonomy and multiracial public regard emerged as two important variables mediating these relationships. Because multiracial

people have an uncommon number of racial identity choices and do not fit into the typical understanding of race and color lines in the U.S., there are many unique challenges associated with being multiracial in today's society. However, multiracial people vary to the degree that they experience these challenges and how they may cope with them. Research on multiracial identity should focus on identifying the challenges and benefits of multiracial identity to promote psychological wellness among the rapidly growing multiracial communities.

## References

- Baron, R. M. & Kenny, D. A. (1986). The moderator—mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology, 51*, 1173-1182.
- Barreto, M., & Ellemers, N. (2002). The impact of respect versus neglect of self-identities on identification and group loyalty. *Personality and Social Psychology Bulletin, 28*, 629–639.
- Bentler, P. M. & Bonett, D. G. (1980). Significance tests and goodness of fit in the analysis of covariance structures. *Psychological Bulletin, 88*, 588-606.
- Bosson, J. K., Prewitt-Freilino, J. L., & Taylor, J. N. (2005). Role rigidity: A problem of identity misclassification? *Journal of Personality & Social Psychology, 89*, 552-565.
- Bosson, J. K., Taylor, J. N., & Prewitt-Freilino, J. L. (2006). Gender role violations and identity misclassification: The roles of audience and actor variables. *Sex Roles, 55*, 13-24.
- Cheryan, S., & Monin, B. (2005). "Where are you really from?": Asian Americans and identity denial. *Journal of Personality and Social Psychology, 89*, 717-730
- Crocker, J., Luhtanen, R., Blaine, B. & Broadnax, S. (1994). Collective self-esteem and psychological well-being among White, Black, and Asian college students. *Personality and Social Psychology Bulletin, 20*, 503-513.
- Crocker, J. & Major, B. (1989). Social stigma and self-esteem: The self-protective properties of stigma. *Psychological Review, 96*, 608-630.
- Deci, E. L. & Ryan, R. M. (1985). *Intrinsic motivation and self-determination in human behavior*. New York: Plenum.

- Deci, E. L., & Ryan, R. M. (1995). Human autonomy: The basis for true self-esteem. In M. H. Kernis (Ed.), *Efficacy, agency, and self-esteem* (pp. 31-49). New York: Plenum.
- Deci, E. L., & Ryan, R. M. (2000). The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry, 11*, 227-268.
- Gaskins, P. (1999). *What are you? Voices of mixed-race young people*. New York: Holt & Co.
- Gillem, A. R., Cohn, L. R., & Thorne, 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 & Ethnic Minority Psychology: Special Issue, 7*, 182-196.
- James A. D. & Tucker M. B. (2003). Racial ambiguity and relationship formation in the United States: Theoretical and practical considerations. *Journal of Social and Personal Relationships, 20*, 153-169.
- Hall, C. C. (1992). Please choose one: Ethnic identity choices for biracials. In M. P. P. Root (Ed.), *Racially Mixed People in America* (p.250-264). Newbury Park, CA: Sage.
- Harris, D. R. & Sim, J.J. (2002). Who is multiracial? Assessing the complexity of lived race. *American Sociological Review, 67*, 614-627.
- Herman, M. (2004). Forced to choose: Some determinants of racial identification in multiracial adolescents. *Child Development, 75*, 730-748.
- Hickman, C. B. (1997). The Devil and the One Drop Rule: Racial Categories, African Americans, and the U.S. Census. *Michigan Law Review, 95*, 1175-1176.
- Hitlin, S., Brown, J. S., and Elder, G. H. (2006). Racial self-categorization in

- adolescence: Multiracial development and social pathways. *Child Development*, 77, 1467-1308.
- Hodgins, H. S., Koestner, R., & Duncan, N. (1996). On the compatibility of autonomy and relatedness. *Personality and Social Psychology Bulletin*, 22, 227-237.
- Hu, L., & Bentler, P.M. (1999). Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling*, 6, 1-55.
- Katz, J., Joiner, T., & Kwon, P. (2002). Membership in a devalued social group and emotional well-being: Testing a model of personal self-esteem, collective self-esteem, and group socialization. *Sex Roles*, 47, 419-431.
- Katz, J., Swindell, S., & Farrow, S. (2004). Effects of participation in a first women's studies course on collective self-esteem, gender-related attitudes, and emotional well-being. *Journal of Applied Social Psychology*, 34, 2179-2199.
- Klem, L. (2000). Structural equation modeling. In Grimm, L. G. & Yarnold, P. R. (Eds.). *Reading and understanding MORE multivariate statistics* (pp. 227-260). Washington, DC: American Psychological Association.
- Kline, R. B. (2005) *Principles and Practice of Structural Equation Modeling*. The Guilford Press.
- LaGuardia, J. G., Ryan, R. M., Couchman, C. E., & Deci, E. L. (2000). Within-person variation in security of attachment: A self-determination theory perspective on attachment, need fulfillment, and well-being. *Journal of Personality and Social Psychology*, 79, 367-384.

- Lemay, E.P., & Ashmore, R.D. (2004). Reactions to perceived categorization by others during the transition to college: Internalization of self-verification processes. *Group Processes & Interpersonal Relations*, 7, 173-187.
- Logan, S.L. (1981). Race identity and Black children: A developmental perspective. *Social Casework*, 62, 47-56
- Luhtanen, R. & Crocker, J. (1992). A collective self-esteem scale: Self-evaluation of one's social identity. *Personality & Social Psychology Bulletin*, 18, 302-318
- Nakashima, C. L. (1992). An invisible monster: the creation and denial of mixed-race people in America. In M. P. P. Root (Ed.), *The multiracial experience: Racial borders as the new frontier* (pp. 162-180). Thousand Oaks, CA: Sage.
- Omi, M., & Winant, H. (1986). *Racial Formation in the United States: From the 1960's to the 1980's*. Boston: Routledge.
- Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1, 385-401.
- Raykov, T., Tomer, A. & Nesselroade, J. R. (1991). Reporting structural equation modeling results in Psychology and Aging: Some proposed guidelines. *Psychology & Aging*, 6, 499-503.
- Reis, H. T., Sheldon, K. M., Gable, S. L., Roscoe, J. & Ryan, R. (2000). Daily well-being: The role of autonomy, competence and relatedness. *Personality and Social Psychology Bulletin*, 26, 419-435.
- Renn, K.A. (in press). Educational policy, politics, and mixed heritage students in the United States. *Journal of Social Issues*.

- Rockquemore, K. A. & Brunnsma, D. L. (2002a). *Beyond Black: Biracial identity in America*. Thousand Oaks, CA: Sage Publications.
- Rockquemore, K.A. & Brunnsma, D.L. (2002b). Socially embedded identities: Theories, typologies, and processes of racial identity among Black/White biracials. *The Sociological Quarterly*, 43, 335-356.
- Root, M. P. P. (1996). The multiracial experience: Racial borders as a significant frontier in race relations. In M. P. P. Root (Ed.), *The multiracial experience: Racial borders as the new frontier* (pp. xiii-xxviii). Thousand Oaks, CA: Sage.
- Sebring, D. L. (1985). Considerations in counseling interracial children. *Journal of Non-White Concerns in Personnel and Guidance*, 13, 3-9.
- Sellers, R. M., Caldwell, C. H., Schmeelk-Cone, K. H., & Zimmerman, M. A. (2003). The role of racial identity and racial discrimination in the mental health of African American young adults. *Journal of Health and Social Behavior*, 44, 302-317.
- Shih, M. & Sanchez, D. T. (2005). Perspectives and research on the positive and negative implications of having multiple racial identities. *Psychological Bulletin*, 131, 569-591.
- Standen, B.C. (1996). Without a template: The biracial Korean/White experience. In Maria P. P. Root (Ed.), *The Multiracial Experience: Racial Borders as the New Frontier* (p. 245-262). Newbury Park, CA: Sage.
- Swann, W. B., Jr. (1983). Self-verification: Bringing social reality into harmony with the self. In J. Suls & A. G. Greenwald (Eds.), *Psychological perspectives on the self* (Vol. 2, pp. 33-66), Hillsdale, NJ: Erlbaum

- Swann, W. B., Jr. (1990). To be adored or to be known : The interplay of self-enhancement and self-verification. In R. M. Sorrentino & E. T. Higgins (Eds.) *Foundations of Social Behavior*, (Vol. 2, pp. 408-448). New York: Guilford
- Swann, W. B., Jr., Pelham, B. W., & Krull, D. S. (1989). Agreeable fancy or disagreeable truth? How people reconcile their self-enhancement and self-verification needs. *Journal of Personality and Social Psychology*, 57, 782-791
- Swann, W.B., Jr., Rentfrow, P. J., & Guinn, J. (2002). Self-verification: The search for coherence. In M. Leary and J. Tagney, *Handbook of self and identity*: Guilford, New York.
- Townsend, S. M., Markus, H. R., & Bergsieker, H. B. (in press). My choice, your categories: The verification or denial of multiracial identities. *Journal of Social Issues*.

Table 2

*Means and Standard Deviations for Women (n = 260) and Men (n = 57)*

	Women		Men		Cohen's <i>d</i>	<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Forced Choice Dilemmas	4.92	1.54	4.89	1.54	.02	-0.11
Racial Autonomy	5.93	1.15	5.70	1.32	.19	-1.29
Public Regard	5.05	1.23	4.86	1.11	.16	-1.01
Depressive Symptoms	1.65	0.63	1.76	0.67	-.17	1.07

*Note* \* $p < .05$ , \*\* $p < .01$ , The range of all the scales was from 1 to 7, higher score indicates higher levels of the construct.

Table 1.

*Correlation Coefficients from the Measurement Model*


---

Variable	1	2	3	4
1. Forced Choice Dilemmas	--			
2. Racial Autonomy	-0.13*	--		
3. Public Regard	-0.34**	0.40**	--	
4. Depressive Symptoms	0.18*	-0.38**	-0.33**	--

---

\* &lt; .05

\*\* &lt; .01

Table 3.

*Fit Statistics and Chi-Square Comparisons for All Models*

	$\chi^2$	<i>df</i>	<i>NFI</i>	<i>NNFI</i>	<i>CFI</i>	<i>RMSEA</i>
Measurement Model	54.93*	39	1.0	1.0	1.0	.04
Nested Direct Effects Model	329.00***	41	1.0	1.0	1.0	.16
Hypothesized Structural Model	54.93*	39	1.0	1.0	1.0	.04
Alternative Model 1: Outcome-Mediator Reversed	72.89**	40	1.0	1.0	1.0	.06
Alternative Model 2: Outcome-Forced Choice Dilemmas	128.32***	43	1.0	1.0	1.0	.09
Alternative Model 3: Predictors-Identity Autonomy and Public Regard	122.79***	43	1.0	1.0	1.0	.08

*Note:* Each row represents the structural model performed. *NFI* = Normed Fit Index, *NNFI* = Non-Normed Fit Index, *CFI* = Comparative Fit Index, *RMSEA* = Root Mean Square Error of Approximation

## Figure Captions

Figure 1. *Hypothesized Structural Model*. Squares represent indicators of the underlying factors. Circles represent factors. All betas are significant at  $p < .05$  unless otherwise stated. Betas in parentheses were derived from direct effects analyses.

Figure 2. *Alternative Model 1*. Squares represent indicators of the underlying factors. Circles represent factors. All betas are significant at  $p < .05$  unless otherwise stated. Betas in parentheses were derived from direct effects analyses.

Figure 3. *Alternative Model 2*. Squares represent indicators of the underlying factors. Circles represent factors. All betas are significant at  $p < .05$  unless otherwise stated. Betas in parentheses were derived from direct effects analyses.

Figure 4. *Alternative Model 3*. Squares represent indicators of the underlying factors. Circles represent factors. All betas are significant at  $p < .05$  unless otherwise stated. Betas in parentheses were derived from direct effects analyses.







