Ethnic-Racial Identity Profiles and Psychological Outcomes

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Introduction

After researching the Multidimensional Inventory of Black Identity (MIBI), the Cross Racial Identity Scale (CRIS), and the Multigroup Ethnic Identity Measure (MEIM), the Cross Ethnic-Racial Identity Scale for Adults (CERIS-A) appeared better equipped to measure potential correlates with one’s ethnic identity while defining clear subscales. The CERIS-A has been shown to measure identity across groups with consistency and breaks up ideology into components as separate, independent dimensions. The measure involves seven scales of ethnic-racial attitudes; Assimilation, Miseducation, Self-hatred, Anti-dominant, Ethnocentricty, Multiculturalist Inclusive, and Ethnic-Racial Salience. Each subscale is considered as an attitudinal dimension, wherein every person is proposed to hold both of these attitudes, and their positions vary per dimension. The CERIS-A builds off of the CRIS as a newer instrument to assess ethnic-racial identity attitudes across a wider range of ethnic-racial groups, specifically Black, White, Asian American, and Latino/a American groups.

Clinical Relevance:

• Previous research has investigated the relationship between appearance-based rejection sensitivity (ARS) and self-image based or other psychological dispositional/crises in adolescents and adults. Appearance teasing, negative body image perceptions, mental health outcomes, and dysmorphic concerns are all correlated and some factors mediate the others. Due to often imbalanced sample sizes, gender effects regarding these relationships, Body Dysmorphic Disorder (BDD), and Muscle Dysmorphia (MD) are unclear.

• Greater personal RS is associated with worse BDD and depressive symptoms and poorer general health as well as overall physical, social, and mental health functioning.

• Lastly, people with higher race-based RS (RS-race) levels have: (1) more negative university experiences (e.g. increased discomfort, less trust, lower grades over time), (2) increased depressive and associated positive psychotic symptoms; (3) increased distress and feelings of threat following news of racially motivated violence; and/or (4) increased stress related to other-race perpetrator microaggressions.

It is of the present study’s interest to see if gender differences may emerge across ethnic-racial groups pertaining to the chosen measures or identifying to the clusters. The combined analysis of different RS domains may inform psychosocial intervention targets for different ethnic-racial groups or identity clusters.

Social dominance orientation (SDO) is an important measure when analyzing attitudes and their potential correlates and consequences, especially regarding ethnic-racial identity. High general SDO, dominance-oriented SDO (SDO-D) and egalitarian SDO (SDO-E) have been correlated with various negative attitudes, worldviews, and the general support of oppression and dehumanization in various forms due to a preference for hierarchy. Hierarchy may be supported differently within various systems, contexts, and broader society. This research further explores how robust SDO correlates with ethnic-racial groups and identity clusters.

Present Research

The present study focuses on how people with various, complex ethnic-racial identity profiles may be more or less susceptible to or protected from various kinds of clinical symptomologies. Similar to the work by Telesford et al. (2013) with the CRIS, this study will utilize the CERIS-A to investigate the relationship between ethnic-racial attitudes, general psychological distress, and RS in three domains. This study will also explore how such relationships may inform psychological outcomes or other symptomologies across ethnic-racial groups. Our research is additionally interested in how such protection or susceptibility may vary across ethnic and racial groups. This study will utilize CERIS-A scores and cluster analysis for meaningful profiles across ethnic-racial identities. In addition to psychological distress, personal RS, and race-based RS, this study will utilize appearance-based RS levels and SDO scores. Resulting analyses may reveal the relation of identity profile membership and psychological adjustment. Additionally, the analysis of responses to the measures will provide implications for psychological outcomes on the basis of cluster membership.

Hypotheses

• Participants in the Multiculturalist Inclusive cluster and those that present lower on Ethnic-Racial Salience will have lower overall psychological distress, rejection sensitivity, and Global Severity Index (GSI) scores.

• Those with low Multiculturalist, high Anti-dominant, and high Self-Hatred attitudes will present higher psychological distress and rejection sensitivity and lower SDO scores.

• Those presenting higher on Ethnic-Racial Salience will present higher personal RS scores.

• Participants with higher SDO scores will likely belong to the Conflicted cluster and have higher overall psychological distress and GSI scores.

• Participants with lower SDO scores will be more likely to belong to the Multiculturalist Inclusive cluster.

• European Americans will present the highest Assimilation scores and African Americans and Asian Americans will have higher Ethnocentricty and Ethnic-Racial Salience scores.

• Gender and ethnic-racial identity differences will emerge for the Appearance-RS measure.

Exploratory Research

The present research is particularly interested in the relationships between ARS, BDD, MD, and ethnic-racial identity attitudes. It is of additional interest to further clarify any gender differences and the implications for one’s likelihood of developing BDD or MD. More women tend to clinically present for BDD and men for MD, but it is unclear whether this is due to differences in general manifestations of body dissatisfaction, previous trauma or causal factors, or bias in both clinical and non-clinical study populations. By utilizing the ARS scales, we can better understand the psychological implications of our findings as they relate to potential predispositions varying by gender, ethnic-racial identity, and/or ethnic-racial attitude cluster membership. These findings may better inform future research or clinical treatment recommendations.

References:


Methods

Participants and Procedure: 500 African Americans, 500 European Americans, 500 Asian Americans, and 500 Latino/a American participants for a total of at least 2,000 native-English speaking participants over the age of 18. To better address gender effects, we will additionally aim to achieve relative gender balance during recruitment via the Centiment platform. Participants will be asked to complete an online questionnaire on the Qualtrics survey platform about their personal experiences, feelings, attitudes, and ideas about various groups.

Measures:


References:


Planned Analyses

1. To test all hypotheses, scores for each measure will primarily be calculated in either Excel or Google Sheets.

2. CERIS-A scores will be used to create clusters using the auxiliary RSStep command in MPLUS. This process will establish an acceptable range of cluster solutions, calculate best fit comparative statistics, and run a factor solution. The resulting clusters will then be analyzed using the scores per participant on each measure to investigate our hypotheses.

3. A series of ANOVA’s will be conducted in SPSS with the participant’s cluster as the independent variable and the measure of interest as the independent variable (e.g. GSI, RS-race, etc.) per variable. These methods will be used to test our hypotheses regarding psychological distress, clinical implications.

4. One-way ANOVA’s will be conducted per group in SPSS. The resulting means per measure per group will be used to test our hypotheses regarding ethnic-racial group scores and social dominance orientation.

5. Significant groups will be analyzed using planned contrasts.

General Discussion

Interpretation of Clusters (if they emerge):

Assimilation: Participants in the cluster are expected to score highest on the corresponding CERIS-A assimilation items and lower on all other subscales. Members are more likely to identify with mainstream culture or as American as opposed to their ethnic-racial identity.

Miseducated: Members are expected to score highest on the corresponding CERIS-A assimilation items. Participants in this cluster may be aware of negative stereotypes about their ethnic-racial group, yet agree with such stereotypes to some extent. May concurrently include high self-reported attitudes or be referred to as the “Negative Race Salience” or “Self-Hated” cluster.

Anti-dominant: Participants are expected to rate lower on Assimilation attitudes and higher on Anti-dominant and Ethnocentric attitudes.

Multiculturalist Inclusive: Participants are expected to rate highly on corresponding multicultural inclusive CERIS-A items and lower on all other subscales. May demonstrate more respect and appreciation for all social identity groups, including the one to which they belong.

Low Ethnic-Racial Salience: Individuals are expected to have negative CERIS-A scores relative to the mean across almost all subscales. Participants in this cluster likely do not prioritize race or ethnic-racial identity and, as such, these aspects are viewed as irrelevant by the participant.

Conflict: Members are expected to score above average on all CERIS-A subscales except for the multicultural inclusive items.

It must be noted that prior to conducting this study, such clusters are infantile and different clusters may emerge. For example, Boykin (2019) found four clusters while Telesford et al. (2013) found six. Psychological and attitudinal adjustment interpretations would mirror confirmation of the aforementioned hypotheses depending on the results.

