

EMOTION CENTERED RACIAL COPING AND CHILD DEVELOPMENT

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Abstract

Victims of racist incidents can experience a host of negative emotions and how those emotions are processed is an integral part to one's well-being and mental health (Lewis et. al., 2015; Paradies et. al., 2015). Although a general body of emotion processing research has been established regarding general social contexts (Gross, 1998; Gross et al. 2011; Gross 2013), there is little research that explores the differentiation in emotion processing in response to racist experiences, or emotion centered racial coping (Dunbar et al., 2017). The current study explored the impact of emotion centered racial coping on the relationship between racism and anxiety, depression, academic self-competence, and math and reading scores. A sample of adults aged 31-34 (n = 262), part of a larger longitudinal study, reported on the types of emotion centered racial coping messages they received during their childhood. Self-report data for racism, anxiety, depression, academic self-competence, and math and reading scores were collected at grade 12. Findings suggested that emotion centered racial coping (emotion focused type) was the most widely used compared to emotion suppression and emotion expression. Moreover, emotion centered racial coping (emotion focused type) predicted academic self-competence. Lastly, emotion centered racial coping (emotion focused type) significantly moderated the relationship between racism and depression for girls and the relationships between racism and math scores for boys. Implications for emotion centered racial coping and psychoeducational outcomes in addition to direction for caregivers, mental health practitioners and educators are discussed.

CHAPTER 1: INTRODUCTION

Background

Residual effects of systematic oppression, like racist experiences, have exposed Black youth to adverse life experiences since birth; shaping who they become as adults (Stevenson et al., 2005). Racist experiences can traumatize, hurt, humiliate, enrage, confuse, and stunt the typical developmental growth of an individual and have a significant impact on their overall health (Harrell, 2000). With socioeconomic status, racism, violence, and gender discrimination, seen as prominent barriers Blacks face in society, successful individuals must maintain protective factors or practices that help serve against or mitigate adverse outcomes (Neblett et al., 2006). While social barriers are related to issues like lack of financial resources, inequitable education, family care, or transportation; cultural barriers can result from the mismatch between cultural practices and systemic expectations that are not inclusive of the cultural practices that represent the United States, a melting pot of cultures (Thacker, 2007).

Racism is characterized by the personal belief that one's race is superior to another based on phenotypic or racial characteristics and can present directly, vicariously, collectively, institutionally, transgenerationally, or even internally (Harrell, 1999; 2000). It is a psychologically damaging experience that affects more than 93% of Blacks in the United States (National Public Radio, 2017) and significantly impacts the Black family (Murry et al., 2001). Victims of racist experiences may expend a large amount of emotional and cognitive energy on trying to understand racism. They may begin to question one's observations and perceptions, replay or ruminate on situations and attempt to explain or justify their feelings to themselves or others (Pierce, 1995). While those strategies are typical among more mature individuals

(cognitively and developmentally), younger individuals may have a hard time understanding and conceptualizing their experiences. The inability to effectively process and filter racist experiences may lead to a host of adverse outcomes like low self-esteem (Seaton, 2009), anxiety (Sellers et al., 2003), depression (Seaton & Yip, 2009), imposter syndrome (Bernard et al., 2018), aggression, violence, and anger (Brody et al., 2006).

Black youth are aware of the racism and discrimination towards people who look like them (Hughes & Johnson, 2001). This awareness is deepened as they mature and encounter race-based bias, stereotyping, and discrimination from their peers and society (Seider et al., 2019). During development, youth may lean on caregivers for guidance on navigating challenging situations, identity development, and peer relations (Coll et al., 1996; Wang et al., 2020). More specifically, Black youth experience challenges that are unique to their racial identity leading caregivers to engage in unique culturally and racially specific caregiver practices.

A caregiver mechanism that has gained significant attention as a protective factor that buffers against racism is *racial socialization*; a process defined as the “the mechanisms through which parents transmit information, values, and perspectives about ethnicity and race to their children” (Hughes et al., 2006, p 747). Racial socialization consists of racially specific communications and practices that are known to mitigate the impact of discrimination on youth outcomes (Bynum et al, 2007; Neblett et al., 2008; Wang et al., 2020) and thus rendered as a responsive strategy to addressing youth development regarding race related stress. There are four different facets of racial socialization (cultural socialization, preparation for bias, promotion of mistrust, egalitarianism) that researchers have found. However, only three of them (cultural socialization, preparation for bias, promotion of mistrust) have been suggested to specifically target and reduce race related stress.

The Society for Adolescent Health suggests racism should be recognized as structural violence because it places an avoidable limitation on groups of people that hinder them from achieving adequate quality of life "that would have otherwise been possible" (Svetaz et al., 2018, p. 258). Because racism encompasses aspects of emotional, cognitive, and behavioral bias and can occur across three levels, 1) internalized racism, 2) interpersonal racism, and 3) systemic or institutional racism, this research calls for the need to put systems in place that denounce and prevent racism from bleeding into the everyday lives of marginalized people. Further, there is a need for inclusive strength based research that highlights what is strong rather than what is wrong with Black caregiving practices. Emphasizing protective factors for Black youth is a crucial aspect needed to advance research regarding buffers that mitigate against potential outcomes that stem from race related instances. However, we cannot fully understand ways to mitigate poor outcomes that stem from race related instances without understanding how caregivers socialize their children about being Black in the US. Understanding how caregivers socialize Black youth to respond and conceptualize racism can help inform social emotional interventions, therapeutic practices, and inform educator expectations for Black youth emotion regulation in the context of racism. Thus, there is a need to better understand how families manage racial discrimination during adolescence to support a child's well-being. Yet, few researchers have identified other pathways and parallels that accompany racial socialization and impact youth psychosocial well-being. One potentially important mechanism is emotional socialization, caregivers' responses to youth emotional reactions and conceptualizations (Eisenberg et al., 1998). Dunbar et al., (2016) suggests racial socialization is not a stand-alone strategy used to deter the impact of discrimination but rather the interaction between emotion socialization and racial socialization.

Problem Statement

Research has identified many ways that Black caregivers attempt to alleviate the potential harm that racist encounters may inflict on their children. However, little is known about the underlying processes by which caregivers implement these practices. For instance, while it is evident that racial socialization serves as a buffer to racist experiences and psychological harm, it is unclear how certain facets of racial socialization are related to other developmental processes that are crucial to development. Only recently, did scholars begin to dissect how racial socialization facets, in particular, preparation for bias may overlap with other constructs like emotion socialization. Dunbar et al., suggests as Black youth develop, caregivers become more aware of how emotional reactions can heighten a racist interaction (Klimes-Dougan and Zeman, 2007). Thus, they are likely to promote strategies that encourage youth to cope emotionally in a manner that will render them a smooth interracial interaction. The conceptual model of Parental Racial/ Ethnic and Emotion Socialization proposed by Dunbar et. al, (2016) highlights this phenomenon by parsing out facets of racial socialization specifically preparation for bias, and emotion socialization. For example, a caregiver might encourage their Black male child to suppress (*emotion socialization*) his anger in response to a racist incident to limit harm. Emotion socialization is used given the fact that Black males are hyper criminalized and seen as a threat compared to white males in society (*preparation for bias*). However, this phenomenon is not unique to Black males. Black females, who are often perceived as older than their age, also require unique socialization messages from their caregivers. Overall, the way caregivers prepare their Black children to react and cope emotionally with negative experiences is imperative and potentially life changing.

Although adolescents are more likely to report racism instances with confidence because they are cognitively aware and knowledgeable enough to conceptualize the incident; at the age of three, children can identify racial/ ethnic differences (Bergner, 2009; Clark and Clark, 1950). It may be beneficial to integrate emotion and racial socialization messages for younger children. It's important to understand how Black adolescents are socialized in both manners because of their unique experiences. Moreover, understanding cultural differences will allow researchers to differentiate better interventions that are inclusive and effective.

The Current Study

We use the term *emotional centered racial coping*, consistent with Dunbar et al., (2016) to describe the conceptual process that encompasses the overlapping constructs of racial socialization and emotional socialization. As suggested by Dunbar et al. (2016), *emotion centered racial coping* helps us understand how caregivers process emotionally heightened race related interactions with youth. Thus, it is imperative for mental health practitioners, researchers, and school administration to understand these developmental cultural caregiver nuances and how they contribute to long term outcomes. We collected and analyzed data across two different timepoints (12th grade and age 34). At the 12th grade level, perceived racism, academic performance, academic self-competence, self-efficacy, depression, and anxiety data were collected. At age 34, participants provided self-report retrospectively on the degree to which they received messages about emotion centered racial coping from their parents/ caregivers growing up. Thus, the current study seeks to further understand how the impact of emotion centered racial coping by answering the following questions:

- 1) Which type of emotion centered coping strategies (emotion-focused; emotion expression; emotion suppression) is more used by Black caregivers?

2) Is the most common emotion centered coping strategy related to 12th grade academic performance, academic self-competence, depression, and anxiety?

3) Does the most common emotion centered coping strategy have an influence on the relationship between perceived racism and academic performance, academic self-competence, depression, or anxiety?

Based on the literature, we hypothesize that:

1) Emotion centered racial coping (emotion focused) is the most common used type of emotion centered racial coping and;

2) ...it is positively related to 12th grade academic performance and academic self-competence and negatively related to depression and anxiety and;

3) ...it will moderate the relationship between perceived racism and academic performance, academic self-competence, depression, and anxiety.

CHAPTER 2: LITERATURE REVIEW

Racism Related Stress

Dating back to the enslavement of the first people from the African Diaspora in the early 1600's, Black people have proven to be a resilient group. Despite many attempts to dismantle Black culture, Black wealth, and Black knowledge, Black people remained "bruised but not broken". In recent years, racism has been given a platform through political polarization and failing systems that should be protecting the liberty of all persons. Unfortunately, that has not been the case. Many argue the election of Donald Trump, the 44th president, incited racism in America, following the election of the first Black president Barack Obama. Yet decades of systemic disproportionality mean police brutality, the academic achievement gap, disproportionate health outcomes, a wealth gap and many more social issues which are rooted in the fabric of America continue to plague life experiences for marginalized people, particularly Black people. Racism is characterized by the personal belief that one's race is superior to another based on phenotypic or racial characteristics (Harrell, 1999). It is a psychologically damaging experience that affects more than 60% of Black adults and at least 41% of Black college students (Priest et al., 2013). According to the Society for Adolescent Health and Medicine, race is a categorical construct designed to stratify people and establish meaning in a social context (Berman & Paradies, 2010). Therefore, racist experiences can present directly, vicariously, collectively, institutionally, and trans-generationally, or internally (Harrell, 2000). While racist experiences can affect all people from both dominant and nondominant groups, it stands as a primary source of stress for Black families in general and constitutes many challenges regarding race-related differences (Murry et al., 2001). For example, daily micro stressors like racial profiling may be most detrimental to the psyche of Black adolescents and increase their

overall stress load (Harrell, 2000). Pierce (1995) suggests a person of color may experience thousands of microaggressions in their lifetime, some of which may be perceived as "not serious," while others may leave a lasting impression on an individual. Yet, as a coping strategy "most microaggressions have to be allowed to pass, to protect one's time, energy, sanity or bodily integrity" (Pierce, 1995, p.282). Further, after these interactions occur, Black people may expend a large amount of emotional and cognitive energy on trying to understand them. They may even begin to question one's observations and perceptions, replay or ruminate on situations, or attempt to explain or justify their feelings to themselves or others which can cause additional stress (Pierce, 1995).

Racism and racist narratives have been influencing the educational experiences for Black youth since integration. Prior to the Brown V Board of Education case, which ruled segregation based on race was unconstitutional, Black teachers made up approximately 30-50 percent of the 17 segregated school systems where currently, Black teachers make up approximately 7 percent of public school teachers (Pendarkar, 2022). In addition to the extreme loss of Black educators during integration, Black children were kicked, beaten, spat upon, and subjected to racial insults, yet resilient enough to continue the fight for equal education. Unfortunately, we still see similar issues today and disproportionality among many facets of educational development (i.e. achievement, racism, suspension/expulsion, mental health challenges) remain. It's imperative to acknowledge the historical context in which today's education system issues highlight decades of systemic challenges that Black youth have been socialized to cope with.

Because racism has been woven into the educational trajectory of public education in America, Black youth are more likely to experience severe mental health challenges, academic difficulties and much more (Yusuf, 2022). In addition to typical developmental milestones,

adolescent hood is a very crucial part of youths' lives. However, as adolescents transition into adulthood, those racist encounters may eventually lead to increased stress on their mental health and impair belonging and advancement in professional and academic environments (Woodcock et al., 2012). These race related stressors can traumatize, hurt, humiliate, enrage, confuse, and stunt the normal developmental growth of an individual (Harrell, 2000).

Racism encompasses aspects of emotional, cognitive, and behavioral bias and can occur across three levels: 1) internalized racism, 2) interpersonal racism, and 3) systemic or institutional racism. According to Paradies (2006), internalized racism occurs when an individual incorporates ideologies within their own personal perspective that serve to influence their ideas about their own race. Internalized racism has two levels: internalized dominance and internalized oppression. Internalized dominance is when an individual incorporates attitudes, beliefs, and ideas that support the inferiority of other racial groups and the superiority of their own racial group. Internalized oppression occurs when people are targeted, discriminated against, or oppressed over a period of time, and they begin to internalize the myths and misinformation that society communicates to them about their group. Interpersonal racism is when racist interactions occur between people. Systemic or institutional racism is defined as the racist control of production, and access to, material, informational and symbolic resources within society that promote the unequal distribution of opportunity across groups (Paradies, 2006). Institutional racism results in data showing racial gaps across every system (Ramaswamy and Kelly, 2015). For adolescent and families, it may affect where they live, the quality of the education they receive, their income, types of food they have access to, their exposure to pollutants, whether they have access to clean air, clean water or adequate medical treatment, and the types of interactions they have with the criminal justice system. Thus, because of the

detrimental impact that racism can incur, the Society for Adolescent Health suggests racism should be recognized as structural violence because it places an avoidable limitation on groups of people that hinder them from achieving adequate quality of life "that would have otherwise been possible" (Svetaz et al., 2018, p. 258)

Gender Differences

Although many people of color experience racism, the Black male experience is unique to other minoritized male identifying individuals. Black males are often hyper criminalized in and outside of the classroom. In society, Black males are prominent victims of racial profiling (Scherer & Dias, 2013) and police brutality; where young Black males are three times more likely to die at the hands of police and 1.5 times more likely to be unarmed and harmed (Police Violence Report, 2020). In the classrooms, Black males are three times more likely to be suspended or receive some sort of disciplinary action compared to their white peers (Shollenberger, 2015). An overwhelming amount of evidence suggests in general, Black males are at a higher risk of racist experiences compared to other individuals. The carryover of hyper-criminalization from society to the classroom might affect the overall psyche of the Black male. Even as an adult, Black men have shown to be stressed more than women (Carter, 2007). More specifically when controlling for general stress, race related stress predicated an additional 4% of the variance in psychological distress for working class men and an additional 7% for middle-upper class men (Pierterse, 2007).

Racism Related Stress and Mental Health

Historically measurements of stress have not included perceptions regarding race and likely missed an entire group of people who were in fact experiencing race related stress. Race related stress is defined as the "race related transactions between individuals or groups and their

environment that emerge from the dynamics of racism and that are perceived to tax or exceed existing individual and collective resources or threaten well-being” (Harrell, 2000, p 44) with at least 47% of Black millennials indicating discrimination is a very or somewhat significant source of stress (American Psychological Association, 2016). The relevance of race related stress on everyday life is astounding. In 2019, the American Psychological Association found that 44% of all adults indicated discrimination interfered with their ability to have a full and productive life (American Psychological Association, 2019) which might suggest race related stress can be compounding and have long term effects. High levels of stress in general can lead to a variety of physical ailments and mental health disorders, poor sleep, and overall daily functioning (Adam et al., 2015; Sawyer et al., 2012; Williams & Leavell, 2012) and just like general stress, race related stress is related to mental health disorders like Generalized Anxiety Disorder, Major Depression disorder, and other mental health challenges (Soto et al., 2011, Lewis et al., 2015). Another study found that race related stress was also related to physiological illnesses with a broad range of disease states (e.g., cancer, cardiovascular disease, diabetes) and preclinical indicators of disease (e.g., allostatic load, inflammation, shorter telomere length, BMI, incident obesity, coronary artery calcification, cortisol dysregulation, and oxidative stress (Lewis et. al., 2015; Paradies et. al., 2015). Internationally, racial discrimination has also been linked to health challenges where people who reported having chronic discriminatory experiences were more likely to have elevated risk associated with lifetime mood, anxiety, and substance abuse disorders (Moomal et al., 2009).

Given the recent availability to racial ruptures on social media, many people experience race related stress by second hand which can be experienced through media as well as word of mouth, in addition to firsthand experiences (Carter et al., 2013; Jernigan & Daniel, 2011). Race

related stress can also lead to rumination, anger, emotional suppression, and avoidance (Hoggard et al., 2012; Soto et al., 2011; Terrell et al., 2006, Tynes et al., 2008). However, the Diagnostic and Statistical Manual of Mental Disorders IV (5th ed.) has yet to recognize race related trauma and stress as a disorder. Currently, although many symptoms of race related stress might overlap with Post Traumatic Stress Disorder, the DSM-5 indicates that in order to meet criteria for Post Traumatic Stress Disorder, one still must directly experience or witness a traumatic event (American Psychiatric Association, 2022). Responding to race related stress can also be exhausting and overwhelming for Black people and lead to anxiety based avoidant responses or exacerbated heightened emotional responses (Richeson & Trawalter, 2005). Some caregivers send messages to this children in efforts to combat race related stress. Efforts include but not limited racial socialization messages like promotion of mistrust. For example, Fields explored cultural mistrust, race related stress, and coping on mental health outcomes and academic achievement. Fields found cultural mistrust was the stronger predictor of maladaptive coping styles and was related to anxiety and depression. Individuals navigating stress responses can elicit more stress as well as the anticipation (ex: taking care of one's appearance to get good service or avoid harassment) of race related stress can cause additional stress (Sawyer et al., 2012).

Race Related Stress and Academic Outcomes

Neblett et al (2015) found that institutional racism is positively related to cognitive and somatic anxiety. While it is clear institutional racism serves as a fundamental barrier to equitable access and non-discriminatory experiences for Black youth, it's important to note how important perceived racism can affect Black youth educational experiences and academic performance. More importantly research has found that race related stress is a significant predictor of academic

achievement (GPS; Fields, 2014). Other studies have identified the impact racism has on academic outcomes and noted that student performance is affected by other moderators like teacher bias and stereotype threat. For instance, racist experiences can give rise to feelings of intellectual incompetence or imposter syndrome (Lige et al., 2016; McClain et al., 2016), that can lead to poor academic outcomes furthering the ongoing achievement disparity problem (de Brey et al., 2019). Further, daily micro stressors like racial profiling may also be detrimental to the psyche of Black adolescents (Harrell, 2000) . Given the psychological impact of racist experiences for Black youth, it is very possible that outcomes can include low academic self efficacy, self esteem, self concept, and mental health challenges.

Coping With Race Related Stress

Racial Socialization

Due to the complexity and prevalence of firsthand and secondhand race related stressors, practitioners and caregivers may not feel equipped to address and care for youth who are experiencing the compounding stressors. According to the American Psychological Association (APA), racial socialization is the process in which caregivers teach their adolescent about race (Gaskin, 2015). While racial socialization is a practice common among ethnically diverse populations, many Black caregivers use racial socialization as a means of survival and to counteract the negative messages Black youth will receive from society. Racial socialization messages are known to promote positive skills for individuals to utilize and in turn, minimize negative psychological outcomes that may result from racist experiences (Gaskin, 2015). Seminal work suggests caregiver racial socialization is related to critical consciousness about particular allegiances to the majority cultures view of Black people, a greater appreciation for Black culture (Stevenson 1995), stronger regard toward other Black people, positive academic

outcomes (Richmond & Pittman, 2016) motivation toward learning, school engagement, academic performance, classroom behavior, and self-efficacy (Wang & Smith, 2019). It is negatively related to poor mental health outcomes like depression, anger, and poor self-esteem (Constantine and Blackmon, 2002; Reynolds & Gonzalez – Backen, 2017). Racial socialization is also linked to the ways students conceptualize information. For example, students who report having racial socialization messages, are more likely to critically analyze content learned in the classroom. Thornhill (2016) found that students in a history class who reported racial socialization messages were more likely to challenge the accuracy of the content; also known as *strategies of resistance*. Where those who did not report having received racial socialization messages were less likely to identify nuances of misinformation or challenge course content (Thornhill, 2016). The author suggests the inability to identify the truths and lies taught in the classroom about one's race allow the teacher to capitalize on the lack of intellect a student maintains. Thus, if a student is less likely to critically analyze what they are being taught, they are more vulnerable to accepting false information which might lead to additional race relates stress on the psyche of students (Thornhill, 2016).

Research on racial socialization has identified dimensions according to their distinct practices, typologies, and purpose. The dimensions are as follows; *cultural socialization*, *preparation for biases*, *promotion of mistrust*, and *egalitarianism* (Gaskin, 2015). The facets of racial socialization will be described below, but for the purpose of this study, *preparation for bias* will be highlighted and investigated.

Cultural Socialization

Cultural socialization transmits messages of cultural pride and practice not limited to the sharing of ethnic values, cultural traditions and history. While cultural socialization allows

individuals to widen their knowledge about a given culture, ethnically diverse groups may use cultural socialization messages to foster developmental knowledge that equip their children with coping strategies they can use if they experience racism. It encompasses both explicit and implicit caregiver practices that involve teaching their child about their heritage and history, which in turn may promote cultural pride and positive ethnic/ racial development (Hughes & Chen, 1997; Stevenson et al., 2002, Umaña-Taylor and Fine, 2004).

Cultural socialization also aids in pro-social behaviors that can lessen the likelihood of exacerbated harmful interactions (Lee, 2003). Seminal work suggests cultural socialization messages may even protect children from racial implications. For example, Black youth who were socialized to be aware of interracial challenges had more positive behavioral and psychological outcomes compared to youth who were not given those messages (Thorton et al., 1990). However, the degree to which cultural socialization is effective depends on caregivers' beliefs about the importance of race and the degree to which *they* value cultural socialization (McRoy & Zurcher, 1983). Caregivers who are less likely to value race and racial implications (i.e. racism and discrimination) are less likely to value cultural socialization or even transmit those type of messages to their child (Lee et al., 2006; McRoy & Zucher, 1983).

Promotion of Mistrust

Promotion of mistrust messages teaches adolescents to be aware of outgroup perceptions (Hughes & Chen, 1997) and emphasize racial barriers that can hinder success; but do not typically offer guidance about how to cope or address racial discrimination (Stevenson et al. 2002). Although there are benefits associated with promotion of mistrust, there are some poor outcomes associated if not paired with other messages or given in moderation. For example, an excessive number of messages related to mistrust of others can lead to feelings of fear based on a

misunderstanding of other people (Merry, 1981). Promotion of mistrust messages often leads to poor psychological outcomes like depression, anxiety, deviance, or low social competence; many of which can result from an overemphasis on racial inequalities (Caughy et al. 2006, Granberg et al. 2012, Hughes et al. 2006, Smith et al. 2003, Richmond & Pittman, 2016). Yet, promotion of mistrust still yields protective factors. For example, Black youth are more likely to gravitate toward one another and support Black separatism (Demo & Hughes, 1990). Overall, promotion of mistrust messages can, however, protect Black youth from non-black people who are ill intended.

Egalitarianism

Egalitarianism refers to the shared humanity across ethnic groups (Hughes, 2006). Egalitarianism contains strategies related to avoiding discussions about race and paying special attention to individual qualities instead of racial group membership. Egalitarianism is one of the least used strategies among Black families. On the other hand, it is most common among white families; messages that translate to “we’re all one big happy human race,” (Anderson et al., 2020). White families commonly avoid talking to their children about race, because they do not have to protect their children from oppression and racism. Yet, if they do bring up race, it is often put off until their children are older due to the common misconception that children are too young to conceptualize race, despite evidence that suggests children begin showing both implicit and explicit bias towards members of other races beginning in preschool (Shutts, 2015). At that time, children receive messages from the environment that shape beliefs and values about outgroups. One study found that white American children were more likely to associate both Black and Asian faces with anger, and white faces were associated with positive emotions insinuating that children are gathering information about the hierarchical structure (Dunham et

al., 2013). Thus, egalitarianist practices can have debilitating short and long term affects for people of color lending the likelihood that children learn colorblindness. Colorblindness can also make people less sensitive to calling out racism, or (Apfelbaum et al, 2010). In one study, children exposed to value diversity literature were more likely to call out racism and describe the situation to a teacher (Apfelbaum et al,2010). It is clear, problems exist within this framework because colorblindness contributes to systemic oppression.

Preparation for Bias

Preparation for bias refers to the way caregivers prepare their children about systemic injustices based on race. These messages highlight potential injustices that they may encounter and how to deal with them (Hughes & Chen, 1997). There are three main goals for preparation or bias 1) equipping a child with tools for success, such as education, (2) increasing a child's psychological resources, such as their self-confidence and determination, and (3) protecting the emotional state of a child who has just encountered discrimination (Hughes et al, 2009) .Because race related stress is related to poor psychological outcomes (Iqbal, 2014), perhaps preparation for bias is one of the most supportive intervention strategies that can mitigate the negative psychological or behavioral impact from race related stress (Harris-Britt et al., 2007; Hughes et al.,2009; Neblett et al., 2012).

Preparation for bias can be proactive or reactive (Hughes and Chen, 1997). Proactive strategies are used to prepare adolescent apriority and equip them with useful skills to utilize when they encounter negative situations about their race (Iqbal, 2013). Reactive strategies refer to the discussion that caregivers may have with their adolescent after they have experienced a negative interaction because of their race (Iqbal, 2013). Preparation for bias messages are more likely to be transmitted to adolescents compared to younger children due to the complexities of

race related incidents that younger children might not be able to comprehend (Hughes & Chen, 1997). In addition to age, caregiver personal experiences may influence the use of preparation for bias. For instance, caregivers who were victims of racism or discrimination are more likely to prepare children for biases (Hughes et al, 2008). In the classroom, regarding student teacher relationships, one study found a negative relationship between students' racial socialization and teacher racial climate (Simon, 2018). Results suggest racial socialization messages from their caregivers prompt students to explore reasons for a poor student-teacher relationship and perhaps externalize the blame on teacher racial climate, which can serve as a buffer to race related stress. However, preparation for bias, without moderation, can also lead to negative psychological outcomes. Individuals may feel discouraged after receiving preparation for biases messages unaccompanied by other type of messages. In turn, they may begin to disconnect from things like school or social activities (Hughes et al., 2009). Or perhaps an issue might arise when caregivers use promotion of mistrust reactively instead of proactively which may lead to internalized race related stress. If caregivers transmit preparation for bias messages to their children *after* they learned their adolescent has experienced unfair treatment at school or have witnessed a publicized high profile case of injustice like, shooting of an unarmed Black man (e.g. Trayvon Martin, Philando Castile, Ahmad Arbury), these youth might not be able to handle the influx of messages that cause race related stress because they had not been prepared(White- Johnson & Sellers, 2010) More research is warranted to understand the extent to which preparation for bias messages benefit or cause more harm to children.

Caregiver Use of Racial Socialization

While a similar caregiving agenda is most common among co-caregiving couples (McHale & Irace, 2011) it is unclear as to how caregivers work together to decide on ways in

which they socialize their adolescent. The method in which caregivers work together to socialize their children may influence the way their children receive and internalizes the information (Jones & Neblett, 2019). For example, some caregivers may work together to create a specific plan for their child or intentionally continuously emphasize the reality of race in society. Caregiver gender, socio economic status and the way *they* were socialized is also influential. For instance, in some racial socialization practices, children who were more likely to receive racial socialization messages, or experienced racism, were more likely to translate the same racial socialization messages to their own children and discuss caregiving racial socialization practices with their partner (Hughes et al., 2006, Jones & Neblett, 2019). On the other hand, caregivers with negative communication styles were less likely to report successful racial socialization conversations with their partner. Further, caregivers who had positive co-caregiving quality reported higher reports of effective racial socialization for their children (Jones & Neblett, 2019).

In trying to understand occurrences of racial socialization for caregivers to adolescents and to what degree they were perceived as effective in translating the racial socialization messages to their children, Jones and Neblett (2019) used vignette, scenarios to explore patterns among racial socialization effectiveness. They found caregivers indicated that they talked with their partner about racial pride, preparation for bias, socialization behaviors, self-worth, and messages concerning cross-race interactions at least four times a year. There was a positive significant correlation between fathers' and mothers' reports of occurrence which might suggest that mothers and fathers did not have agreement on the frequency and type of dyadic conversations.

However, caregivers report the importance of developmentally appropriate racial socialization. Black pre-school caregivers reported their belief in age-appropriate racial socialization messages, so they were more likely to focus on cultural socialization and egalitarian until they felt their adolescent was mature enough to learn about the other facets of racial socialization like promotion of mistrust (Edwards & Few-Demo, 2016). Perhaps the type of racial socialization received has a different effect on students at different stages of their life. For instance, while racial socialization has a significant impact on all students, there are stronger effects for college students than middle school, high school and lastly elementary school students (Wang et al., 2020).

Emotion Socialization

Emotion socialization refers to how parents and other caregivers responses to emotional experiences may influence children's understanding, experience, and expression of emotion (Eisenberg et al., 1998). It is composed of verbal and nonverbal messages that promote understanding of emotions that may aid in adaptive emotion regulation (Eisenburg et al., 1998). Seminal research suggests, emotion socialization is comprised of multiple facets including but not limited to, parental reactions to children's emotions, parental discussion of emotion, and familial or parental expressivity (Eisenberg et al., 1998). It can promote emotional well-being through validation, expression encouragement, or problem solving (Gottman et al., 1997; Nelson et al., 2012). Emotion socialization is a useful skill used to understand emotion regulation outcomes for youth, emotion-related capacities, social competence, and psychological problems (Eisenberg & Fabes, 1992; Hubbard & Coie, 1994; Saarni, 1990). Therefore, caregiver responses to children's' negative emotions cannot be ignored, especially because experienced negative emotions are more challenging than experienced positive emotions for youth (Fabes, et al, 2001). If adolescents are

not emotionally competent enough to express and regulate their emotions, they are more likely to become physiologically aroused without regulating their emotions (Fabes et al., 2001).

Emotion socialization is generally described as the way caregivers send messages about emotional responses. It is also described as the skills and strategies needed to influence emotional experiences (Sanchis-Sanchis et al, 2020). Emotion socialization derives from the Emotion Socialization theory which is characterized by the affective processes in child-caregiver and the exploration of understanding the meaning of emotional needs and child behavior (Denham et al., 2007). Emotion socialization aims to promote competence in children, including emotion regulation (Denham et al., 2007). Many studies about emotion socialization have involved majority white samples or been homogenous in nature so more research is warranted to understand the nuances that Black caregivers may practice regarding emotion socialization.

Emotion Regulation

Emotion regulation on the other hand is defined as the process in which one has a stake in the emotions we have, when we have them and how we experience them, process them and express them (Gross 1998). Emotion regulation is a critical skill related to numerous emotional and behavioral disorders in childhood and adolescence (Sanchis-Sanchis et al, 2020). Emotion regulation is related to academic outcomes, better social functioning, psychological, and physical well-being for individuals across the lifespan (Gross, 2013; McLaughlin et al., 2011). Mental health disorders are likely to manifest during adolescence in particular, so it is critical to understand the process in which individuals effective emotion regulation strategies are used (Dahl, 2004).

Emotion regulation studies often contain disaggregated and/or a monogamous sample that lack diverse ethnicities, making emotion regulation for Black youth a very understudied

topic. Black students have unique experiences that provide a context for ways they are expected to regulate their emotions. While many studies have indicated what adaptive and maladaptive strategies may look like, researchers have failed to explore how some traditionally known “adaptive” strategies may be helpful for certain groups like how emotion suppression is commonly used among Black males. Nonetheless, maladaptive emotional regulation is more than likely to lead to pathology (Gross et al. 2011; Gross 2013; Jazaieri et al., 2013) and adaptive emotion regulation is related to positive outcomes (Mennin & Farach, 2007). Caregivers are more likely to teach their children about *emotion centered-racial coping*; a term encompasses emotion regulation based on preparation for bias messages. This phenomenon is grounded on overlapping constructs of racial socialization and emotion regulation and used in Dunbar’s Model of Parental Racial/ Ethnic and Emotion Socialization (Dunbar et al, 2016).

Emotion Suppression Vs. Emotion Expressive Encouragement

Emotion suppression is defined as efforts to hide emotional responses and constrain emotional-expressive behaviors (Gross, 2002; Yeung & Fung, 2012). Emotion suppression can be the practice of punitive or minimizing emotion expression for children. Emotion suppression strategies are commonly deemed maladaptive strategies that may lead to pathology because although youth may suppress their emotions, they may still become emotionally aroused without the proper strategies to regulate their emotional energy (Fabes et al, 2001). A meta-analysis found that emotion suppression was related to poorer social wellbeing, negative first impression, lower social support, lower social satisfaction, and poor romantic relationship quality (Chervonsky & Hunt, 2017). Moreover, suppressing emotions is related to heightened felt intensity of emotions, and dampening of positive emotions (Campbell-Sills et al., 2006; Gross, 2014; Gross & John, 2003; Kalokerinos et al., 2014). However, the study samples consisted of

majority white individuals and largely based their findings on the experiences of European American families.

In emerging studies evaluating emotion socialization in diverse groups, racial/ethnic differences have offered a new perspective on deciphering what are considered maladaptive and adaptive strategies. More specifically, Black families, are more likely to use emotion suppressive strategies with their Black males, especially regarding race related events (Nelson et al., 2012). This is a key component of emotion-centered racial coping. Emotion centered racial coping strategies using emotion suppression refers to parents' initial response to negative emotions including but follow up with vigilant emotion talk, supportive emotional processing of racism-related events, or direct advice about emotion regulation for race-related conflicts (Dunbar et al, 2016) which has been linked to less aggression (Smith & Walden, 2001). This finding differs from historical research among white students that suggests expression of negative emotions is linked to positive outcomes (Nelson et al., 2013). However, although emotion expression, defined as the degree to which parents encourage children to express or validate negative emotions (Fabes, et al., 1990), among white students is beneficial, interracial interactions remain a challenge. Interestingly, white students who are encouraged to express their negative emotions are less likely to have competent interactions with Black children (Nelson et al., 2013). In one study, emotion suppression was associated with depressive symptoms for white women, but not Black woman (Leerkes et al., 2014). In trying to explore children's academic standing and skillfulness with peers, Nelson and colleagues (2013) found Black children whose caregiver encouraged them to suppress their negative emotions were considered more socially and emotionally competent by their teachers compared to white children. Although, emotion suppression may reinforce biases that teachers hold about Black students' emotion regulation by

suggesting Black students cannot freely express their emotion; emotion suppression also keeps Black students safe in regard to interracial interactions. Consequently, expressive encouragement was negatively associated with children's competence for Black children. Even though, Black caregivers are more likely to practice emotion suppression with their children, which are considered "non-supportive" by an overarching academy of European centered research; suppression strategies may actually be considered "adaptive" for Black youth from a culturally specific lens. For instance, research specifically aimed at understanding how Black caregivers socialize their children found that a nuance process of combining "non-supportive" and "supportive" strategies is best practices for Black child development (Dunbar et al., 2015; Leerkes et al., 2015). This is based on the context of discrimination Black families must navigate (Dunbar et al., 2016). By using "supportive" and "non supportive" practices together, children are taught the skills necessary to understand and regulate their emotions and decipher the most effective strategies given the context.

However, it is still important to note, Black families do value the open emotional expression (Parker et al., 2012) despite these findings. These discrepancies highlight the inequitable research practices that do not consider cultural implications for youth socialization in the United States. Caregiver emotion socialization studies often contain disaggregated and/or a monogamous sample that lack diverse ethnicities making emotion regulation for Black youth a very understudied topic. While many studies have indicated what adaptive and maladaptive strategies may look like, researchers have failed to explore how some traditionally known "adaptive" strategies may be helpful for certain groups. Children are taught flexibility to suppress their emotions in racially biased situations where expressing them may be harmful or unsafe. Thus, caregivers may provide a blueprint for children so that they may be aware of how

their own emotion expressions can be perceived by non-black people. Overall, practices that are traditionally deemed as “non supportive” might actually be supportive, so for the purposes of this study we will not use the label “non supportive” to be inclusive of cultural implications, where previous research has not.

Emotion suppression is a commonly used strategy among Black males for specific societal implications regarding decades of injustices and race related incidents based on racist ideologies about Black people. The deaths of unarmed Black men around the nation at the hands of police are just one way to illustrate how unique the Black male experience is and the inability to openly express their emotions. There is pressure among caregivers, especially heightened by recent high-profile assaults and killings of unarmed Black men, to share with children messages known as “the talk” which consist of themes including respect and compliance with police, distrust, and proactive avoidance of police (Brunson & Weitzer, 2011; Stuart, 2016). Emotion centered racial coping, intended to keep Black male children and youth safe from arrest, retaliatory violence, or other punishment at the hands of the police (Brunson & Weitzer, 2011), have overlapping constructs of racial socialization and emotion regulation.

Emotion Focused Response

Lazarus and Folkman (1984) define emotion-focused coping, as a method of releasing and reducing the emotional distress derived from a stressor. Young people will turn inward and reappraise the stressor to manage emotions like confusion and anger and to reduce or deny the stressor’s significance (Henderson et al, 2021). Emotion focused responses to children may include emotional expression combined with problem solving and self-regulation strategies (Dunbar et al., 2016) that can promote children’s emotional awareness and allow them to deal with them (Denham et al., 2020). In general, research has indicated significant benefits from

emotion focused coping. For instance, Jugovac (2022) explored a parent emotion focused intervention effects on externalizing and internalizing behavior, they found parent emotion focused coping was related to lower levels of behavior problems (externalizing and internalizing) with effects that were sustained at a 6 month follow up. Klemfuss and Musser (2020) sought to explore the effects of emotion focused coping in immediate response to a stressful event for children. After children participated in a social stress test, adults engaged in an emotion focused conversation about the event, and found physiological levels remained stable. More specifically, stress indicators like electrodermal and cardiac pre-ejection activity and respiratory sinus arrhythmia levels were monitored at baseline, during the stress test, and afterwards showing no increase after engaging in an emotion focused conversation (Klemfuss & Musser, 2020).

Where there is an overwhelming amount of research that supports emotion-focused coping, much research is homogeneous in race/ethnicity and accounts for stressful situations that are not race related. Clark (2004) sought to explore the extent to which emotion focused coping was used for Black college students in response to intragroup and intergroup racism and found gender differences that indicated women were more likely to use emotion focused coping strategies in response to racism compared to men. Henderson et al (2021) explored the likelihood of emotion-focused coping in response to difference race related scenarios for college students and it was hypothesized that emotion-focused coping (i.e., acceptance and refusing to believe it happened) would be the most present form of coping in response to race related scenarios. Results found emotion-focused coping was present in all experiences except in the scenario regarding emotional and physical harm due to their race (Henderson et al, 2021). Another study sought to explore Black conflict-affected youth exposed to potentially-traumatic events, coping strategies, and mental health outcomes (Cherewick, 2016). Regarding

externalizing and internalizing outcomes; emotion-focused coping when coupled with problem focused strategies, and cultural like faith based strategies; Black youth are likely to have increased self-esteem and lower externalizing and internalizing behaviors (Cherewick et al., 2016).

Seminal research suggests there are cultural differences in what strategies are deemed “adaptive” for racialized groups. James explored these racial (and gender for Black people) differences regarding adaptivity and explained “African Americans clearly face more economic hardships than do Whites; and, unlike Whites, most Blacks in the U.S. are routinely exposed to a more pernicious psychosocial stress – racial discrimination – which further erodes their economic security and psychological well-being. Because Black men and Black women are more or less equally exposed to economic hardship linked to racial discrimination, the necessity that both groups might feel to cope in an effortful active manner with these conditions undoubtedly contributes to the similarity in their John Henryism (purposeful striving against obstacles and stressors) scores.” (Buser, 2009, p 1994). This means higher rate of emotion-focused coping for Black Americans compared to white Americans is due to socialization processes that are distinct in Black culture which supports the idea that emotion-focused coping may be considered culturally congruent for Black families.

Coping responses become generalized meaning when a person encounters ongoing stressful events, they are more likely to engage in coping strategies that are considered their “coping pattern” (Vassillière, 2014). Many researchers have considered problem-focused coping as more adaptive, except in situations where the event(s) are unchangeable like one being terminal ill or discrimination (Zeidner & Endler, 1996). Although there is limited recent literature that explore these nuances, studies have supported these claims that Black people are in

fact more likely to use emotion-focused coping in the face of discrimination in particular (Brown et al., 2011; Vassillière, 2014). More specifically, Vassilliere (2014) sought to explore minority identification based on race and sexuality and found Black college students were more likely to engage in emotion-focused coping compared to white college students. Emotion focused responses are traditionally considered adaptive strategies, depending on the person, that do promote emotional development of youth and help youth feel better about their emotions (Fabes, et al., 1990).

Emotion Centered Racial Coping

Emotion centered racial coping is defined as emotion socialization that may fall under the racial socialization dimension of preparation for bias (Dunbar et al., 2016). Emotion centered racial coping is typically used among Black families and yields positive outcomes. For example, a recent study found that, Black adults whose parents used moderate to high levels of cultural socialization, supportive emotion responses, moderate levels of preparation for biases, and suppression responses had lower levels of poor mental health outcomes like depression and anger. According to Dunbar and colleagues (2016), emotion centered racial coping addresses the research gap that fails to explore how emotion socialization and racialization socialization have overlapping constructs. This phenomenon is specific to marginalized groups, specifically Black people. The process is based on the tumultuous history of Black people in the United States and the continued racism they experience. Emotion centered racial coping highlights strategies that describe the joint influence emotion socialization and racial socialization have on Black children (Dunbar et al., 2016). “While racial/ethnic socialization instills racial/ethnic pride, knowledge of Black history, and awareness of bias, emotion socialization equips children with skills to understand the causes and consequences of their own and others’ emotions, and to determine how to manage them”

(Dunbar et al., 2016). For the purpose of this study, we use the term *emotion centered racial coping*, consistent with Dunbar et al.(2016).

Theoretical Framework

As a continuation of Bronfenbrenner's Ecological Systems Theory, the Phenomenological Variant of Ecological Systems Theory (PVEST) suggests there are a series of factors that contribute to the development of individuals from various cultures (Spencer et al, 1997). In summation the theory suggests that one's experiences alone does not affect ones development, but the way one perceives their experiences play a significant role in one's development. These perceptions, in turn influence one's response to various experiences. Further, responsive coping methods or problem-solving strategies also known as consequent meaning making processes, overtime become linked to stable coping responses which make up one's emergent identity.

Self-perceptions are a crucial component to the development of people across their lifespan. For Black people, this process can be exceptionally complex. In the United States, Black people are met with a range of experiences. Some of which may be more life altering than others. For instance, as racist experiences have plagued the United States, Black people are more likely to develop repetitive coping strategies in response to racialized stressors that contribute to their emerging identity and behavioral patterns; consistent with the PVEST model which acknowledges how culture (e.g. ethnicity), context (e.g. United States) intersect and require one to develop coping strategies specific to these conditions.

As mentioned, coping strategies and behavioral patterns may be considered adaptive or maladaptive but should be taken into context. For instance, Spencer and colleagues (1997) explains how a Black male may take advantage of the social stereotype where Black men are seen as threatening or aggressive. In this case, one may uphold that stereotype to fulfill a superior

role within his peer group. These subjective processes may be potentially damaging to “the self”. If this process continuously occurs, one may need to engage in necessary coping strategies that can offset or mitigate damage to “the self”.

Seminal work by DuBois (1903) suggests Black people maintain a double consciousness where the duality of being both American and of African descent plays a prominent role in behavior. Thus, in reference to the PVEST, in the aforementioned example, being a person of African descent and being American acknowledges the quandaries that many Black people experience. In the US, male (predominately white) accepted behaviors may be seen as daring, independent, or strong. However, for Black males, these behaviors may elicit an undesired, threatening or even dangerous response (Spencer et al., 1997). Thus, caregivers of Black adolescent are mindful of how they may instruct their adolescent to behave in public. These childrearing strategies are used to reduce negative interactions between Black adolescent and others who may have the systematic power to harm their adolescent.

Dunbar’s Conceptual Model of Racial/ Ethnic and Emotion Socialization

As indicated in Figure 4, Dunbar et al. (2016) aimed to further explain the process by which caregivers use emotion centered racial coping strategies for their children by creating a model that identifies pathways to describe emotion centered racial coping. The model unpacks each process as it related to the antecedents, caregiver behaviors, and child outcomes. Dunbar and colleague (2016) suggest this process is related to academic, behavioral, and sociology-emotional outcomes for children. The following paragraphs explain each component of the model. For the purposes of this study, we will only focus on some key components including racism and discrimination experiences, racial socialization and emotion socialization, and academic and emotional well-being outcomes (depression and anxiety).

The triple quandary theory, a framework used to study and conceptualize racial socialization, suggests Black families negotiate and navigate three social contexts: 1) the Black cultural experience, 2) the mainstream, and 3) their position as a part of a minoritized ethnic group. The theory acknowledges how Black culture is shaped. Thus, Black culture is a mix of African values and American values combined with perceptions of the racial social political context (Black people as a marginalized community). Dunbar et al. (2016) use the conceptual model of Racial/ Emotional Parent Socialization to explore how Black families navigate all three contexts mentioned in the Triple Quandary Theory through child rearing practices. Although understudied, its hypothesized emotion socialization is integral to the development and safety of Black children and adolescents. For example, in reality, caregivers may suggest their adolescent to suppress anger or take a neutral stance in situations to remain safe and facilitate a smooth interracial transaction (e.g. negative encounters with white police officers). Afterwards they may debrief with their adolescent and emotionally process racist experiences related events using emotion talk (Coard et al., 2004). These processes highlight the nuanced overlapping constructs of racial socialization and emotion socialization.

Components of the Model

The first component of the model is “Child Experienced Discrimination”, which includes all types of discrimination (interpersonal, institutional, and cultural). Interpersonal discrimination may look like peer rejection, or the expression of one’s emotion deemed as threatening. Institutional discrimination may look like harsh punishment by schools and law enforcement. Cultural discrimination may look like denigrating messages about one’s culture or media stereotypes. As indicated by Path A, Black children experienced with discrimination increase their risk for adverse social-emotional outcomes due to increased emotional distress (Cooper et

al., 2008; Sanders-Phillips, 2009). But not all children who experience discrimination will experience adverse emotional outcomes. The model suggests children who receive racial and emotion socialization practices may be protected from the negative effects of discrimination; as indicated in Path B1, B2, and B3.

The second component of the model is adaptive racial/ethnic and emotion socialization. This process includes emotion socialization processes (expressive encouragement, emotion-focused responses, problem focused responses, emotion talk, or emotion processing responses) and suppression emotion strategies (punitive or minimizing responses).

Another key component identified in the model suggests that in order for the adaptive racial/ethnic emotion socialization process to be effective and lead to positive outcomes, a child needs to have mastered emotion regulation and understanding. The authors highlight emotion understanding as a key element by which the adaptive racial/ethnic and emotion socialization influence child outcomes (indicated in Path C). While the current study seeks to understand what messages were translated to children by their caregivers, we did not assess for understanding of emotion regulation. The current study assumes recollection of caregiver racial and emotion socialization will indicate an understanding of emotion regulation.

The latter component of the model called “child adaptation” refers to developmental outcomes (social development, emotional development, and academic outcomes). Social development may be adaptive peer competence. Emotional development may look like adaptive internalizing and externalizing emotions. Academic outcomes refer to anything academic performance related (i.e. grades, college readiness, etc.). The model suggests child adaptation of the adaptive racial/ethnic and emotion socialization process will result in positive social development, positive emotional development, and positive academic outcomes.

The model suggests negative experiences with race increase risk for pathology increased by emotional distress for Black youth, which is consistent with an overwhelming amount of literature. However, it is hypothesized that the way in which adolescents have been racially and emotionally socialized may mitigate or lessen the potential adverse emotional outcomes. The conceptual model highlights how emotion understanding, and regulation combined with racial socialization affect youth development. Lastly, the model acknowledges the role of family climate, children's characteristics and demographics suggesting the way parents engage in specific racial and emotional socialization practices may depend on broader influence factors including but not limited to child temperament, age, or gender; demographic factors like socioeconomic status and neighborhood risks; or racial compositions. Family climate may influence how children might interpret caregiver emotion socialization strategies or the likelihood that children will turn to their caregiver for advice (Perry et al., 2015; Leerkes et al., 2014). For example, when caregivers use suppression responses in a warm, supportive context, a child might interpret the suppression responses in a positive way. We do not test for this in the current study but consider ecological family effects that could affect outcomes, as mentioned in PVEST.

Overall, there is an overwhelming amount of research that suggests there are adaptive and maladaptive strategies that parents use for children to regulate their emotions. However, there is little research that expands on how child race and gender influence parental strategies. Most of the research has been conducted with primarily white samples. Given the vastly unique experiences that Black people share, the current study considers how race and gender factors may influence parent strategies for Black youth. Further, it is still unclear what constitutes

adaptive and maladaptive strategies for Black youth especially, in response to racially biased situations.

The Current Study

The current study seeks to expand on Dunbar et al (2016) model that suggests emotion centered racial coping is an underexplored, yet imperative concept in the social- emotional development of Black youth who have or will face discrimination. We will require adults to recall their own experienced growing up receiving caregiver messages of emotion centered racial coping. We will explore outcomes at grade 12. Analyses will reveal whether emotion centered racial coping was related to academic performance, academic self-competence, depression, or anxiety at the 12th grade level. Our research questions are as follows:

1) Which type of emotion centered coping strategies (emotion-focused; emotion expression; emotion suppression) is more used by Black caregivers?

2) Is the most common emotion centered coping strategy related to 12th grade academic performance, academic self-competence, depression, and anxiety?

3) Does the most common emotion centered coping strategy have an influence on the relationship between perceived racism and academic performance, academic self-competence, depression, or anxiety?

Based on the literature, we hypothesize that:

1) Emotion centered racial coping (emotion focused) is the most common used type of emotion centered racial coping and;

2) ...it is positively related to 12th grade academic performance and academic self-competence and negatively related to depression and anxiety and;

3) ...it will moderate the relationship between perceived racism and academic performance, academic self-competence, depression, and anxiety.

CHAPTER 3: METHOD

This chapter focuses on the research methods of this study. The following sections are discussed: (1) participants, (2) procedures (3) study design (4) study measures, and (5) data analysis and results.

Participants

The original sample included Black youth (n=535) from an inner-city context. This group was a part of a larger study Johns Hopkins University Preventive Intervention Research Center (JHU PIRC) that explored a family-school partnership program and classroom behavior management intervention in 1st grade for the 1993-1994 academic school year. One intervention, the classroom-centered intervention (CC), sought to reduce the early risk behaviors of poor achievement and aggressive/coercive behaviors through the enhancement of classroom curricula and teacher instructional and behavior management practices. The second intervention, the family-school partnership intervention (FSP), sought to reduce these early risk behaviors by improving parent-teacher and school mental health professional collaboration and by enhancing parents' teaching and behavior management skills. The original sample consisted of 678 urban first graders (recruited from twenty-seven classrooms from nine elementary schools. Parental consent was obtained from ninety-six percent of the sample. Of the 653 children who had consent to participate in the evaluation, 597 or 91.3% completed the Fall and Spring of first-grade assessments and remained in their assigned intervention condition over the first-grade year; 578, or 88.5%, completed Spring of second grade assessments. There were no significant differences in rates of attrition, between the intervention conditions, nor were there any between-group differences with respect to the sociodemographic characteristics of the children with missing data.

Students were assessed yearly on a host of developmental outcomes, including behavioral, emotional, and academic outcomes. They were also assessed for moderating variables such as neighborhood context, exposure to drugs and violence, and parenting practices. In grades six through twelve the following data were collected: 1) annual youth, parent, teacher, and school mental health professional reports; 2) annual school record searches; 3) and the annual characterization of participants' neighborhoods based on data from the U.S. Census, city and county planning offices, and police records of neighborhood criminal activity.

Of the original sample, 53.4% were male, 86.4% were Black and 13.6% were white. Approximately two thirds (68.3%) of the children received free or reduced lunch, an indicator of low socioeconomic status. For the purpose of this study, only youth who identified as Black and who completed the follow-up assessment at the age of 31-35 were included (n=262). Of this sub-sample, 121 were male, and 100% identified as Black.

Study Design

For the purpose of this study, individuals from the original trial who completed the follow-up assessment at the age of 31-35 were included. The rationale for the proposed ages 31-35 annual assessments is that this period continues to be rich with developmental transitions and challenge that may include the transition from the family of origin (birth family) to the family of procreation (family created by the participant) and the challenge of meeting the financial demands of independent living and potentially parenthood. The Black experience is unique whereas historical implications render it imperative to determine whether culture specific caregiver interventions are successful in preventing such negative outcomes in children.

Procedures

The follow up research study involved participants from the trial in the 1993-94 who are now ages 31-35 who completed their annual longitudinal assessments. To address the research questions for this study the *Emotion Centered Racial Coping Measure*, adapted from *Children's Negative Emotions Scale, Adolescents Perceptions of Parents (CCNES -APP)* measure was added to the longitudinal assessment. For the purposes of this study, only self-reported data relevant to this study were utilized.

The assessments were conducted in a private location within the adult's home, or at the research offices, which feature confidential interview rooms. The interview is self-administered via a computer with audio as well as visual presentation of the questions. Face-to-face assessments and phone interviews were conducted. We developed a self-administered component for sensitive questions for the telephone as well as for face-to-face interviews.

Measures

Follow-up Measure (Age 31-35)

Emotion Centered Racial Coping Measure was adapted from the *Coping With Children's Negative Emotions Scale, Adolescents Perceptions of Parents (CCNES -APP)* (Fabes et.al, 2002). The purpose of the original measure was to assess parents' reaction to young children's (preschool through early elementary school) negative effects in stressful situations. The measure consisted of six subscales that represented the specific types of coping responses parents tended to use in stressful events (*Distress Reactions, Punitive Reactions, Expressive Encouragement, Emotion Focused Reactions, Problem- Focused Reactions, Minimization Reactions*). Along with the six subscales, the measure consisted of nine scenarios in which children could rate the likelihood of how their caregiver helped them process difficult situations. However, the measure consisted of common adolescent scenarios that were *not* related to race.

For the purpose of this study, we adapted the CCNES-APP scenarios to represent common race related stressor that Black youth experience. In addition, we adopted the emotion coping responses consistent with Dunbar et al. Conceptual Model of Parental Racial/Ethnic and Emotion Socialization (2016). The adapted measure consists of *Emotion Suppression*, *Expressive Encouragement*, and *Emotion-Focused Reactions*. The adapted measure contains one general statement related to a race related event, “If I were the target of discrimination and became upset, my parent/caregiver would:” and requires participants to report on the likelihood one’s parent would respond in such a manner. The responses include but are not limited to “*Tell me to brush it off*” (emotion suppression), “*Comfort me to try to make me feel better*”(emotion focused) or “*Tell me it’s okay to cry*” (expressive encouragement). A reliability analysis indicated $\alpha=.85$ - expression; $\alpha=.86$ - emotion focused; $\alpha=.60$ – suppression). We expect that the current participants will be able to recollect their upbringing. Even if they were not a victim of a race related stressor, we expect them to be able to assess how their parent/caregiver *would have* responded based on messages they received growing up about race.

12th grade Measures

Self-Perception Profiles for Adolescents (SPPA; Harter, 1985). The SPPA provides youth self-perceptions of competence in the domains of Scholastic Competence, Social Acceptance, Athletic Competence, Physical Appearance, Behavioral Conduct, Romantic Appeal, and Close Friendship and Global self-worth. The SPAA consists of nine specific domains. For this study, we used the SPPA to assess perceived scholastic competence (academic self-competence), and global self-worth. Scholastic competence refers to a child's perceived competence as applied to academics, so we used this measure to determine academic self-competence. Items allowed students to report on doing well at schoolwork, problem-solving,

work completion, and feelings of intelligence. The global self-worth measure is not a sum of the specific domains, rather it is a separate scale that examined self-worth/ self-esteem directly with no references to specific competencies or skills. The global self-worth scale is similar to Roseberg's (1979) overall self-esteem scale with more developmentally appropriate language (Harter, 2012). The SPPA's validity is supported by findings linking scores to perceived control, mastery motivation, academic achievement, and depression (Harter, 1988). The average reliability is .80 (Rudasill & Callahan, 2008).

Baltimore How I Feel (BHIF) (BHIF-YC-C, Ialongo et al., 1999). The BHIF is a youth self-report scale of depressive and anxious symptoms. Youth reported the frequency of depressive and anxious symptoms over the last two weeks on a 4-point frequency scale. Items were keyed for the most part to Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised (DSM-III-R; American Psychiatric Association, 1987) criteria for major depression, dysthymia, and the anxiety disorders. The alphas for the BHIF Depression and Anxiety subscales ranged from .79 to .85 in the middle school years. Two-week test-retest reliability coefficients were .76 and .83 for anxiety and depression.

Racism and Life Experiences Scales (RLES; Harrell, 1997). The RLES was used to assess the frequency that youth experienced racism or negative events associated with his or her race within the last year. The items youth responded to on the RLES included: "How often have you been ignored, overlooked, or not given service in a restaurant, store, etc?"; How often have you been treated rudely or with disrespect because of your race. Youth respond on a five-point frequency scale (1= Less than once a year, 2= A few times a year, 3= About once a month, 4= A few times a month, 5= Once a week or more). The overall alpha for this 12-item scale was .85.

Kaufman Test of Educational Achievement-Brief and Comprehensive Forms (K-TEA; Kaufman & Kaufman, 1998). The K-TEA is an individually administered diagnostic battery that measures reading, mathematics, and spelling skills. The brief form of the K-TEA is designed to provide a global assessment of achievement in each of the latter areas. In the present study, we used the Reading (reading decoding and comprehension) sub-test from the brief form and the Mathematics Computation subtest from the comprehensive form for 9th and 12th grade. Age and grade-based standard scores ($M = 100$, $SD = 15$), grade equivalents, percentile ranks, normal curve equivalents, and stanines were provided. The average internal-consistency reliability value across grades and forms for the Comprehensive Achievement Composite was .97 (Lichtenberger & Smith, 2005). The K-TEA norms are based on a nationally representative sampling of over 3,000 children from grades 1-12. For the purpose of this study, we used grade 12 data.

Analytic Plan

First, descriptive statistics and correlations between all variables were conducted. Next, a series of linear regressions were conducted to examine the direct relationship of emotion focused coping and depression, anxiety, math and reading scores, and academic self-competence covarying gender, and intervention status. Following the linear regression analyses, we conducted a moderation analysis using Hayes PROCESS Macro 4.0 (Hayes, 2018) to explore the impact emotion centered racial coping had on the relationship between racism and anxiety, depression, academic self-competence, math and reading scores (see Figure 1.) We used listwise deletion method for missing data.

CHAPTER 4: RESULTS

Table 1 provides descriptive statistics and correlations for all variables used in the analysis. Tables 2 and 3 provides the regression analysis for emotion focused coping and outcome variables. Table 4 provides the interaction of emotion focused coping and racism predicting outcomes.

An overwhelming amount of literature indicated gender differences in race related experiences where Black males are more likely to have racist experiences compared to Black females (Chetty at al., 2020; Kwate & Goodman, 2015). An examination of the data indicated that youth very few youths reported high levels of racism ($N = 207$, $M = 1.51$) where most students only reported racist experiences “less than once a year” or “a few times a year”. However, there were no significant gender differences ($\chi^2(19, N = 262) = 19.493$, $p = .426$). Partial correlations, controlling for intervention status and gender, between all study variables are shown in Table 1. As we expected, racism was significantly positively correlated with anxiety but surprisingly positively correlated with math scores. Academic self-competence was significantly negatively correlated with depression and anxiety and positively correlated with emotion focused coping, emotion expression coping, reading, and math. Math was significantly negatively correlated with emotion suppression coping and positively correlated with reading. Reading was significantly negatively correlated with anxiety and depression. Emotion expression coping was positively correlated with emotion focused coping styles. Finally, depression and anxiety were positively correlated.

Research Question 1

Which type of emotion centered coping strategies (emotion-focused; emotion expression; emotion suppression) is more used by Black caregivers?

We found that emotion focused coping ($M=3.94$, $SD=.74$) was used more than emotion expression ($M=3.85$, $SD=.77$) and emotion suppression ($M=3.03$, $SD=.69$) (See Table 1). There were no gender differences. More specifically, men and women both reported having received higher levels of emotion focused responses (men, $M=3.98$, $SD=.73$) and women ($M=3.91$, $SD=.75$) compared to emotion expression responses (men, $M=3.81$, $SD=.75$) and women $M=3.89$, $SD=.79$) compared to emotion suppression responses (men, $M=3.19$, $SD=.65$ and women $M=2.89$, $SD=.70$). These findings were consistent with the literature and our hypothesis that emotion focused racial coping would be the most utilized response by caregivers.

Research Question 2

Is the most common emotion centered coping strategy related to 12th grade academic performance, academic self-competence, depression, and anxiety?

A series of linear regressions were conducted to examine the direct associations of academic and psychological outcomes (See Tables 2 and 3). All variables were entered individually to examine whether emotion focused coping was associated with lower anxiety and depression; higher academic self-competence, math and reading scores. A simple linear regression was calculated to determine if emotion focused coping predicted academic self-competence, depression, anxiety, math, and reading. A significant regression equation was found for academic self competence and gender was a significant covariate $\beta = .225$, $SE = 0.55$, $p < .001$, with an R^2 of .055. There was no significant relationship between emotion focused coping and anxiety, depression, or math and reading scores.

Gender Differences

Emotion focused coping predicted anxiety for girls $\beta = -2.11$, $SE = .05$, $p < 0.05$, with an r^2 of .070. Specifically, anxiety decreased as emotion focused coping increased.

We also found emotion focused coping predicted academic self competence for girls $\beta = .284$, $SE = .07$, $p < 0.01$, with an r^2 of .085. More specifically, academic self competence increased as emotion focused coping increased. Lastly, emotion focused coping predicted depression for girls $\beta = -.192$, $SE = .05$, $p < 0.05$, with an r^2 of .075. Depression decreased as emotion focused coping increased. There were no significant relationships for boys.

Research Question 3

Does the most common emotion centered coping strategy have an influence on the relationship between perceived racism and academic performance, academic self-competence, depression, or anxiety?

The third research question sought to explore whether emotion focused response coping would moderate the relationship between perceived racism and academic performance, academic self-competence, depression, and anxiety. We conducted a moderation analysis using PROCESS macro 4.0 to test this hypothesis (Hayes, 2018). We built a moderation model using PROCESS with a bootstrap sample of 5000 (Hayes, 2018). The outcome variables for analysis were academic performance (math and reading scores), academic self-competence, depression, and anxiety. The predictor variable for the analysis was experiences with racism. The moderator variable evaluated for the analysis was emotion centered racial coping (emotion focused). Hayes PROCESS accounts for the interaction effect between racism and emotion centered racial coping (emotion focused) and the conditional effect of racism on academic performance (math and reading), academic self-competence, depression, and anxiety.

When controlling for design status and gender, emotion focused coping did not surface as a significant moderator between racism and depression, $b = .09$, $t(198) = 1.75$, $p = .08$. More specifically, emotion focused coping did not surface as a significant moderator between racism and anxiety; $b = .03$, $t(198) = .71$, $p = .48$., racism and reading $b = -2.76$, $t(187) = -1.31$, $p =$

.19., racism and math $b = -.250$, $t(188) = -1.21$, $p = .23$., and finally racism and academic self-competence $b = .11$, $t(202) = 1.50$, $p = .13$.

Gender Differences

Due to the gender differences consistent with the literature, regarding mental health outcomes like anxiety and depression (Kuehner, 2017) and racism experiences (Chetty et al., 2020) we explored the moderation analysis for boys and girls separately. For girls we found emotion focused coping significantly moderated the positive relationship between racism and depression where higher levels of emotion focused coping weakened the negative relationship between racism and depression, $b = .16$, $t(110) = 2.46$, $p = .02$ (see Table 5 and Figure 3). Specifically, emotion focused coping explained 4.8 percent of the variance in depression symptoms, $\Delta R^2 = .01$, $F(1, 110) = 6.03$, $p = .02$. For boys, emotion focused coping significantly moderated the positive relationship between racism and math scores, $b = -6.94$, $t(80) = -2.11$, $p = .04$ meaning higher levels of emotion focused coping weaken the relationship between racism and math scores (see Table 4 and Figure 2). More specifically, emotion focused coping explained 5.2 percent of the variance in math scores, $\Delta R^2 = .05$, $F(1, 80) = 4.46$, $p = .04$.

CHAPTER 5: DISCUSSION

The purpose of this study was to explore which type of emotional socialization strategy was used most and whether the use of that strategy influenced the impact of racism on many different outcomes including anxiety, depression, math and reading scores, and academic self-competence. The findings sought to further understand the process of emotion centered racial coping; a process coined by Dunbar et al (2016) that describes the process where children receive coping responses based on race. There is evidence that Black Americans use a variety of coping strategies and skills to counter the effects of racial discrimination, with mixed implications for mental health (Carlucci et al., 2018; Forsyth & Carter, 2014), but little is known about the impact of how these said coping strategies affect various academic and mental health outcomes. The current study provides further insight into the effectiveness of certain coping strategies to combat the effects of experiencing racial discrimination. Prior research has demonstrated that race-based coping (e.g. taking action against injustice) for adults does moderate the relationship between racism and mental health outcomes, leading to fewer mental health symptoms (Mekawi et al., 2022). However, no study has explored how caregiver practices of racial socialization might overlap with emotion coping strategies to better understand the impact of race related stress and effective emotion coping strategies.

We adapted the CCNES-APP to explore whether there was a most used emotion coping strategy. Consistent with our hypothesis, we found emotion focused coping was the most used strategy by caregivers among our sample when we compared the average use across scales. Emotion focused coping includes strategies used to make someone feel better. In the measure, participants were asked to rate the degree to which their caregiver would use each strategy if they were a target of a race related incident. Sample items for emotion focused strategies included

responses “Help me calm down” or “Try to cheer me up”. The scale also included different emotion coping responses like emotion expression and emotion suppression. This study was the first of its kind to create a measure that explored emotion coping responses in the context of race related incident. Consistent with the literature, we hypothesized that emotion focused coping would be the most utilized form of emotion coping for addressing race related incidents and found emotion focused coping had a higher average compared to emotion suppression and emotion expression (Clark, 2004). There were no difference between the most used coping strategy based on gender. Both males and females reported that emotion focused coping was the most common strategy used by their caregivers.

When investigating the moderating effects of emotion focused coping between racist experiences we decided to explore gender differences for each model. Results revealed for boys, emotion focused coping did significantly influence the relationship between racist experiences and math scores. More specifically, emotion focused coping weakened the positive relationship between racism and math scores. Although, we did not expect this relationship to surface, it might be possible that students who were performing higher in math, are in fact experiencing higher levels of racism within this sample. For instance, in many Advanced Placement (AP) or International Baccalaureate (IB) classes, Black students are historically underrepresented (Patrick et al., 2020). The mental health of Black students in advance placement classes is underexplored, however student may be more likely to experience microaggressions, isolation, and discrimination within those classroom settings. More importantly, recent news has indicated that the college board continues to struggle with including Blackness, and identity specific curriculums that are culturally relevant for Black students, in which might render them more susceptible to racist, non-affirming experiences, but more research is warranted (Anderson,

2023; Goldstein et al., 2023). In addition, youth might feel the need to prove themselves in the face of racism, so they work harder and achieve better scores; a common racial socialization message to Black youth is they need to work twice as hard as their non-Black counterparts to be successful (McGee et al., 2019) in addition to emotion focused coping strategies to make help manage stress.

For girls, results revealed emotion focused coping significantly moderated the relationship between racist experiences and depression for Black girls. As indicated in Figure 3, for girls who experienced low levels of racism and low levels of emotion coping had higher levels of depression. On the other hand, for girls who experienced higher levels of racism and higher levels of emotion focused coping, were likely to have lower levels of depression. Gender differences are important to explore because literature indicated girls are more likely to report depressive symptoms. Nearly half of Black adolescent girls in the United States reporting severe and persistent feelings of sadness and hopelessness (Kann et al., 2018) and coping can have a buffering effect on psychological symptoms in the face of racial discrimination as they emerge into young adulthood (West et al., 2010).

Dunbar et al (2017) noted in their future directions that researchers should explore emotion socialization using hypothetical scenarios about racial bias (e.g., race-based bullying and peer rejection) to gauge parents' responses to children's negative emotions. The current study sought to address the aforementioned future directions. Dunbar also noted there might be differences in parent responses to children's negative emotions in general versus their responses to race-related situations so future studies exploring general emotion centered racial coping and race related emotion centered racial coping would help further differentiate the difference. While emotion centered racial coping can be explored through emotion socialization measures using

hypothetical scenarios, emotion socialization measures could also include items to capture emotion-specific coping strategies directly. More importantly, observational data may capture verbal and nonverbal emotional communication and strategies involved in racial/ethnic socialization (Coard et al, 2001).

Race related stress has plagued society and more and more youth are feeling the heightened anxiety from firsthand experience and second hand accounts. It's not only important to understand how Black youth are being socialized to manage and cope with their emotions, but it's important to also explore the impact of those practices. Moreover, parents' adaptive emotion centered racial coping and children's subsequent emotion skills may serve as protective factors in the face of discrimination. It's imperative that research continues to evolve around emotion centered racial coping so that mental health providers, educators, and others may provide culturally relevant interventions for Black youth to manage race related stress and promote optimal regulation across contexts. More importantly, this work contributes to the ongoing work that is being done to disrupt the process of psychological harm due to discrimination by helping parents adopt these practices.

Implications

This research indicates how emotion focused therapy can be used to treat symptoms of race related stress where we defined emotion-centered racial coping refers to strategies that individuals use to manage and regulate their emotional responses to experiences of racism and discrimination. More specifically, parent emotion centered racial coping (emotion focused) can include but is not limited to activities that promote relaxation or positive emotions, reframing negative experiences in a more positive light, or even distracting them to make them feel better (Ben-Zur, 2020). Results suggest emotion-centered racial coping can have positive effects on

Black individuals' mental health and academic outcomes. Results suggest promoting these strategies can be an important component of efforts to address the negative effects of racism and discrimination. By helping Black youth to manage their emotional responses to these experiences, we can promote positive mental health and well-being while we aid in the development of resilient and empowered individuals.

For caregivers, it's important to recognize that their children may be experiencing racism but not quite sure how to conceptualize it (Scott & House, 2005). Therefore this work renders various implications for caregiving strategies. Caregivers should acknowledge and validate their children's experiences that may occur across contexts like school, community, or online.

Emotion validation, as a form of emotion centered racial coping can help reduce the impact of racism as shown in the current study. This is also consistent with prior research that explores healing racial trauma interventions (Anderston & Stevenson, 2019). Caregivers should also encourage and use emotion centered racial coping strategies (emotion focused) to support the development of independent coping strategies for youth by encouraging youth to seek support from trusted adults, engage in activities that will soothe them or reframe their thoughts.

Reframing thoughts is supportive if youth begin to blame themselves for racism. With that being said, it's important that caregivers aim to provide mental health resources for their youth and model healthy coping strategies.

For educators and additional school administration, its imperative to recognize the impact that racism has on youth and their development. Educators should aim to create a supportive environment that is inclusive of all students. Special attention to culturally relevant pedagogy within the curriculum, instruction, physical layout of the classroom, literature, access to materials, etc (Ladson-Billings, 2021). Efforts to provide an equitable, inclusive learning

environment can help youth feel safe. For peers, it's important for educators to educate students about racism and the impact of racism. Creating a conscious environment for learners helps also build a safe space for marginalized groups (Mosley et al., 2021). This study suggests emotion focused coping can mitigate or influence the impact racism has on youth outcomes, so it is important to understand that emotion centered racial coping modeling should not fall solely on the caregiver. Educators should model and encourage the use of emotion focused coping strategies as well in the context of racism. Lastly, educators should also keep an open line of communication between students and mental health providers. This open line can help reduce the mental health stigma that lies within the mental health community (Alvidrez et al., 2008). In summary, by recognizing the impact of racism on Black youth and promoting emotion centered racial coping strategies like emotion focused coping, educators and caregivers can play an important role in the positive development of Black youth and their well being.

Limitations and Future Directions

This study was a part of a larger longitudinal study that explored the impact of a family-school partnership program and classroom behavior management intervention in 1st grade for the 1993-1994 academic school year. The current study required participants to retrospectively recount the messages they received growing up. Retrospective data can be prone to recall bias or misclassification bias that can lead to distorted memories and inaccurate representations of different experiences. Tofthagen (2012) suggests there are general threats to the validity of retrospective studies which include single group threat, historical threat, social interaction, etc. . Further, although we entrusted participants to recall race and emotional socialization messages during their upbringing, participants may have recalled information they received as adults after they completed their K-12 schooling.

Additionally, because there was no comparison group for this study, future studies could use a comparison group to indicate whether different types of emotion centered racial coping has an effect on different groups. For instance, future studies should explore how different coping skills like emotion expression and suppression are related to mental health outcomes like anxiety and depression in addition to academic outcomes like math, reading, and academic self-competence. Moreover, emotion centered racial coping has not been explored in other marginalized racial/ethnic groups. Future studies could compare racial/ethnic groups to investigate if there are differences between groups including gender differences.

Assessing racism in adolescents can be difficult for youth who may have not yet conceptualized whether or not events that happened to them were due to race. Although children begin to acknowledge racial differences as young as a few months (Quin et al., 2002), the capacity to self-report on nuanced race related experiences is still unclear. Future studies can seek to explore race related stress by using a mixed methods approach similar to the method in which Patcher et al (2010) developed the *Perceptions of Racism in Children and Youth (PRaCY) survey*. Children were asked a series of 23 yes or no questions and then later probed about the scenarios they answered yes to in efforts to explore whether the children perceived those experiences were due to racism (Patcher et al., 2010). It's important to acknowledge the nuances that might not be captured, especially for youth who are in predominantly Black communities and might not have everyday encounters with non-Black people. This idea begs the need for a sound measure that captures how Black youth are socialized emotionally to respond to racist events.

Based on the fact that there is currently no scale to date that explores how emotional socialization is influenced by race, the *emotion centered racial coping measure* was adapted

from the *Coping With Children's Negative Emotions Scale, Adolescents Perceptions of Parents (CCNES -APP; Fabes et.al, 2002)*. The CCNES-APP explores how parents would expect children to react based on various scenarios in which their children experienced heightened emotions. This scale was seen as the best scale to adapt because the CCNES-APP contains different emotion coping responses like emotion focused, emotion expression, and suppression. Although we adapted the CCNES-APP for this study to explore how emotion socialization was influenced by racial socialization (preparation for bias), the emotion centered racial coping measure has not yet been validated so future studies should explore how well the scale maps onto racial socialization facets (e.g. Preparation for Bias, Egalitarianism, Promotion of Mistrust) Cultural and emotion socialization strategies (e.g. emotion expression, emotion suppression, emotion focused).

In this study we found that emotion focused coping was an integral strategy that affects psychological outcomes like academic self-competence and depression, both of which can significantly affect academic performance (Honicke & Broadbent, 2016) and long-term health (Deroma et al., 2009). Social emotion learning interventions should incorporate emotion focused coping strategies for caregivers, educators, and mental health practitioners to use for children. Dunbar et al suggested more research is warranted to explore how adaptive racial/ethnic and emotion socialization practices influence the relationship between experiences discrimination and emotion development and academic outcomes. The current study explores the proposed path by understanding more specifically the relationship between institutional (i.e harsh punishment by school and law) and interpersonal relationship (i.e peer rejection) racism and social development (academic self-competence), emotional development (anxiety and depression), and

academic outcomes (reading and math). Results are useful to inform practice and future interventions that address ways to decrease the impact of racism.

FIGURES AND TABLES

Figure 1. *Moderation Path Analysis*

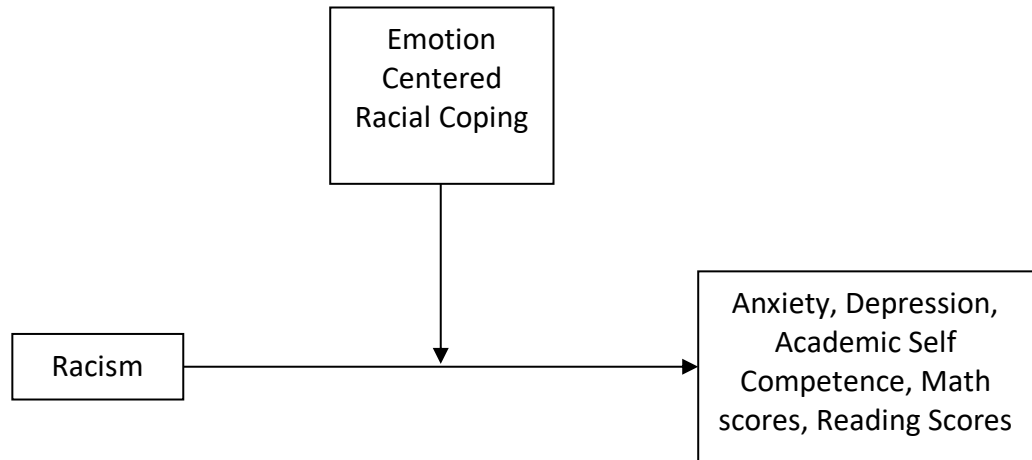


Figure 2. Moderating Effects of Emotion Focused Coping on Racism and Math Scores for Boys

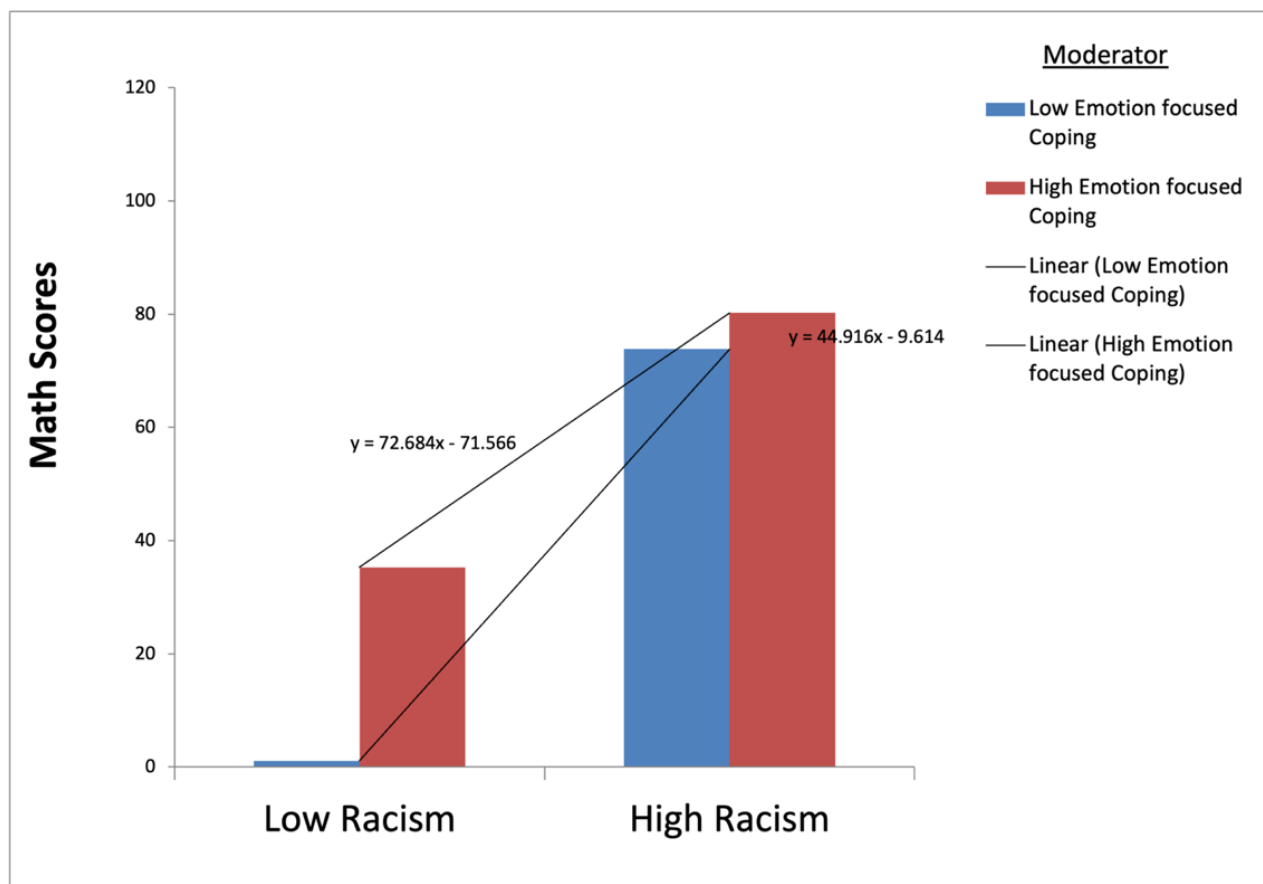


Figure 3. *Moderating Effects of Emotion Focused Coping on Racism Depression for Girls*

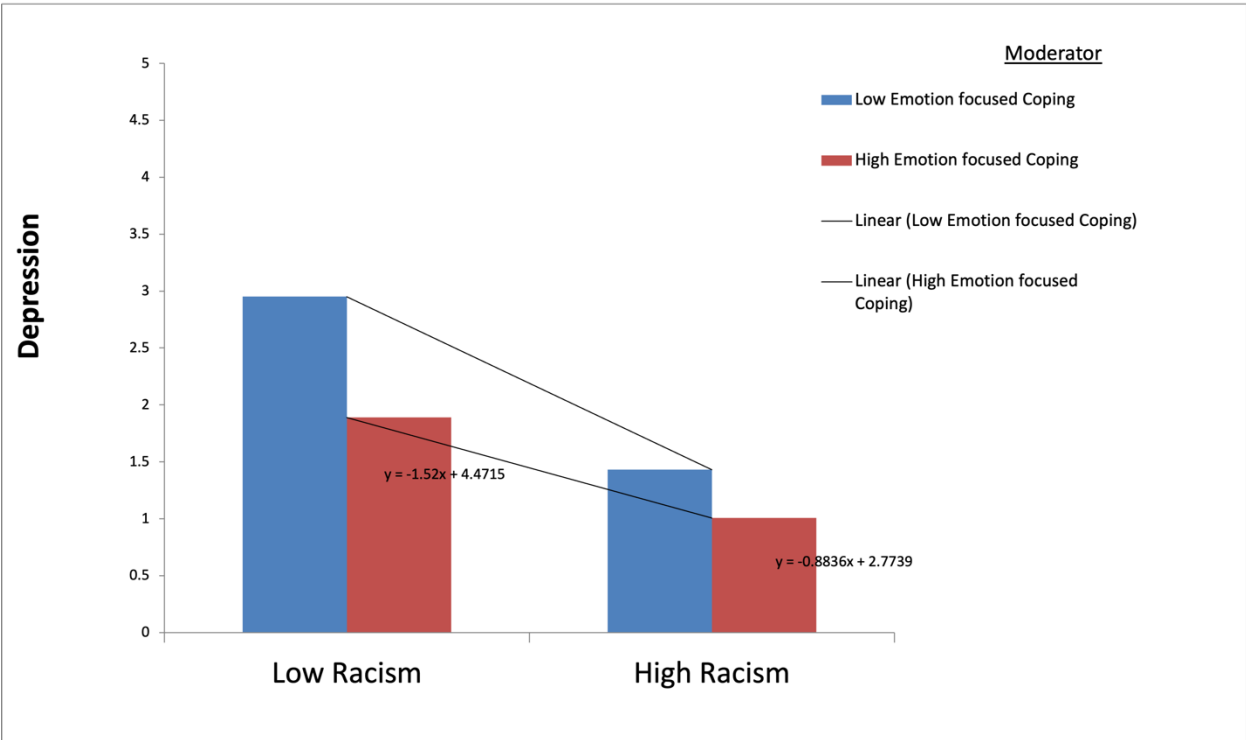


Table 1. *Correlations and Descriptive Statistics for Key Study Variables*

Variables	N	M	SD	1	2	3	4	5	6	7	8	9
1. Anxiety	209	.40	.35	-								
2. Depression	209	.53	.39	.705**	-							
3. Emotion Focused	262	3.94	.74	-.075	-.118	-						
4. Reading	193	95.22	15.18	-.192**	-.194**	-.009	-					
5. Math	194	89.44	15.05	-.097	-.100	.057	.618**	-				
6. Academic Self Competence	207	3.54	.57	-.294**	-.310**	.190**	.249**	.292**	-			
7. Racism	207	1.51	.66	.157*	.128	.018	.084	.206**	-.019	-		
8. Suppression	190	3.02	.70	.058	.120	.082	-.139	-.212**	-.038	-.086	-	
9. Expression	190	3.87	.75	-.027	-.093	.809**	-.029	.017	.211**	-.031	-.089	-

*Controlling for gender and design status.

Notes. N's range from 193 to 262 due to occasional missing data.

** . Correlation is significant at 0.01 level.

* . Correlation is significant at 0.05 level.

Table 2.
Regression Coefficients of Emotion Focused Coping on Academic Performance (Math and Reading)

	Math Scores					Reading Scores				
	B	SE	β	<i>p</i>	95% CI <i>LL</i> <i>UL</i>	B	SE	β	<i>p</i>	95% CI <i>LL</i> <i>UL</i>
Design Status	-1.783	1.377	-.094	.197	-4.500 .933	.056	1.396	.003	.968	-3.130 2.809
Gender	.699	1.515	.062	.394	-1.694 4.284	-.767	2.240	-.006	.733	-5.184 3.651
Emotion Focused Coping	1.295	1.515	.062	.394	-1.694 4.284	-.120	1.526	-.006	.937	-3.130 2.890

Table 3.
Regression Coefficients of Emotion Focused Coping on Psychological Outcomes (Anxiety, Academic Self-Competence, and Depression)

	Anxiety Scores					Aca. Self-Competence					Depression				
	B	SE	β	p	95% CI LL UL	B	SE	β	p	95% CI LL UL	B	SE	β	p	95% CI LL UL
Design Status	.049	.030	.113	.109	-3.130 2.809	.049	.049	.069	.614	-.117 .197	.066	.034	.134	.054	-.001 .133
Gender	.369	.049	.110	.119	-5.184 3.651	.040	.080	.035	.316	-.047 .146	.146	.055	.184	.061	.038 .255
Emotion Focused Coping	-.046	.034	-.093	.184	-.113 .022	.180	.055	.225	.001	.072 .288	-.051	.038	-.092	.182	-.127 .024

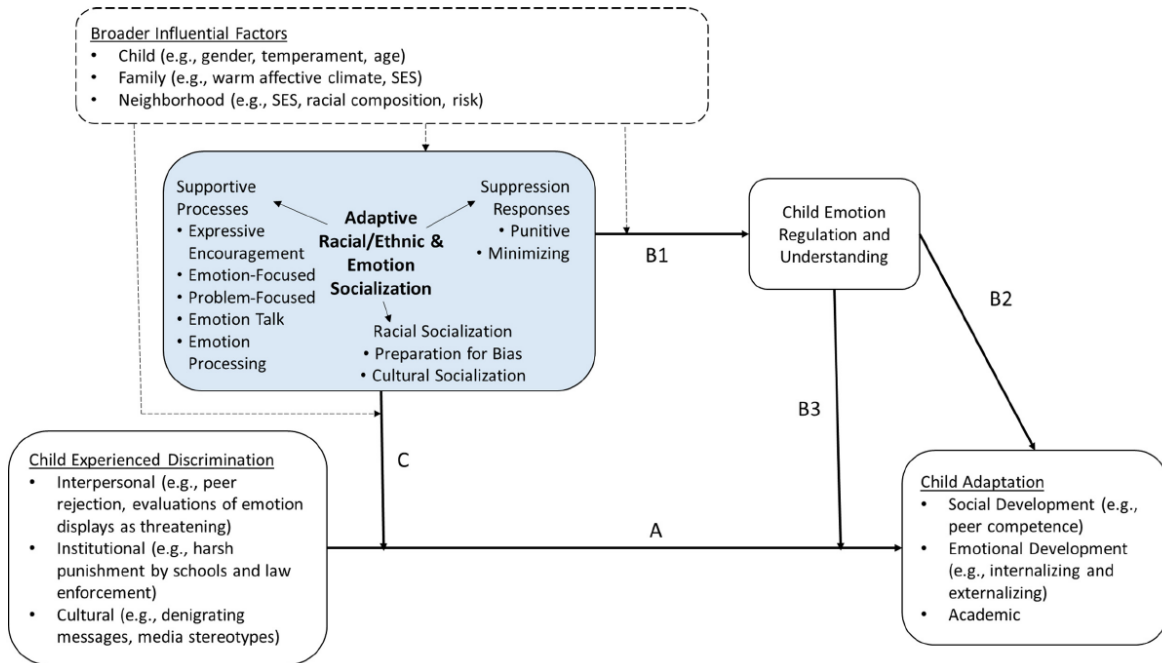
Table 4. *Descriptive Statistics for Girls*

	N	Min.	Max.	M	SD
Anxiety	118	.00	1.54	.43	.36
Depression	118	.00	1.67	.59	.39
Emotion Focused	141	1.29	5.00	3.91	.75
Expressive	141	1.67	5.00	3.89	.79
Suppression	141	1.00	4.33	2.89	.70
KTEA Reading	110	58.00	133.00	94.89	15.08
KTEA Math	109	53.00	123.00	89.80	15.63
Academic Competence	117	1.75	4.00	3.54	.58
Racism	117	1.00	4.14	1.48	.64

Table 5. *Descriptive Statistics for Boys*

	N	Min.	Max.	M	SD
Anxiety	91	.00	1.25	.37	.33
Depression	91	.00	1.57	.45	.39
Emotion Focused	121	1.00	5.00	3.98	.73
Expressive	121	1.17	5.00	3.81	.75
Suppression	121	1.00	5.00	3.19	.65
KTEA Reading	83	55.00	133.00	95.65	15.39
KTEA Math	85	63.00	129.00	88.98	14.36
Academic Competence	90	1.67	4.00	3.53	.57
Racism	90	1.00	3.57	1.55	.68

Figure 4. *The Conceptual Model of Parent Racial/Ethnic and Emotion Socialization (Dunbar et al., 2017)*



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VITA

Krista Edwards received her bachelor's degree in Psychology from Hampton University in 2015 and her master's degree from the University of Missouri- Columbia in 2020. Krista was a PREP (Postbaccalaureate Research Education Program) scholar at the University of Massachusetts and conducted cognition and memory research with older adults. After her time at the University of Massachusetts, she then became a school-based researcher at Johns Hopkins University School of Public Health. Krista always had a passion for working with youth in an education setting. Her background in Montessori education and social supported educational organizations like the YMCA propelled her interest in School Psychology. More specifically, her research interests include strength based ways to address race related stress for Black youth in the school setting by supporting youth, families, and educators. As a cofounder of the Black School Psychologists Network she continues to support, elevate, and advance the work of Black school psychologists and the impact they have on children.