

The Effects of Discrimination on Black Mothers' Internalizing Symptoms and  
Parenting Behavior

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## Abstract

Can discrimination impact mothers' mental health and parenting? Based on prior literature, I formed four hypotheses: Black mothers' experiences with discrimination will be positively correlated to depressive and anxiety symptoms; depressive symptoms would be positively correlated with punitive and minimizing parental responses; anxiety symptoms would be positively correlated to punitive and minimizing parental responses; and, discrimination will be positively correlated to parental punitive and minimizing responses to children's emotions. I conducted a secondary data analysis using data from the School Transitions and Academic Readiness Project (STAR) at the University of North Carolina, Greensboro (N=277). Participants (n=86) included Black mothers and their 4-6 year old children, and measures assessed discrimination, depression, anxiety, and parent emotional socialization in relation to punitive and minimizing parenting practices. Results revealed a trend association between mother-reported racial discrimination and their depressive symptoms,  $r = .18$ ,  $p < .10$ , and a significant positive correlation between mother-reported discrimination and anxiety symptoms,  $r = .22$ ,  $p < .05$ . There was a significant positive correlation between mothers' depressive symptoms and parental punitive responses,  $r = .43$ ,  $p < .05$ , as well as between mothers' depressive symptoms and parental minimizing responses,  $r = .34$ ,  $p < .05$ . There was a significant positive correlation between mothers' anxiety symptoms and parental punitive responses,  $r = .31$ ,  $p < .05$ , and a significant positive correlation between mothers' anxiety symptoms and parental minimizing responses,  $r = .24$ ,  $p < .05$ . There was no significant correlation between mothers' discrimination experiences and parenting for either parental punitive or minimizing responses. Results suggest that mothers' discrimination experiences were related to their internalizing symptoms but not the

mothers' parenting behaviors. Future longitudinal work is necessary to examine whether discrimination may impact parenting over time via parents' depressive or anxiety symptoms.

*Keywords:* discrimination, depression, anxiety, punitive responses, minimizing responses

### The Effects of Discrimination on Black Mothers' Internalizing Symptoms and Parenting Behavior

Experiences of discrimination have been shown to have a negative emotional and psychological impact on people (Vines et al., 2017). Women, specifically, often face multiple forms of discrimination, based on sex and race that can occur in a variety of settings (i.e. work, school, social events). Discriminatory experiences can affect various aspects of individual's lives such as negative affect, chronic physical pain, reduced motivation to work, and compromised parenting (Dugan et al., 2017; Goldman et al., 2006). For Black women, discrimination—i.e. perceived race macro- and micro-aggressions—has led to an increase in depressive symptoms, with macro-aggressions (or, intentional, obvious discrimination) having a greater significantly negative impact on their mental health than micro-aggressions (or, subtle, unintentional discrimination) (Donovan et al., 2013). Surprisingly, compared to white women, Black women have reported fewer depressive symptoms when experiencing discrimination (Keyes, 2009). This discrepancy may be due to social support and resilience within Black women's social networks that serve as protective factors (Hall et al., 2012; West et al., 2010). In terms of anxiety, in a general race study by Soto et al. (2011), Black people reported a greater number of symptoms indicating generalized anxiety disorder in response to racial discrimination as compared to White people. This may be explained by Black people's tendency to expand on their fears by mistrusting people of other cultures (Soto et al., 2011).

There is limited research regarding the connection between mothers' experiences of discrimination and children's socioemotional development. However, in one study based in the U.K., Bécares et al. (2015) found that mothers' experiences of racial discrimination indirectly predicted a negative impact on children's socioemotional development through an increase in



punitive parenting and a decrease in maternal mental health. For Black mothers, the likelihood of negatively influencing their children's development is increased due to the number of stressors they encounter (i.e. racial discrimination, economic disadvantages based on sex and race). These stressors may negatively impact their ability to respond to their children's behavior (Williams et al., 1997; Huang et al., 2014), which may adversely impact children's developmental outcomes, including children's academic trajectory, peer rejection, and mental health problems (Moilanen et al., 2010; Van Lier & Koot, 2010). A potential explanation for this may be due to the mediation of depression in the relationship between experiences of discrimination and children's externalizing behaviors (McNeil et al., 2014). Another explanation may be mother's behaving differently towards their children. For instance, experiences of discrimination have been found to decrease parental warmth and quality in communication and increase in arguments with their children (Murry et al., 2008).

Given the literature, the goal of the present study was to examine associations among maternal experiences of discrimination, maternal depressive and anxiety symptoms, and mothers' parenting strategies.

### **The Effects of Discrimination on Parenting Behavior and Parental Socialization**

The impact of parental experiences of discrimination can be examined through their efforts to racially socialize their children. African American parents are more likely to prepare their children for bias after experiences of discrimination (Hughes et al., 2003). There has been more support for parents choosing to prepare their children for bias than promoting mistrust, especially depending on the child's age (Hughes & Johnson, 2001; Hughes et al., 2003). More specific to gender, maternal experiences of discrimination were linked to higher levels of socialization for their daughters encouraging them to have self-pride as a form of preparation for

bias (McNeil et al., 2016; Thomas & King, 2007). Sons on the other hand are more likely to receive messages about cultural pride and ways to cope with discrimination (Caughy et al., 2011). These results may be influenced by perceived neighborhood cohesion (Saleem et al., 2016). Parental experiences of discrimination are also indirectly correlated to negative parenting practices (i.e. over-reactivity and laxness) (Anderson et al., 2015). These findings indicate that there are residual effects of discrimination on parenting that are mediated by outside factors (i.e. neighborhood cohesiveness, parenting practices, socialization techniques). Future research should consider the effects of discrimination on parenting styles comparing race and splitting by parental roles.

### **Discrimination and the Effect on Mental Health**

There is a consensus that discrimination is correlated to a decrease in mental health (increase in symptoms of depression and anxiety) (Pieterse et al., 2012). The most focused on form of discrimination for Black people is racial discrimination, which can be divided into covert and overt aggressions. Specifically, microaggressions, a covert form of discrimination, has been correlated to higher levels of anxiety, stress, and trauma in Black people as compared to White people (Williams et al., 2018; Liao et al., 2016). Perceived macroaggressions were also correlated with depressive symptoms in Black women (Donovan et al., 2013). Microaggressions specific to being viewed as low-achieving, as opposed to being perceived as a criminal, increased symptoms of anxiety (Williams et al., 2018). In women, experiences of chronic discrimination were correlated with higher ratings of physical pain across race (Hispanic, Japanese, African American, Chinese, and Caucasians). Interestingly, Caucasian and Hispanic women had higher ratings of pain after experiences of chronic discrimination than African American women (Dugan et al., 2017).

Similarly, Black people tend to have better mental health outcomes as compared to their White counterparts despite experiencing more discrimination (i.e. race, gender, culture) at work (Donovan et al., 2013; Keyes, 2009; Stone & Carlisle, 2019; Williams et al., 1997). This has been explained by the Black-White paradox which theorizes that Black people are more resilient due to the use of multiple protective factors that play a role in decreasing the impact of discrimination on mental health. In other words, Black people tend to be more religious and practice more racial socialization (e.g. development of a strong positive racial identity) and cultural identification which lend to establishing a support/belief system and their identities (Keyes, 2009; Banks & Kohn-Wood, 2007).

These results indicate that the effects of experiences of discrimination decrease Black people's mental wellbeing, but these effects are reduced through the use of protective factors. This shows a need for research assessing the effect of discrimination on Black adults' home life and social relationships.

### **Maternal Depression and Anxiety and the Impact on Parental Emotion Socialization**

Maternal depression has been linked to a decrease in children's socioemotional development and an increase in externalizing behaviors through parenting practices (Bécares et al., 2015; Huang et al., 2014; Murry et al., 2008). As the primary caregiver, mothers typically have the job of teaching their children how to regulate their emotions through expressiveness, identification, and modeling (Shaw et al., 2006). Mothers also have to be responsive to their child's emotions, whether negative or positive, to aid in coping with emotions (Eisenberg et al., 2001). But, when mothers are experiencing depression, they tend to be less responsive to their children's negative emotions (i.e. waiting 10 minutes or more before responding to their infants) which is correlated with using more punitive responses to their child's negative affect (Byrne,

2003; Leerkes & Qu, 2017)). This, along with mothers expressing negative emotions, leads to children expressing more problem behaviors (e.g. externalizing: aggressive behavior, internalizing: anxious or depressed) and less social competence (e.g. how well the child fits in with peers) (Leerkes & Qu, 2017; Eisenberg et al., 2001). Additionally, mothers with depressive symptoms are less likely to show a range of emotions which can impact a child's ability to identify or understand emotions (e.g. mistaking most negative emotions for sadness) (Martin et al., 2015). In general, children with mothers experiencing depression are less capable of regulating their emotions, interacting positively with their peers, and behavior problems due to being given less emotional support, responsiveness, and positive affect from their mothers (Wu et al., 2017).

On the other hand, with there being less research considering the impact of maternal anxiety on the socioemotional development on children, it is harder to compare the effects of depression and anxiety. Notably, literature that does focus on the effects of maternal anxiety on children tends to do so between pregnancy and when the child is two years old. For example, anxiety in pregnant women has been linked to an increase in the likelihood of children developing behavioral problems over time (Madigan et al., 2018). Comparatively, an increase in anxiety from pregnancy to 2 years old has worsening effects of behavior but, unlike depression, does not negatively impact social competence (e.g. prosocial behaviors) (Porter et al., 2019). This finding may be due to the authors not controlling for mediators like maternal sensitivity, because, in contrast, mothers experiencing separation anxiety have been found to be more overprotective which has been related to worsening behavior in children (Cooklin et al., 2013).

### **Discrimination, Maternal Depression and Anxiety, and Maternal Emotion Socialization**

Furthermore, although research is limited regarding the relationship between discrimination and emotion socialization, there is support for the connection with depression as a potential mediating factor. This relationship can stem from maternal experiences of discrimination which lead to depression and children's externalizing behaviors (McNeil et al., 2014). This impact on development can then impact peer relations and school adjustments for children. One question this current study will aim to answer is: Given that Black women suffer mental health consequences after experiencing discrimination, how might their parenting be impacted? There was a relationship found indirectly connecting maternal experiences of discrimination and a child's socioemotional development through either punitive parenting responses or depression (Bécares et al., 2015). But, there is a scarce amount of literature assessing this relationship, similar to anxiety, though anxiety from stressful events (e.g. discrimination) has been shown to increase a negative worldview in parents and decrease the quality of familial relationships (Murry, 2019). Focusing on the effect of maternal experiences of discrimination on maternal depression and parenting practices is necessary because of the extent to which discrimination can impact multiple generations as shown in the literature.

### **Current Study**

The goal of this study is to determine how Black mothers' experiences of discrimination negatively impact their depressive and anxiety symptoms and the way they respond to their child's negative emotions. We hypothesized that mothers' experiences with discrimination will be associated with higher levels of mothers' depressive and anxiety symptoms and more maternal minimizing and punitive responses to children's negative emotions. We also expect maternal depressive and anxiety symptoms to be associated with increased minimizing and punitive responses to children's negative emotions.

## Method

### Participants

We used 86 mothers, drawn from a larger sample of 277 primary caregivers, ranging in age from 19 to 52 years ( $M = 32.58$ ,  $SD = 7.23$ ) in the current study. Total annual income ranged from \$2,400 to \$120,000 ( $M = \$32,611$ ). For education, 6.4% had some high school experience, 10.3% had a high school degree/GED, 47.4% completed 2 or less years of college, 35.9% obtained a 4-year degree and more. For marital status, 70.5% were single, divorced, or widowed, and 29.5% were married. The mothers indicated the race of the children ( $n=87$ ) which was either Black (92%) or Multi-Racial (8%). Children ranged in age from 4 to 6 years and approximately 46% of children were male.

### Procedures

I conducted a secondary data analysis using data from the School Transitions and Academic Readiness Project. This project, located in the Family Research Center within the Department of Human Development and Family Studies, assesses socioemotional development in relation to children's social and academic success in school.

The procedures are as follows: This study was approved by the Institutional Review Board at the University of North Carolina, Greensboro. Four-year-olds and their primary caregivers were recruited from daycare centers, libraries, recreation centers, local parks, newspaper advertisement, local pediatric offices, a children's museum, the Special Supplemental Nutrition Program for Woman Infants and Children (WIC), and by referrals from other participants via informational flyers/brochures in a mid-sized city in the Southeastern United States. Interested caregivers either completed a contact form (paper or online) to be called later or called the research office to inquire about the details of the study. Inclusion criteria included

that the child was a singleton (or caregiver was willing to allow only 1 randomly selected eligible twin to participate), was entering kindergarten in August 2014 (and did not have plans to homeschool), was not diagnosed with a developmental delay, and the child and caregiver(s) had sufficient English skills to complete the assessments.

Upon arrival to the laboratory, participants were read or allowed to read the consent form to sign before beginning. While the child stayed in one room with the experimenter, the primary caregiver was taken to the adjacent room to complete their questionnaires. Most caregivers completed their questionnaires via Qualtrics, a computerized questionnaire service, with an assistant in the room who could answer any questions. The data from Qualtrics were transferred directly to an SPSS dataset with no need for human data entry. However, all the data were double checked for errors. Caregivers who did not complete questionnaires via Qualtrics were given paper questionnaire packets to complete. Upon completion of the laboratory visit and questionnaires, caregivers were compensated \$75.

## Measures

**Discrimination.** The Index of Race- Related Stress- Brief Version (IRRS-B; Utsey, 1999), a condensed version of the Inventory of Race Related Stress (Utsey & Ponterotto, 1996), is a 22-item measure assessing perceived racism, that happened to them or someone close to them, using three subscales: Cultural Racism (10 items), Institutional Racism (6 items), and Individual Racism (6 items). The subscales are used to compute a Global Racism score from 0 to 48. Participants rate whether the event happened and the reaction they had to it (0= This never happened to me or someone close to me; 1= This event happened, but did not bother me; 2= This event happened and I was slightly upset; 3= This event happened and I was upset; 4= This event happened and I was extremely upset). The 12-item condensed version only includes the

Individual and Institutional with a range of scores from 0 to 24. Racism subscales, and the term “Whites/non-Blacks” was changed to “someone of another race.” The survey includes questions like “You have been threatened with physical violence by an individual or group of people of another race,” and, “People of other races have stared at you as if you didn’t belong in the same place with them; whether it was a restaurant, theater, or other place of business.” Higher scores represent higher levels of perceived racism and the level of reaction participants executed.

**Depression.** The Center for Epidemiologic Studies- Depression Scale (CES-D; Radloff, 1977) is a two part 20-item measure of depressive symptoms leading participants to indicate how they felt and behaved in the past week. The first 14 items are rated on a scale from 1 (Rarely or None of the Time (Less than 1 day)) to 4 (Most or All of the Time (5-7 days)). Participants had to rate their emotions/behavior on items like, “I thought my life had been a failure,” and “I felt hopeful about the future.” The last 6 items are rated from 1 (Never) to 4 (Always) with questions like, “People were unfriendly,” and “I felt that people disliked me.” Higher scores represented greater depressive symptoms.

**Anxiety.** The State-Trait Anxiety Inventory (STAI; Spielberger, 1988) has a 20-item subscale called State Anxiety which has a 10-item subset that was used to indicate feelings of distress (i.e. tension, apprehension, nervousness, and worry). Some example subset statements are “I was tense” or “I felt nervous.” Participants rating their feelings from 1 (rarely/never) to 4 (most of the time). Higher scores represent greater anxiety symptoms.

**Parental Emotion Socialization.** The Coping with Children’s Negative Emotions survey (CCNES; Fabes et al., 2002) uses a 7-point scale from 1 (Very unlikely) to 7 (Very Likely) to assess how a participant would expect to respond to a child’s negative affect in distressing situations, using 12 scenarios. The survey includes six subscales in each of the 12 scenarios:



distress reactions, punitive responses, minimization, expressive encouragement, emotion-focused responses, and problem-focused responses. For this paper, the responses from the punitive responses and minimization subscales are used and assessed separately. Higher scores on the subscales represent higher levels of punitive or minimizing responses. An example question from the survey is “If my child is playing with other children and one of them calls him/her names, and my child then begins to tremble and become tearful, I would” and participants rate their reactions for the six-items that follow the statement. An example response from the minimization subscale is “tell my child not to make a big deal out of it,” and an example punitive response is “tell my child to behave or we’ll have to go home right away.”

**Data Analysis Plan.** I assessed bivariate correlations between Black mothers’ experiences of discrimination and their depressive and anxiety symptoms, associations between discrimination and maternal punitive and minimizing responses, and associations between maternal depressive and anxiety symptoms and maternal punitive and minimizing responses. I report the Pearson product moment correlation coefficient,  $r$ , and the  $p$  values for each association.

## Results

Results revealed a trend association between mothers’ reported racial discrimination and their depressive symptoms,  $r = .18$ ,  $p < .10$ , and a significant positive correlation between reported discrimination and anxiety symptoms,  $r = .22$ ,  $p < .05$ . There was a significant positive correlation between mothers’ depressive symptoms and maternal punitive responses,  $r = .43$ ,  $p < .05$ , as well as between mothers’ depressive symptoms and maternal minimizing responses,  $r = .34$ ,  $p < .05$ . There was a significant positive correlation between mothers’ anxiety symptoms and maternal punitive responses,  $r = .31$ ,  $p < .05$ , and a significant positive correlation between

anxiety symptoms and maternal minimizing responses,  $r = .24$ ,  $p < .05$ . There was no correlation between mothers' experiences of discrimination and their parental emotion socialization (See Table 1 and Figure 1).

### **Discussion**

The current study examined the relations between Black mothers' experiences of discrimination and depressive symptoms, anxiety symptoms, and parental strategies, and the relations between anxiety and depressive symptoms and parental strategies. I found that Black women who experienced discrimination also reported having increased depressive and anxiety symptoms, thus supporting my hypothesis. These findings support those reported by Pieterse et al. (2012) who found that discrimination was associated with hypertension- and trauma- related symptoms, depression and anxiety. Contrary to my hypothesis, Black mothers' experiences of discrimination were not associated with maternal punitive or minimizing responses. These findings counter previous literature that studied the relationship between discrimination and parental responses specifically stating that discrimination increased negative parental responses to children, as mediated by depression (Anderson et al., 2015; Bécaries et al., 2015). It should be noted that Anderson et al. (2015) found effects for parental reactivity to children's behavior (i.e. laxness or over-reactivity) and Bécaries et al. (2015) measured harsh parenting practices like smacking children, which may explain the findings in this current study not matching previous findings.

I also hypothesized that depressive symptoms would be associated with increased minimizing and punitive responses to children's negative emotions. There was a significant, positive relationship between depressive symptoms and minimizing and punitive responses, such that, maternal depressive symptoms were found to increase both minimizing and punitive

responses. The same was found for anxiety symptoms, where anxiety symptoms increased both minimizing and punitive parenting responses. Both of these findings supported my hypotheses and correspond with the findings in a study by Bécaries et al. (2015) who examined stress and depressive symptoms in relation to discrimination and harsh parenting responses. Bécaries et al. (2015) found that discrimination increased punitive parenting and increased depression which then negatively impacted a child's socioemotional development (i.e. pro-social behavior, and peer and conduct problems).

### **Strengths and Limitations**

A strength of this study is the sample demographics. The STAR project included a relatively large number of Black mothers, who are typically underrepresented in research. Additionally, the research question is a strength because it illuminates a gap in the literature regarding the effect of discrimination on parental responses, and a need for further research on that relationship's connection to the socioemotional development of Black children.

A limitation of this study is the sample size. In the future, to make a more representative study with generalizable results, the sample size should have been larger. Researchers should consider distributing their surveys in large cities and offer an incentive to increase participation. Another limitation of the study is that all the measures used required self-reporting from participants. Participants may have under- or over-reported their symptoms or responses which could have impacted the results and finding support for my hypotheses. Using observational measures would have been more objective and less retrospective. Retrospective reporting impacted the data retrieved because of memory recall biases so using more fine-grained reporting (e.g. daily diary) would decrease those biases. A final limitation of this study was using

a cross sectional design. This means that, although I found significant results, they are all correlational and none of them are causal.

### **Future Directions**

Since the STAR project used longitudinal data, future research on this topic should focus on each time point to assess the causal effects between discrimination, depressive and anxiety symptoms, and parental responses in Black mothers and their children. Specifically, research should assess the mediating effects of depressive and anxiety symptoms on the relationship between discrimination and minimizing and punitive responses.

Additionally, previous research has shown that maternal experiences of discrimination can lead to a worsening in children's behaviors when mothers are depressed (Moilanen et al., 2010; van Lier & Koot, 2010). Thus, the moderating and mediating effects of maternal depression should be explored. It is important to consider mothers' discrimination experiences, as well as their mental health, when assessing Black families, given that the negative impacts on maternal mental health can lead to decreased academic performance and peer acceptance for children. This, in turn, could lead to increased school drop outs and criminal behavior.

A final direction for future research may be to consider the moderating role of maternal racial identity in the relations between discrimination, depressive and anxiety symptoms, and parental responses. Black women have been found to be less impacted by experiences of discrimination as shown in the Black-White Paradox which could be due to social buffers like family/friend support or being secure in their ethnic identity (Keyes, 2009; Williams et al., 2012). Relatedly, Black parents tend to use racial socialization in an attempt to reduce the effects of discrimination experienced by their children (McNeil et al., 2016). Future research should

consider the moderating impacts of social buffers and racial socialization on the relationship between discrimination, mental health, parenting, and children's socioemotional development.

In sum, I found support for each of my hypotheses except the relationship between discrimination and parental responses. It is important to consider the implications of this study, such that, discrimination has the potential to impact other features within a Black woman's macrosystem, including mental health, family relationships, and children's socioemotional development. In other words, Black women are constantly experiencing discrimination and typically take on the role of sole caregiver for their children. This suggests that their experiences can have a negative impact on both their mental health and their children's socioemotional development, which then extends to their children's academic and social life. Future studies should consider solutions to moderate the effects of discrimination on mental health, parenting practices, and children's socioemotional development.

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## Tables

**Table 1.***Bivariate correlations between all study variables*

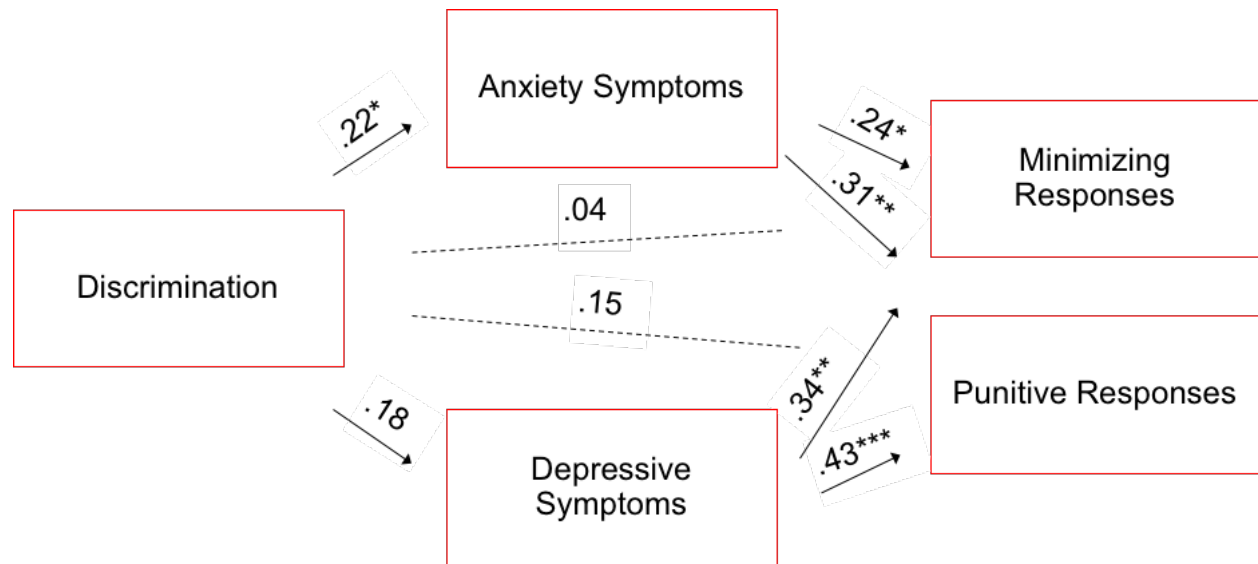
	1	2	3	4	5
M Global Racism IRRS 4yr	-				
M Depression <u>CESD</u> Total Mean Score 4yr	0.18	-			
M State Anxiety <u>STAI</u> Subscale Mean Score 4yr	.22*	.72**	-		
M <u>CCNES</u> - Punitive Reactions Subscale Mean Score 4yr	0.15	.43**	.31**	-	
M <u>CCNES</u> - Minimization Reactions Subscale Mean Score 4yr	0.04	.34**	.24*	.85**	-

Note. \*p<.05. \*\*p<.01. Values represent Pearson coefficients.

## Figures

**Figure 1.**

*The Relationship Between Discrimination, Mental Health, and Parenting Responses*



*Note.* This is a conceptual model of the results.